

Prior Authorization Requirements for Kansas Medicaid

Effective January 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Kansas 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 the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call 866-604-3267.
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **833-802-6427**.

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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services	Prior authorization required Many of our benefit plans 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 when referring for mental health and substance abuse/substance use services. For ABA Therapy, submit via fax or Provider Express			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162 81166	81163 81212	81164 81432	81165 81433
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cardiovascular	Prior authorization required	37220 37226	37221 37227	37224 37228	37225 37229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	14020	14021
		14060	14061	14301	15820
		15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	55970	55980	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
	19303	53410	53430	54125	
	54520	54660	54690	55175	
	55180	56625	56800	56805	
	57110	57335	58150	58180	
	58260	58262	58290	58291	
	58541	58542	58543	58544	
	58550	58552	58553	58554	
	58570	58571	58572	58573	
	58661	58720	58940	64856	
	64892	64896			
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a	A9900	E0194	E0265	E0266
		E0270	E0277	E0300	E0328

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	retail purchase or a cumulative rental cost of more than \$500.	E0329	E0445	E0457	E0460
		E0465	E0466	E0470	E0471
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0483	E0486	E0620	E0636
		E0637	E0652	E0656	E0669
		E0670	E0675	E0693	E0694
		E0700	E0710	E0745	E0762
		E0764	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1035
		E1036	E1130	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1399	E1825	E2100
		E2227	E2228	E2300	E2301
		E2310	E2311	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	E2626	E2627	E2628
		E2629	E2630	K0005	K0008
	K0013	K0108	K0812	K0830	
	K0831	K0848	K0849	K0850	
	K0851	K0852	K0853	K0854	
	K0855	K0856	K0857	K0858	
	K0859	K0860	K0861	K0862	
	K0863	K0864	K0868	K0869	
K0870	K0871	K0877	K0878		
K0879	K0880	K0884	K0885		
K0886	K0890	K0891	S1040		
T1999	V2786				
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A4638
		A9274	E0231	E1831	S0810
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular	81105	81106	81107	81108
		81109	81110	81111	81120

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA genetic testing (continued)	testing performed in an outpatient setting	81121	81162	81163	81164
		81165	81166	81167	81170
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81200	81201	81203	81204
		81205	81208	81209	81212
		81218	81220	81222	81223
		81224	81225	81226	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81254	81255
		81256	81257	81258	81259
		81260	81261	81262	81263
		81264	81265	81267	81268
		81269	81271	81272	81273
		81274	81276	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81294	81295	81297	81298
		81300	81302	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81326	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
	81340	81341	81342	81343	
	81344	81345	81346	81350	
	81361	81362	81363	81364	
	81370	81371	81372	81373	
	81375	81376	81377	81378	
	81379	81380	81381	81382	
	81383	81400	81401	81402	
	81403	81404	81405	81406	
	81407	81408	81412	81420	
	81432	81433	81434	81437	
	81438	81440	81442	81445	
	81448	81460	81465	81470	
	81471	81507	81518	81519	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA genetic testing (continued)		81520	81521	81522	81546
		81595	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0157U
		0158U	0159U	0160U	0161U
Home health services	<p>Prior authorization is required only in outpatient settings, to include member's home.</p> <p>The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services.</p>	G0299	G0300	T1002	T1003
Injectable medications	Prior authorization required	Abilify Maintena® J0401 Actemra® J3262 Acthar® J0800 Adakveo® J0791 Adasuve® J2062 Aduhelm® J0172 Adynovate® J7207 Akynzeo® J1454 Alprolix® J7201 Amivantamab (Rybrevant) J9999 Anti-thymocyte globulin (Atgam®) J7504 Arcalyst® J2793 Aristada® J1944 Aristada Initio® J1943 Avonex®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1826	Q3027	Q3028	
		Avsola™			
		Q5121			
		Bavencio®			
		J9023			
		Belantamab mafodotin-blmf (Blenrep)			
		J9037			
		Belinostat (Beleodaq)			
		J9032			
		Benlysta®			
		J0490			
		Betaseron®			
		J1830			
		Bevacizumab-awwb (Mvasi)			
		Q5107			
		Blincyto®			
		J9039			
		Bortezomib (Velcade)			
		J9041			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Calaspargase pegol-mknl (Asparlas)			
		J9118			
		Camptosar®			
		J9206			
		Cemiplimab-rwlc (Libtayo)			
		J9119			
		Cerezyme®			
		J1786			
		Chlorpromazine®			
		J3230			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cinvanti®			
		J0185			
		Clofarabine (Clolar)			
		J9027			
		Crysvita®			
		J0584			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>Darzalex® J9145</p> <p>Dinutuximab (Unituxin) J9999</p> <p>Doxorubicin Doxil) Q2050</p> <p>Elaprase® J1743</p> <p>Elelyso® J3060</p> <p>Eloctate® J7205</p> <p>Emend Fosaprepitant® J1453</p> <p>Empliciti® J9176</p> <p>Enbrel® J1438</p> <p>Eribulin mesylate (Halaven) J9179</p> <p>Evenity™ J3111</p> <p>Evkeeza J1305</p> <p>Exondys 51™ J1428</p> <p>Fabrazyme® J0180</p> <p>Fasenra™ J0517</p> <p>Firazyr® J1744</p> <p>Flolan® J1325</p> <p>Fluphenazine Decanoate® J2680</p> <p>Gamifant® J9210</p> <p>Givlaari® J0223</p> <p>Glassia® J0257</p> <p>Glatiramer (Glatopa®, Copaxone®)</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1595			
		Glucarpidase (Voraxaze®)			
		J3590	C9293		
		Granix			
		J1447			
		Haloperidol Decanoate®			
		J1631			
		Herceptin®			
		J9355			
		Herceptin Hylecta®			
		J9356			
		Hydroxyprogesterone Caproate			
		J1729			
		Idelvion®			
		J7202			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imfinzi®			
		J9173			
		Inflectra®			
		Q5103			
		Inotuzumab ozogamicin (Besponsa)			
		J9229			
		Intron® A			
		J9214			
		Invega Sustenna®			
		J2426			
		Isatuximab-irfc (Sarclisa)			
		J9227			
		IVIG			
		90283	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Jetrea®			
		J7316			
		Jivi®			
		J7208			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		Keytruda®	
		J9271	
			Krystexxa®
			J2507
			Kyprolis®
			J9047
			Lartruvo®
			J9285
			Lemtrada®
			J0202
			Leukine®
			J2820
			Leuprolide Acetate
			J9218
			Loncastuximab tesirine (Zynlonta)
			C9399 J9999
			Lucentis®
			J2778
			Lurbinectedin (Zepzelca)
			J9223
			Luxturna™
			J3398
			Makena®
			J1726
			Margetuximab-cmkb (Margenza)
			J9353
			Mitomycin pyelocalyceal (Jelmyto)
			J9281
		Mogamulizumab-kpkc (Poteligeo)	
		J9204	
		Mozobil®	
		J2562	
		Naxitamab-gqgk (Danyelza)	
		J9348	
		Neulasta®	
		J2506	
		Neupogen®	
		J1442	
		Nplate®	
		J2796	
		Nucala®	
		J2182	
		Ocrevus™	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J2350
		Octreotide (Sandostatin®)
		J2354
		Olanzapine, Zyprexa
		S0166
		Omacetaxine (Synribo)
		J9262
		Onivyde®
		J9205
		Onpattro™
		J0222
		Opdivo®
		J9299
		Orencia®
		J0129
		Paclitaxel protein-bound (Abraxane)
		J9264
		Parsabiv™
		J0606
		Pegasys®
		S0145
		PegIntron®
		S0148
		Pemetrexed (Alimta)
		J9305
		Perseris®
		J2798
		Phesgo®
		J9316
		Porfimer sodium (Photofrin)
		J9600
		Pralatrexate (Folotyn)
		J9307
		Prialt®
		J2278
		Probuphine®
		J0570
		Prolia Zgeva®
		J0897
		Provenge®
		Q2043
		Rebinyn®
		J7203

