

Prior authorization requirements for UnitedHealthcare West commercial plans

Effective April 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Commercial West health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **877-842-3210**

Notification/prior authorization is not required for emergency or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27446	27447	27486	27487
		27700	27702	27703	
Arthroscopy	Prior authorization required	29914	29915	29916	
Bariatric surgery Bariatric surgery and 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	
Breast cancer (BRCA) genetic testing DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer	<p>BRCA testing requires prior authorization before DNA sequencing is performed. An ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> <p>Genetic counseling is required prior to testing by a qualified health care professional to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p> <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 ></p>	81162	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
Notification/prior authorization is <u>not</u> required for the following diagnosis codes: C50.019 C50.011 C50.012 C50.111					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																																									
Breast reconstruction (non-mastectomy) (cont.)		C50.112	C50.119	C50.211	C50.212																																																																						
	C50.219	C50.311	C50.312	C50.319																																																																							
	C50.411	C50.412	C50.419	C50.511																																																																							
	C50.512	C50.519	C50.611	C50.612																																																																							
	C50.619	C50.811	C50.812	C50.819																																																																							
	C50.911	C50.912	C50.919	C50.029																																																																							
	C50.021	C50.022	C50.121	C50.122																																																																							
	C50.129	C50.221	C50.222	C50.229																																																																							
	C50.321	C50.322	C50.329	C50.421																																																																							
	C50.422	C50.429	C50.521	C50.522																																																																							
	C50.529	C50.621	C50.622	C50.629																																																																							
	C50.821	C50.822	C50.829	C50.921																																																																							
	C50.922	C50.929	C79.81	D05.90																																																																							
	D05.00	D05.01	D05.02	D05.10																																																																							
	D05.11	D05.12	D05.80	D05.81																																																																							
	D05.82	D05.91	D05.92	Z85.3																																																																							
	Z90.10	Z90.11	Z90.12	Z90.13																																																																							
	Z42.1																																																																										
	Cardiology	Prior authorization is required for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes.	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com to Sign In at the top-right corner. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification > Commercial.																																																																								
