

# Prior Authorization Requirements for UnitedHealthcare West Commercial

## Effective November, 1, 2022

## General Information

This list comprises inpatient and outpatient prior authorization review requirements for care providers who participate in the listed commercial benefit plans subject to the [UnitedHealthcare West Non-Capitated Supplement](#). Updates to the list are announced routinely in the UnitedHealthcare [Network News](#). For more information, please call Provider Services at **877-842-3210**.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call **877-842-3210**.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	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	
<b>Arthroscopy</b>	Prior authorization required	29914	29915	29916	
<b>Bariatric surgery</b> 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, E66.1 – E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45					
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network	Please call the number on the member's health plan ID card to refer for mental health and substance abuse/ substance services.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>BRCA genetic testing</b> 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. An ordering care provider 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 provider 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> <p>More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Oncology &gt; Breast Cancer Gene (BRCA) Testing Prior Authorization.</p>	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b> 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	19380	19396
		L8600			
		Notification/prior authorization is <u>not</u> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																																					
<b>Breast reconstruction (non-mastectomy) (continued)</b>		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																																																																																																					
<b>Cardiology</b>	Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Cardiology.</p>																																																																																																					
<b>Cardiovascular</b>	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization is required for lower-extremity angiograms.</p>	<table border="0"> <thead> <tr> <th colspan="2"></th> <th colspan="4" style="text-align: center;"><b>Cardiology</b></th> </tr> </thead> <tbody> <tr> <td>33285</td> <td></td> <td>37220</td> <td>37221</td> <td>37224</td> <td>37224</td> </tr> <tr> <td>37225</td> <td></td> <td>37226</td> <td>37227</td> <td></td> <td>37228</td> </tr> <tr> <td>37229</td> <td></td> <td>93580**</td> <td>93653</td> <td></td> <td>93656</td> </tr> <tr> <td>E0616</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="2"></th> <th colspan="4" style="text-align: center;"><b>Vascular</b></th> </tr> <tr> <td>75710*</td> <td></td> <td>75716*</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>**Prior authorization is required for patients age 18 and older.</p> <p>*Prior authorization is required for the following diagnosis codes:</p> <table border="0"> <tbody> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> <tr> <td>I70.263</td> <td>I70.268</td> <td>I70.269</td> <td>I70.291</td> </tr> </tbody> </table>						<b>Cardiology</b>				33285		37220	37221	37224	37224	37225		37226	37227		37228	37229		93580**	93653		93656	E0616								<b>Vascular</b>				75710*		75716*				E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	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	I70.291
		<b>Cardiology</b>																																																																																																					
33285		37220	37221	37224	37224																																																																																																		
37225		37226	37227		37228																																																																																																		
37229		93580**	93653		93656																																																																																																		
E0616																																																																																																							
		<b>Vascular</b>																																																																																																					
75710*		75716*																																																																																																					
E08.51	E08.52	E08.59	E08.621																																																																																																				
E09.51	E09.52	E09.59	E09.621																																																																																																				
E10.51	E10.52	E10.59	E10.621																																																																																																				
E11.51	E11.52	E11.59	E11.621																																																																																																				
E13.51	E13.52	E13.59	E13.621																																																																																																				
I70.201	I70.202	I70.203	I70.208																																																																																																				
I70.209	I70.211	I70.212	I70.213																																																																																																				
I70.218	I70.219	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	I70.291																																																																																																				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
	170.708	170.709	170.711	170.712	
	170.713	170.718	170.719	170.721	
	170.722	170.723	170.728	170.729	
	170.731	170.732	170.733	170.734	
	170.735	170.738	170.739	170.741	
	170.742	170.743	170.744	170.745	
	170.748	170.749	170.761	170.762	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	<b>Cartilage implants</b>	Prior authorization required	27412	27415	27416
		29867	29868	J7330	S2112
<b>Clinical trials</b>	Prior authorization required	S9988	S9990	S9991	
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)					
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization is required with a type 2 diabetes diagnosis.	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11970	11971	14020
		14021	14061	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	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
67924	67950	67961	67966		
	Q2026				
<b>Durable medical equipment (DME)</b>	Notification/prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000. Prosthetics are not DME – see Orthotics and prosthetics. 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. Some payer groups may have different DME prior authorization requirements for their benefit plans.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
		E1840	E2402	E2502	E2504
		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
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
K0885	K0886	K0890	K0891		
	S1040				
<b>Functional endoscopic sinus surgery (FESS)</b>	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			
-------------------------	------------------------	--	--	--	--

