

Prior authorization requirements for UnitedHealthcare West commercial plans

Effective October 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
		27120	27125	27130	27132
		27134	27137	27138	27446
		27447	27486	27487	27702
Arthroscopy	Prior authorization required	29914	29915	29916	
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		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				
Bone growth stimulator	Prior authorization required	20974	20975	20979	
Electronic stimulation or					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
ultrasound to heal fractures					
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	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. 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. Genetic testing and/or genetic counseling services are not covered in some benefit plans. 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 >	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
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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	Cardiology			
	For vascular codes, prior authorization is required for lower-extremity angiograms.	33285	37254	37256	37258
		37260	37263	37265	37267
		37269	37271	37273	37275
		37277	37280	37282	37284
		37286	37288	37290	37292
		37294	37296	37298	93580**
		93653	93656	E0616	
		**Prior authorization is required for patients age 18 and older.			
		*Prior authorization is not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.361	M86.362	M86.369	M86.371

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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:			
		E11.00	E11.01	E11.10	E11.11

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor (cont.)		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	14301	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	28344	30540	30545
		30620	38999	54400	54401
		54405	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67961	67966	Q2026	
Cosmetic and reconstructive procedures (cont.)		*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
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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.	E0194	E0277	E0328	E0329
		E0466	E0471	E0483	E0745
		E0764	E0766	E0770	E0784
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1236	E1238	E1399	E2402
		E2510	K0005	K0012	K0014
	Prosthetics are not DME — see orthotics and prosthetics.	K0812	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
	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.	K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
	Some payer groups may have different DME prior authorization requirements for their benefit plans.				
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 Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	21899	21899	31599
		31899	31899	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	57335	58260
		58262	58290	58291	58292
		58661	58720	58940	64856
		64892	64896		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care — private duty nursing	Notification/prior authorization is required only in outpatient settings, to include patient's home.	T1000	T1002	T1003	
Hysterectomy — inpatient only Vaginal hysterectomies	Prior authorization is required for inpatient vaginal hysterectomies. Prior authorization is not required for outpatient vaginal hysterectomies.	58267	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	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		Dx codes:			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications	Prior authorization required	Avastin J9035	Enzyme replacement		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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 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	21125 21143 21150 21159 21194 21199 21210 21243 21247 21296
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0636 L1700 L1844 L2034	L0482 L0638 L1710 L1846 L2036	L0484 L1680 L1720 L2005 L2037	L0486 L1685 L1755 L2020 L2038

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (cont.)		L2330	L3253	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	L5657
		L6034	L6035	L6036	L6038
		L6039			
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	E0786		
Potentially unproven services (including experimental/investigational and/or linked services) Services, including medications determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	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
		0632T	0620T	0621T	0622T
		0645T	0639T	0643T	0644T
		0653T	0648T	0649T	0652T
		0661T	0654T	0659T	0660T
		0675T	0677T	0673T	0674T
		0681T	0682T	0679T	0680T
		0685T	0686T	0683T	0684T
		0695T	0696T	0689T	0691T
		0707T	0708T	0699T	0700T
		0723T	0725T	0716T	0721T
		0728T	0729T	0726T	0727T
		0733T	0734T	0731T	0732T
		0741T	0743T	0737T	0740T
		0747T	0748T	0745T	0746T
		0765T	0771T	0749T	0750T
		0781T	0782T	0773T	0776T
				A9274	C2624

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prostate procedures	Prior authorization required	52441	52442	53850	
Prosthetics	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5331 L5856 L5980 L6035 L6200 L6925 L6945 L6965 L7040 L7181 L7191	L5657 L5858 L5981 L6036 L6881 L6930 L6950 L6970 L7045 L7185 L7499	L5828 L5968 L5987 L6038 L6882 L6935 L6955 L6975 L7170 L7186	L5848 L5973 L6034 L6039 L6920 L6940 L6960 L7007 L7180 L7190
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization 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: • 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	Prior authorization required Applies to inpatient or outpatient procedures	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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.				
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
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 L8679 L8685	63655 L8680 L8686	63685 L8682 L8687	64553 L8683 L8688
Spinal surgery	Prior authorization required	20931 22208 22216 22226 22551 22586 22610 22800 22810 22830 22849 22861 63005 63016 63040 63047 63064 63085 63102 63268 63300 63304 63308 0790T	20939 22210 22220 22532 22554 22590 22612 22802 22812 22836 22852 22899 63011 63017 63042 63050 63075 63087 63185 63270 63301 63305 0098T	22206 22212 22222 22533 22556 22595 22630 22804 22818 22837 22856 63001 63012 63020 63045 63055 63077 63090 63190 63271 63302 63306 0656T	22207 22214 22224 22548 22558 22600 22633 22808 22819 22838 22858 63003 63015 63030 63046 63056 63081 63101 63267 63272 63303 63307 0657T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	
		61863		61867	
		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
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.	N39.42	N39.46	N39.490	N39.498
		R15.0	R15.1	R15.2	R15.9
		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
		R39.9			
		For transplant and CAR T-cell therapy services including Abecma® (idecaptive gene 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38206	38208
		38209	38210	38212	38213
		38214	38215	38232*	44137
		44715	44720	44721	47133
		47140	47141	47142	47144
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		CAR T-cell therapy			
		C9098	C9399	J3490	J3590
		Q2042	Q2053	Q2054	Q2055
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures	Prior authorization required	36465	36466	36470	36471
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		36473	36475	36476	36478
		36479	36482	36483	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			