

# Prior Authorization Requirements for Kentucky Medicaid

Effective Feb. 1, 2021

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Kentucky participating care providers 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 [Link](#). Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** 866-604-3267

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 the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy Testing</b>	Prior authorization required	95004	95012	95017	95018
		95024	95027	95028	95044
		95052	95056	95060	95065
		95070	95071	95076	95079
		95115	95117	95144	95145
		95146	95147	95148	95149
		95165	95170	95180	
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25332	25441	25442	25443
		25444	25445	25446	25447
		25449	26530	26531	26535
		26536	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	27704

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Arthroscopy</b>	Prior authorization required	29805	29806	29807	29819	
		29822	29823	29824	29825	
		29826	29827	29828	29834	
		29837	29838	29840	29843	
		29844	29845	29846	29847	
		29850	29851	29855	29856	
		29860	29861	29862	29863	
		29870	29871	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						
<b>Bariatric</b>	Prior authorization required There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43644	43645	43659	43770	
		43771	43772	43773	43774	
		43775	43842	43843	43845	
		43846	43847	43848	43886	
		43887	43888			
			<b>Bariatric with DX code</b>			
		43860	43865			
			Notification/prior authorization required for the following diagnosis codes:			
		E66.01	E66.09	E66.1	E66.2	
		E66.3	E66.8	E66.9	Z68.1	
		Z68.20	Z68.21	Z68.22	Z68.30	
		Z68.31	Z68.32	Z68.33	Z68.34	
		Z68.35	Z68.36	Z68.37	Z68.38	
		Z68.39	Z68.41	Z68.42	Z68.43	
Z68.44	Z68.45					
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.				
<b>Body Lengthening</b>	Prior authorization required	25280	27685			
<b>Bone Growth Stimulator</b>	Prior authorization required	20974	20975	20979	E0747	
		E0748	E0760			
Electronic stimulation or ultrasound to heal fractures						
<b>Bone Marrow / Stem Cell</b>	Prior authorization required	38204	38205	38211	38230	
		38232	38243			
<b>Breast Reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325	
		19328	19330	19340	19342	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Breast Reconstruction (non-mastectomy) (continued)</b> Reconstruction of the breast except when following mastectomy		19350	19364	19366	19367
		19368	19369	19370	19371
		19380	19396		
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		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				

<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	93303	93304	93306	93307
		93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461			
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call <b>866-889-8054</b> .			

<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
		33285	37220	37221	37224
		37225	37226	37227	37228
		37229	93653	93656	
		<b>Potentially Unproven</b>			
	33361	33362	33363	33364	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular  
(continued)

33365      33366

**Vascular**

75710\*      75716\*

\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621	E09.51	E09.52
E09.59	E09.621	E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621	E13.51	E13.52
E13.59	E13.621	I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213	I70.218	I70.219
I70.221	I70.222	I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235	I70.238	I70.239
I70.241	I70.242	I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262	I70.263	I70.268
I70.269	I70.291	I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308	I70.309	I70.311
I70.312	I70.313	I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332	I70.333	I70.334
I70.335	I70.338	I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349	I70.35	I70.361
I70.362	I70.363	I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403	I70.408	I70.409
I70.411	I70.412	I70.413	I70.418	I70.421	I70.422
I70.423	I70.428	I70.429	I70.431	I70.432	I70.433
I70.434	I70.435	I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448	I70.449	I70.461
I70.462	I70.463	I70.468	I70.469	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501	I70.502	I70.503
I70.508	I70.509	I70.511	I70.512	I70.513	I70.518
I70.519	I70.521	I70.522	I70.523	I70.528	I70.529
I70.531	I70.532	I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543	I70.544	I70.545
I70.548	I70.549	I70.561	I70.562	I70.563	I70.568
I70.569	I70.591	I70.592	I70.593	I70.598	I70.599
I70.601	I70.602	I70.603	I70.608	I70.609	I70.611
I70.612	I70.613	I70.618	I70.619	I70.621	I70.622
I70.623	I70.628	I70.629	I70.631	I70.632	I70.633
I70.634	I70.635	I70.638	I70.639	I70.641	I70.642
I70.643	I70.644	I70.645	I70.648	I70.649	I70.661
I70.662	I70.663	I70.668	I70.669	I70.691	I70.692
I70.693	I70.698	I70.699	I70.701	I70.702	I70.703
I70.708	I70.709	I70.711	I70.712	I70.713	I70.718
I70.719	I70.721	I70.722	I70.723	I70.728	I70.729
I70.731	I70.732	I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743	I70.744	I70.745
I70.748	I70.749	I70.761	I70.762	I70.763	I70.768
I70.769	I70.791	I70.792	I70.793	I70.798	I70.799

