

Prior Authorization Requirements for UnitedHealthcare West Commercial Effective Dec. 1, 2021

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 Bulletin*. 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 | 27122 | 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 | 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 |
| | | C50.129 | C50.221 | C50.222 | C50.229 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|---------|-----------------|---------|
| Breast reconstruction (non-mastectomy) (continued) | | 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 | Prior authorization required | Cardiology | | | |
| | For Vascular codes, prior authorization is required for lower-extremity angiograms. | 33285 | 37220 | 37221 | 37224 |
| | | 37225 | 37226 | 37227 | 37228 |
| | | 37229 | 93580** | 93653 | 93656 |
| | | E0616 | | | |
| | | | | Vascular | |
| | | 75710* | 75716* | | |
| | | **Prior authorization is required for patients age 18 and older. | | | |
| | | *Prior authorization is required for the following diagnosis codes: | | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | | E10.51 | E10.52 | E10.59 | E10.621 |
| | | E11.51 | E11.52 | E11.59 | E11.621 |
| | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |
| | | I70.209 | I70.211 | I70.212 | I70.213 |
| | | I70.218 | I70.219 | 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 | I70.291 |
| | | I70.292 | I70.293 | I70.298 | I70.299 |

| Procedures and Services | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------|--|---------|---------|---------|
| Cardiovascular (continued) | 170.301 | 170.302 | 170.303 | 170.308 |
| | 170.309 | 170.311 | 170.312 | 170.313 |
| | 170.318 | 170.319 | 170.321 | 170.322 |
| | 170.323 | 170.329 | 170.331 | 170.332 |
| | 170.333 | 170.334 | 170.335 | 170.338 |
| | 170.339 | 170.341 | 170.342 | 170.343 |
| | 170.344 | 170.345 | 170.348 | 170.349 |
| | 170.35 | 170.361 | 170.362 | 170.363 |
| | 170.369 | 170.391 | 170.392 | 170.393 |
| | 170.399 | 170.401 | 170.402 | 170.403 |
| | 170.408 | 170.409 | 170.411 | 170.412 |
| | 170.413 | 170.418 | 170.421 | 170.422 |
| | 170.423 | 170.428 | 170.429 | 170.431 |
| | 170.432 | 170.433 | 170.434 | 170.435 |
| | 170.438 | 170.439 | 170.441 | 170.442 |
| | 170.443 | 170.444 | 170.445 | 170.448 |
| | 170.449 | 170.461 | 170.462 | 170.463 |
| | 170.468 | 170.469 | 170.491 | 170.492 |
| | 170.493 | 170.498 | 170.499 | 170.501 |
| | 170.502 | 170.503 | 170.508 | 170.509 |
| | 170.511 | 170.512 | 170.513 | 170.518 |
| | 170.519 | 170.521 | 170.522 | 170.523 |
| | 170.528 | 170.529 | 170.531 | 170.532 |
| | 170.533 | 170.534 | 170.535 | 170.538 |
| | 170.539 | 170.541 | 170.542 | 170.543 |
| | 170.544 | 170.545 | 170.548 | 170.549 |
| | 170.561 | 170.562 | 170.563 | 170.568 |
| | 170.569 | 170.591 | 170.592 | 170.593 |
| | 170.598 | 170.599 | 170.601 | 170.602 |
| | 170.603 | 170.608 | 170.609 | 170.611 |
| | 170.612 | 170.613 | 170.618 | 170.619 |
| | 170.621 | 170.622 | 170.623 | 170.628 |
| | 170.629 | 170.631 | 170.632 | 170.633 |
| | 170.634 | 170.635 | 170.638 | 170.639 |
| | 170.641 | 170.642 | 170.643 | 170.644 |
| | 170.645 | 170.648 | 170.649 | 170.661 |
| | 170.662 | 170.663 | 170.668 | 170.669 |
| | 170.691 | 170.692 | 170.693 | 170.698 |
| | 170.699 | 170.701 | 170.702 | 170.703 |
| | 170.708 | 170.709 | 170.711 | 170.712 |
| 170.713 | 170.718 | 170.719 | 170.721 | |
| 170.722 | 170.723 | 170.728 | 170.729 | |
| 170.731 | 170.732 | 170.733 | 170.734 | |
| 170.735 | 170.738 | 170.739 | 170.741 | |
| 170.742 | 170.743 | 170.744 | 170.745 | |
| 170.748 | 170.749 | 170.761 | 170.762 | |
| 170.763 | 170.768 | 170.769 | 170.791 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|---|--|----------|----------|----------|-------|
| Cardiovascular (continued) | | I70.792 | I70.793 | I70.798 | I70.799 | |
| | | I70.8 | I70.90 | I70.91 | I70.92 | |
| | | I72.3 | I72.4 | I72.8 | I72.9 | |
| | | I73.89 | I73.9 | I74.3 | I74.4 | |
| | | I74.5 | I74.8 | I74.9 | I75.021 | |
| | | I75.022 | I75.023 | I75.029 | I75.89 | |
| | | I77.1 | I77.2 | I77.70 | I77.72 | |
| | | I77.77 | I77.79 | I96 | L03.115 | |
| | | L03.116 | L97.319 | L97.329 | L97.419 | |
| | | L97.429 | L97.511 | L97.512 | L97.513 | |
| | | L97.519 | L97.521 | L97.522 | L97.529 | |
| | | L97.819 | L97.828 | L97.829 | L97.909 | |
| | | L97.919 | L97.929 | L98.491 | L98.499 | |
| | | M79.604 | M79.605 | M79.606 | M79.609 | |
| | | M79.651 | M79.652 | M79.659 | M79.661 | |
| | | M79.662 | M79.669 | M79.671 | M79.672 | |
