Prior authorization requirements for UnitedHealthcare of the River Valley

Effective November 1, 2026

General information

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

Please submit your requests in one 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**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare **Network News**. If viewing a printed copy, please visit **Advance Notification and Plan Requirement Resources** > Select a Plan type for the most current information.

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 27437 27438 27440 27441 27442 27443 27446 27447 27486 27487 27702
Arthroscopy	Prior authorization required.	Prior authorization is required for all states. 29826 29863 29871 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828 29844 29845 29846 29847 29848 29861 29862 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 29891 29892 29893 29894 29895

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29897	29898	29899	29914
		29915	29916		
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required. There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please connect with us through chat 24/7 using our **Contact us** page.	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	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 services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600
		Prior authorization 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.)		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, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5136 Q5157 Q5158 Q5159 **Anti-emetics that require prior authorization** **Akynzeo® (palonosetron/fosnetupitant)** J1454 **Emend® (fosaprepitant)** J1453 **Sustol® (granisetron extended release)** J1627 J1456 **Palonosetron HCL** J2469 **Bone-modifying agent that requires prior authorization:** **Denosumab (Prolia®, Xgeva®)** J0897 **Erythropoiesis-Stimulating Agents** **Epoetin Alfa** J0885 **Injectable colony-stimulating factor drugs that require prior authorization:** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filigrastim-ayow (Releuko)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Filgrasatim-txid (Nypozi™)** Q5148 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111*

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)		**Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Medical Benefit Therapeutic Equivalent Medications[1]** **Cinvanti™ (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 For prior authorization requests, 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 tool on your Provider Portal button dashboard. Or, call **888-397-8129**. [1]Some members may not have coverage for these drugs.
Cardiology	Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance.	Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification** > Commercial.
Cardiovascular	Prior authorization required. For Vascular codes, prior authorization required for lower extremity angiogram.	**Cardiology** 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 0569T 0570T ** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18. *Prior authorization 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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

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Cardiovascular (cont.)		M86.279 M86.28 M86.29 M86.30 M86.351 M86.352 M86.359 M86.361 M86.362 M86.369 M86.371 M86.372 M86.379 M86.38 M86.39 M86.40 M86.451 M86.452 M86.459 M86.461 M86.462 M86.469 M86.471 M86.472 M86.479 M86.48 M86.49 M86.50 M86.551 M86.552 M86.559 M86.561 M86.562 M86.571 M86.572 M86.579 M86.58 M86.59 M86.60 M86.651 M86.652 M86.659 M86.661 M86.662 M86.669 M86.671 M86.672 M86.679 M86.68 M86.69 M86.8X0 M86.8X9 M86.9 Q27.30 Q27.32 Q27.39 Q27.8 Q27.9 Q87.2 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 T82.868A T82.898A M86.8X51 M86.8X52 M86.8X59 M86.8X61 M86.8X62 M86.8X69 M86.8X71 M86.8X72 M86.8X79
Cartilage implants	Prior authorization required.	27412 27415 27416 29866 29867 29868 J7330 S2112
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis.	**Injectable chemotherapy drugs that require prior authorization:** • Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) • 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 HCPCS code • Medical Benefit Therapeutic Equivalent Medications[1] J9054 J9072 J9074 J9076 J9172 J9184 J9292 J9304 J9324 For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and Sign In at the top-right corner. Or, you can call **888-397-8129**. [1]Some members may not have coverage for these drugs.
Clinical trials A rigorously controlled study of a new drug, medical device or other	Prior authorization required.	S9988 S9990 S9991

