

# Prior Authorization Requirements for UnitedHealthcare West

Effective January 1, 2026

## 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](https://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](https://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	
		27702				
Arthroscopy	Prior authorization required	29914	29915	29916		
Bariatric surgery	Prior authorization required	43644	43645	43659	43770	
Bariatric surgery and specific obesity-related services		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
<b>Bariatric surgery (cont.)</b>		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>	<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>Please call the number on the member's health plan ID card to refer for mental health and substance abuse/ substance services.</p>
<b>Bone growth stimulator</b>	Prior authorization required	20974    20975    20979
Electronic stimulation or ultrasound to heal fractures		
<b>Breast cancer (BRCA) genetic testing</b>	BRCA testing requires prior authorization before DNA sequencing is performed.	81162    81163    81164    81432
DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer	<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>	
	Genetic testing and/or genetic counseling services are not covered in some benefit plans.	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<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="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Oncology &gt;</p>					
<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	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	C50.021	C50.022	C50.121
		C50.122	C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421	C50.422
		C50.521	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
		D05.10	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,	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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.	<b>866-889-8054.</b>
		For more details and the CPT codes that require prior authorization, please visit <b>Cardiology Prior Authorization and Notification</b> > Commercial.
<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b> 33285      37254      37256 *      37258 * 37260 *      37263 *      37265 *      37267 * 37269 *      37271 *      37273 *      37275 * 37277 *      37280 *      37282 *      37284 * 37286 *      37288 *      37290 *      37292 * 37294 *      37296 *      37298 *      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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)	I70.539	I70.541	I70.542	I70.543	
	I70.544	I70.545	I70.548	I70.549	
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cartilage implants</b>	Prior authorization required	27412	27415	27416	29866
		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 and gestational diabetes diagnosis				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor (cont.)		A4226	A4238	A4239	A9276
		A9277	A9278	E2102	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	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
significantly improving or restoring physiological function	21180	21181	21182	21183	
	21184	21230	21235	21256	
	21260	21261	21263	21267	
	21268	21275	21280	21282	
	21295	28344	30540	30545	
	30620	38999	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		
*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	C44.1211	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		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	
<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
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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 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
<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	58553
<b>Hysterectomy — inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58554	58570	58571
		58572	58573		
<b>Infertility</b> Diagnostic and treatment services related to the	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
inability to achieve pregnancy		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>	Prior authorization required	<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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Multiple sclerosis</b>
		J0202
		<b>Soliris</b>
		J1300
		<b>Unclassified</b>
		C9399   J3490   J3590
<b>Inpatient admissions — Post-acute services</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <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)</b>	<p>Prior authorization required</p> <p>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:</p>	0071T   0072T
To treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<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 in-network</li> <li>• 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</li> </ul>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
	<p>believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective</p> <ul style="list-style-type: none"> <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> <li>• A physician and facility must follow Food and Drug Administration labeled indications for use</li> </ul>						
<b>Non-emergency air transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436		
Non-urgent ambulance transportation by air between specified locations							
<b>Orthognathic surgery</b>	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		
Treatment of maxillofacial functional impairment							
<b>Orthotics</b>	Prior authorization is required only for orthotics codes listed	L0220 L0636	L0482 L0638	L0484 L1640	L0486 L1680		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics (cont.)</b>	with a retail purchase or cumulative rental cost of more than \$1,000.	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	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		0075T	0234T	0235T	0236T
		0237T	0238T	0333T	0347T
		0348T	0349T	0350T	0378T
		0379T	0419T	0420T	0481T
		0494T	0495T	0505T	0524T
		0541T	0542T	0546T	0547T
		0554T	0555T	0556T	0557T
		0558T	0572T	0573T	0574T
		0575T	0576T	0577T	0578T
		0579T	0580T	0587T	0588T
		0589T	0590T	0594T	0596T
		0597T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
the prevailing published, peer-reviewed medical literature		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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Prosthetics (cont)</b>		L8042	L8044	L8049	V2629
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial — see Clinical trials.				
<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 using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on Sign In at the top-right corner to get started. Or, you can call <b>866-889-8054</b> .			
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement or	Applies to inpatient or outpatient procedures and surgeries including, but not limited to,				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Exclusions include sleep studies performed in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95811			
<b>Spinal cord stimulators</b>	Prior authorization required	63650	63655	63685	64553
Spinal cord stimulators when implanted for pain management		64570	L8679	L8680	L8682
<b>Spinal surgery</b>	Prior authorization required	L8683	L8685	L8686	L8687
		L8688			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		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>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590*	64595		
		*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:			
		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			
<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® (idecavacogene ciloleucel), 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.			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	S2150

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization							
<b>Transplant (cont.)</b>		<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>									
C9098 C9399 J3490 J3590									
Q2042 Q2053 Q2054 Q2055									
*Code 38232 will only require prior authorization for an oncology diagnosis.									

**Vein procedures** Prior authorization required

Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment

36470 36471 36473 36474  
36475 36476 36478 36479  
36482 36483 36465 36466  
37243 37700 37718 37722  
37780

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
of venous disease and varicose veins of the extremities					
<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			

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.