

# Prior Authorization Requirements for UnitedHealthcare Mid-Atlantic Health Plans

Effective Feb. 1, 2023

## 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/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	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		
<b>Arthroscopy</b>	Prior authorization required.	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889

**Procedures and Services Additional Information**

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

<b>Arthroscopy (continued)</b>		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
<b>Bariatric surgery</b> 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					
<b>Behavioral health services</b> 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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20974	20975	20979	
<b>BRCA genetic testing</b> 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.	0101U	0102U	0103U	0245U
		0246U	0288U	0289U	0294U
		0306U	0307U	0318U	0319U
		0320U	0321U	0323U	0327U
		0332U	0341U	0345U	0355U
		81162	81163	81164	81165
		81166	81215	81216	81217
		81277	81349	81418	81432
		81433	81441	81443	81449
		81523			
	Genetic counseling is required prior to testing by a qualified care provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.				
		Genetic testing and/or genetic counseling services aren't covered by some benefit plans. Please call the number on the member's health plan ID card.			
	The genetic counseling attestation form for care providers and supportive documentation that satisfy additional criteria requirement can be found at <b>UHCprovider.com/priorauth</b> > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.				

**Procedures and Services Additional Information**

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

<b>Breast reconstruction (non-mastectomy)</b> 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	19380	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 also require prior authorization for non-oncology Dx. See *Injectable medications* section below

**Anti-Emetics that require prior authorization**

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453

**Sustol® (granisetron extended release)**

J1627

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Prolia®, Xgeva®)**

J0897\*

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

**Cancer supportive care  
(continued)**

- 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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<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
	For Vascular codes, prior authorization required for lower extremity angiogram	33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**
		93653	93656	E0616	
**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	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		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

## Cardiovascular (continued)

I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1
M86.10	M86.151	M86.152	M86.159
M86.161	M86.162	M86.169	M86.171
M86.172	M86.179	M86.18	M86.19
M86.20	M86.251	M86.252	M86.259
M86.261	M86.262	M86.269	M86.271
M86.272	M86.279	M86.28	M86.29
M86.30	M86.351	M86.352	M86.359
M86.361	M86.362	M86.369	M86.371
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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			
<b>Cartilage implant</b>	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring– Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul> For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> .			
<b>Clinical trials</b>	Prior authorization required.	S9988	S9990	S9991	
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)					
<b>Cochlear and other auditory implants</b>	Prior authorization required.	69710	69714	69930	L8614
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Congenital heart disease</b>	Prior authorization required.	Please call the Optum® VAD Case Management Team at <b>888-936-7246</b> or the notification number on the member's health plan ID card.			
Congenital heart disease-related services, including pre-treatment evaluation					
		<b>Congenital heart disease codes:</b>			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33390	33391	33404	33414
		33415	33416	33417	33465
		33468	33476	33478	33500

**Procedures and Services Additional Information**

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

**Congenital heart disease  
(continued)**

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	33783	33786	33788
33802	33803	33813	33814
33820	33822	33824	33840
33845	33851	33852	33853
33894	33895	33897	33917
33920	33924	33925	33926
93581	93582	93583	93593
93594	93595	93596	93597
93598	93580*		

**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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Congenital heart disease (continued)</b>		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,

<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis.	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103

<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required.	11960	11970	11971	14020
		14021	14061	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
67924	67950	67961	67966		
	Q2026				

<b>Durable medical equipment (DME)</b>	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
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
	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</i> and <i>Prosthetics</i> . Some home health care services may qualify but are not subject to	E1840	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable medical equipment (DME) (continued)</b>	the cost threshold – see <i>Home health care services.</i>	K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040

<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required.	For prior authorization, please call <b>877-842-3210.</b>			
		<b>CPT codes:</b>			
		<b>Hemodialysis</b>			
		90935	90937		
		<b>Peritoneal</b>			
		90945	90947		
		<b>Unlisted dialysis procedure, inpatient or outpatient</b>			
		90999			
		<b>Post-dialysis infusion therapy</b>			
		J0606	J0879		
		<b>HCPCS codes:</b>			
		S9335	S9339		
		<b>Revenue codes:</b>			
		<b>Continuous ambulatory peritoneal dialysis/outpatient or home</b>			
		840	841	849	
<b>Continuous cycling peritoneal dialysis/outpatient or home</b>					
850	851	859			
<b>Dialysis/miscellaneous</b>					
880	881	882	889		
<b>Hemodialysis/outpatient or home</b>					
820	821	829			
<b>Non-routine dialysis</b>					
304					
<b>Other outpatient/peritoneal dialysis</b>					
830	831	839			
<b>Renal dialysis</b>					
800	801	802	803		
804	809				