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
treatment on eligible human subjects subject to oversight by an institutional review board (IRB).					
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 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous Glucose Monitor	Prior authorization required with 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 1 and gestational diabetes DX codes: E11.00 E11.01 E11.10 E11.11 E11.21 E11.22 E11.29 E11.311 E11.319 E11.3211 E11.3212 E11.3213 E11.3219 E11.3291 E11.3292 E11.3293 E11.3299 E11.3311 E11.3312 E11.3313 E11.3319 E11.3391 E11.3392 E11.3393 E11.3399 E11.3411 E11.3412 E11.3413 E11.3419 E11.3491 E11.3492 E11.3493 E11.3499 E11.3511 E11.3512 E11.3513 E11.3519 E11.3521 E11.3522 E11.3523 E11.3529 E11.3531 E11.3532 E11.3533 E11.3539 E11.3541 E11.3542 E11.3543 E11.3549 E11.3551 E11.3552 E11.3553 E11.3559 E11.3591 E11.3592 E11.3593 E11.3599 E11.36 E11.37X1 E11.37X2 E11.37X3 E11.37X9 E11.39 E11.40 E11.41 E11.42 E11.43 E11.44 E11.49 E11.51 E11.52 E11.59 E11.610 E11.618 E11.620 E11.621 E11.622 E11.628 E11.630 E11.638 E11.641 E11.649 E11.65 E11.69 E11.8 E11.9 O24.111 O24.112 O24.113 O24.119 O24.12 O24.13 O24.410 O24.415 O24.419 O24.430 O24.435 O24.439			

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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.	Prior authorization is required for all states. 11960 11970 11971 14302 15570 15572 15574 15730 15733 15740 15756 15769 15773 15820 15821 15822 15823 15830 15847 15877 15878 15879 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 67961 67966 14020* 14021* 14061* 14301* Q2026 17106 17107 17108 *Prior authorization not required when billed with the following diagnosis codes: C43.0 C43.10 C43.111 C43.112 C43.121 C43.122 C43.20 C43.21 C43.22 C43.30 C43.31 C43.39 C43.4 C43.51 C43.52 C43.59 C43.60 C43.61 C43.62 C43.70 C43.71 C43.72 C43.8 C43.9 C44.01 C44.02 C44.09 C44.101 C44.1021 C44.1022 C44.1091 C44.1092 C44.111 C44.1121 C44.1122 C44.1191 C44.1192 C44.121 C44.1221 C44.1222 C44.1291 C44.1292 C44.131 C44.1321 C44.1322 C44.1391 C44.1392 C44.191 C44.1921 C44.1922 C44.1991 C44.1992 C44.201 C44.202 C44.209 C44.211 C44.212 C44.219 C44.221 C44.222 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
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. Some home health care services may qualify under the durable medical equipment 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.	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
		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
End-stage renal disease (ESRD) dialysis services	Advance notification is required when members are referred to	Please call us at Optum representatives at 888-936-7246 to initiate case management and utilization management.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Services for treating end-stage renal disease, including outpatient dialysis services	an out-of-network health care professional for dialysis services. Prior authorization is not required for ESRD when a member travels outside of the service area. Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	
Foot surgery	Prior authorization required.	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 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
Gender dysphoria treatment	Prior authorization required.	**Prior authorization required for the following regardless of Dx code:** 55970 55980 **Prior authorization 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 31599 31899 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58661 58720 58940 64856 64892 64896
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Health care professionals requesting laboratory testing will be required to complete the prior authorization process, which includes listing the laboratory and test name. Payment will be authorized for each specified genetic test for those CPT codes registered with the	81162 81163 81164 81228 81229 81277 81349 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81425 81426 81427 81431 81432 81435 81437 81439 81440 81441 81443 81445 81448 81449 81450 81451 81455 81457 81458 81459 81460 81462 81463 81464 81465 81471 81479 81518 81519 81520 81521 81522

