

Prior authorization requirements for UnitedHealthcare Community Plan of Louisiana

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Louisiana health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **800-310-6826**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Abortion	Prior authorization required	59830 59855	59850 59856	59851 59857	59852
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	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			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
BRCA genetic testing	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
Breast reconstruction (non-mastectomy)	Prior authorization required	11971 19340	19318 19342	19328 19350	19330 19357

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Reconstruction of the breast, except when following mastectomy		19361 19369	19364 19371	19367	19368
Cancer supportive services	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Injectable colony-stimulating factor drugs that require prior authorization – J1434 J2468 Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-ayow, (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria™) Q5122 Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 Anti-Emetics J1456 Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®) J0897 Colony Stimulating Factors J1449 Q5148 Erythropoiesis-Stimulating Agents J0885 Therapeutic Radiopharmaceuticals A9615 For prior authorization, please submit requests online by using the Prior			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cancer supportive services (cont.)		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. Or, call 888-397-8129 .			
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal. button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal. dashboard. Or 888-397-8129 .			
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	69714 L8690	69930 L8691	L8614 L8692	L8619
Continuous glucose monitor	Prior authorization required	A4238 A9277	A4239 A9278	A9274 E2102	A9276 E2103
		Certain continuous glucose monitors may be covered under pharmacy benefits. Check the following link: PDL Diabetic Supplies.pdf to determine if the brand of equipment			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Continuous glucose monitor (cont.)		requested needs to be redirected.			
		If the brand is found in the "Drugs on PDL" column, please redirect as a pharmacy benefit to OptumRx at 1-866-328-3108			
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	15820	15821	15822
		15823	15830	15847	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
Durable medical equipment (DME)	Several codes associated with glucose monitors and diabetic supplies were removed from the Medicaid DME fee schedule and will be reimbursed as a pharmacy benefit only. Medical DME claims for these services will deny.	A9900	E0265	E0266	E0328
		E0329	E0445	E0465	E0466
		E0470	E0471	E0483	E0652
		E0656	E0669	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1035	E1036
		E1130	E1161	E1220	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1825
		E2230	E2310	E2311	E2325
		E2327	E2329	E2351	E2373
		E2510	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
	Check the following link: PDL Diabetic Supplies pdf to determine if the equipment requested needs to be redirected. If the brand is found on the PDL, please redirect as a pharmacy benefit to OptumRx at 1-866-328-3108	E8000	K0005	K0108	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
	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold – see Home health services:-	V5269	V5272		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767	36514 66180	64722 A4226	65765 E0231
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Home health services, including extended nursing services (PDN)	Prior authorization is required only in outpatient settings, to include member's home.	G0299 T1000	G0300	S9123	S9124
Injectable medications	Prior authorization required*	Actemra® J3262 Acthar®* J0801 Adakveo® J0791 Aduhelm® J0172 Adzynma J7171 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	J0225				
	Aralast® NP				
	J0256				
	Avsola™				
	Q5121				
	Avtozma				
	Q5156				
	Beqvez				
	J1414				
	Berinert				
	J0597				
	Bkemv				
	Q5152				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Briumvi				
	J2329				
	Cerezyme®				
	J1786				
	Cimzia®				
	J0717				
	Cinqair®				
	J2786				
	Cinryze				
	J0598				
	Conexxence				
	Q5156				
	Cortrophin Gel®				
	J0802				
	Cosentyx IV				
	J3247				
	Crysvita®				
	J0584				
	Cutaquig®				
	J1551				
	Daxxify				
	J0589				
	Elaprase®				
	J1743				
	Elelyso®				
	J3060				
	Encelto				
	J3403				
	Elfabrio				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J2508
		Elevidys
		J1413
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epsyqli
		Q5151
		Evenity™
		J3111
		Exondys 51™
		J1428
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Fensolvi®
		J1951
		Feraheme
		Q0138
		Firmagon®
		J9155
		Fynetra®
		Q5130
		Gamifant™
		J9210
		Givlaari®
		J0223
		Glassia®
		J0257
		Hemgenix®
		J1411
		Hemlibra
		J7170
		Hypavzi
		J7172
		Ilaris®
		J0638
		Ilumya™
		J3245
		Imuldosa IV
		Q5098
		Inflectra®
		Q5103
		Injectafer

