

Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Jul. 1, 2024

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.

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone: 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 how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
Arthroscopy	Prior authorization required	Prior authorization is required for all states: 29826 29843 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 AK, MA, PR, RI, TX, UT, VI and WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863



Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Arthroscopy (cont.)		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	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	43644	43645	43659	43770
	Bariatric surgery and other obesity-related services aren't covered by some benefit plans in some situations.	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.			
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Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
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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.	81162	81163	81164	81277	
		81349	81418	81425	81426	
		81427	81432	81433	81441	
		81443	81449	81450	81451	
		81455	81457	81458	81459	
		81462	81463	81464	81523	
		81541	81542	81546	81552	
		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.	0288U	0029U	0037U	0047U
			0048U	0050U	0094U	0101U
	0102U		0103U	0118U	0211U	
	0212U		0213U	0233U	0239U	
	0242U		0244U	0245U	0250U	
	0258U		0265U	0268U	0269U	
	0270U		0271U	0272U	0273U	
	0274U		0276U	0277U	0278U	
	0282U		0285U	0289U	0294U	
	0306U		0307U	0318U	0319U	
	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.	0320U	0323U	0326U	0327U	
		0334U	0341U	0345U	0355U	
		0379U	0388U	0389U	0391U	
		0395U	0398U	0409U	0411U	
		0417U	0419U	0423U	0425U	
	The genetic counseling attestation form for care providers and supportive	0426U	0444U	0448U		

documentation that satisfy additional criteria requirement can be found at UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.

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 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 J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125

Anti-Emetics that require prior authorization

Eflapegrastim-xnst (Rolvedon®)

J1449

Akynzeo® (palonosetron/fosnetupitant)

J1454

Cinvanti™ (aprepitant)

J0185

Emend® (fosaprepitant)

J1453 J1456

Sustol® (granisetron extended release)

J1627

Bone-modifying agent that requires prior authorization:

Denosumab (Prolia®, Xgeva®)

J0897*

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cancer supportive care (cont.)

also require prior authorization for non-oncology
 Dx. See *Injectable medications* section below

Erythropoiesis-Stimulating Agents

Epoetin Alfa

J1449

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)

J1442*

Filgrastim-aafi (Nivestym™)

Q5110*

Filgrastim-sndz (Zarxio®)

Q5101*

Filgrastim-ayow (Releuko)

Q5125*

Pegfilgrastim (Neulasta®)

J2506*

Pegfilgrastim-apgf (Nyvepria™)

Q5122*

Pegfilgrastim-bmez (Ziextenzo®)

Q5120*

Pegfilgrastim-cbqv (UDENYCA™)

Q5111*

Pegfilgrastim-jmdb (Fulphila™)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

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Cardiovascular

Prior authorization required

For Vascular codes, prior authorization required for lower extremity angiogram

33285

37225*

37229*

93653

Cardiology

37220*

37226*

37230*

93656

37221*

37227*

37231*

E0616

37224*

37228*

93580**

**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 not required with the following diagnosis codes:

E08.52

E13.52

I70.228

I70.233

I70.239

I70.244

E09.52

I70.221

I70.229

I70.234

I70.241

I70.245

E10.52

I70.222

I70.231

I70.235

I70.242

I70.248

E11.52

I70.223

I70.232

I70.238

I70.243

I70.249

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cardiovascular (cont.)

170.25	170.261	170.262	170.263
170.268	170.269	170.321	170.322
170.323	170.329	170.331	170.332
170.333	170.334	170.335	170.338
170.339	170.341	170.342	170.343
170.344	170.345	170.348	170.349
170.35	170.361	170.362	170.363
170.369	170.421	170.422	170.423
170.428	170.429	170.431	170.432
170.433	170.434	170.435	170.438
170.439	170.441	170.442	170.443
170.444	170.445	170.448	170.449
170.461	170.462	170.463	170.468
170.469	170.521	170.522	170.523
170.528	170.529	170.531	170.532
170.533	170.534	170.535	170.538
170.539	170.541	170.542	170.543
170.544	170.545	170.548	170.549
170.561	170.562	170.563	170.568
170.569	170.621	170.622	170.623
170.628	170.629	170.631	170.632
170.633	170.634	170.635	170.638
170.639	170.641	170.642	170.643
170.644	170.645	170.648	170.649
170.661	170.662	170.663	170.668
170.669	170.721	170.722	170.723
170.728	170.729	170.731	170.732
170.733	170.734	170.735	170.738
170.739	170.741	170.742	170.743
170.744	170.745	170.748	170.749
170.761	170.762	170.763	170.768
170.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1
M86.10	M86.151	M86.152	M86.159
M86.161	M86.162	M86.169	M86.171
M86.172	M86.179	M86.18	M86.19
M86.20	M86.251	M86.252	M86.259
M86.261	M86.262	M86.269	M86.271
M86.272	M86.279	M86.28	M86.29
M86.30	M86.351	M86.352	M86.359

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
	I73.81				
Cartilage implant	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
Electroencephalogram (EEG)	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.	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • 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 Healthcare Common Procedure Coding System (HCPCS) code <p>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 tile on your Provider Portal dashboard. Or call 888-397-8129.</p>			
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	Prior authorization required	69710	69714	69930	L8614
		L8692			

achieve conversational speech

Congenital heart disease

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

Congenital heart disease (cont.)