Cardiovascular	Prior authorization required For vascular codes, prior authorization is required for lower-extremity angiograms.	<table border="1"> <thead> <tr> <th colspan="5" data-bbox="816 1329 1523 1371">Cardiology</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 1371 971 1402">33285</td> <td data-bbox="971 1371 1109 1402">37220*</td> <td data-bbox="1109 1371 1247 1402">37221*</td> <td data-bbox="1247 1371 1385 1402">37224*</td> <td></td> </tr> <tr> <td data-bbox="816 1413 971 1444">37225*</td> <td data-bbox="971 1413 1109 1444">37226*</td> <td data-bbox="1109 1413 1247 1444">37227*</td> <td data-bbox="1247 1413 1385 1444">37228*</td> <td></td> </tr> <tr> <td data-bbox="816 1455 971 1486">37229*</td> <td data-bbox="971 1455 1109 1486">37230*</td> <td data-bbox="1109 1455 1247 1486">37231*</td> <td data-bbox="1247 1455 1385 1486">93580**</td> <td></td> </tr> <tr> <td data-bbox="816 1497 971 1528">93653</td> <td data-bbox="971 1497 1109 1528">93656</td> <td data-bbox="1109 1497 1247 1528">E0616</td> <td></td> <td></td> </tr> <tr> <td colspan="5" data-bbox="816 1539 1523 1591">**Prior authorization is required for patients age 18 and older.</td> </tr> <tr> <td colspan="5" data-bbox="816 1602 1523 1654">*Prior authorization is not required for the following diagnosis codes:</td> </tr> <tr> <td data-bbox="816 1665 971 1696">E08.52</td> <td data-bbox="971 1665 1109 1696">E09.52</td> <td data-bbox="1109 1665 1247 1696">E10.52</td> <td data-bbox="1247 1665 1385 1696">E11.52</td> <td></td> </tr> <tr> <td data-bbox="816 1707 971 1738">E13.52</td> <td data-bbox="971 1707 1109 1738">I70.221</td> <td data-bbox="1109 1707 1247 1738">I70.222</td> <td data-bbox="1247 1707 1385 1738">I70.223</td> <td></td> </tr> <tr> <td data-bbox="816 1749 971 1780">I70.228</td> <td data-bbox="971 1749 1109 1780">I70.229</td> <td data-bbox="1109 1749 1247 1780">I70.231</td> <td data-bbox="1247 1749 1385 1780">I70.232</td> <td></td> </tr> <tr> <td data-bbox="816 1791 971 1822">I70.233</td> <td data-bbox="971 1791 1109 1822">I70.234</td> <td data-bbox="1109 1791 1247 1822">I70.235</td> <td data-bbox="1247 1791 1385 1822">I70.238</td> <td></td> </tr> <tr> <td data-bbox="816 1833 971 1864">I70.239</td> <td data-bbox="971 1833 1109 1864">I70.241</td> <td data-bbox="1109 1833 1247 1864">I70.242</td> <td data-bbox="1247 1833 1385 1864">I70.243</td> <td></td> </tr> <tr> <td data-bbox="816 1875 971 1906">I70.244</td> <td data-bbox="971 1875 1109 1906">I70.245</td> <td data-bbox="1109 1875 1247 1906">I70.248</td> <td data-bbox="1247 1875 1385 1906">I70.249</td> <td></td> </tr> <tr> <td data-bbox="816 1917 971 1948">I70.25</td> <td data-bbox="971 1917 1109 1948">I70.261</td> <td data-bbox="1109 1917 1247 1948">I70.262</td> <td data-bbox="1247 1917 1385 1948">I70.263</td> <td></td> </tr> </tbody> </table>				Cardiology					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	
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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 diagnosis (Dx) codes:			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Continuous glucose monitor (cont.)		E11.00	E11.01	E11.10	E11.11	
		E11.21	E11.22	E11.29	E11.311	
		E11.319	E11.3211	E11.3212	E11.3213	
		E11.3219	E11.3291	E11.3292	E11.3293	
		E11.3299	E11.3311	E11.3312	E11.3313	
		E11.3319	E11.3391	E11.3392	E11.3393	
		E11.3399	E11.3411	E11.3412	E11.3413	
		E11.3419	E11.3491	E11.3492	E11.3493	
		E11.3499	E11.3511	E11.3512	E11.3513	
		E11.3519	E11.3521	E11.3522	E11.3523	
		E11.3529	E11.3531	E11.3532	E11.3533	
		E11.3539	E11.3541	E11.3542	E11.3543	
		E11.3549	E11.3551	E11.3552	E11.3553	
		E11.3559	E11.3591	E11.3592	E11.3593	
		E11.3599	E11.36	E11.37X1	E11.37X2	
		E11.37X3	E11.37X9	E11.39	E11.40	
		E11.41	E11.42	E11.43	E11.44	
		E11.49	E11.51	E11.52	E11.59	
		E11.610	E11.618	E11.620	E11.621	
		E11.622	E11.628	E11.630	E11.638	
		E11.641	E11.649	E11.65	E11.69	
		E11.8	E11.9	024.111	024.112	
		024.113	024.119	024.12	024.13	
		024.410	024.415	024.419	024.430	
		024.435	024.439			
	Cosmetic and reconstructive procedures 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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cosmetic and reconstructive procedures (cont.)		67921	67922	67923	67924
		67950	67961	67966	Q2026

