

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

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

Prior authorization is not required for emergency or urgent care.

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



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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at **UHCprovider.com/priorauth** > Oncology >

Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600

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

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

Cardiology	Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms,	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com to Sign In at the top-right corner. Or, you can call
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	electrophysiology implants and stress echoes.	866-889-8054.			
		For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification			
		> Commercial.			
Cardiovascular	Prior authorization required	Cardiology			
	For vascular codes, prior authorization is required for lower-extremity angiograms.	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			
Cardiovascular (cont.)		M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Cartilage implants	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization is required with a type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes			

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	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without	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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	C44.121	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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	
Durable medical equipment (DME)	Notification/prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	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
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		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			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization is required for the following regardless of Dx code: 55970 55980 Notification or prior authorization is required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: 14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 58661 58720 58940 64856 64892 64896			
Home health care — private duty nursing	Notification/prior authorization is required only in outpatient settings, to include patient's home.	T1000	T1002	T1003	
Hysterectomy — inpatient only Vaginal hysterectomies	Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies.	58267	58270	58294	58553
Hysterectomy — inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58572	58152 58543 58554 58573	58180 58544 58570	58541 58550 58571
Infertility Diagnostic and treatment services related to the	Prior authorization required	55870 58345 58974 89251 89257	58321 58752 58976 89253 89258	58322 58760 76948 89254 89259	58323 58970 89250 89255 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			
		Dx codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
Injectable medications 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 Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	Avastin J9035			
		Enzyme replacement J1786 J3060			
		Hemophilia J7178 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7191 J7192 J7193 J7194 J7195 J7198 J7200 J7201 J7205 J7210 J7211			
		HP acthar J0800			
		Immune globulin 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599			
		Inflammatory J0129 J1602 J1745 J3262			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Multiple sclerosis J0202 Soliris J1300 Unclassified C9399 J3490 J3590			
Inpatient admissions — Post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none">• Acute care hospitals• Acute inpatient rehabilitation• Critical access hospitals• Long-term acute care hospitals• Skilled nursing facilities				
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) To treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none">• A physician and/or facility must confirm coverage of the service for the member• A hospital and/or facility must be in-network members have no out-of-network benefits for MRgFUS• A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't	0071T	0072T		

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"> • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare • A physician and facility must follow Food and Drug Administration labeled indications for use 				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
Orthotics	Prior authorization is required only for orthotics codes listed	L0220 L0636	L0482 L0638	L0484 L1640	L0486 L1680

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (cont.)	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		
Out-of-network services	Prior authorization required				
Pain management and injection	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Potentially unproven services (including experimental/ investigational and/or linked services) 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	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			
		L8042	L8044	L8049	V2629
Prosthetics (cont)					
Proton beam therapy	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.				
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/ requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In at the top-right corner to get started. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial.</p>			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	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.				
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Exclusions include sleep studies performed in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 64570 L8683 L8688	63655 L8679 L8685	63685 L8680 L8686	64553 L8682 L8687
Spinal surgery	Prior authorization required	20931 22102 22114 22208 22216 22226 22551 22586 22610 22800 22810 22830 22855 22899 63011 63017 63042 63050 63075	20939 22103 22116 22210 22220 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077	22100 22110 22206 22212 22222 22533 22556 22595 22630 22804 22818 22850 22858 63003 63015 63030 63046 63056 63081	22101 22112 22207 22214 22224 22548 22558 22600 22633 22808 22819 22852 22861 63005 63016 63040 63047 63064 63085

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	S2053
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Kidney/pancreas			
		S2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		CAR T-cell therapy			
		C9098	C9399	J3490	J3590
		Q2042	Q2053	Q2054	Q2055
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment	Prior authorization required	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					
Ventricular assist devices (VAD)		33927	33928	33929	33975
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983			

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