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:

33250	33251	33254	33255
33256	33257	33258	33259
33261	33390	33391	33404
33414	33415	33416	33417
33465	33468	33476	33478
33500	33501	33502	33503
33504	33505	33506	33507
33600	33602	33606	33608
33610	33611	33612	33615
33617	33619	33620	33622
33641	33645	33647	33660
33665	33670	33675	33676
33677	33681	33684	33688
33690	33692	33694	33697
33702	33710	33720	33724
33726	33730	33732	33735
33736	33737	33741	33745
33746	33750	33755	33762
33764	33766	33767	33768
33770	33771	33774	33775
33776	33777	33778	33779
33780	33781	33782	33783
33786	33788	33802	33803
33813	33814	33820	33822
33824	33840	33845	33851
33852	33853	33894	33895
33897	33917	33920	33924
33925	33926	93580*	93581
93582	93583	93593	93594
93595	93596	93597	93598

ICD-10-CM codes:

I27.83	Q20.0	Q20.1	Q20.2
Q20.3	Q20.3	Q20.4	Q20.5
Q20.6	Q20.8	Q20.8	Q20.8
Q20.9	Q21.0	Q21.1	Q21.2
Q21.2	Q21.2	Q21.3	Q21.4
Q21.8	Q21.8	Q21.9	Q21.9
Q22.0	Q22.1	Q22.2	Q22.3
Q22.4	Q22.5	Q22.6	Q22.8
Q22.9	Q23.0	Q23.1	Q23.2
Q23.3	Q23.4	Q23.8	Q23.9
Q24.0	Q24.1	Q24.2	Q24.3

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Congenital heart disease (cont.)		Q24.4	Q24.5	Q24.6	Q24.8
		Q24.8	Q24.8	Q24.9	Q25.0
		Q25.1	Q25.2	Q25.2	Q25.21
		Q25.29	Q25.3	Q25.4	Q25.4
		Q25.4	Q25.41	Q25.42	Q25.43
		Q25.44	Q25.45	Q25.46	Q25.47
		Q25.48	Q25.49	Q25.5	Q25.6
		Q25.71	Q25.72	Q25.79	Q25.8
		Q25.9	Q26.0	Q26.1	Q26.2
		Q26.3	Q26.4	Q26.5	Q26.6
		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
		Q27.9	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	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
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	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	21137	21138	21139
		17999	21175	21179	21180
		21172	21182	21183	21184
		21181	21235	21256	21260
		21230	21263	21267	21268
		21261	21280	21282	21295
		21275	21742	21743	28344
		21740	30545	30620	54400
		30540	54405	67900	67901
		54401	67903	67904	67906
		67902	67909	67911	67912
		67908	67915	67916	67917
		67914	67922	67923	67924
		67921	67961	67966	Q2026
67950					
	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 AK, MA, PR, RI, TX, UT, VI and WI.				
	17106	17107	17108		
	*Prior authorization not required when billed with the following diagnosis codes:				

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Cosmetic and reconstructive procedures (cont.)

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
D04.39	D04.4	D04.5	D04.60
D04.61	D04.62	D04.70	D04.71
D04.72	D04.8	D04.9	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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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
		E0745	E0764	E0766	E0770
	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> .	E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	K0005	K0012
		K0014	K0812	K0848	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 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	J0879		
		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			

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization					
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 AK, MA, PR, RI, TX, UT, VI and WI					
		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		
		19303	53410	53430	54125		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58260	58262		
		58290	58291	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	58267	58270	58292	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	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	G0027	S0122				

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Infertility (cont.)		S0132	S3655	S4011	S4013
		S4014	S4015	S4016	S4017
		S4018	S4020	S4021	S4022
		S4023	S4025	S4026	S4027
		S4028	S4030	S4031	S4035
		S4037	S4040	S4042	