*Prior authorization not required when billed with the following Dx codes:

- | | | | |
|----------|----------|----------|----------|
| C43.0 | C43.10 | C43.111 | C43.112 |
| C43.121 | C43.122 | C43.20 | C43.21 |
| C43.22 | C43.30 | C43.31 | C43.39 |
| C43.4 | C43.51 | C43.52 | C43.59 |
| C43.60 | C43.61 | C43.62 | C43.70 |
| C43.71 | C43.72 | C43.8 | C43.9 |
| C44.01 | C44.02 | C44.09 | C44.101 |
| C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| C44.111 | C44.1121 | C44.1122 | C44.1191 |
| C44.1192 | C44.121 | C44.1221 | C44.1222 |
| C44.1291 | C44.1292 | C44.131 | C44.1321 |
| C44.1322 | C44.1391 | C44.1392 | C44.191 |
| C44.1921 | C44.1922 | C44.1991 | C44.1992 |
| C44.201 | C44.202 | C44.209 | C44.211 |
| C44.212 | C44.219 | C44.221 | C44.222 |
| C44.229 | C44.291 | C44.292 | C44.299 |
| C44.300 | C44.301 | C44.309 | C44.310 |
| C44.311 | C44.319 | C44.320 | C44.321 |
| C44.329 | C44.390 | C44.391 | C44.399 |
| C44.40 | C44.41 | C44.42 | C44.49 |
| C44.500 | C44.501 | C44.509 | C44.510 |
| C44.511 | C44.519 | C44.520 | C44.521 |
| C44.529 | C44.590 | C44.591 | C44.599 |
| C44.601 | C44.602 | C44.609 | C44.611 |
| C44.612 | C44.619 | C44.621 | C44.622 |
| C44.629 | C44.691 | C44.692 | C44.699 |
| C44.701 | C44.702 | C44.709 | C44.711 |
| 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 |



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Notification/prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
	Prosthetics are not DME — see orthotics and prosthetics.	E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
	Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold — see Home health care.	E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
	Some payer groups may have different DME prior	K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
	authorization requirements for their benefit plans.	K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
Durable medical equipment (DME) (cont.)		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 Dx code: 55970 55980			
		Notification or prior authorization is required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	21899	31599	31899
		53410	53430	54125	54520
		54660	54690	55175	55180
		56625	56800	56805	57110
		57335	58260	58262	58290
		58291	58292	58661	58720

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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 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 58140 58546 58672 89398	54500 58145 58660 58673	54505 58146 58662 58740	55550 58545 58670 58770
		Dx codes:			
		E23.0 N46.023 N46.11 N46.124 N46.9 N97.8	N46.01 N46.024 N46.121 N46.125 N97.0 N97.8	N46.021 N46.025 N46.122 N46.129 N97.1 N97.9	N46.022 N46.029 N46.123 N46.8 N97.2 N98.1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p>Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly</p>	<p>Prior authorization required</p> <p>For drug-specific prior authorization requirements, please visit Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.</p>	<p>Avastin J9035</p> <p>Enzyme replacement J1786</p> <p>Hemophilia J7178 J7183 J7188 J7192 J7198 J7210</p> <p>HP acthar J0800</p> <p>Immune globulin 90283 J1557 J1568 J1599</p> <p>Inflammatory J0129</p> <p>Multiple sclerosis J0202</p> <p>Soliris J1300</p> <p>Unclassified C9399</p>	<p>J3060</p> <p>J7180 J7185 J7189 J7193 J7200 J7211</p> <p>90284 J1559 J1569</p> <p>J1602</p> <p>J3490</p>	<p>J7181 J7186 J7190 J7194 J7201</p> <p>J1459 J1561 J1572</p> <p>J1745</p> <p>J3590</p>	<p>J7182 J7187 J7191 J7195 J7205</p> <p>J1556 J1566 J1575</p> <p>J3262</p>
<p>Inpatient admissions Post-acute services</p>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
<p>Intensity-modulated radiation therapy (IMRT)</p>	<p>Prior authorization required</p>	<p>77385</p>	<p>77386</p>	<p>G6015</p>	<p>G6016</p>
<p>MR-guided focused ultrasound (MRgFUS) To treat uterine fibroid MR-guided focused ultrasound procedures and treatments</p>	<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</p>	<p>0071T</p>	<p>0072T</p>		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>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 in-network members have no out-of-network benefits for MRgFUS • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't 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 Food and Drug Administration labeled indications for use 				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050 21125 21143 21150 21159 21194 21199 21210	21060 21127 21145 21151 21160 21195 21206 21215	21121 21141 21146 21154 21188 21196 21208 21240	21123 21142 21147 21155 21193 21198 21209 21242

