

# Prior Authorization Requirements for UnitedHealthcare West Commercial

## Effective Sept. 1, 2023

## 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	Please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network				

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 81433	81163	81164	81432																																								
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19325 19342 19364 19370	19300 19328 19350 19367 19371	19316 19330 19357 19368 19396	19318 19340 19361 19369 L8600																																								
		<p>Notification/prior authorization is <u>not</u> required for the following diagnosis codes:</p> <table border="0"> <tr> <td>C50.019</td> <td>C50.011</td> <td>C50.012</td> <td>C50.111</td> </tr> <tr> <td>C50.112</td> <td>C50.119</td> <td>C50.211</td> <td>C50.212</td> </tr> <tr> <td>C50.219</td> <td>C50.311</td> <td>C50.312</td> <td>C50.319</td> </tr> <tr> <td>C50.411</td> <td>C50.412</td> <td>C50.419</td> <td>C50.511</td> </tr> <tr> <td>C50.512</td> <td>C50.519</td> <td>C50.611</td> <td>C50.612</td> </tr> <tr> <td>C50.619</td> <td>C50.811</td> <td>C50.812</td> <td>C50.819</td> </tr> <tr> <td>C50.911</td> <td>C50.912</td> <td>C50.919</td> <td>C50.029</td> </tr> <tr> <td>C50.021</td> <td>C50.022</td> <td>C50.121</td> <td>C50.122</td> </tr> <tr> <td>C50.129</td> <td>C50.221</td> <td>C50.222</td> <td>C50.229</td> </tr> <tr> <td>C50.321</td> <td>C50.322</td> <td>C50.329</td> <td>C50.421</td> </tr> </table>				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
C50.019	C50.011	C50.012	C50.111																																										
C50.112	C50.119	C50.211	C50.212																																										
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (continued)</b>		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
<b>Cardiology</b>	Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance.	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> .			
		For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Cardiology.			
<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
	For Vascular codes, prior authorization is required for lower-extremity angiograms.	33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**
		93653	93656	E0616	
		**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	

Procedures and Services	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Additional Information				
<b>Cardiovascular (continued)</b>				
	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	170.621	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	170.721	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	170.763	170.768
	170.769	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
	M86.8X9	M86.9	I96	L03.115

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	Q27.30 Q27.9 T82.312A T82.392A I73.00	Q27.32 Q87.2 T82.318A T82.398A I73.01	Q27.39 S35.511A T82.319A T82.399A I73.1
<b>Cartilage implants</b>	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
<b>Clinical trials</b> 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	
<b>Cochlear and other auditory implants</b> 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
<b>Continuous glucose monitor</b>	Prior authorization is required with a type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
<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 14021* 15572 15740 15820 15830 15879 17999 21172 21181 21230 21261 21275 21740 30540 54400 67901 67906 67912 67917 67924 Q2026	11970 14061* 15574 15756 15821 15847 17106 21137 21175 21182 21235 21263 21280 21742 30545 54401 67902 67908 67914 67921 67950	11971 14302 15730 15769 15822 15877 17107 21138 21179 21183 21256 21267 21282 21743 30560 54405 67903 67909 67915 67922 67961	14020* 15570 15733 15773 15823 15878 17108 21139 21180 21184 21260 21268 21295 28344 30620 67900 67904 67911 67916 67923 67966
		C43.0	C43.10	C43.111	C43.112

Procedures and Services	Additional Information				CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cosmetic and reconstructive procedures (continued)	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	
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Prosthetics are not DME – see Orthotics and prosthetics.	E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
	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.	E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	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	
<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	58270	58294	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Hysterectomy</b> – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541		
		58542	58543	58544	58550		
		58552	58553	58554	58570		
		58571	58572	58573			
<b>Infertility</b> 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		
		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						
	<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 intra-muscularly	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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		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: <ul style="list-style-type: none"> <li>- Acute care hospitals</li> <li>- Acute inpatient rehabilitation</li> <li>- Critical access hospitals</li> <li>- Long-term acute care hospitals</li> <li>- Skilled nursing facilities</li> </ul>				
<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: <ul style="list-style-type: none"> <li>- A physician and/or facility must confirm coverage of the service for the member</li> <li>- A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>- 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.</li> <li>- A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>- A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> </ul>	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	- A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.				
<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 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
<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 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971	L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975
<b>Out-of-network services</b>	Prior authorization required				
<b>Pain management and injection</b>	Prior authorization required	62320 62326 62360 64520 E0783	62322 62327 62361 64620 E0785	62324 62350 64451 64640 E0786	62325 62351 64484 E0782 G0260
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> 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.	Prior authorization required	26340 33363 33369 64722 0234T 0238T 0349T 0379T 0481T 0524T 0547T 0555T 0564T 0575T	33289 33364 33477 95250 0235T 0333T 0350T 0419T 0494T 0541T 0556T 0572T 0576T	33361 33365 36514 95251 0236T 0347T 0376T 0420T 0495T 0542T 0553T 0557T 0573T 0577T	33362 33366 62291 0075T 0237T 0348T 0378T 0465T 0505T 0546T 0554T 0558T 0574T 0578T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially unproven services (including experimental/ investigational and/or linked services) (cont.)</b>		0579T	0580T	0587T	0588T
		0589T	0590T	0594T	0596T
		0597T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		0616T	0617T	0618T	0619T
		0620T	0621T	0622T	0632T
		0639T	0643T	0644T	0645T
		0648T	0649T	0652T	0653T
		0654T	0659T	0660T	0661T
		0662T	0673T	0674T	0675T
		0677T	0679T	0680T	0681T
		0682T	0683T	0684T	0685T
		0686T	0689T	0691T	0695T
		0696T	0699T	0700T	0707T
		0708T	0716T	0721T	0723T
		0725T	0726T	0727T	0728T
		0729T	0731T	0732T	0733T
		0734T	0737T	0740T	0741T
		0743T	0745T	0746T	0747T
	0748T	0749T	0750T	0765T	
	0771T	0773T	0776T	0781T	
	0782T	A9274	C2624		
<b>Prostate procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
<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		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
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L6000	L6010	L6020	L6026
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
L6584	L6586	L6588	L6590		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L6621	L6624	L6638	L6648
		L6693	L6696	L6697	L6707
		L6881	L6882	L6884	L6885
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8042	L8043	L8044	L8049
		V2629			
<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 &gt; Radiology</b> .			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<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>	Prior authorization required	95805	95807	95808	95810
		95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries				
<b>Spinal cord stimulators</b>	Prior authorization required	63650	63655	63685	64553
Spinal cord stimulators when implanted for pain management		64570	L8679	L8680	L8682
		L8683	L8685	L8686	L8687
		L8688			
<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
		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	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0098T	
<b>Stimulators not related to spine</b>	Prior authorization required	<b>Bone-Growth Stimulator</b>			
Implantation of a device that sends electrical impulses		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>	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® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Carvykti™ (ciltacaptagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucaptagene autoleucel) and			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		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
		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		33976	33979	33981	33982
		33983			

**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

ventricle of the heart and restores  
normal blood flow