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)	Genetic and Molecular Testing Prior Authorization program. Prior authorization required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81523	81541	81542	81546
		81552	81558	81595	81599
		87505	87506	0018U	0022U
		0023U	0026U	0037U	0047U
		0048U	0050U	0060U	0087U
		0088U	0094U	0101U	0102U
		0103U	0118U	0129U	0171U
		0179U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
		0217U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0265U	0268U	0271U	0272U
		0273U	0274U	0276U	0288U
		0289U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
		0355U	0364U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0425U	0426U	0444U
		0449U	0465U	0473U	0474U
		0475U	0478U	0481U	0483U
		0484U	0485U	0487U	0493U
		0495U	0499U	0500U	0502U
		0504U	0505U	0523U	0529U
		0530U	0536U	0538U	0539U
		0540U	0543U	0552U	0562U
		0567U	0571U	0575U	0576U
		0585U	0588U	0605U	0616U
		0618U	0619U	0622U	0623U3
		0624U	0625U	0626U	0627U
		0628U	0631U	0632U	0648U
		0651U	S3854	S3865	S3870
Home health care – non-nutritional	Prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies.	58267	58270	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 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. To submit a prior authorization request and, for UnitedHealthcare commercial plan out-of-network health care professionals, to submit a predetermination request, the care provider must log in to the UnitedHealthcare Provider Portal at **UHCprovider.com**. Submit the request using **Clinical Pharmacy and Specialty Drugs**. For questions call us at **888-397-8129**.	**Alpha$_1$- Proteinase inhibitors** J0256 J0257 **Anemia** J0896 J1437 J1439 **Asthma** J0517 J2182 J2356 J2357 J2786 **Blood modifying agents** J0223 J1299 J1302 J1303 J1307 J9376 Q5151 Q5152 **Botulinum Toxins A and B** J0587 **Cardiology** J1306 **Central nervous system agents** J0174 J0175 J0222 J0225 J1301 J1304 J1426 J1427

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1428 J1429 J2326 J3032 J9256 J9332 J9333 J9334 **Collagenase** J0775 **Complement inhibitors – Ophthalmologic use** J2781 J2782 **Dermatology** J7352 **Endocrine** J0224 J0801 J0802 J0584 J2507 J3241 **Enzyme replacement therapy - POS 19 and 22 only** J0180 J0217 J0218 J0219 J0221 J1322 J1458 J1743 J1757 J1818 J1931 J2840 J3397 **Enzyme replacement therapy** J0567 J1203 J1809 **Enzyme deficiency (Gaucher disease)** J1786 J3060 **Erythropoiesis-stimulating agents[3]** J0885 **Enzyme deficiency (Gaucher disease) - POS 19 and 22 only** J3385 **Gene therapy** J1411 J1412 J1413 J3398 J3399 J3401 J3403 J3404 J3405 **Hemophilia** J7170 J7172 J7173 J7174 J7175 J7177 J7178 J7179 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7192 J7193 J7194 J7195 J7198 J7199 J7200 J7201 J7202 J7203 J7204 J7205 J7207 J7208 J7209 J7210 J7211 J7212 J7213 J7214 **Hematologic** J0596 J0597 J0598 J1290 J7171 **Immune globulin**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	
		Immune modulator			
		J0638	J0490	J0491	J1823
		J9038	J9210	J9301	J9312
		J9381	Q5115	Q5119	Q5123
		Inflammatory conditions			
		J0129	J0717	J1602	J1628
		J1745	J1747	J2267	J2327
		J3245	J3247	J3262	J3357
		J3358	J3380	Q5098	Q5099
		Q5100	Q5103	Q5104	Q5121
		Q5133	Q5135	Q5137	Q5138
		Q5156	Q5164	Q9996	Q9997
		Q9998	Q9999		
		Medical benefit therapeutic equivalent medications[4]			
		J0179	J0589	J1072	J1552
		J1553	J1554	J1576	J1577
		J2361	J2508	J7320	J7321
		J7322	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Q5124	Q5136	Q5158	Q5159
		Q5161			
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323	Q5134		
		Neutropenia[2]			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			
		J1305	J2998		
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes[1]			
		C9399	J1599	J3490	J3590

Please view the **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA). Pre-determination is

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
		strongly encouraged for medications on our **Review at Launch Medication List**. [1] For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for Rifloza and Revcovi [2] Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the **Cancer Supportive Care** section. For non-oncology diagnoses, submit prior authorization through the **UnitedHealthcare Provider Portal** or call **888-397-8129**. [3] Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis. [4] Some members may not have coverage for these medications.	
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		
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 in-network. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure	0071T	0072T