| | | M79.673 | M79.674 | M79.675 | M79.676 | |
| | | M86.661 | M86.662 | M86.669 | M86.671 | |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 | |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 | |
| | | Q87.2 | R93.6 | S35.511A | S35.512A | |
| | | S81.801A | S81.802A | S81.809A | S91.301A | |
| | | S91.302A | S91.309A | T82.312A | T82.318A | |
| | | T82.319A | T82.338A | T82.392A | T82.398A | |
| | | T82.399A | T82.818A | T82.856A | T82.858A | |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 | |
| | 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 | 69715 | 69718 | |
| A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech | | 69930 | L8614 | L8619 | L8690 | |
| | | L8691 | L8692 | | | |
| Continuous glucose monitor | Prior authorization is required with a type 2 diabetes diagnosis. | A4226 | A9276 | A9277 | A9278 | |
| | | E0787 | K0553 | K0554 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| 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 | 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 |
| | | 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 | | | |
| 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. Prosthetics are not DME – see Orthotics and prosthetics. 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. Some payer groups may have different DME prior authorization requirements for their benefit plans. | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0304 | E0328 |
| | | E0329 | E0466 | E0471 | E0483 |
| | | E0620 | E0745 | E0764 | E0766 |
| | | E0770 | E0784 | E0984 | E0986 |
| | | E1002 | E1003 | E1004 | E1005 |
| | | E1006 | E1007 | E1008 | E1010 |
| | | E1016 | E1018 | E1236 | E1238 |
| | | E1399 | E1802 | E1805 | E1825 |
| | | E1830 | E1840 | 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 | K0862 | K0863 | K0864 | | |
| K0868 | K0869 | K0870 | K0871 | | |
| K0877 | K0878 | K0879 | K0880 | | |
| K0884 | K0885 | K0886 | K0890 | | |
| K0891 | S1040 | | | | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Functional endoscopic sinus surgery (FESS) (continued) | | 31276 | 31287 | 31288 | |
| Gender dysphoria treatment | Prior authorization required | Notification or prior authorization is required for the following regardless of diagnosis code: 55970 55980 | | | |
| | | Notification or prior authorization is required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: | | | |
| | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 53410 | 53430 | 54125 |
| | | 54520 | 54660 | 54690 | 55175 |
| | | 55180 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58260 | 58262 |
| | | 58290 | 58291 | 58292 | 58661 |
| | | 58720 | 58940 | 64856 | 64892 |
| | | 64896 | | | |
| Home health care – private duty nursing | Notification/prior authorization is required only in outpatient settings, to include patient's home. | T1000 | T1002 | T1003 | |
| Hysterectomy – inpatient only Vaginal hysterectomies | Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies. | 58267 | 58270 | 58275 | 58280 |
| | | 58294 | | | |
| Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Infertility Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required | 55870 | 58321 | 58322 | 58323 |
| | | 58345 | 58752 | 58760 | 58970 |
| | | 58974 | 58976 | 76948 | 89250 |
| | | 89251 | 89253 | 89254 | 89255 |
| | | 89257 | 89258 | 89259 | 89260 |
| | | 89261 | 89264 | 89268 | 89272 |
| | | 89280 | 89281 | 89290 | 89291 |
| | | 89335 | 89337 | 89342 | 89343 |
| | | 89344 | 89346 | 89352 | 89353 |
| | | 89354 | 89356 | S4011 | S4013 |
| | | S4014 | S4015 | S4016 | S4022 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | |
|--|---|--|--|---------|---------|--|--|
| Infertility (continued) | | 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 Drugs Prior Authorization Programs. | Avastin J9035 | | | | | |
| | | Enzyme replacement J1786 J3060 | | | | | |
| | | Hemophilia J7178 J7180 J7181 J7182 | | | | | |
| | | J7183 J7185 J7186 J7187 | | | | | |
| | | J7188 J7189 J7190 J7191 | | | | | |
| | | J7192 J7193 J7194 J7195 | | | | | |
| | | J7198 J7200 J7201 J7205 | | | | | |
| | | J7210 J7211 | | | | | |
| | | HP Acthar J0800 | | | | | |
| | | Immune Globulin 90283 90284 J1459 J1556 | | | | | |
| | | J1557 J1559 J1561 J1566 | | | | | |
| | | J1568 J1569 J1572 J1575 | | | | | |
| | | J1599 | | | | | |
| | | Inflammatory J0129 J1602 J1745 J3262 | | | | | |
| | | Multiple Sclerosis J0202 | | | | | |
| | | Soliris J1300 | | | | | |
| | | Unclassified C9399 J3490 J3590 | | | | | |