<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299

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

<b>Gender dysphoria treatment</b>	Prior authorization required.	<b>Prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>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:</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		57110	57335	58260	58262
		58290	58291	58292	58661
		58940	64856	64892	64896
<b>Home health care – non-nutritional</b>	Prior authorization required for in-home services.	<b>In-home nursing services:</b>			
		T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b>	Prior authorization required.	58267	58270	58275	58280
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies.	58294			
<b>Hysterectomy – Inpatient and outpatient procedures</b>	Prior authorization required.	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b>	Prior authorization required.	52402	54500	54505	55200
Diagnostic and treatment services related to the inability to achieve pregnancy		55300	55400	55550	55870
		58321	58322	58323	58340
		58345	58350	58700	58720
		58740	58750	58752	58760
		58770	58970	58974	58976
		74440	74740	74742	76948
		82670	83001	88272	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89300
		89310	89320	89321	89322
		89325	89329	89330	89331
		89344	89346	89352	89353
		89354	89356	89398	G0027
		J9218	S0122	S0132	S3655
		S4011	S4013	S4014	S4015
		S4016	S4017	S4018	S4020
		S4021	S4022	S4023	S4025
		S4026	S4027	S4028	S4030
	S4031	S4035	S4037	S4040	
	S4042				
<b>Injectable medications</b>	Prior authorization required.	<b>Alpha1-Proteinase Inhibitors</b>			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Pre-Determination request, the provider must log into <b>UHCProvider.com</b> and click on the UnitedHealthcare	J0256	J0257		
		<b>Anemia</b>			
		J0896	J1437	J1439	Q0138
		<b>Asthma</b>			
		J0517	J2182	J2357	J2786
		<b>Blood Modifying Agents</b>			
		J0223	J1300	J1302	J1303
		<b>Botulinum Toxins</b>			
		J0585	J0586	J0587	J0588

**Injectable medications (continued)**

Provider Portal button in the upper right corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.

For questions about this online authorization process, the provider may call **Optum: 888-397-8129**.  
**Hemophilia codes ONLY:** Follow normal UHC intake process.

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.

**Central Nervous System Agents**

J0222	J0225	J0172	J1301
J1426	J1427	J1428	J1429
J3032	J9332		

**Cardiology**

J1306

**Collagenase**

J0775

**Dermatology**

J7352

**Endocrine**

J0224	J0584	J0800 <sup>2</sup>	J2507
J3241			

**Enzyme Replacement Therapy - POS 19 and 22 only**

J0180	J0219	J0221	J0567
J1322	J1458	J1743	J1931
J2504	J2840	J3397	

**Enzyme Deficiency (Gaucher Disease)**

J1786	J3060		
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**Erythropoiesis Stimulating Agents<sup>3</sup>**

J0885

**Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only**

J3385

**Gene Therapy**

J2326	J3398	J3399	
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**Hematologic**

J0596	J0597	J0598	J1290
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**HIV**

J0739	J0741	J1746	
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**Immune Globulin**

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

**Immuno Modulator**

J0491	J0638	J0490	J1823
J9210	J9312	Q5115	Q5119
Q5123			

**Inflammatory Conditions**

J0491	J0129 <sup>2</sup>	J0717	J1602 <sup>2</sup>
J1745	J2327	J3262 <sup>2</sup>	J3358
J3380	Q5103	Q5104	Q5121

**Medical Benefit Therapeutic Equivalent Medications<sup>8</sup>**

**Immune Globulin**

J1551	J1554	J1599	
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**Sodium hyaluronate**

J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		

**Multiple sclerosis**

J0202	J2350		
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**Multiple Sclerosis - POS 19 and 22 only**

**Injectable medications (continued)**

<b>J2323</b>			
<b>Neutropenia<sup>2</sup></b>			
J1442	J1447	J2506	Q5101
Q5108	Q5110	Q5111	Q5120
Q5122	Q5125		
<b>Osteoporosis</b>			
J0897 <sup>4</sup>	J3111		
<b>Rare Conditions</b>			
J1305	J2998		
<b>RSV Prophylaxis</b>			
90378			
<b>Sickle Cell Disease</b>			
J0791			
<b>Unclassified and Temporary Codes<sup>3</sup></b>			
C9090	C9399	J3490	J3590

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 Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Policies and Protocols > Commercial Policies > Medical & Drug Policies for UnitedHealthcare Commercial.

