

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Nov. 1, 2020

General Information

This list contains prior authorization review requirements for care providers who participate with UnitedHealthcare Mid-Atlantic Health Plans for inpatient and outpatient services, as referenced in the Mid-Atlantic Regional Supplement in the [2020 UnitedHealthcare Care Provider Administrative Guide](#). Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*.

To request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone: 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.

Prior authorization is required for elective services. It's the physician's responsibility to obtain relevant prior authorization. However, the facility must verify that coverage approval is on file before performing a service. Payment may be denied for services rendered without prior authorization. All final decisions concerning coverage and payment are based upon plan member eligibility, the member's benefits, the care provider's contract and applicable state law.

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
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required.	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
29882	29883	29884	29885		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required. Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		* Notification/prior authorization 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 Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979		
BRCA genetic testing BRCA 1 and BRCA 2, or breast cancer susceptibility, genetic tests that perform DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer	Prior authorization is required for BRCA testing before DNA sequencing is performed. The care provider ordering the test notifies the laboratory conducting the test, and the laboratory notifies UnitedHealthcare. Genetic counseling is required prior to testing by a qualified care 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. Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card. The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.	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.	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			

Procedures and Services

Additional Information

CPT® or HCPCS Codes and/or How to Obtain Prior Authorization

Breast reconstruction (non-mastectomy) (continued)

Prior authorization is not 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
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			

Cancer supportive care

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.

Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis.

*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology Dx. See *Injectable medications* section below

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)

J1442*

Filgrastim-aafi (Nivestym™)

Q5110*

Filgrastim-sndz (Zarxio®)

Q5101*

Pegfilgrastim (Neulasta®)

J2505*

Pegfilgrastim-bmez (Ziextenzo®)

Q5120*

Pegfilgrastim-cbqv (UDENYCA™)

Q5111*

Pegfilgrastim-jmdb (Fulphila™)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)

J0897

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Procedures and Services

Additional Information

CPT® or HCPCS Codes and/or How to Obtain Prior Authorization

Cardiovascular

Prior authorization required

For Vascular codes, prior authorization required for lower extremity angiogram

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Cardiology

33285	37220	37221	37224
37225	37226	37227	37228
37229	93580**	93653	93656

Vascular

75710*	75716*
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**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18

*Prior authorization 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
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	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	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	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	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501
I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518
I70.519	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532

Procedures and Services

Additional Information

CPT® or HCPCS Codes and/or How to Obtain Prior Authorization

Cardiovascular (continued)