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization						
<b>Cardiovascular (continued)</b>		I70.8	I70.90	I70.91	I70.92	I72.3	I72.4	
		I72.8	I72.9	I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	I75.022	I75.023	
		I75.029	I75.89	I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	L03.116	L97.319	
		L97.329	L97.419	L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	L97.819	L97.828	
		L97.829	L97.909	L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	M79.651	M79.652	
		M79.659	M79.661	M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	M86.661	M86.662	
		M86.669	M86.671	M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	Q87.2	R93.6	
		S35.511A	S35.512A	S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	T82.319A	T82.338A	
		T82.392A	T82.398A	T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62			
	<b>Carpal Tunnel</b>	Prior authorization required	29848	64721				
	<b>Cartilage Implants</b>	Prior authorization required	27412	29866	29867	29868		
<b>Cerebral Seizure Monitoring</b>	Prior authorization required	95700	95711	95712	95713			
		95714	95715	95716	95718			
		95720	95722	95724	95726			
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	J0594	J0640	J0641	J0642			
		J0894	J1442	J1447	J2505			
		J2820	J2860	J9000	J9015			
		J9017	J9019	J9022	J9023			
		J9025	J9027	J9030	J9032			
		J9033	J9034	J9035	J9036			
		J9039	J9040	J9041	J9042			
		J9043	J9044	J9045	J9047			
		J9050	J9055	J9057	J9060			
		J9065	J9070	J9100	J9118			
		J9119	J9120	J9130	J9145			
		J9150	J9153	J9155	J9171			
		J9173	J9175	J9176	J9177			
		J9178	J9179	J9181	J9185			
		J9190	J9198	J9200	J9201			
		J9202	J9203	J9204	J9205			
		J9206	J9207	J9208	J9209			
		J9210	J9211	J9214	J9215			
		J9217	J9218	J9225	J9226			
J9228	J9229	J9245	J9246					
J9250	J9260	J9261	J9262					
J9263	J9264	J9266	J9267					
J9268	J9269	J9271	J9280					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Chemotherapy (continued)</b>		J9285	J9293	J9295	J9299
		J9301	J9302	J9303	J9305
		J9306	J9307	J9308	J9309
		J9311	J9312	J9313	J9315
		J9320	J9325	J9328	J9330
		J9340	J9351	J9352	J9354
		J9355	J9356	J9357	J9360
		J9370	J9371	J9390	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2050	Q5101	Q5108
		Q5110	Q5111	Q5114	Q5115
		Q5116	Q5117	Q5118	

To submit prior authorization, please call 888-397-8129

<b>Cochlear implants and other auditory implants</b>	Prior authorization required
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A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech

<b>Cochlear Implants and Other Auditory Implants Regardless of Cost</b>				
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L8615	L8616	L8617	L8618
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<b>Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500</b>				
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69710	69714	69715	69717
69718	69930	L8619	L8627
L8628			

<b>Congenital Heart Disease</b>	Prior authorization required
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Congenital heart disease-related services, including pre-treatment evaluation

