

Prior Authorization Requirements for UnitedHealthcare West Commercial

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
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	19380	19396
		L8600			
		Notification/prior authorization is <u>not</u> required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																							
Breast reconstruction (non-mastectomy) (continued)		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, electrophysiology implants, and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to 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 > Cardiology.</p>																																																																																							
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization is required for lower-extremity angiograms.</p>	<p>Cardiology</p> <table border="1"> <tr> <td>33285</td> <td>37220*</td> <td>37221*</td> <td>37224*</td> </tr> <tr> <td>37225*</td> <td>37226*</td> <td>37227*</td> <td>37228*</td> </tr> <tr> <td>37229*</td> <td>37230*</td> <td>37231*</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td></td> </tr> </table> <p>**Prior authorization is required for patients age 18 and older.</p> <p>*Prior authorization is not required for the following diagnosis codes:</p> <table border="1"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <tr> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> <td>I70.243</td> </tr> <tr> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> <td>I70.249</td> </tr> <tr> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> <td>I70.263</td> </tr> <tr> <td>I70.268</td> <td>I70.269</td> <td>I70.321</td> <td>I70.322</td> </tr> <tr> <td>I70.323</td> <td>I70.329</td> <td>I70.331</td> <td>I70.332</td> </tr> <tr> <td>I70.333</td> <td>I70.334</td> <td>I70.335</td> <td>I70.338</td> </tr> <tr> <td>I70.339</td> <td>I70.341</td> <td>I70.342</td> <td>I70.343</td> </tr> <tr> <td>I70.344</td> <td>I70.345</td> <td>I70.348</td> <td>I70.349</td> </tr> <tr> <td>I70.35</td> <td>I70.361</td> <td>I70.362</td> <td>I70.363</td> </tr> <tr> <td>I70.369</td> <td>I70.421</td> <td>I70.422</td> <td>I70.423</td> </tr> <tr> <td>I70.428</td> <td>I70.429</td> <td>I70.431</td> <td>I70.432</td> </tr> <tr> <td>I70.433</td> <td>I70.434</td> <td>I70.435</td> <td>I70.438</td> </tr> <tr> <td>I70.439</td> <td>I70.441</td> <td>I70.442</td> <td>I70.443</td> </tr> </table>				33285	37220*	37221*	37224*	37225*	37226*	37227*	37228*	37229*	37230*	37231*	93580**	93653	93656	E0616		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
33285	37220*	37221*	37224*																																																																																						
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Procedures and Services	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)	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
	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 (continued)		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			
Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Clinical trials	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)					
Cochlear and other auditory implants	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					
Continuous glucose monitor	Prior authorization is required with a type 2 diabetes diagnosis.	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960	11970	11971	14020*
		14021*	14061*	14302	15570
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
		15879	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923

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

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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (continued)		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	A7025	A7026	E0194	E0265
	only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	E0266	E0277	E0296	E0297
	Prosthetics are not DME – see Orthotics and prosthetics.	E0300	E0302	E0304	E0328
	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.	E0329	E0466	E0471	E0483
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E0745	E0764	E0766	E0770
	Prosthetics are not DME – see Orthotics and prosthetics.	E0784	E0984	E0986	E1002
	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.	E1003	E1004	E1005	E1006
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E1007	E1008	E1010	E1016
	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.	E1018	E1236	E1238	E1399
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E1802	E1805	E1825	E1830
	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.	E1840	E2402	E2502	E2504
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E2506	E2508	E2510	E2511
	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.	E2512	E2599	K0005	K0012
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	K0014	K0812	K0848	K0849
	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.	K0850	K0851	K0852	K0853
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	K0854	K0855	K0856	K0857
	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.	K0858	K0859	K0860	K0861
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	K0862	K0863	K0864	K0868
	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.	K0869	K0870	K0871	K0877
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	K0878	K0879	K0880	K0884
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.	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 58294	58270	58275	58280
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4014 S4023 S4030	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 S4037
		The following codes only require prior authorization if the DX code is also listed:			
		52402	54500	54505	55550
		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 intramuscularly	Prior authorization required For drug-specific prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty	Avastin J9035 Enzyme replacement J1786 J3060 Hemophilia J7178 J7180 J7181 J7182			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (continued)	Drugs Prior Authorization Programs.	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 - 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: - 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	0071T	0072T			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	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.				
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	21060 21127 21145 21151 21160 21195 21206	21121 21141 21146 21154 21188 21196 21208	21123 21142 21147 21155 21193 21198 21209
Orthognathic surgery (continued)		21210 21243 21247 21296	21215 21244 21248 21299	21240 21245 21249 L0482	21242 21246 21255 L0484
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L1640 L1710 L1846 L2036 L3251 L3900 L3971
Out-of-network services	Prior authorization required				
Pain management and injection	Prior authorization required	62320 62326 62360	62322 62327 62361	62324 62350 64451	62325 62351 64484

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pain management and injection (continued)		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Potentially unproven services (including experimental/ investigational and/or linked services)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	62291	64722
		95250	95251	0376T	A9274
<p>Services, including medications determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes</p> <p>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.</p>					
Prostate procedures	Prior authorization required	52441	52442	53850	55866
		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	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		L7186 L8042 V2629	L7190 L8043	L7191 L8044	L7499 L8049
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: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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 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 > Radiology.			
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	64553
		64570	L8679	L8680	L8682
		L8683	L8685	L8686	L8687
		L8688			
Spinal surgery	Prior authorization required	20931	20939	22100	22101
		22102	22103	22110	22112
		22114	22116	22206	22207
		22208	22210	22212	22214
		22216	22220	22222	22224
		22226	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22858	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
	0095T	0098T	0164T		
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	Prior authorization is required for transplant or transplant-related services before pre-	For transplant and CAR T-Cell therapy services including Abecma® (Idecabtagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Skysona®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
services before pre-treatment or evaluation	treatment or evaluation.	(elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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			
		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	36468	36470	36471	36473
Removal and ablation of the		36474	36475	36476	36478
main trunks and named		36479	37243	37700	37718
branches of the saphenous		37722	37780		
veins in the treatment					

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			