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	I70.591	I70.592	I70.593
I70.598	I70.599	I70.601	I70.602
I70.603	I70.608	I70.609	I70.611
I70.612	I70.613	I70.618	I70.619
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
I70.691	I70.692	I70.693	I70.698
I70.699	I70.701	I70.702	I70.703
I70.708	I70.709	I70.711	I70.712
I70.713	I70.718	I70.719	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	I70.791
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																																																																															
Cardiovascular (continued)		T82.399A T82.868A	T82.818A T82.898A	T82.856A Z95.820	T82.858A Z98.62																																																																																																																																												
Cartilage implant	Prior authorization required.	27412 J7330	29866 S2112	29867	29868																																																																																																																																												
Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700 95714	95711 95715	95712 95716	95713 95718																																																																																																																																												
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726																																																																																																																																												
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	<p data-bbox="756 468 1247 520">Injectable chemotherapy drugs that require prior authorization:</p> <p data-bbox="756 527 1503 604">Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</p> <table border="0"> <tr><td>J0640</td><td>J0641</td><td>J0642</td><td>J9000</td></tr> <tr><td>J9015</td><td>J9017</td><td>J9019</td><td>J9020</td></tr> <tr><td>J9022</td><td>J9023</td><td>J9025</td><td>J9027</td></tr> <tr><td>J9030</td><td>J9032</td><td>J9033</td><td>J9034</td></tr> <tr><td>J9035</td><td>J9036</td><td>J9039</td><td>J9040</td></tr> <tr><td>J9041</td><td>J9042</td><td>J9043</td><td>J9044</td></tr> <tr><td>J9045</td><td>J9047</td><td>J9050</td><td>J9055</td></tr> <tr><td>J9057</td><td>J9060</td><td>J9065</td><td>J9070</td></tr> <tr><td>J9098</td><td>J9100</td><td>J9118</td><td>J9119</td></tr> <tr><td>J9120</td><td>J9130</td><td>J9145</td><td>J9150</td></tr> <tr><td>J9151</td><td>J9153</td><td>J9155</td><td>J9160</td></tr> <tr><td>J9165</td><td>J9171</td><td>J9173</td><td>J9175</td></tr> <tr><td>J9176</td><td>J9177</td><td>J9178</td><td>J9179</td></tr> <tr><td>J9181</td><td>J9185</td><td>J9190</td><td>J9198</td></tr> <tr><td>J9200</td><td>J9201</td><td>J9202</td><td>J9203</td></tr> <tr><td>J9204</td><td>J9205</td><td>J9206</td><td>J9207</td></tr> <tr><td>J9208</td><td>J9209</td><td>J9210</td><td>J9211</td></tr> <tr><td>J9212</td><td>J9213</td><td>J9214</td><td>J9215</td></tr> <tr><td>J9216</td><td>J9217</td><td>J9218</td><td>J9225</td></tr> <tr><td>J9226</td><td>J9227</td><td>J9228</td><td>J9229</td></tr> <tr><td>J9230</td><td>J9245</td><td>J9246</td><td>J9250</td></tr> <tr><td>J9260</td><td>J9261</td><td>J9262</td><td>J9263</td></tr> <tr><td>J9264</td><td>J9266</td><td>J9267</td><td>J9268</td></tr> <tr><td>J9269</td><td>J9270</td><td>J9271</td><td>J9280</td></tr> <tr><td>J9285</td><td>J9293</td><td>J9295</td><td>J9299</td></tr> <tr><td>J9301</td><td>J9302</td><td>J9303</td><td>J9304</td></tr> <tr><td>J9305</td><td>J9306</td><td>J9307</td><td>J9308</td></tr> <tr><td>J9309</td><td>J9311</td><td>J9312</td><td>J9313</td></tr> <tr><td>J9315</td><td>J9320</td><td>J9325</td><td>J9328</td></tr> <tr><td>J9330</td><td>J9340</td><td>J9351</td><td>J9352</td></tr> <tr><td>J9354</td><td>J9355</td><td>J9356</td><td>J9357</td></tr> <tr><td>J9358</td><td>J9360</td><td>J9370</td><td>J9371</td></tr> <tr><td>J9390</td><td>J9395</td><td>J9400</td><td>J9600</td></tr> <tr><td>J9999</td><td>Q2017</td><td>Q2043</td><td>Q2049</td></tr> <tr><td>Q2050</td><td>Q5107</td><td>Q5112</td><td>Q5113</td></tr> </table>				J0640	J0641	J0642	J9000	J9015	J9017	J9019	J9020	J9022	J9023	J9025	J9027	J9030	J9032	J9033	J9034	J9035	J9036	J9039	J9040	J9041	J9042	J9043	J9044	J9045	J9047	J9050	J9055	J9057	J9060	J9065	J9070	J9098	J9100	J9118	J9119	J9120	J9130	J9145	J9150	J9151	J9153	J9155	J9160	J9165	J9171	J9173	J9175	J9176	J9177	J9178	J9179	J9181	J9185	J9190	J9198	J9200	J9201	J9202	J9203	J9204	J9205	J9206	J9207	J9208	J9209	J9210	J9211	J9212	J9213	J9214	J9215	J9216	J9217	J9218	J9225	J9226	J9227	J9228	J9229	J9230	J9245	J9246	J9250	J9260	J9261	J9262	J9263	J9264	J9266	J9267	J9268	J9269	J9270	J9271	J9280	J9285	J9293	J9295	J9299	J9301	J9302	J9303	J9304	J9305	J9306	J9307	J9308	J9309	J9311	J9312	J9313	J9315	J9320	J9325	J9328	J9330	J9340	J9351	J9352	J9354	J9355	J9356	J9357	J9358	J9360	J9370	J9371	J9390	J9395	J9400	J9600	J9999	Q2017	Q2043	Q2049	Q2050	Q5107	Q5112	Q5113
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Procedures and Services

Additional Information

CPT® or HCPCS Codes and/or How to Obtain Prior Authorization

Chemotherapy services (continued)

Q5114 Q5115 Q5116 Q5117
Q5118 Q5119 Q5120

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Clinical trials

A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects 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 to help persons with profound sensorineural deafness achieve conversational speech

Prior authorization required.

69710 69714 69715 69718
69930 L8614 L8692

Congenital heart disease

Congenital heart disease-related services, including pre-treatment evaluation

Prior authorization required.