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		93561	93562	93580	93581
<b>Continuous Glucose Monitoring</b>	Prior authorization required	<b>Continuous Glucose Monitoring Regardless of Cost</b> K0554			
		<b>Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500</b> 95250                      95251                      A9277			
<b>Cosmetic</b>	Prior authorization required <i>(For Cosmetic procedures also reference Potentially Cosmetic category below)</i>	21137			
<b>Drug Delivery Device (System)</b>	Prior authorization required	11981			
<b>Durable Medical Equipment (DME)</b>	Prior authorization required	<b>DME Regardless of Cost</b>			
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	A5500	A5501	A5503	A5504
		A5505	A5506	A5508	A5510
		A5512	A5513	A5514	E0565
		E0720	E0730	E0731	E0958
		E1014	E1016	E2207	E2366
		E2367	E2368	E2369	
		<b>DME with a billed amount or cumulative rental cost of more than \$500</b>			
		A4600	A6503	A6504	A6505
		A6506	A6507	A6509	A6513
		A8002	A8003	A9274	A9999
		B4100	B4102	B4103	B4104
		B4157	B4161	B4162	B9002
		B9998	B9999	E0118	E0147
		E0193	E0194	E0265	E0266
		E0277	E0296	E0297	E0301
		E0303	E0304	E0316	E0371
		E0372	E0373	E0445	E0455
		E0457	E0462	E0466	E0467
		E0470	E0482	E0483	E0485
		E0486	E0500	E0575	E0601
		E0617	E0618	E0619	E0635
		E0637	E0638	E0639	E0641
		E0642	E0652	E0656	E0670
		E0676	E0744	E0745	E0762
		E0764	E0769	E0770	E0784
		E0947	E0948	E0955	E0956
		E0957	E0960	E0983	E0986
		E1002	E1003	E1004	E1005

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		E1006	E1007	E1008	E1009
		E1010	E1011	E1012	E1015
		E1028	E1029	E1030	E1035
		E1036	E1037	E1038	E1039
		E1050	E1060	E1070	E1083
		E1084	E1085	E1086	E1087
		E1088	E1089	E1090	E1092
		E1093	E1100	E1110	E1140
		E1150	E1160	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1222
		E1223	E1224	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1240
		E1250	E1260	E1270	E1280
		E1285	E1290	E1295	E1300
		E1399	E1405	E1406	E1800
		E1801	E1802	E1805	E1806
		E1810	E1811	E1812	E1815
		E1816	E1818	E1825	E1830
		E1840	E2201	E2202	E2203
		E2204	E2216	E2217	E2218
		E2227	E2228	E2230	E2231
		E2291	E2292	E2293	E2294
		E2295	E2300	E2301	E2310
		E2311	E2312	E2313	E2321
		E2322	E2323	E2324	E2325
		E2326	E2327	E2328	E2329
		E2330	E2331	E2340	E2341
		E2342	E2343	E2351	E2359
		E2370	E2372	E2373	E2374
		E2375	E2376	E2377	E2378
		E2381	E2382	E2383	E2384
		E2385	E2386	E2387	E2388
		E2389	E2390	E2391	E2392
		E2394	E2395	E2396	E2397
		E2402	E2502	E2504	E2506
		E2508	E2510	E2512	E2601
		E2602	E2603	E2604	E2605
		E2606	E2607	E2608	E2609
		E2610	E2611	E2612	E2613
		E2614	E2615	E2616	E2617