<sup>1</sup> Medication requires specialty pharmacy distribution. Care provider can't buy and bill the health plan unless the member has Medicare coordination of benefits.

<sup>2</sup> Self-administration for this medication is preauthorized under the pharmacy benefit. Medical professional administration is preauthorized under the medical benefit.

<sup>3</sup> For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Fynetra™, Nulibry™, Revcovi™, Skysona™ and Tezspire™

<sup>4</sup> For codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx, please see Cancer supportive care section above.

For non-oncology Dx, submit online at [UHCProvider.com](http://UHCProvider.com) >

UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call **888-397-8129**.

<sup>6</sup> For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

<sup>7</sup> 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

<sup>8</sup> Some members may not have coverage for these drugs

**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

<p><b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b></p>	<p>Notification/prior authorization required.</p>	<p>0071T</p>	<p>0072T</p>	<p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS, as determined by UnitedHealthcare.</p> <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p>	
<p><b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations</p>	<p>Prior authorization required.</p>	<p>A0430 S9960</p>	<p>A0431 S9961</p>	<p>A0435</p>	<p>A0436</p>
<p><b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment</p>	<p>Prior authorization required.</p>	<p>21050 21125 21143 21150 21159 21194 21199 21210</p>	<p>21060 21127 21145 21151 21160 21195 21206 21215</p>	<p>21121 21141 21146 21154 21188 21196 21208 21240</p>	<p>21123 21142 21147 21155 21193 21198 21209 21242</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (continued)</b>		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
<b>Orthotics</b>	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0480	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			
<b>Out-of-network services</b>	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.  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.				
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					
<b>Pain Management and Injection</b>	Prior authorization required	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
<b>Physical, occupational and speech therapy</b>	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.  You may fax your requests for prior authorization to the Clinical Care Coordination Department at <b>888-831-5080</b> by using the Rehab Extension Form located at <b>UHCprovider.com/plans</b> > 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.			
Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist occupational therapist, or speech therapist					

**Procedures and Services Additional Information**

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

For facilities, an authorization must be obtained for these services prior to the first visit.

<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> 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	33361	33362	33363
	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	33364	33365	33366	33369
		36514	64722	0376T	A9274

<b>Prostate Procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
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<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L6000	L6010	L6020	L6026
		L6050	L6055	L6120	L6130
		L6200	L6205	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6648
		L6693	L6696	L6697	L6707
		L6881	L6882	L6884	L6885
L6900	L6905	L6910	L6920		
L6925	L6930	L6935	L6940		
L6945	L6950	L6955	L6960		
L6965	L6970	L6975	L7007		
L7008	L7009	L7040	L7045		
L7170	L7180	L7181	L7185		
L7186	L7190	L7191	L7499		
L8042	L8043	L8044	L8049		

Prosthetics (continued)

V2629

Radiation therapy

Prior authorization required.

**IGRT**

77014                      77387                      G6001                      G6002

G6017

**IMRT**

Intensity-Modulated Radiation Therapy

77385                      77386                      G6015                      G6016

**Proton Beam**

Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)

77520                      77522                      77523                      77525

**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

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



**Procedures and Services Additional Information**

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

<b>Radiology (continued)</b>		73220	73221	73222	73223
		73225	73700	73701	73702
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74175	74176
		74177	74178	74261	74262
		74263	75557	75559	75561
		75563	75571	75572	75573
		75574	75635	76498	77046
		77047	77048	77049	78451
		78453	78454	78459	78491
		78492	78494	78608	78609
		78803	78811*	78812*	78813*
		78814*	78815*	78816*	C8937
		G0252*	S8037*	S8085*	
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required.	31295	31296	31297	
<b>Site of service (SOS) – Office-based program</b>	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, TX, UT, VI, WI	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
		<b>General Surgery</b>			
		19000			
		<b>Muscular/Skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			
		62270	62321	64633	64635
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			
<b>Site of service (SOS) – Outpatient hospital</b>	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, TX, UT, VI, WI	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			

**Procedures and Services Additional Information**

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

**Site of service (SOS) – Outpatient hospital (continued)**

<b>Gynecologic procedures</b>			
57522	58353	58558	58563
58565			
<b>Hernia repair</b>			
49505	49585	49587	49650
49651	49652	49653	49654
49655			
<b>Liver biopsy</b>			
47000			
<b>Miscellaneous</b>			
20680			
<b>Ophthalmologic</b>			
65426	65730	65855	66170
66761	67028	67036	67040
67228	67311	67312	
<b>Tonsillectomy and adenoidectomy</b>			
42821	42826		
<b>Upper and lower gastrointestinal endoscopy</b>			
43235	43239	43249	45378
45380	45384	45385	
<b>Urologic procedures</b>			
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.