Please call the Optum® VAD Case Management Team at **888-936-7246** or the notification number on the member's health plan ID card.

Congenital heart disease codes:

33251 33254 33255 33256
33257 33258 33259 33261
33404 33414 33415 33416
33417 33476 33478 33500
33501 33502 33503 33504
33505 33506 33507 33600
33602 33606 33608 33610
33611 33612 33615 33617
33619 33641 33645 33647
33660 33665 33670 33675
33676 33677 33681 33684
33688 33690 33692 33694
33697 33702 33710 33720
33722 33724 33726 33730
33732 33735 33736 33737
33750 33755 33762 33764
33766 33767 33768 33770
33771 33774 33775 33776
33777 33778 33779 33780
33781 33786 33788 33802
33803 33820 33822 33840
33845 33851 33852 33853
33917 33920 33924 93501
93524 93526 93527 93528
93529 93530 93531 93532
93533 93541 93542 93543

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (continued)		93544	93545	93555	93556
		93561	93562	93580*	93581
	ICD-10-CM codes:	Q20.0 – Q20.6, Q20.8 – Q20.9, Q21.0 – Q21.4, Q21.8 – Q22.6, Q22.8 – Q23.4, Q23.8 – Q24.6, Q24.8 – Q25.6, Q25.71, Q25.72, Q25.79, Q25.8 – Q26.6, Q26.8 – Q27.2, Q27.31 – Q27.34, Q27.39, Q27.8, Q279, Q28.2, Q28.3			
	* See the Cardiovascular section of this document for patients ages 18 and older,				
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis.	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	
Cosmetic and reconstructive procedures	Prior authorization required.	11960	11971	13101*	13132*
	<u>For codes with an asterisk:</u>	14040*	14060*	14301*	15820
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required if performed in an outpatient hospital setting.	15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization not required if performed at a participating ambulatory surgery center.	21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21552*	21740	21742
		21743	21931*	28344	30540
		30545	30560	30620	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)	Prior authorization 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
	Prior authorization required for power mobility devices and accessories, lymphedema pumps, regardless of cost. Some payer groups may have different DME prior authorization requirements. Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care services</i> .	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
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable medical equipment (DME) (continued)		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			

End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	For prior authorization, please call 877-842-3210 .			
		CPT codes:			
		Hemodialysis			
		90935		90937	
		Peritoneal			
		90945		90947	
		Unlisted dialysis procedure, inpatient or outpatient			
		90999			
		Post-dialysis infusion therapy			
		J0606			
		HCPCS codes:			
		S9335		S9339	
		Revenue codes:			
		Continuous ambulatory peritoneal dialysis/outpatient or home			
		840	841	849	
Continuous cycling peritoneal dialysis/outpatient or home					
850	851	859			
Dialysis/miscellaneous					
880	881	882	889		
Hemodialysis/outpatient or home					
820	821	829			
Non-routine dialysis					
304					
Other outpatient/peritoneal dialysis					
830	831	839			
Renal dialysis					
800	801	802	803		
804	809				

Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299

Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	31298

Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Prior authorization 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262
		58290	58291	58292	58661
		58940	64856	64892	64896
Home health care – Non-nutritional	Prior authorization required for in-home services.	In-home nursing services:			
		T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required.	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies.				
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.	52402	54500	54505	55200
		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58700	58720
		58740	58750	58752	58760
		58770	58970	58974	58976
		74440	74740	74742	76948
		82670	83001	88272	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89300
		89310	89320	89321	89322
		89325	89329	89330	89331
		89344	89346	89352	89353
		89354	89356	89398	0058T
		G0027	J9218	S0122	S0132
		S3655	S4011	S4013	S4014
		S4015	S4016	S4017	S4018
		S4020	S4021	S4022	S4023
S4025	S4026	S4027	S4028		
S4030	S4031	S4035	S4037		
S4040	S4042				
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required. To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre- Determination request, the provider must log into UHCProvider.com and click on the Link button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.	Alpha1-Proteinase – POS 19 and 22 only			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™			
		J0517	J2182	J2357	J2786
		Blood modifying agents			
		J0223	J1300		J1303
		Central Nervous System Agents			
		J0222	J1428	J1429	J2326

Procedures and Services

Additional Information

CPT® or HCPCS Codes and/or How to Obtain Prior Authorization

Injectable medications (continued)

For questions about this online authorization process, the provider may call **Optum: 888-397-8129**.
 Hemophilia codes ONLY:
 To submit a prior authorization request, and for UHC Commercial Non-PAR providers to submit a Pre- Determination request, the provider must log into **UHCProvider.com** and click on the Link button in the upper right corner.
 Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.