| | | Inpatient admissions – post-acute services | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: - Acute care hospitals - Acute inpatient rehabilitation - Critical access hospitals - Long-term acute care hospitals - Skilled nursing facilities | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---|---|---|
| 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 acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. - A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. - A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. - A physician and facility must follow U.S. Food and Drug Administration labeled indications for use. | 0071T | 0072T | | |
| Non-emergency air transport Non-urgent ambulance transportation by air between specified locations | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
| Orthognathic surgery Treatment of maxillofacial functional impairment | Prior authorization required | 21050 21125 21143 21150 21159 21194 21199 | 21060 21127 21145 21151 21160 21195 21206 | 21121 21141 21146 21154 21188 21196 21208 | 21123 21142 21147 21155 21193 21198 21209 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Orthognathic surgery (continued) | | 21210 | 21215 | 21240 | 21242 |
| | | 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 | L0480 | 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 | 33361 | 33362 | 33363 |
| | | 33364 | 33365 | 33366 | 33369 |
| | | 33477 | 36514 | 64722 | 0376T |
| | | A9274 | | | |
| | 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. | | | | |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Prosthetics (continued) | | L5856 | L5858 | L5930 | L5960 |
| | | L5966 | L5968 | L5973 | L5979 |
| | | L5980 | L5981 | L5987 | L5988 |
| | | L5990 | 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 | L7186 | L7190 | L7191 |
| | | L7499 | L8042 | L8043 | L8044 |
| | L8049 | V2629 | | | |
| Proton beam therapy Focused radiation therapy using beams of protons | Prior authorization is required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see Clinical trials. | 77520 | 77522 | 77523 | 77525 |
| Radiology | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <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 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|---|---|---|
| Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies. | 21685 | 41599 | 42145 | |
| Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries | 95805 95811 | 95807 | 95808 | 95810 |
| Spinal cord stimulators Spinal cord stimulators when implanted for pain management | Prior authorization required | 63650 64570 L8683 L8688 | 63655 L8679 L8685 | 63685 L8680 L8686 | 64553 L8682 L8687 |
| Spinal surgery | Prior authorization required | 20931 22102 22114 22208 22216 22226 22551 22586 22610 22800 22810 22830 22855 22864 63003 63015 63030 63046 63056 63081 63101 63173 63194 | 20939 22103 22116 22210 22220 22532 22554 22590 22612 22802 22812 22849 22856 22865 63005 63016 63040 63047 63064 63085 63102 63185 63195 | 22100 22110 22206 22212 22222 22533 22556 22595 22630 22804 22818 22850 22858 22899 63011 63017 63042 63050 63075 63087 63170 63190 63196 | 22101 22112 22207 22214 22224 22548 22558 22600 22633 22808 22819 22852 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63198 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Spinal surgery (continued) | | 63199 | 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 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® (Lisocaptagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | Bone Marrow Harvest | | | |
| | | 38240 | 38241 | 38242 | S2150 |
| | | Evaluation for Transplant | | | |
| | | 99205 | | | |
| | | Heart | | | |
| | | 33940 | 33944 | 33945 | |
| | | Heart/Lung | | | |
| | | 33930 | 33935 | | |
| | | Intestine | | | |
| | | 44132 | 44133 | 44135 | S2053 |
| | | Kidney | | | |
| | | 50300 | 50320 | 50323 | 50340 |
| | | 50360 | 50365 | 50370 | 50380 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|---------|---------|---------|
| Transplant (continued) | | 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 |
| | | C9081** | C9399** | J3490** | J3590** |
| | | J9999** | Q2042 | Q2053 | Q2054 |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. | | | |
| | | **For temporary and unclassified codes C9081, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® | | | |
| Vein procedures | 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 | | |
| 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 | | | |