

# 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			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27446	27447	27486	27487
		27700	27702	27703	
<b>Arthroscopy</b>	Prior authorization required	29914	29915	29916	
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization is required for the following diagnosis codes: E66.01, E66.09, E66.1 – E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45			
<b>Behavioral health services</b>	Prior authorization required	Please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																											
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979																																									
<b>BRCA genetic testing</b> DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer	<p>BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> <p>Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p> <p>More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Oncology &gt; Breast Cancer Gene (BRCA) Testing Prior Authorization.</p>	81162 81433	81163	81164	81432																																								
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19325 19342 19364 19370	19300 19328 19350 19367 19371	19316 19330 19357 19368 19396	19318 19340 19361 19369 L8600																																								
		<p>Notification/prior authorization is <u>not</u> required for the following diagnosis codes:</p> <table border="0"> <tr> <td>C50.019</td> <td>C50.011</td> <td>C50.012</td> <td>C50.111</td> </tr> <tr> <td>C50.112</td> <td>C50.119</td> <td>C50.211</td> <td>C50.212</td> </tr> <tr> <td>C50.219</td> <td>C50.311</td> <td>C50.312</td> <td>C50.319</td> </tr> <tr> <td>C50.411</td> <td>C50.412</td> <td>C50.419</td> <td>C50.511</td> </tr> <tr> <td>C50.512</td> <td>C50.519</td> <td>C50.611</td> <td>C50.612</td> </tr> <tr> <td>C50.619</td> <td>C50.811</td> <td>C50.812</td> <td>C50.819</td> </tr> <tr> <td>C50.911</td> <td>C50.912</td> <td>C50.919</td> <td>C50.029</td> </tr> <tr> <td>C50.021</td> <td>C50.022</td> <td>C50.121</td> <td>C50.122</td> </tr> <tr> <td>C50.129</td> <td>C50.221</td> <td>C50.222</td> <td>C50.229</td> </tr> <tr> <td>C50.321</td> <td>C50.322</td> <td>C50.329</td> <td>C50.421</td> </tr> </table>				C50.019	C50.011	C50.012	C50.111	C50.112	C50.119	C50.211	C50.212	C50.219	C50.311	C50.312	C50.319	C50.411	C50.412	C50.419	C50.511	C50.512	C50.519	C50.611	C50.612	C50.619	C50.811	C50.812	C50.819	C50.911	C50.912	C50.919	C50.029	C50.021	C50.022	C50.121	C50.122	C50.129	C50.221	C50.222	C50.229	C50.321	C50.322	C50.329	C50.421
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<b>Breast reconstruction (non-mastectomy) (cont.)</b>		C50.422	C50.429	C50.521	C50.522																																																																																																
		C50.529	C50.621	C50.622	C50.629																																																																																																
		C50.821	C50.822	C50.829	C50.921																																																																																																
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		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, 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 <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Cardiology.</p>																																																																																																			
<b>Cardiovascular</b>	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization is required for lower-extremity angiograms.</p>	<p><b>Cardiology</b></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> <tr> <td>I70.444</td> <td>I70.445</td> <td>I70.448</td> <td>I70.449</td> </tr> <tr> <td>I70.461</td> <td>I70.462</td> <td>I70.463</td> <td>I70.468</td> </tr> <tr> <td>I70.469</td> <td>I70.521</td> <td>I70.522</td> <td>I70.523</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	I70.444	I70.445	I70.448	I70.449	I70.461	I70.462	I70.463	I70.468	I70.469	I70.521	I70.522	I70.523
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Procedures and Services	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Additional Information				
<b>Cardiovascular (cont.)</b>	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
	M86.679	M86.68	M86.69	M86.8X0
	M86.8X5	M86.8X6	M86.8X7	M86.8X8
	M86.8X9	M86.9	I96	L03.115

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	Q27.30 Q27.9 T82.312A T82.392A I73.00	Q27.32 Q87.2 T82.318A T82.398A I73.01	Q27.39 S35.511A T82.319A T82.399A I73.1
<b>Cartilage implants</b>	Prior authorization required	27412 29867	27415 29868	27416 J7330	29866 S2112
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
<b>Continuous glucose monitor</b>	Prior authorization is required with a type 2 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			
<b>Continuous glucose monitor (cont.)</b>		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	
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11970	11971	14020*
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17106	17107	17108
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		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				
<b>Cosmetic and reconstructive procedures (cont.)</b>		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		
	<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	
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			
<b>Durable medical equipment (DME) (cont.)</b>		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	Notification or prior authorization is required for the following regardless of diagnosis code: 55970 55980			
		Notification or prior authorization is required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58292	58661
		58720	58940	64856	64892
64896					
<b>Home health care – private duty nursing</b>	Notification/prior authorization is required only in outpatient settings, to include patient's home.	T1000	T1002	T1003	
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies.	58267	58270	58294	
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Infertility (cont.)</b>		S4023	S4025	S4026	S4028	
		S4030	S4031	S4035	S4037	
		The following codes only require prior authorization if the DX code is also listed:				
		52402	54500	54505	55550	
		58140	58145	58146	58545	
		58546	58660	58662	58670	
