

Prior Authorization Requirements for UnitedHealthcare West commercial plans

Effective October 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Commercial West health care professionals providing inpatient and outpatient services.

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [Advance Notification and Plan Requirement Resources](#) > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27446	27447	27486	27487
		27700	27702	27703	
Arthroscopy	Prior authorization required	29914	29915	29916	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
*Notification/prior authorization is required for the following diagnosis codes: E66.01, E66.09,					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services	<p>Prior authorization required</p> <p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network</p>	<p>E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30 –Z68.39, Z68.41–Z68.45</p> <p>Please call the number on the member’s health plan ID card to refer for mental health and substance abuse/ substance services.</p>			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast cancer (BRCA) genetic testing DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer	<p>BRCA testing requires prior authorization before DNA sequencing is performed.</p> <p>An ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> <p>Genetic counseling is required prior to testing by a qualified health care professional to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we’ll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p>	81162	81163	81164	81432

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at UHCprovider.com/priorauth > Oncology >

Breast reconstruction (non-mastectomy)
Reconstruction of the breast except when following mastectomy

Prior authorization required	15771	19300	19316	19318
	19325	19328	19330	19340
	19342	19350	19357	19361
	19364	19367	19368	19369
	19370	19371	19396	L8600

Notification/prior authorization is not required for the following diagnosis codes:

- C50.019 C50.011 C50.012 C50.111
- C50.112 C50.119 C50.211 C50.212
- C50.219 C50.311 C50.312 C50.319
- C50.411 C50.412 C50.419 C50.511
- C50.512 C50.519 C50.611 C50.612
- C50.619 C50.811 C50.812 C50.819
- C50.911 C50.912 C50.919 C50.029
- C50.021 C50.022 C50.121 C50.122
- C50.129 C50.221 C50.222 C50.229
- C50.321 C50.322 C50.329 C50.421
- C50.422 C50.429 C50.521 C50.522
- C50.529 C50.621 C50.622 C50.629
- C50.821 C50.822 C50.829 C50.921
- C50.922 C50.929 C79.81 D05.90
- D05.00 D05.01 D05.02 D05.10
- D05.11 D05.12 D05.80 D05.81
- D05.82 D05.91 D05.92 Z85.3
- Z90.10 Z90.11 Z90.12 Z90.13
- Z42.1

Cardiology

Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms,

For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com to Sign In at the top-right corner. Or, you can call



Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

electrophysiology implants and stress echoes.

866-889-8054.

For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification**
> Commercial.

Cardiovascular

Prior authorization required

For vascular codes, prior authorization is required for lower-extremity angiograms.

Cardiology

33285	37220*	37221*	37224*
37225*	37226*	37227*	37228*
37229*	37230*	37231*	93580**
93653	93656	E0616	0569T
0570T			

**Prior authorization is required for patients age 18 and older.

*Prior authorization is not required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Cartilage implants	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization is required with a type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes			
		A4226 A9277	A4238 A9278	A4239 E2102	A9276

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

Continuous glucose monitor (cont.)

E2103

Prior authorization is required with the following type 2 and gestational diabetes diagnosis (Dx) codes:

E11.00	E11.01	E11.10	E11.11
E11.21	E11.22	E11.29	E11.311
E11.319	E11.3211	E11.3212	E11.3213
E11.3219	E11.3291	E11.3292	E11.3293
E11.3299	E11.3311	E11.3312	E11.3313
E11.3319	E11.3391	E11.3392	E11.3393
E11.3399	E11.3411	E11.3412	E11.3413
E11.3419	E11.3491	E11.3492	E11.3493
E11.3499	E11.3511	E11.3512	E11.3513
E11.3519	E11.3521	E11.3522	E11.3523
E11.3529	E11.3531	E11.3532	E11.3533
E11.3539	E11.3541	E11.3542	E11.3543
E11.3549	E11.3551	E11.3552	E11.3553
E11.3559	E11.3591	E11.3592	E11.3593
E11.3599	E11.36	E11.37X1	E11.37X2
E11.37X3	E11.37X9	E11.39	E11.40
E11.41	E11.42	E11.43	E11.44
E11.49	E11.51	E11.52	E11.59
E11.610	E11.618	E11.620	E11.621
E11.622	E11.628	E11.630	E11.638
E11.641	E11.649	E11.65	E11.69
E11.8	E11.9	024.111	024.112
024.113	024.119	024.12	024.13
024.410	024.415	024.419	024.430
024.435	024.439		

Cosmetic and reconstructive procedures

Prior authorization required

Cosmetic procedures that change or improve physical appearance without significantly improving or