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		E2619	E2620	E2621	E2622
		E2623	E2624	E2625	E8000
		E8001	E8002	K0002	K0003
		K0004	K0005	K0006	K0007
		K0009	K0108	K0606	K0669
		K0730	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	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	K0898
		L0113	L0456	L0457	L0462
		L0464	L0488	L0491	L0631
		L0635	L0637	L0639	L0648
		L0650	L0651	L1000	L1200
		L1310	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1843	L1846	L1860	L1945
		L1951	L1970	L2000	L2005
		L2010	L2020	L2030	L2036
		L2037	L2038	L2108	L2350
		L2510	L2525	L2627	L2628
		L3330	L3720	L3730	L3740
		L3904	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME)</b> (continued)		L5585	L5590	L5595	L5600
		L5616	L5639	L5643	L5645
		L5647	L5648	L5649	L5651
		L5700	L5701	L5702	L5716
		L5718	L5781	L5782	L5790
		L5795	L5811	L5816	L5818
		L5845	L5950	L5960	L5964
		L5966	L5968	L5988	L5990
		L6000	L6010	L6020	L6026
		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
		L6638	L6686	L6689	L6690
		L6693	L6694	L6696	L6697
		L6707	L6708	L6709	L6712
		L6713	L6714	L6721	L6722
		L6883	L6900	L6905	L6910
		L6915	L6920	L6930	L6940
		L6950	L6960	L6970	L7040
	L8041	L8042	L8043	L8044	
	L8045	L8046	L8500	L8691	
	L8694	S1040	S8189	S9435	
	V2623	V2627			
<b>Enteral and Parenteral Therapy</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4150	B4158	B4159	B4160
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477 95966	36514 95967	64722	95965
<b>Foot Surgery</b>	Prior authorization required	28285 28295 28299	28289 28296	28291 28297	28292 28298
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31237 31254 31259 31288	31239 31255 31267	31240 31256 31276	31253 31257 31287

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		<b>Gender Dysphoria Treatment</b>	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980 15734 53410 54660 56625 58661 64892	14000 15738 53430 54690 56800 58720 64896
<b>Gender Reassignment</b>	Prior authorization required	57335			
<b>Genetic and Molecular Testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	<b>BRCA Gene Testing</b>			
		81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
	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. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	<b>Genetic Testing</b>			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81170
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81200	81201	81202	81203
		81204	81205	81206	81207
		81208	81209	81210	81218
		81219	81220	81221	81222
		81223	81224	81225	81226
		81227	81228	81229	81230
		81231	81232	81233	81234
		81235	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81270
		81271	81272	81273	81274
		81275	81276	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81293	81294	81295	81296