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Radicava® J1301 Rasburicase (Elitek®) J2783 Reblozyl® J0896 Remicade® J1745 Remodulin Treprostinil® J3285 Renflexis® Q5104 Risperdal Consta® J2794 Rituxan® J9312 Rituxan Hycela® J9311 Romidepsin (Istodax) J9315 Sandostatin® LAR J2353 Simponi Aria® J1602 Soliris® J1300 Spinraza™ J2326 Spravato™ S0013 Stelara® J3358 Sublocade™ Q9991 Q9992 Supprelin® LA J9226 Synagis®* 90378 Tafasitamab-cxix (Monjuvi) J9349 Tagraxofusp-erzs (Elzonris) J9269 Tecentriq®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		J9022		
		Tepezza®		
		J3241		
		Testosterone enanthate®		
		J3121		
		Trelstar®		
		J3315		
		Tremfya®		
		J1628		
		Triptodur®		
		J3316		
		Trogarzo™		
		J1746		
		Truxima®		
		Q5115		
		Tysabri®		
		J2323		
		Tyvaso®		
		J7686		
		Unclassified codes**		
		C9399	J3490	J3590
		Uplizna®		
		J1823		
		Vantas™		
		J9225		
		Varubi®		
		J2797		
		Ventavis®		
		Q4074		
		Viltepso™		
		J1427		
		VPRIV®		
		J3385		
		Vyepti™		
		J3032		
		Vyondys 53®		
		J1429		
		Xembify®		
		J1558		
		Xiaflex®		
		J0775		
		Xolair®		
		J2357		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Xofigo®			
		A9606			
		Zarxio®			
		Q5101			
		Zinplava®			
		J0565			
		Zolgensma®			
		J3399			
		Zyprexa Relprevv®			
		J2358			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Predetermination 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 > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at 800-310-6826 .			
		** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, Lupaneta Pack™, and Upravi®.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	rental cost of more than \$500.	L0810	L0820	L0830	L0859
		L0999	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
	L8040	L8042	L8043	L8044	
	L8045	L8046	L8047	L8499	
	L8609	L8610	L8612	L8631	
	L8659				
Personal care service	Prior authorization required	T1019			
PET scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459	78491	78492	78608
		78609	78811	78812	78813
		78814	78815		
Private duty nursing	Prior authorization required	T1000			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries (continued)					
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Sleep studies	No prior authorization is required for members age 21 and younger .	95800	95801	95805	95806
		95807	95808	95810	95811
	Prior authorization is required for members age 21 and older .				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
63272	63286	63300	63301		
63302	63303	63304	63305		
63306	63307	63308			
Stimulators	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR-T Cell Therapy			
		0537T	0538T	0539T	0540T
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®.			
Vein procedures	Prior authorization required	Removal of ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities			
		36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	VAD device and supplies are not covered.	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			