For questions about this online authorization process, the provider may call **Optum: 888-397-8129**.

If prior authorization requirements for the drug aren't met, UnitedHealthcare will call the care provider's office within 3 days. If authorized, Pharmacy Services will send the care provider and member a letter with the authorization number and coverage dates. This authorization must be submitted to the specialty pharmacy vendor, along with the medication order.

J3032			
Endocrine			
J0800 ²	J3241		
Enzyme deficiency – POS 19 and 22 only			
J0180	J0221	J1322	J1458
J1743	J1931	J2504	J2840
J3397			
Enzyme replacement therapy			
J0567	J1786	J3060	
Erythropoiesis Stimulating Agents⁶			
J0885			
Gaucher's disease – POS 19 and 22 only			
J3385			
Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890			
J1950	J3315	J3316	J9155
J9202	J9217	J9225	J9226
Gene therapy			
J3398	J3399		
Hereditary Angioedema (HAE)			
J0596	J0597	J0598	J1290
Hemophilia			
J7204			
Immune globulin			
90283	90284	J1459	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1599	
Immuno modulator			
J0638	J0490	J9210	
Inflammatory/immunomodulatory drugs			
J0129 ²	J0717	J1602 ²	J1745
J3262 ²	J3358	J3380	Q5103
Q5104	Q5121		
Multiple sclerosis			
J0202	J2323	J2350	
Opioid addiction			
J0570	Q9991	Q9992	
Other injections			
J0584	J1301	J1746	J2507
J3111	J3245		
Rituximab			
J9311	J9312	Q5115	Q5119
Sickle Cell disease			
J0791			
Sodium hyaluronate			
J7320	J7321 ¹	J7322	J7324 ¹
J7325	J7326 ¹	J7327 ¹	J7329 ¹
J7331	J7332	J7333	
Therapeutic Radiopharmaceuticals⁵			
A9513	A9590	A9606	A9699
Unclassified³			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		C9399 White blood cell colony stimulating factors⁴ J1442 Q5108	J3490 J1447 Q5110	J3590 J2505 Q5111	Q5101 Q5120 Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial. ¹ Medication requires specialty pharmacy distribution. Care provider can't buy and bill the health plan unless the member has Medicare coordination of benefits. ² Self-administration for this medication is preauthorized under the pharmacy benefit. Medical professional administration is preauthorized under the medical benefit. ³ For unclassified codes J3490, J3590, and C9399 prior authorization is only required for Cutaquig®, Revcovi™, and Spravato™. ⁴ For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx, please see Cancer supportive care section above. For non-oncology Dx, submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your Link dashboard or call 888-397-8129 . ⁵ For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call 888-397-8129 . ⁶ For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.
Inpatient admissions-post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Intensity-modulated radiation therapy (IMRT)	Prior authorization required. To request prior authorization, please complete and submit the IMRT Clinical Cover Sheet and IMRT Treatment Request Form. You can find these forms at: UHCprovider.com/priorauth > Oncology > Commercial Intensity Modulated Radiation Therapy Prior Authorization Program > IMRT Clinical Cover Sheets.	77385	77386	G6015	G6016