		58672	58673	58740	58770	
		89398				
		<b>DX codes:</b>				
		E23.0	N46.01	N46.021	N46.022	
		N46.023	N46.024	N46.025	N46.029	
		N46.11	N46.121	N46.122	N46.123	
		N46.124	N46.125	N46.129	N46.8	
		N46.9	N97.0	N97.1	N97.2	
		N97.8	N97.8	N97.9	N98.1	
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required For drug-specific prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.	<b>Avastin</b> J9035 <b>Enzyme replacement</b> J1786 J3060 <b>Hemophilia</b> J7178 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7191 J7192 J7193 J7194 J7195 J7198 J7200 J7201 J7205 J7210 J7211 <b>HP Acthar</b> J0800 <b>Immune Globulin</b> 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 <b>Inflammatory</b> J0129 J1602 J1745 J3262 <b>Multiple Sclerosis</b> J0202 <b>Soliris</b> J1300 <b>Unclassified</b> C9399 J3490 J3590				
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: - 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"> <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> 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"> <li>- A physician and/or facility must confirm coverage of the service for the member</li> <li>- A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>- A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</li> <li>- A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>- A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>- A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</li> </ul>	0071T	0072T		
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
<b>Orthotics</b>	Prior authorization is required only for orthotics codes listed with a	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>	retail purchase or cumulative rental cost of more than \$1,000.	L1685 L1755 L2020 L2038 L3485 L3904 L3976	L1700 L1844 L2034 L2330 L3766 L3961 L3977	L1710 L1846 L2036 L3251 L3900 L3971	L1720 L2005 L2037 L3253 L3901 L3975
<b>Out-of-network services</b>	Prior authorization required				
<b>Pain management and injection</b>	Prior authorization required	62320 62326 62360 64520 E0783	62322 62327 62361 64620 E0785	62324 62350 64451 64640 E0786	62325 62351 64484 E0782 G0260
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> Services, including medications determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.	Prior authorization required	26340 33363 33369 64722 0234T 0238T 0349T 0379T 0494T 0541T 0553T 0557T 0573T 0577T 0587T 0594T 0601T 0605T 0613T 0618T 0622T 0644T 0652T 0660T 0674T 0680T 0684T 0691T 0700T 0721T 0727T 0732T 0740T	33289 33364 33477 95250 0235T 0333T 0350T 0419T 0495T 0542T 0554T 0558T 0574T 0578T 0588T 0596T 0602T 0606T 0615T 0619T 0632T 0645T 0653T 0661T 0675T 0681T 0685T 0695T 0707T 0723T 0728T 0733T 0741T	33361 33365 36514 95251 0236T 0347T 0376T 0420T 0505T 0546T 0555T 0564T 0575T 0579T 0589T 0597T 0603T 0607T 0616T 0620T 0639T 0648T 0654T 0662T 0677T 0682T 0686T 0696T 0708T 0725T 0729T 0734T 0743T	33362 33366 62291 0075T 0237T 0348T 0378T 0481T 0524T 0547T 0556T 0572T 0576T 0580T 0590T 0600T 0604T 0608T 0617T 0621T 0643T 0649T 0659T 0673T 0679T 0683T 0689T 0699T 0716T 0726T 0731T 0737T 0745T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially unproven services (including experimental/investigational and/or linked services) (cont.)</b>		0746T	0747T	0748T	0749T
		0750T	0765T	0771T	0773T
		0776T	0781T	0782T	A9274
		C2624			
<b>Prostate procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
<b>Prosthetics</b>	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707 L5780 L5822 L5830 L5856 L5966 L5980 L6000 L6050 L6200 L6350 L6450 L6584 L6621 L6693 L6881 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8042 V2629	L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724 L5795 L5824 L5840 L5858 L5968 L5981 L6010 L6055 L6205 L6360 L6570 L6586 L6624 L6696 L6882 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8043	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726 L5814 L5826 L5845 L5930 L5973 L5987 L6020 L6120 L6310 L6370 L6580 L6588 L6638 L6697 L6884 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8044	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728 L5818 L5828 L5848 L5960 L5979 L5988 L6026 L6130 L6320 L6400 L6582 L6590 L6648 L6707 L6885 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8049
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization is required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see Clinical trials.	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	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"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Radiology.			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
<b>Sleep studies</b> 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
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 64570 L8683 L8688	63655 L8679 L8685	63685 L8680 L8686	64553 L8682 L8687
<b>Spinal surgery</b>	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			
<b>Spinal surgery (cont.)</b>		22830	22849	22850	22852
		22855	22856	22858	22861
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0098T	
<b>Stimulators not related to spine</b> Implantation of a device that sends electrical impulses	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	0312T	0313T
		0314T	0315T	0316T	0317T
<b>Transplant</b> 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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone Marrow Harvest</b>			
		38240	38241	38242	S2150
		<b>Evaluation for Transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/Lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	S2053
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Kidney/Pancreas</b>			
		S2065			
		<b>Liver</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont.)</b>		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services Related to Transplants</b>			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098	C9399	J3490	J3590
		Q2042	Q2053	Q2054	Q2055
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
<b>Vein procedures</b>	Prior authorization required	36468	36470	36471	36473
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
<b>Ventricular assist devices (VAD)</b>		33927	33928	33929	33975
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983			