11960	11970	11971	14020*
14021*	14061*	14301	14302
15570	15572	15574	15730
15733	15740	15756	15769
15773	15820	15821	15822
15823	15830	15847	15877
15878	15879	17106	17107
17108	17999	21137	21138
21139	21172	21175	21179
21180	21181	21182	21183
21184	21230	21235	21256

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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restoring physiological function		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	28344	30540	30545
		30620	54400	54401	54405
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

*Prior authorization not required when billed with the following Dx codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	Durable medical equipment (DME)	Notification/prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
Prosthetics are not DME — see orthotics and prosthetics.		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold — see Home health care.		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
Some payer groups may have different DME prior authorization requirements for their benefit plans.		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
	K0885	K0886	K0890	K0891	
	S1040				
Functional endoscopic	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
sinus surgery (FESS)					
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization is required for the following regardless of Dx code:			
		55970	55980		
		Notification or prior authorization is required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58661	58720
		58940	64856	64892	64896
Home health care — private duty nursing	Notification/prior authorization is required only in outpatient settings, to include patient’s home.	T1000	T1002	T1003	
Hysterectomy — inpatient only Vaginal hysterectomies	Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies.	58267	58270	58294	58553
Hysterectomy — inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58554	58570	58571
		58572	58573		
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require prior authorization if the Dx code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
	58672	58673	58740	58770	
	89398				
	Dx codes:				
	E23.0	N46.01	N46.021	N46.022	
	N46.023	N46.024	N46.025	N46.029	
	N46.11	N46.121	N46.122	N46.123	
	N46.124	N46.125	N46.129	N46.8	
	N46.9	N97.0	N97.1	N97.2	
	N97.8	N97.8	N97.9	N98.1	
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	Avastin			
	For drug-specific prior authorization requirements, please visit Clinical Pharmacy and Specialty Programs.	J9035			
		Enzyme replacement			
		J1786	J3060		
		Hemophilia			
		J7178	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7191
		J7192	J7193	J7194	J7195
		J7198	J7200	J7201	J7205
	J7210	J7211			
	HP acthar				
	J0800				
	Immune globulin				
	90283	90284	J1459	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Inflammatory				
	J0129	J1602	J1745	J3262	
	Multiple sclerosis				
	J0202				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Soliris J1300 Unclassified C9399 J3490 J3590			
Inpatient admissions — Post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) To treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member • A hospital and/or facility must be in-network members have no out-of-network benefits for MRgFUS • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published 	0071T	0072T		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>in peer-reviewed medical literature to conclude the service is safe and/or effective</p> <ul style="list-style-type: none"> • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare • A physician and facility must follow Food and Drug Administration labeled indications for use 				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or	L0220 L0636 L1685 L1755	L0482 L0638 L1700 L1844	L0484 L1640 L1710 L1846	L0486 L1680 L1720 L2005