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery (cont.)		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0482	L0484	L0486
		L0636	L0638	L1640	L1680
		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)	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		0075T	0234T	0235T	0236T
		0237T	0238T	0333T	0347T
		0348T	0349T	0350T	0378T
		0379T	0419T	0420T	0481T
		0494T	0495T	0505T	0524T
		0541T	0542T	0546T	0547T
		0554T	0555T	0556T	0557T
		0558T	0572T	0573T	0574T
		0575T	0576T	0577T	0578T
		0579T	0580T	0587T	0588T
		0589T	0590T	0594T	0596T
		0597T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		0619T	0620T	0621T	0622T
		0632T	0639T	0643T	0644T
		0645T	0648T	0649T	0652T
0653T	0654T	0659T	0660T		
0661T	0662T	0673T	0674T		
0675T	0677T	0679T	0680T		
0681T	0682T	0683T	0684T		
0685T	0686T	0689T	0691T		
0695T	0696T	0699T	0700T		
0707T	0708T	0716T	0721T		

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.)		0723T	0725T	0726T	0727T
		0728T	0729T	0731T	0732T
		0733T	0734T	0737T	0740T
		0741T	0743T	0745T	0746T
		0747T	0748T	0749T	0750T
		0765T	0771T	0773T	0776T
		0781T	0782T	A9274	C2624
Prostate procedures	Prior authorization required	52441	52442	53850	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	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
		L5657	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
		L6034	L6035	L6036	L6026
		L6039	L6050	L6055	L6038
		L6130	L6200	L6205	L6120
		L6320	L6350	L6360	L6310
		L6400	L6450	L6570	L6370
		L6582	L6584	L6586	L6580
		L6590	L6621	L6624	L6588
		L6648	L6693	L6696	L6638
		L6707	L6881	L6882	L6697
		L6885	L6900	L6905	L6884
		L6920	L6925	L6930	L6910
L6940	L6945	L6950	L6935		
L6960	L6965	L6970	L6955		
L7007	L7008	L7009	L6975		
L7045	L7170	L7180	L7040		
L7185	L7186	L7190	L7181		
L7499	L8042	L8043	L7191		
L8049	V2629	L8044			
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	part of a clinical trial — see Clinical trials.				
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 using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In at the top-right corner to get started. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial .			
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 Exclusions include sleep studies performed in the home. This is not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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
		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
		63185	63190	63267	63272
		63268	63270	63271	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

*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:

- | | | | |
|--------|--------|---------|---------|
| N32.81 | N32.9 | N39.3 | N39.41 |
| N39.42 | N39.46 | N39.490 | N39.498 |
| R15.0 | R15.1 | R15.2 | R15.9 |



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators not related to spine (cont.)		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.19	R39.81	R39.89
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® (idecaptivegene cicleucel), Breyanzi® (lisocabtagene maraleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Skysona™ (elivaldogene autotemcel), Tecartus® (brexucabtagene autoleucel) and Yescarta® (axicabtagene ciloleucel), please call Optum at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Bone marrow harvest			
		38240	38241	38242	S2150
		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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)		C9098 Q2042	C9399 Q2053	J3490 Q2054	J3590 Q2055
*Code 38232 will only require prior authorization for an oncology diagnosis.					
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36470 36475 37243 37780	36471 36476 37700	36473 36478 37718	36474 36479 37722
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983	33928 33979	33929 33981	33975 33982

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