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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 FDA-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 required for orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L0220 L0636 L1700 L1844 L2034 L2330 L3901 L3975	L0482 L0638 L1710 L1846 L2036 L3253 L3904 L3976	L0484 L1680 L1720 L2005 L2037 L3766 L3961 L3977	L0486 L1685 L1755 L2020 L2038 L3900 L3971

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-network services A referral from a network physician or health care professional to a hospital, physician or other care provider who's out of network	Prior authorization required. Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management and injection	Prior authorization required.	62320 62326 62360 64520 E0783	62322 62327 62361 64620	62324 62350 64451 64640 E0786	62325 62351 64484 E0782
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 33363 33369 A9274	33289 33364 33477 C2624	33361 33365 36514	33362 33366 64722
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis.	**Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:** O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511	 O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512	 O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513	 O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Pregnancy (cont.)	Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before giving birth. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. We ask that you please notify us once during pregnancy. We're not requesting notification of ancillary services, such as ultrasound and lab work. After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (e.g., if a pregnancy is terminated).	O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization 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
Radiation therapy	Prior authorization required.	**IGRT** 77387 **Proton beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520	77522	77523	77525

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		**Special/associated services** 77331 77370 77399 77470 **SRS/SBRT** 77371 77372 77373 G0339 G0340 **Standard radiation therapy (2D/3D)** Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77402 77407 77412 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal at **UHCprovider.com**.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans, nuclear medicine and nuclear cardiology procedures.	Health care professionals ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **866-889-8054**. For more details and to see a list 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 30410 30420 30430 30435 30450 30460 30462 30465
Sinuplasty	Prior authorization required.	31295 31296 31297
Site of Service (SOS) – Outpatient Hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC. Prior authorization is not required for care providers in Alaska, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	**Auditory system** 69140 69145 69205 69310 69320 69424 69440 69641 69643 69644 69645 69646 69660 69661 69662 **Cardiovascular system** 36581 36582 36901 36902 37242 37609 **Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 **Cosmetic and reconstructive** 13101 13132 14040 14060 **Digestive system**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of Service (SOS) – Outpatient Hospital (cont.)		40812	41110	41112	41113
		42440	42800	42810	46220
		46221	46250	46255	46257
		46261	46270	46505	46612
		46946			
		Ear, nose and throat (ENT) procedures			
		30140	30520		
		Eye and ocular adnexa			
		65400	65420	65426	65435
		65436	65710	65730	65750
		65755	65756	65778	65779
		65780	65815	65855	65875
		65920	66170	66172	66185
		66682	66710	66711	66761
		66840	66988	67010	67036
		67039	67040	67041	67042
		67043	67400	67412	67445
		67840	67875	67935	67971
		67973	68100	68110	68115
		68135	68440	68700	68720
		68750	68815		
		Female genital system			
		56442	56620	56740	57000
		57295	57461	57513	57700
		58560	58561	58565	
		Foot surgery			
		28295			
		Integumentary system			
		11440	11441	11443	11444
		11446	11462	11470	11620
		11621	11623	11640	11642
		11643	11755	11760	12041
		12042	13100	13131	15220
		15760	15770		
		Male genital system			
		54001	54055	54060	54110
		54164	54300	54360	54530
		54700	54840	54860	55041
		55110	55120	55500	
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20605	20610	20912	21011
		21012	21013	21014	23120
Site of Service (SOS) – Outpatient Hospital (cont.)		23140	23405	23430	23440
		24006	24071	24073	24075
		24076	24101	24102	24105