**Functional endoscopic sinus surgery (FESS) (continued)**

<b>Gender dysphoria treatment</b>	Prior authorization required	Notification or prior authorization is required for the following regardless of diagnosis code: 55970 55980 Notification or prior authorization is required for the following when submitted with a diagnosis 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 58292 58661 58720 58940 64856 64892 64896			
<b>Home health care – private duty nursing</b>	Notification/prior authorization is required only in outpatient settings, to include patient’s home.	T1000	T1002	T1003	
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies.	58267 58294	58270	58275	58280
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4014 S4023 S4030	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 S4037
		The following codes only require prior authorization if the DX code is also listed: 52402 54500 54505 55550			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Infertility (continued)</b>		58140	58145	58146	58545		
		58546	58660	58662	58670		
		58672	58673	58740	58770		
		89398					
		<b>DX codes:</b>					
		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				
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required For drug-specific prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	<b>Avastin</b>					
		J9035					
		<b>Enzyme replacement</b>					
		J1786	J3060				
		<b>Hemophilia</b>					
		J7178	J7180	J7181	J7182		
		J7183	J7185	J7186	J7187		
		J7188	J7189	J7190	J7191		
		J7192	J7193	J7194	J7195		
		J7198	J7200	J7201	J7205		
		J7210	J7211				
		<b>HP Acthar</b>					
		J0800					
		<b>Immune Globulin</b>					
		90283	90284	J1459	J1556		
		J1557	J1559	J1561	J1566		
		J1568	J1569	J1572	J1575		
		J1599					
		<b>Inflammatory</b>					
		J0129	J1602	J1745	J3262		
		<b>Multiple Sclerosis</b>					
		J0202					
		<b>Soliris</b>					
		J1300					
		<b>Unclassified</b>					
		C9399	J3490	J3590			
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: - Acute care hospitals - Acute inpatient rehabilitation - Critical access hospitals - Long-term acute care hospitals - Skilled nursing facilities						



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Intensity-modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> 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: - A physician and/or facility must confirm coverage of the service for the member - A hospital and/or facility must be contracted with UnitedHealthcare. 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 in peer-reviewed medical literature to conclude the service is safe and/or effective. - 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 U.S. Food and Drug Administration labeled indications for use.	0071T	0072T		
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199	21060 21127 21145 21151 21160 21195 21206	21121 21141 21146 21154 21188 21196 21208	21123 21142 21147 21155 21193 21198 21209

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (continued)</b>		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
<b>Orthotics</b>	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
	L3975	L3976	L3977		
<b>Out-of-network services</b>	Prior authorization required				
<b>Pain management and injection</b>	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	0376T
		A9274			
	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-reviewed medical literature.				
<b>Prostate procedures</b>	Prior authorization required	52441	52442	53850	55866
		55874			
<b>Prosthetics</b>	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics</b> (continued)		L5856 L5966 L5980 L6000 L6050 L6200 L6350 L6450 L6584 L6621 L6693 L6881 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8042 V2629	L5858 L5968 L5981 L6010 L6055 L6205 L6360 L6570 L6586 L6624 L6696 L6882 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8043	L5930 L5973 L5987 L6020 L6120 L6310 L6370 L6580 L6588 L6638 L6697 L6884 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8044	L5960 L5979 L5988 L6026 L6130 L6320 L6400 L6582 L6590 L6648 L6707 L6885 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8049
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization is required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see Clinical trials.	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Radiology.			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries	95805 95811	95807	95808	95810
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 64570 L8683 L8688	63655 L8679 L8685	63685 L8680 L8686	64553 L8682 L8687
<b>Spinal surgery</b>	Prior authorization required	20931	20939	22100	22101
		22102	22103	22110	22112
		22114	22116	22206	22207
		22208	22210	22212	22214
		22216	22220	22222	22224
		22226	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22858	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
<b>Stimulators not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone-Growth Stimulator</b> E0747 E0748 E0749 E0760 <b>Neurostimulator</b> 43647 43648 43881 43882 61863 61864 61867 61868 61885 61886 64555 64568 64590 64595 0312T 0313T 0314T 0315T 0316T 0317T			
<b>Transplant</b> 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® (Idecaptogene Cicleucel), Breyanzi® (Lisocaptogene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. <b>Bone Marrow Harvest</b> 38240 38241 38242 S2150 <b>Evaluation for Transplant</b> 99205 <b>Heart</b> 33940 33944 33945 <b>Heart/Lung</b> 33930 33935 <b>Intestine</b> 44132 44133 44135 S2053 <b>Kidney</b> 50300 50320 50323 50340 50360 50365 50370 50547 <b>Kidney/Pancreas</b> S2065 <b>Liver</b> 47135 47143 47147 <b>Lung</b> 32850 32851 32852 32853 32854 32856 S2060 S2061 <b>Pancreas</b> 48551 48552 48554 <b>Services Related to Transplants</b> 32855 33933 38206 38208			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098	C9399	J3490	J3590
		Q2042	Q2053	Q2054	Q2055
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
<b>Vein procedures</b>	Prior authorization required	36468	36470	36471	36473
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
<b>Ventricular assist devices (VAD)</b>		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			