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (cont.)	cumulative rental cost of more than \$1,000.	L2020 L2038 L3485 L3904 L3976	L2034 L2330 L3766 L3961 L3977	L2036 L3251 L3900 L3971	L2037 L3253 L3901 L3975
Out-of-network services	Prior authorization required				
Pain management and injection	Prior authorization required	62320 62326 62360 64520 E0783	62322 62327 62361 64620 E0785	62324 62350 64451 64640 E0786	62325 62351 64484 E0782 G0260
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340 33363 33369 0075T 0237T 0348T 0379T 0494T 0541T 0554T 0558T 0575T 0579T 0589T 0597T 0603T 0607T 0619T 0632T 0645T 0653T 0661T 0675T 0681T 0685T 0695T 0707T 0723T	33289 33364 33477 0234T 0238T 0349T 0419T 0495T 0542T 0555T 0572T 0576T 0580T 0590T 0600T 0604T 0608T 0620T 0639T 0648T 0654T 0662T 0677T 0682T 0686T 0696T 0708T 0725T	33361 33365 36514 0235T 0333T 0350T 0420T 0505T 0546T 0556T 0573T 0577T 0587T 0594T 0601T 0605T 0613T 0621T 0643T 0649T 0659T 0673T 0679T 0683T 0689T 0699T 0716T 0726T	33362 33366 64722 0236T 0347T 0378T 0481T 0524T 0547T 0557T 0574T 0578T 0588T 0596T 0602T 0606T 0615T 0622T 0644T 0652T 0660T 0674T 0680T 0684T 0691T 0700T 0721T 0727T
Services, including medications determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
reviewed medical literature		0728T	0729T	0731T	0732T
		0733T	0734T	0737T	0740T
		0741T	0743T	0745T	0746T
		0747T	0748T	0749T	0750T
		0765T	0771T	0773T	0776T
		0781T	0782T	A9274	C2624
Prostate procedures	Prior authorization required	52441	52442	53850	
Prosthetics	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5105	L5050	L5060
		L5100	L5210	L5150	L5160
		L5200	L5280	L5230	L5250
		L5270	L5400	L5301	L5321
		L5331	L5540	L5420	L5530
		L5535	L5639	L5585	L5590
		L5616	L5681	L5643	L5649
		L5651	L5724	L5683	L5703
		L5707	L5795	L5726	L5728
		L5780	L5824	L5814	L5818
		L5822	L5840	L5826	L5828
		L5830	L5858	L5845	L5848
		L5856	L5968	L5930	L5960
		L5966	L5981	L5973	L5979
		L5980	L6010	L5987	L5988
		L6000	L6055	L6020	L6026
		L6050	L6205	L6120	L6130
		L6200	L6360	L6310	L6320
		L6350	L6570	L6370	L6400
		L6450	L6586	L6580	L6582
		L6584	L6624	L6588	L6590
		L6621	L6696	L6638	L6648
		L6693	L6882	L6697	L6707
		L6881	L6905	L6884	L6885
	L6900	L6930	L6910	L6920	
	L6925	L6950	L6935	L6940	
	L6945	L6970	L6955	L6960	
	L6965	L7009	L6975	L7007	
	L7008	L7180	L7040	L7045	
	L7170	L7190	L7181	L7185	
	L7186	L8043	L7191	L7499	
	L8042	L8044	L8049	V2629	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial — see Clinical trials.	77520	77522	77523	77525
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/ requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In at the top-right corner to get started. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
for treatment of obstructive sleep apnea	surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.				
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Exclusions include sleep studies performed in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 64570 L8683 L8688	63655 L8679 L8685	63685 L8680 L8686	64553 L8682 L8687
Spinal surgery	Prior authorization required	20931 22102 22114 22208 22216 22226 22551 22586 22610 22800 22810 22830 22855 22899 63011 63017 63042 63050 63075 63087 63170	20939 22103 22116 22210 22220 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077 63090 63172	22100 22110 22206 22212 22222 22533 22556 22595 22630 22804 22818 22850 22858 63003 63015 63030 63046 63056 63081 63101 63173	22101 22112 22207 22214 22224 22548 22558 22600 22633 22808 22819 22852 22861 63005 63016 63040 63047 63064 63085 63102 63185

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		63190 63251 63268 63286 63303 63307	63191 63252 63270 63300 63304 63308	63200 63265 63271 63301 63305 0098T	63250 63267 63272 63302 63306
Stimulators not related to spine Implantation of a device that sends electrical impulses	Prior authorization required	Bone-growth stimulator E0747 E0748 E0749 E0760 Neurostimulator 43647 43648 43881 43882 61863 61864 61867 61868 61885 61886 64555 64568 64590* 64595			
		<p>*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:</p>			
		N32.81 N32.9 N39.3 N39.41 N39.42 N39.46 N39.490 N39.498 R15.0 R15.1 R15.2 R15.9 R30.0 R30.1 R30.9 R32 R33.0 R33.8 R33.9 R35.0 R35.1 R35.81 R35.89 R39.11 R39.12 R39.13 R39.14 R39.15 R39.16 R39.19 R39.81 R39.89 R39.9			
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization is required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-cell therapy services including Abecma® (idecaptivegen cicleucel), Breyanzi® (lisocabtagene maraleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Skysona™ (elivaldogene autotemcel), Tecartus® (brexucabtagene autoleucel) and Yescarta® (axicabtagene ciloleucel), please call Optum at 888-936-7246 or the notification number on the back of the member's health plan ID card. Bone marrow harvest 38240 38241 38242 S2150 Evaluation for transplant 99205			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Transplant (cont.)	Heart	33940	33944	33945		
	Heart/lung	33930	33935			
	Intestine	44132	44133	44135	S2053	
	Kidney	50300	50320	50323	50340	
		50360	50365	50370	50547	
	Kidney/pancreas	S2065				
	Liver	47135	47143	47147		
	Lung	32850	32851	32852	32853	
		32854	32856	S2060	S2061	
	Pancreas	48551	48552	48554		
	Services related to transplants	32855	33933	38206	38208	
		38209	38210	38212	38213	
		38214	38215	38232*	44137	
		44715	44720	44721	47133	
		47140	47141	47142	47144	
		47145	47146	50325	S2054	
		S2140	S2142	S2152		
	CAR T-cell therapy	C9098	C9399	J3490	J3590	
		Q2042	Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis.				
	Vein procedures	Prior authorization required	36470	36471	36473	36474
	Removal and		36475	36476	36478	36479
	ablation of the		36482	36483	36465	36466
main trunks and	37243		37700	37718	37722	
named branches of	37780					
the saphenous						
veins in the						
treatment						
of venous disease						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
and varicose veins of the extremities					
Ventricular assist devices (VAD)		33927	33928	33929	33975
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

