

Prior Authorization Requirements for UnitedHealthcare West Commercial

Effective May 1, 2024

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			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27446	27447	27486	27487
		27700	27702	27703	
Arthroscopy	Prior authorization required	29914	29915	29916	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization is required for the following diagnosis codes: E66.01, E66.09, 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	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																																											
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979																																									
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. 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 UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.</p>	81162 81433	81163	81164	81432																																								
Breast reconstruction (non-mastectomy) 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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C50.321	C50.322	C50.329	C50.421																																										

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.)		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
Cardiology	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 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. Or call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology.			
Cardiovascular	Prior authorization required	Cardiology			
	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	Additional Information				CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont.)									
		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	172.3	172.4	172.8				
		172.9	177.2	177.70	177.72				
		177.77	177.79	174.3	174.4				
		174.5	174.8	174.9	175.021				
		175.022	175.023	175.029	175.89				
		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			
Cardiovascular (cont.)		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			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	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	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization is required with a type 2 and gestational diabetes diagnosis	Prior authorization not required for Type 1 diabetes			
		A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
		Prior authorization is required with the following Type 2 and gestational diabetes 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor (cont.)		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 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	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	

*Prior authorization not required when billed with the following diagnosis 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive procedures (cont.)		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		
	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	
Prosthetics are not DME – see Orthotics and prosthetics.		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 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	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					
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	
Hysterectomy – 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	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Infertility (cont.)		S4023	S4025	S4026	S4028	
		S4030	S4031	S4035	S4037	
		The following codes only require prior authorization if the DX code is also listed:				
		52402	54500	54505	55550	
		58140	58145	58146	58545	
		58546	58660	58662	58670	
		58672	58673	58740	58770	
		89398				
		DX codes:				
		E23.0	N46.01	N46.021	N46.022	
		N46.023	N46.024	N46.025	N46.029	
		N46.11	N46.121	N46.122	N46.123	
		N46.124	N46.125	N46.129	N46.8	
		N46.9	N97.0	N97.1	N97.2	
		N97.8	N97.8	N97.9	N98.1	
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required For drug-specific prior authorization requirements, please visit UHCprovider.com/priorauth > 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	
		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: - Acute care hospitals - Acute inpatient rehabilitation - Critical access hospitals					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> - 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	<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> <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 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		
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
Orthotics	Prior authorization is required only for orthotics codes listed with a	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.)	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 the prevailing published, peer-reviewed medical literature.	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	62291
		64722	95250	95251	0075T
		0234T	0235T	0236T	0237T
		0238T	0333T	0347T	0348T
		0349T	0350T	0376T	0378T
		0379T	0419T	0420T	0481T
		0494T	0495T	0505T	0524T
		0541T	0542T	0546T	0547T
		0553T	0554T	0555T	0556T
		0557T	0558T	0564T	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	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (including experimental/investigational and/or linked services) (cont.)		0746T	0747T	0748T	0749T
		0750T	0765T	0771T	0773T
		0776T	0781T	0782T	A9274
		C2624			
Prostate procedures	Prior authorization required	52441	52442	53850	55874
Prosthetics	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5105	L5050	L5060
		L5100	L5210	L5150	L5160
		L5200	L5280	L5230	L5250
		L5270	L5400	L5301	L5321
		L5331	L5540	L5420	L5530
		L5535	L5639	L5585	L5590
		L5616	L5681	L5643	L5649
		L5651	L5724	L5683	L5703
		L5707	L5795	L5726	L5728
		L5780	L5824	L5814	L5818
		L5822	L5840	L5826	L5828
		L5830	L5858	L5845	L5848
		L5856	L5968	L5930	L5960
		L5966	L5981	L5973	L5979
		L5980	L6010	L5987	L5988
		L6000	L6055	L6020	L6026
		L6050	L6205	L6120	L6130
		L6200	L6360	L6310	L6320
		L6350	L6570	L6370	L6400
		L6450	L6586	L6580	L6582
		L6584	L6624	L6588	L6590
		L6621	L6696	L6638	L6648
		L6693	L6882	L6697	L6707
		L6881	L6905	L6884	L6885
		L6900	L6930	L6910	L6920
L6925	L6950	L6935	L6940		
L6945	L6970	L6955	L6960		
L6965	L7009	L6975	L7007		
L7008	L7180	L7040	L7045		
L7170	L7190	L7181	L7185		
L7186	L8043	L7191	L7499		
L8042	L8044	L8049	V2629		
Proton beam therapy 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
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>For prior authorization, please submit requests online by using 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction 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	
Sleep studies 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
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	20939 22103 22116 22210 22220 22532 22554 22590 22612 22802 22812	22100 22110 22206 22212 22222 22533 22556 22595 22630 22804 22818	22101 22112 22207 22214 22224 22548 22558 22600 22633 22808 22819

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		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	
Stimulators not related to spine Implantation of a device that sends electrical impulses	Prior authorization required	Bone-Growth Stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization is required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Bone Marrow Harvest			
		38240	38241	38242	S2150
		Evaluation for Transplant			
		99205			
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont.)		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			
		0537T	0538T	0539T	0540T
		C9098	C9399	J3490	J3590
		Q2042	Q2053	Q2054	Q2055
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures	Prior authorization required	36470	36471	36473	36474
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36475	36476	36478	36479
		37243	37700	37718	37722
		37780			
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			