<p>Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly</p> <p>Prior authorization required</p> <p>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 UnitedHealthcare Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129.</p> <p>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.</p>		Alpha1-Proteinase Inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood Modifying Agents			
		J0223	J1300	J1302	J1303
		J9376			
		Central Nervous System Agents			
		J0222	J0225	J0172 ⁴	J0174
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	
		Cardiology			
		J1306			
		Collagenase			
		J0775			
		Complement Inhibitors – Ophthalmologic Use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0584	J0801	J0802
		J1932	J2507	J3241	
		Enzyme Replacement Therapy - POS 19 and 22 only			
	J0180	J0217	J0218	J0219	
	J0221	J1322	J1458	J1743	
	J1931	J2840	J3397		
	Enzyme Replacement Therapy				
	J0567	J1203			
	Enzyme Deficiency (Gaucher Disease)				
	J1786	J3060			
	Erythropoiesis Stimulating Agents³				
	J0885				
	Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only				
	J3385				
	Gene Therapy				
	J1411	J1412	J1413		
	J3398	J3399	J3401		
	Hematologic				
	J0596	J0597	J0598	J1290	
	J7171				
	Hemophilia				
	J7170	J7175	J7177	J7178	

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)

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	

HIV

J0739

Immune Globulin

90283	90284	J1459	J1556
J1555	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575		

Immune Modulator

J0491	J0638	J0490	J1823
J9210	J9312	J9381	Q5115
Q5119	Q5123		

Inflammatory Conditions

J0129	J0717	J1602	J1745
J1747	J2267	J2327	J3245
J3247	J3262	J3358	J3380
Q5103	Q5104	Q5121	

Medical Benefit Therapeutic Equivalent Medications⁵

J0179	J1551	J1554	
J1576	J2508	J7320	J7321
J7322	J7324	J7325	J7326
J7327	J7329	J7331	J7332
Q5124			

Multiple sclerosis

J0202	J2329	J2350	
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Multiple Sclerosis - POS 19 and 22 only

J2323

Neutropenia²

J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130			

Rare Conditions

J1305	J2998		
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RSV Prophylaxis

90378

Sickle Cell Disease

J0791

Unclassified and Temporary Codes¹

J3490	J3590	C9399	
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Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)		<p>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.</p> <p>¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Revcovi™ and Rivfloza™</p> <p>² For codes, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology Dx.</p> <p>For oncology Dx, please see Cancer supportive care section above. For non-oncology Dx, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call 888-397-8129.</p> <p>³ For code J0885, prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p>⁴ As stated in the UHC medical drug policy, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy</p> <p>⁵ Some members may not have coverage for these drugs</p>	
Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 		
<p>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</p> <p>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</p>	0071T	0072T

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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in peer- reviewed medical literature to conclude the service is safe and/or effective.

A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.

A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.

A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.

Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		

Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21050	21060	21121	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
21296	21299				

Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0484	L0486	L0636
		L0638	L1640	L1680	L1685
		L1700	L1710	L1720	L1755
		L1844	L1846	L2005	L2020
		L2034	L2036	L2037	L2038
		L2330	L3251	L3253	L3485
		L3766	L3900	L3901	L3904
		L3961	L3971	L3975	L3976
		L3977			

Out-of-network services 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	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.
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Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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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.

Pain Management and Injection	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260

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	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.	Prior Authorization requests cannot be submitted online for physical, occupational, speech, and any other therapy-related service.			
	For facilities, an authorization must be obtained for these services prior to the first visit.	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.			

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	
	Includes services and medications determined not effective for treatment of a medical condition due to: Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature		33363	33364	33365	33366
			33369	36514	64722	
			A9274	C2624		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
Prostate Procedures	Prior authorization required	52441	52442	53850	55874
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724 L5795 L5824 L5840 L5858 L5968 L5981 L6010 L6055 L6205 L6360 L6570 L6586 L6624 L6696 L6882 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8043	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726 L5814 L5826 L5845 L5930 L5973 L5987 L6020 L6120 L6310 L6370 L6580 L6588 L6638 L6697 L6884 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8044	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728 L5818 L5828 L5848 L5960 L5979 L5988 L6026 L6130 L6320 L6400 L6582 L6590 L6648 L6707 L6885 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8049	L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707 L5780 L5822 L5830 L5856 L5966 L5980 L6000 L6050 L6200 L6350 L6450 L6584 L6621 L6693 L6881 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8042 V2629
Radiation therapy	Prior authorization required	IGRT 77014 G6017 IMRT Intensity-Modulated Radiation Therapy 77385 Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 Special/Associated Services 77331 SRS/SBRT 77371 G0340 Standard Radiation Therapy (2D/3D)	77387 77386 77522 77370 77372	G6001 G6015 77523	G6002 G6016 77525 77470 G0339

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Radiation therapy (cont.)

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

77401	77402	77407	77412
G6003	G6004	G6005	G6006
G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors
S2095 79445

To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box.

After selecting Commercial as the product type, you will be directed to another website to process the authorization requests

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 not apply to M.D.IPA or Optimum Choice members.

For codes with an asterisk:

Prior authorization not required for cancer diagnoses.