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>		81297	81298	81299	81300
		81301	81302	81303	81304
		81305	81306	81307	81308
		81309	81310	81311	81312
		81313	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81331	81332
		81333	81334	81335	81336
		81337	81340	81341	81342
		81343	81344	81345	81346
		81350	81355	81361	81362
		81363	81364	81370	81371
		81372	81373	81374	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81420	81430	81431
		81434	81435	81436	81437
		81438	81439	81440	81442
		81445	81448	81460	81465
		81470	81471	81507	81518
		81519	81520	81521	81522
		81545	81595	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0006M	0007M
		0012U	0013U	0014U	0016U
		0017U	0018U	0022U	0023U
		0026U	0027U	0030U	0031U
		0032U	0033U	0034U	0040U
		0046U	0049U	0055U	0060U
		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0097U
		0111U	0129U	0136U	0137U
		0154U	0155U	0157U	0158U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		0159U	0160U	0161U	
<b>Hearing</b>	Prior authorization required	V5014 V5140	V5050 V5261	V5060 V5264	V5130 V5267
<b>Heart</b>	Prior authorization required	33266			
<b>Home Health</b>	Prior authorization required	99344	99345	99350	G0155
		G0156	G0162	G0164	G0495
		S5108	S5109	S9122	S9123
		S9124	S9127	T1004	T1021
		T1022	T1030	T1031	
		<b>Occupational Therapy</b>			
		G0158	G0160	S9129	
		<b>Physical Therapy</b>			
		G0157	G0159	S9131	
		<b>Physical Therapy/Occupational Therapy</b>			
		G0151	G0152		
		<b>Speech Therapy</b>			
		G0153	G0161	S9128	
<b>Hospice</b>	Prior authorization required	G0299	G0300	G0493	G0494
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58293	58294
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar® Gel</b> J0800 <b>Adakveo®</b> J0791 <b>Akynzeo®</b> J1454 <b>Aldurazyme®</b> J1931 <b>Aloxi®, Palonosetron</b> J2469 <b>Apokyn®</b> J0364 <b>Aralast NP®, Prolastin-C®, Zemaira®</b> J0256 <b>Aranesp®</b> J0881			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Arixtra®, Fondaparinux</b>
		J1652
		<b>Atgam®</b>
		J7504
		<b>Atryn®</b>
		J7196
		<b>Avastin®</b>
		J9035
		<b>Azedra®</b>
		A9590
		<b>Benlysta</b>
		J0490
		<b>Beovu®</b>
		J0179
		<b>Berinert®</b>
		J0597
		<b>Boniva®, Ibandronate</b>
		J1740
		<b>Botox®</b>
		J0585
		<b>Brineura®</b>
		J0567
		<b>Bynfezia™ Pen, Octreotide Acetate, Sandostatin®</b>
		J2354
		<b>Ceprotrin®</b>
		J2724
		<b>Cerezyme®</b>
		J1786
		<b>Cinqair®</b>
		J2786
	<b>Cinryze®</b>	
	J0598	
	<b>Cinvanti®</b>	
	J0185	
	<b>Crysvita®</b>	
	J0584	
	<b>Cytogam®</b>	
	J0850	
	<b>Deferoxamine Mesylate, Desferal®</b>	
	J0895	
	<b>Dysport®</b>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J0586</p> <p><b>Elaprase®</b></p> <p>J1743</p> <p><b>Elelyso®</b></p> <p>J3060</p> <p><b>Elitek®</b></p> <p>J2783</p> <p><b>Emend®, Fosaprepitant</b></p> <p>J1453</p> <p><b>Enoxaparin, Lovenox®</b></p> <p>J1650</p> <p><b>Entyvio®</b></p> <p>J3380</p> <p><b>Epoprostenol, Flolan®, Veletri®</b></p> <p>J1325</p> <p><b>Ethyol®</b></p> <p>J0207</p> <p><b>Euflexxa™</b></p> <p>J7323</p> <p><b>Evenity™</b></p> <p>J3111</p> <p><b>Exondys 51™</b></p> <p>J1428</p> <p><b>Eylea®</b></p> <p>J0178</p> <p><b>Fabrazyme®</b></p> <p>J0180</p> <p><b>Fasenra™</b></p> <p>J0517</p> <p><b>Fensolvi®, Lupron Depot®, Lupron Depot-PED®</b></p> <p>J1950</p> <p><b>Feraheme®</b></p> <p>Q0138      Q0139</p> <p><b>Fragmin®</b></p> <p>J1645</p> <p><b>Fulphila®</b></p> <p>Q5108</p> <p><b>GamaSTAN®, GamaSTAN S/D®</b></p> <p>J1460</p> <p><b>Givlaari®</b></p> <p>J0223</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<b>Glassia®</b>			
		J0257			
		<b>Granix®</b>			
		J1447			
		<b>Hyalgan®, Supartz®</b>			
		J7321			
		<b>Hydroxyprogesterone Caproate (generic Delalutin®)</b>			
		J1729			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya®</b>			
		J3245			
		<b>Iluvien®</b>			
		J7313			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		J1459	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Kepivance®</b>			
		J2425			
		<b>Krystexxa®</b>			
		J2507			
	<b>Lemtrada®</b>				
	J0202				
	<b>Leukine®</b>				
	J2820				
	<b>Lucentis®</b>				
	J2778				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lutathera®</b>				
	A9513				
	<b>Luxturna™</b>				
	J3398				
	<b>Macugen®</b>				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J2503</p> <p><b>Makena® / Hydroxyprogesterone Caproate</b></p> <p>J1726</p> <p><b>Mepsevii®</b></p> <p>J3397</p> <p><b>Mircera®</b></p> <p>J0888</p> <p><b>Mozobil®</b></p> <p>J2562</p> <p><b>Myobloc®</b></p> <p>J0587</p> <p><b>Naglazyme®</b></p> <p>J1458</p> <p><b>Neulasta®</b></p> <p>J2505</p> <p><b>Neupogen®</b></p> <p>J1442</p> <p><b>Nivestym®</b></p> <p>Q5110</p> <p><b>Nplate®</b></p> <p>J2796</p> <p><b>Nucala®</b></p> <p>J2182</p> <p><b>NuloJix®</b></p> <p>J0485</p> <p><b>Ocrevus™</b></p> <p>J2350</p> <p><b>Onpattro™</b></p> <p>J0222</p> <p><b>Orencia®</b></p> <p>J0129</p> <p><b>Orthovisc®</b></p> <p>J7324</p> <p><b>Ozurdex®</b></p> <p>J7312</p> <p><b>Panhematin®</b></p> <p>J1640</p> <p><b>Parsabiv™</b></p> <p>J0606</p> <p><b>Probuphine®</b></p> <p>J0570</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Procrit®, Epogen®</b> J0885
		<b>Prolia®, Xgeva®</b> J0897
		<b>Propel®</b> J7401
		<b>Radicava®</b> J1301
		<b>Reblozyl®</b> J0896
		<b>Reclast®, Zoledronic Acid</b> J3489
		<b>Remicade®</b> J1745
		<b>Remodulin®, Treprostinil</b> J3285
		<b>Retisert®</b> J7311
		<b>Rituxan®</b> J9312
		<b>Ruconest®</b> J0596
		<b>Sandostatin LAR® Depot</b> J2353
		<b>Simponi Aria®</b> J1602
		<b>Simulect®</b> J0480
		<b>Soliris®</b> J1300
		<b>Somatuline® Depot</b> J1930
		<b>Spinraza™</b> J2326
		<b>Stelara® (IV use)</b> J3358
		<b>Sublocade™</b> Q9991      Q9992
		<b>Sustol®</b> J1627
		<b>Synagis®</b> 90378