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<p>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments</p>	<p>Notification/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 benefit plans, which generally are as follows:</p> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>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.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</p> <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p>	0071T	0072T		
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<p>Non-emergency air transport Non-urgent ambulance transportation by air between specified locations</p>	<p>Prior authorization required.</p>	A0430 S9960	A0431 S9961	A0435	A0436
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<p>Orthognathic surgery Treatment of maxillofacial functional impairment</p>	<p>Prior authorization required.</p>	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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<p>Orthotics</p>	<p>Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.</p>	L0220 L0636 L1685 L1755 L2020 L2038 L3485	L0480 L0638 L1700 L1844 L2034 L2330 L3766	L0484 L1640 L1710 L1846 L2036 L3251 L3900	L0486 L1680 L1720 L2005 L2037 L3253 L3901
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (continued)		L3904 L3976	L3961 L3977	L3971	L3975
<p>Out-of-network services A recommendation from a network physician or other health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare</p>	<p>Prior authorization required when a network physician or health care professional directs a member to a facility, physician or other health care professional who doesn't participate in the UnitedHealthcare network, where a member's benefit plan has benefits for out-of-network services.</p> <p>Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
<p>Physical, occupational and speech therapy Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist</p>	<p>Therapy performed by Optum® Physical Health contracted AND non-contracted providers require prior authorization. The initial referral for physical or occupational therapy is valid for up to 8 visits per condition within 6 months from the referral date. If the referral does not indicate the number of visits, the referral will only be valid for one visit. Additional visits after the first 8 require pre-authorization.</p> <p>For facilities, an authorization must be obtained for these services prior to the first visit.</p>				<p>Prior Authorization requests cannot be submitted online for physical, occupational, speech, and any other therapy-related service. You may fax your requests for prior authorization to the Clinical Care Coordination Department at 888-831-5080 by using the Rehab Extension Form located at UHCprovider.com/plans > Select Your State > Commercial View Offered Plan Information > Mid-Atlantic Health Plan – UnitedHealthcare® M.D.IPA Plan and Optimum Choice® > Forms, Tools & Resources > Rehabilitation Services Extension Request Form.</p>
<p>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</p> <p>Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature</p>	<p>Prior authorization required</p> <p>Includes services and medications determined not effective for treatment of a medical condition due to:</p> <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 	26340 33364 36514	33361 33365 64722	33362 33366 A9274	33363 33369
Prosthetics	<p>Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.</p>	L5010 L5100 L5200 L5270	L5020 L5105 L5210 L5280	L5050 L5150 L5230 L5301	L5060 L5160 L5250 L5321

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		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 required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	Prior authorization required for services, including: CT scans – brain, chest, musculoskeletal, colonography MRI scans – brain, heart, chest, musculoskeletal PET scans for diagnoses other than cancer Virtual procedures UnitedHealthcare’s radiology and cardiology notification/prior authorization programs do <u>not</u> apply to M.D.IPA or Optimum Choice members. <u>For codes with an asterisk:</u>	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71275	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)	Prior authorization <u>not</u> required for cancer diagnoses.	72156	72157	72158	72159
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78803	78811*	78812*	78813*
78814*	78815*	78816*	C8937		
	G0252*	S8037*	S8085*		
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	
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Dermatologic			
		11402	11403	11406	11422
		11426	11442		
		General surgery			
		19000			
		Musculoskeletal			
		27096	64479	64490	64493
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			
57460					
Respiratory					
31579					
Site of service (SOS) – Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting.	Carpal tunnel surgery			
		64721			
	Notification/prior authorization not required if performed at a participating ambulatory surgery center (ASC).	Cataract surgery			
		66821	66982	66984	
	Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
	Ear, nose and throat (ENT) procedures				
	21320	30140	30520	69436	
	69631				
Gynecologic procedures					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		57522 58565	58353	58558	58563
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
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 <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
Specific medications as indicated on the prescription drug list (PDL)	Certain medications require prior authorization to make sure they're a covered benefit for the indication they're prescribed. Please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the customer service number on the member's health plan ID card.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required.	63650	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8680	L8682
		L8685	L8686	L8687	L8688
Spinal surgery	Prior authorization required.	20930	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	22899	27279	27280
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
63281	63282	63283	63285		
63286	63287	63290	63295		
63300	63301	63302	63303		
63304	63305	63306	63307		
63308	0095T	0098T	0164T		
	0309T				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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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 required. Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene 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
		Evaluation for transplant
		99205
		Heart
		33940 33944 33945
		Heart/lung
		33930 33935
		Intestine
		44132 44133 44135 44136
		Kidney
		50300 50320 50323 50340
		50360 50365 50370 50380
		50547
		Liver
		47135 47143 47147
		Lung
		32850 32851 32852 32853
		32854 32856 S2060 S2061
		Pancreas
		48551 48552 48554
		Services related to transplants
		32855 33933 38208 38209
		38210 38212 38213 38214
		38215 38232* 44137 44715
		44720 44721 47133 47140
		47141 47142 47144 47145
47146 50325 S2152		
CAR T-Cell therapy		
0537T 0538T 0539T 0540T		
Q2041 Q2042		

*Code 38232 will only require prior authorization for an oncology diagnosis



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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.	36468 37700	36473 37718	36475 37722	36478 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required.	Please call the notification number on the member's health plan ID card.			
		33927 33976 33983	33928 33979	33929 33981	33975 33982

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their 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 Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.