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
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*		

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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	
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, MA, PR, RI, TX, UT, VI, WI	Dermatologic 11402 11404 11424 General Surgery 19000 Muscular/Skeletal 27096 20552 Neurologic 62270 OB/GYN 57460 Respiratory 31579	11403 11420 11426	11406 11421 11442	11422 11423
Site of service (SOS) – Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting. Notification/prior authorization not required if performed at a participating ambulatory surgery center (ASC). Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, WI	Carpal tunnel surgery 64721 Cataract surgery 66821 Cosmetic and reconstructive 13101 14301 Ear, nose and throat (ENT) procedures 21320 69631 Gynecologic procedures 57522 58565 Hernia repair 49505 Liver biopsy 47000 Miscellaneous 20680 Ophthalmologic 65426 66761 67228 Tonsillectomy and adenoidectomy 42821 Upper and lower gastrointestinal endoscopy 43235 45380	66982 13132 21552 30140 58353 49650	66984 14040 21931 30520 58558 49651 65855 67036 67312	14060 69436 58563 66170 67040 45378

Procedures and services	Additional Information	CPT® or HCPCS codes and how to obtain prior authorization			
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Site of service (SOS) – Outpatient hospital (cont.)

Urologic procedures				
50590	52000	52005	52204	
52224	52234	52235	52260	
52281	52310	52332	52351	
52352	52353	52356	54161	
55040	55700			

Site of service – Outpatient hospital expansion

Prior authorization only required when requesting service in an outpatient hospital setting
 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)

 Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI and WI.

Auditory System				
69205				
Eye and Ocular Adnexa				
67010				
Musculoskeletal System				
23120	23440	24341	24342	
24343	25115	26350	27606	
27659	27680	27690	27696	
28122	28200	28232	28238	
28322	28810	29900	29901	
29902				
Nervous System				
64425	64530	64581		
Urinary System				
52317	54065			

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.

Prior authorization is required for all states
 21685 41599
 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 AK, MA, PR, RI, TX, UT, VI and WI.
 42145

Sleep studies
 Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders

Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see *Sleep apnea procedures and surgeries*.

95805	95807	95808	95810	
95811				

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

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

out which prescriptions are covered, please call the customer service number on the member's health plan ID card.

Spinal cord stimulators

Spinal cord stimulators when implanted for pain management

Prior authorization required

Prior authorization is required for all states.

63650	63655	63662	63664
63685	63688	64553	64570
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 AK, MA, PR, RI, TX, UT, VI and WI.

63661	63663
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Spinal surgery

Prior authorization required

Prior authorization is required for all states

20930	20931	20939	22100
22101	22102	22103	22110
22112	22114	22116	22206
22207	22208	22210	22212
22214	22216	22220	22222
22224	22226	22510	22511
22512	22533	22534	22515
22532	22552	22554	22548
22551	22585	22586	22556
22558	22600	22610	22590
22595	22630	22632	22612
22614	22800	22802	22633
22634	22810	22812	22804
22808	22830	22840	22818
22819	22843	22844	22841
22842	22847	22848	22845
22846	22852	22853	22849
22850	22856	22857	22854
22855	22861	22862	22858
22859	27280	63001	22899
27279	63011	63012	63003
63005	63017	63020	63015
63016	63040	63042	63030
63035	63045	63046	63043
63044	63050	63051	63047
63048	63057	63064	63055
63056	63076	63077	63066
63075	63082	63085	63078
63081	63088	63090	63086
63087	63102	63103	63091
63101	63173	63185	63170

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Spinal surgery (cont.)

63172	63197	63200	63190
63191	63252	63265	63250
63251	63268	63270	63266
63267	63273	63275	63271
63272	63278	63280	63276
63277	63283	63285	63281
63282	63290	63295	63286
63287	63302	63303	63300
63301	63306	63307	63304
63305	63308	0098T	

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 AK, MA, PR, RI, TX, UT, VI and WI

22513	22514
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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		

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 cellular and gene therapy services, including Amtagvi™ (lifileucel), Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) 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	44136
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	

Procedures and services

Additional Information

CPT® or HCPCS codes and how to obtain prior authorization

Transplant (cont.)

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 & Gene Therapy

0537T	0538T	0539T	0540T
C9399	J3393	J3394	J3490
J3590	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	

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

Therapeutic Radiopharmaceuticals

Prior authorization required
To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions

A9513 A9699	A9590	A9606	A9607
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Vein procedures

Prior authorization required
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

36470	36471	36473	36474
36475	36476	36478	36479
37243	37700	37718	37722
37780			

Ventricular assist devices (VAD)

Prior authorization required
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

Please call the notification number on the member's health plan ID card.			
33927	33928	33929	33975
33976	33979	33981	33982
33983	Q0507	Q0508	Q0509

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