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		24120	24300	24341	24342
		24343	24357	24358	25071
		25073	25075	25076	25085
		25109	25111	25112	25130
		25210	25230	25240	25275
		25295	25608	26045	26055
		26075	26080	26110	26111
		26113	26121	26123	26160
		26180	26215	26236	26320
		26350	26356	26357	26426
		26432	26433	26437	26480
		26525	26540	26541	26542
		26842	26850	26860	26951
		26952	27048	27062	27324
		27327	27328	27332	27339
		27340	27347	27372	27620
		27632	27638	27685	27690
		27696	28022	28035	28041
		28043	28045	28047	28060
		28086	28088	28090	28092
		28103	28104	28108	28110
		28111	28112	28113	28118
		28119	28120	28122	28124
		28126	28153	28160	28208
		28250	28288	28306	28312
		28315	28322	28755	G0260
		Nervous system			
		64585	64610	64702	64718
		64719	64776	64782	64788
		64831	64835		
		Respiratory system			
		30115	30130	30220	30580
		30802	30930	31030	31200
		31298	31528	31535	31536
		31540	31541		
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		52000	52005	52204	52234
		52235	52260	52265	52275
		52276	52281	52283	52285
		52287	52300	52310	52315
		52332	52352	52356	52500
		53260	53270	54161	55040
Sleep apnea procedures and surgeries	Prior authorization required.	Prior authorization is required for all states.			
		21685	41599		
Maxillomandibular advancement or oral	Applies to inpatient or outpatient procedures and surgeries including, but not	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
pharyngeal tissue reduction for treatment of obstructive sleep apnea.	limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Also applies to surgical sleep apnea procedures and not sleep studies.	following codes except in Alaska, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 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. It's not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95805 95807 95808 95810 95811
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization is required for certain medications to make sure they're a covered benefit as prescribed. For a list of medications requiring prior authorization, please refer to **Drug Lists and Pharmacy** > UnitedHealthcare Prescription Drug Lists (PDL)/Drug Formulary Please call 800-711-4555 when prescribing medications that require prior authorization. You may also fax specialty medication requests to 877-342-4596.	
Spinal cord stimulators Spinal cord stimulators when implanted for pain management.	Prior authorization required.	Prior authorization is required for all states. 63650 63655 63664 63685 63688 64553 L8679 L8680 L8682 L8683 L8685 L8686 L8687 L8688 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 63663
Spinal surgery	Prior authorization required.	Prior authorization is required for all states. 20930 20931 20939 22206 22207 22208 22210 22212 22214 22216 22220 22222

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		22224	22226	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	22836	22837
		22838	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22852
		22853	22854	22856	22857
		22858	22859	22861	22862
		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
		63185	63190	63266	63267
		63268	63270	63271	63272
		63275	63276	63277	63280
		63282	63285	63287	63290
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	0656T	0657T
		0790T			
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
		64561	64568	64590*	64595

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

N32.81	N32.9	N39.3	N39.41
N39.42	N39.46	N39.490	N39.498
R15.0	R15.1	R15.2	R15.9
R30.0	R30.1	R30.9	R32
R33.0	R33.8	R33.9	R35.0

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Stimulators – not related to spine (cont.)		R35.1 R35.81 R35.89 R39.11 R39.12 R39.13 R39.14 R39.15 R39.16 R39.191 R39.192 R39.198 R39.81 R39.89 R39.9
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation.	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene exuparvovec-tneq), Kresladi™ (marnetegragene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Waskyra™ (etuvetidigene autotemcel)Yartemlea® (narsoplimab-wuug) Yescarta™ (axicabtagene ciloleucel, Zevaskyn™ (prademagene zamikeracel) and Zynteglo™(betibeglogene autotemcel) 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 50547 **Kidney/pancreas** S2065 **Liver** 47135 47143 47147 **Lung** 32850 32851 32852 32853 32854 32856 S2060 S2061 **Pancreas** 48551 48552 48554 **Services related to transplants** 32855 33933 38206 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2054 S2140 S2142 S2152 **Cellular and gene therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 *Code 38232 will only require prior authorization for an oncology diagnosis
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513 A9590 A9606 A9607 A9615 A9699

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan, out-of-network care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider must log in to the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and sign in.				
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	36470 36476 36483 37700	36471 36478 36465 37718	36473 36479 36466 37722	36475 36482 37243 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		To start the case management and utilization management process, please connect with us through chat 24/7 using our **Contact us** page to start the case management and utilization man process. 33927 33976 33983	33928 33979	33929 33981	33975 33982

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