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Thrombate® III</b> J7197
		<b>Thymoglobulin®</b> J7511
		<b>Thyrogen®</b> J3240
		<b>Trelstar®</b> J3315
		<b>Triptodur™</b> J3316
		<b>Trogarzo™</b> J1746
		<b>Truxima®</b> Q5115
		<b>Tysabri®</b> J2323
		<b>Udenyca®</b> Q5111
		<b>Ultomiris®</b> J1303
		<b>Vibativ®</b> J3095
		<b>Vimizim®</b> J1322
		<b>Visudyne®</b> J3396
		<b>Vivitrol®</b> J2315
		<b>VPRIV®</b> J3385
		<b>Vyondys 53®</b> J1429
		<b>Xeomin®</b> J0588
		<b>Xiaflex</b> J0775
		<b>Xofigo®</b> A9606
		<b>Xolair®</b> J2357
		<b>Zarxio®</b> Q5101

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<b>Zilretta®</b>			
		J3304			
		<b>Zinplava™</b>			
		J0565			
		<b>Zolgensma®</b>			
		J3399			
		<b>Other injectable medications requiring prior authorization</b>			
		J0122	J0275	J0291	J0470
		J0475	J0572	J0573	J0575
		J0725	J0740	J0743	J0770
		J0875	J0878	J0882	J0887
		J1071	J1096	J1190	J1212
		J1335	J1430	J1455	J1750
		J1756	J1833	J1943	J1944
		J1953	J1955	J2020	J2248
		J2260	J2274	J2278	J2358
		J2407	J2426	J2430	J2545
	J2597	J2770	J2791	J2794	
	J2798	J3090	J3243	J3485	
	J3486	J7308	J7314	J7340	
	J7501	J7525	A9699		
<b>Injectable medications-Unclassified</b>	Prior authorization required	J3490*	J3590*		
		*For Unclassified codes J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Monoferric®, Revcovi®, Scenesse®, Spravato™, Tepezza®, Uplizna™, Voraxaze®, Vyepiti™, and Zulresso™			
<b>Injection Arthrogram</b>	Prior authorization required	27096			
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>Knee</b>	Prior authorization required	27415	27416		
<b>Mastectomy</b>	Prior authorization required	19300			
<b>Medicine Services and Procedures</b>	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	97124
		97533	97537	97750	
<b>Neurostimulators Implantation of a device that sends electrical impulses</b>	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic Surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21010	21050	21060	21116
		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			
<b>Orthotics and Prosthetics</b>	Prior authorization required	<b>Orthotics and Prosthetics Regardless of Cost</b>			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905
		L3913	L3933	L4030	L5673
		L5679	L5704	L5976	L6611
		L6615	L6616	L6620	L6629
		L6895	L8629		
		<b>Orthotics and Prosthetics with a billed amount or cumulative rental cost of more than \$500</b>			
		L0480	L0482	L0484	L0486
		L0624	L0629	L0632	L0634
L0636	L0638	L0640	L1300		
L1840	L1844	L1845	L1950		
L2034	L2526	L3671	L3702		
L3763	L3971	L4631	L5610		
L5611	L5613	L5614	L5681		
L5683	L5705	L5706	L5707		
L5722	L5724	L5726	L5728		
L5780	L5814	L5822	L5824		
L5826	L5828	L5830	L5840		
L5848	L5856	L5857	L5858		
L5859	L5930	L5973	L5979		
L5980	L5981	L5987	L6881		
L6882	L6925	L6935	L6945		
L6955	L6965	L6975	L7007		
L7008	L7009	L7045	L7170		
L7180	L7181	L7185	L7186		
L7190	L7191	L7259	L8499		
<b>Outpatient Therapy</b>	Prior authorization required	<b>Physical therapy/Occupational therapy</b>			
		94667	94668	97012	97016
		97018	97022	97024	97026