<b>Auditory System</b>			
69205			
<b>Digestive System</b>			
49520			
<b>Eye and Ocular Adnexa</b>			
67010			
<b>Musculoskeletal System</b>			
23120	23440	24341	24342
24343	25115	26350	27606
27659	27680	27690	27696
28122	28200	28232	28238
28322	28810	29900	29901
29902			
<b>Nervous System</b>			
64425	64530	64581	
<b>Urinary System</b>			
52317	54065		

**Sleep apnea procedures and surgeries**  
 Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of

Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to,

21685	41599	42145	
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**Procedures and Services Additional Information**

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

obstructive sleep apnea	palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	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 <b>UHCprovider.com</b> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Some payer groups have prescriptions managed through OptumRx®. To find out which prescriptions are covered, please call the customer service number on the member's health plan ID card.				
<b>Spinal cord stimulators</b> Spinal cord stimulators when implanted for pain management <b>Spinal cord stimulators (continued)</b>	Prior authorization required.	63650 63663 64553 L8682 L8687	63655 63664 64570 L8683 L8688	63661 63685 L8679 L8685	63662 63688 L8680 L8686
<b>Spinal surgery</b>	Prior authorization required.	20930 22101 22112 22207 22214 22224 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842	20931 22102 22114 22208 22216 22226 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843	20939 22103 22116 22210 22220 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844	22100 22110 22206 22212 22222 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845

22846	22847	22848	22849
22850	22852	22853	22854
22855	22856	22857	22858
22859	22861	22862	22864
22865	22899	27279	27280
63001	63003	63005	63011
63012	63015	63016	63017
63020	63030	63035	63040
63042	63043	63044	63045
63046	63047	63048	63050
63051	63055	63056	63057
63064	63066	63075	63076
63077	63078	63081	63082
63085	63086	63087	63088
63090	63091	63101	63102
63103	63170	63172	63173
63185	63190	63191	63197
63200	63250	63251	63252
63265	63266	63267	63268
63270	63271	63272	63273
63275	63276	63277	63278
63280	63281	63282	63283
63285	63286	63287	63290
63295	63300	63301	63302
63303	63304	63305	63306
63307	63308	0095T	0098T
0164T	0309T		

**Stimulators – not related to spine**  
Implantation of a device that sends electrical impulses

Prior authorization required.

**Bone-growth stimulator**

E0747	E0748	E0749	E0760
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**Neurostimulator**

43647	43648	43881	43882
61863	61864	61867	61868
61885	61886	64555	64568
64590	64595	0312T	0313T
0314T	0315T	0316T	0317T

**Transplant**  
Organ or tissue transplant or transplant related services before pre-treatment or evaluation

Prior authorization required.  
Care providers must request prior authorization for transplant or transplant-related services before pre-treatment or evaluation.

For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call **888-936-7246** or the notification number on the back of the member's health plan ID card

**Bone marrow harvest**

38240	38241	38242	S2150
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**Evaluation for transplant**

99205

**Heart**

33940	33944	33945	
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**Heart/lung**

		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	44136
		S2053			
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Kidney/Pancreas</b>			
		S2065			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		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	
		<b>Cellular Therapy</b>			
<b>Transplant (continued)</b>		0537T	0538T	0539T	0540T
		C9399	J3490	J3590	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056			

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

<b>Therapeutic Radiopharmaceuticals</b>	Prior authorization required.	A9513 A9699	A9590	A9606	A9607
	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				

**Procedures and Services Additional Information**

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

within Radiology, Cardiology,  
Oncology and Radiation  
Oncology Transactions

<b>Vein procedures</b>	Prior authorization required.	36468	36470	36471	36473
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		

<b>Ventricular assist devices (VAD)</b>	Prior authorization required.	Please call the notification number on the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

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