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient Therapy (continued)</b>		97028	97032	97033	97034
		97035	97036	97110	97112
		97113	97116	97140	97150
		97530	97535	97542	
		<b>Speech therapy</b>			
		92507	92508	92526	92606
		92609	92611	92612	92630
		92633	97129	97130	
<b>Pain Implants</b>	Prior authorization required	62355	62365	95990	95991
<b>Pain Injections</b>	Prior authorization required	62280	62281	62282	62291
		62292			
<b>Pain Management</b>	Prior authorization required	20552	20553	62320	62321
		62322	62323	62324	62325
		62326	62327	62350	62351
		62360	62361	62362	62367
		62368	62369	62370	64405
		64408	64415	64416	64417
		64418	64420	64421	64430
		64445	64446	64447	64448
		64449	64450	64451	64454
		64479	64483	64490	64491
		64492	64493	64494	64495
		64505	64510	64517	64520
		64600	64633	64634	64635
		64636	64640	E0782	E0783
<b>Pancreas</b>	Prior authorization required	48160			
<b>Potentially Cosmetic</b>	Prior authorization required (For Potentially Cosmetic procedures also reference Cosmetic category above)	11440	11960	11970	11971
		14020	14021	14040	14060
		14061	14301	15570	15572
		15574	15730	15731	15733
		15736	15740	15756	15820
		15821	15822	15823	15877
		15878	15879	17106	17107
		17108	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	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30560	30620
		31295	31296	31297	31298
		54400	54401	54405	67900
		67901	67902	67903	67904

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially Cosmetic (continued)</b>		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>	Prior authorization required	T1025	T1026		
<b>Private Duty Nursing</b>	Prior authorization required	T1000			
<b>Prostate</b>	Prior authorization required	52441	52442	55866	55874
		<b>Cryosurgical Ablation of Prostate</b>			
		55873			
		<b>Prostate Microwave</b>			
		53850	53852		
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons	Prior authorization required	77522	77525		
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
	• Certain CT, MRI, MRA and PET scans	70542	70543	70544	70545
		70546	70547	70548	70549
	• Nuclear medicine and nuclear cardiology procedures	70551	70552	70553	70555
		71250	71260	71270	71275
		71550	71551	71552	71555
		72125	72126	72127	72128
		72129	72130	72131	72132
		72133	72141	72142	72146
		72147	72148	72149	72156
		72157	72158	72159	72191
		72192	72193	72194	72195
		72196	72197	72198	73200
		73201	73202	73206	73218
		73219	73220	73221	73222
		73223	73225	73700	73701
		73702	73706	73718	73719
		73720	73721	73722	73723
		73725	74150	74160	74170
		74174	74175	74176	74177
		74178	74181	74182	74183
		74185	74261	74262	74712
		74713	75557	75559	75561
		75563	75571	75572	75573

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		75574	75635	76376	76377
		76380	76390	76391	76497
		76498	77021	77046	77047
		77048	77049	77084	78012
		78013	78014	78015	78016
		78018	78070	78071	78072
		78075	78099	78102	78103
		78104	78185	78195	78199
		78201	78202	78215	78216
		78226	78227	78230	78231
		78232	78258	78261	78262
		78264	78265	78266	78278
		78282	78290	78291	78299
		78300	78305	78306	78315
		78399	78428	78445	78451
		78452	78453	78454	78456
		78457	78458	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78499	78579
		78580	78582	78597	78598
		78599	78600	78601	78605
		78606	78608	78609	78610
		78630	78635	78645	78650
		78660	78699	78700	78701
		78707	78708	78709	78740
		78761	78799	78800	78801
		78802	78803	78804	78811
		78812	78813	78814	78815
		78816	78830	78831	78832
		78999	C8900	C8901	C8902
		C8903	C8904	C8905	C8906
		C8907	C8908	C8909	C8910
		C8911	C8912	C8913	C8914
		C8918	C8919	C8920	C8931
		C8932	C8933	C8934	C8935
		C8936	G0235	G0252	G0297
		S8037	S8042	S8085	S8092

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **866-889-8054**.

<b>Shoulder</b>	Prior authorization required	23412
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	42145		
<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>Spinal Cord Stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63663 64570	63655 63664	63661 63685	63662 63688
<b>Spine Surgery</b>	Prior authorization required	20930 22101 22112 22207 22214 22224 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 22865 63003 63015 63030 63044 63048	20931 22102 22114 22208 22216 22226 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 27279 63005 63016 63040 63045 63050	20939 22103 22116 22210 22220 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862 27280 63011 63017 63042 63046 63051	22100 22110 22206 22212 22222 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 22864 63001 63012 63020 63043 63047 63055

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		63056	63057	63064	63066
		63075	63076	63077	63078
		63081	63082	63085	63086
		63087	63088	63090	63091
		63101	63102	63103	63170
		63172	63173	63180	63182
		63185	63190	63191	63194
		63195	63196	63197	63198
		63199	63200	63250	63251
		63252	63265	63266	63267
		63268	63270	63271	63272
		63273	63275	63276	63277
		63278	63280	63281	63282
		63283	63285	63286	63287
		63290	63295	63300	63301
	63302	63303	63304	63305	
	63306	63307	63308		
<b>Surgery</b>	Prior authorization required	32672			
<b>Surgery - Cardio, Hemic, &amp; Lymphatic</b>	Prior authorization required	33274	33275		
<b>Surgery - Digestive</b>	Prior authorization required	43647			
<b>Surgery - Eye and Ear</b>	Prior authorization required	69300			
<b>Surgery - Integumentary</b>	Prior authorization required	10121	15819	15824	15825
		15826	15828	15829	15830
		15832	15833	15834	15836
		15837	15839		
<b>Surgery - Musculoskeletal</b>	Prior authorization required	21270	22526	22867	22869
<b>Surgery - Nervous System</b>	Prior authorization required	62263	62287		
<b>Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation</b>	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38207	38208	38209
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47144	47145	47146
		48554	50325	50340	50360
		50365	50370	50380	S2053
		S2054	S2060	S2065	S2140
		S2142	S2150		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		<b>CAR-T</b>			
		Q2041	Q2042		
<b>Transplant - Corneal Transplant</b>	Prior authorization required	65710			
<b>Vein Procedures</b>	Prior authorization required	36465	36466	36470	36471
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		36473	36474	36475	36478
		36479	36482	36483	37243
		37700	37718	37722	37735
		37760	37761	37765	37766
		37780	37785		
<b>Ventricular Assist Devices (VAD)</b>	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b>			
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			