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	J1439				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Izervay				
	J2782				
	Jubbonti-Wyost				
	Q5136				
	Kalbitor				
	J1290				
	Kanuma®				
	J2840				
	Kisunla				
	J0175				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lamzed®				
	J0217				
	Lanreotide				
	J1932				
	Lemtrada®				
	J0202				
	Leqembi®				
	J0174				
	Leqvio®				
	J1306				
	Lumizyme®				
	J0221				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
	Lutrate Depot				
	J1954				
	Luxturna™				
	J3398				
	Mepsevii®				
	J3397				
	Monoferric				
	J1437				
	Naglazyme®				
	J1458				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)	Nexviazyme®	
	J0219	
	Niktimvo	
	J9038	
	Nplate®	
	J2802	
	Nucala®	
	J2182	
	Nulibry	
	J1809	
	Nypozi	
	Q5148	
	Ocrevus™	
	J2350	
	Ocrevus Zunovo	
	J2351	
	Octreotide Acetate	
	J2354	
	OmvoH IV	
	J2267	
	Onpattro™	
	J0222	
	Orencia®	
	J0129	
	Otufi IV	
	Q9999	
	Oxlumo™	
	J0224	
	Panzyga®	
	J1576	
	Parsabiv™	
	J0606	
	Pavblu	
	Q5147	
	PiaSky	
	J1307	
	Pombiliti	
	J1203	
	Prolastin-C®	
	J0256	
	Prolia***	
	J0897	
	Pyzchiva IV	
	Q9997	
	Qalsody™	
	J1304	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Releuko®				
	Q5125				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Revcovi®				
	J3590				
	Riabni™				
	Q5123				
	Rituxan				
	J9312				
	Roctavian				
	J1412				
	Ruconest				
	J0596				
	Ruxience				
	Q5119				
	Ryplazm®				
	J2998				
	Rystiggo				
	J9333				
	Sandostatin® LAR				
	J2353				
	Saphnelo™				
	J0491				
	Scenesse				
	J7352				
	Selarsdi				
	Q9998				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Skyrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1299				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)	Somatuline® Depot	
	J1930	
	Spevigo™	
	J1747	
	Spinraza™	
	J2326	
	Stelara	
	J3358	
	Steqeyma IV	
	Q5099	
	Stoboclo	
	Q5157	
	Supprelin® LA	
	J9226	
	Syfovre®	
	J2781	
	Synagis®	
	90378	
	Tezspire™	
	J2356	
	Tepezza	
	J3241	
	Tofidence	
	Q5133	
	Trelstar®	
	J3315	
	Tremfya IV	
	J1628	
	Triptodur®	
	J3316	
	Truxima	
	Q5115	
	Tyenne	
	Q5135	
	Tzield®	
	J9381	
	Ultomiris™	
	J1303	
	Unclassified and temporary**	
	C9399	J3490 J3590
	Veopoz	
	J9376	
	Vimizim®	
	J1322	
	Vyepti	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)	J3032 Vyondys 53® J1429 Vyjuvek J3401 Vyvgart™ J9332 Vyvgart™ Hytrulo J9334 White blood cell colony-stimulating factors J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Wezlana IV Q5138 Xembify® J1558 Xenpozyme™ J0218 Xolair® J2357 Yesintek IV Q5100 Zemaira® J0256 Zoladex® J9202 Zolgensma® J3399 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>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. * For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129 ** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Rivfloza. Revcovi and Starjemza *** For code J0897, prior authorization required for non oncology diagnosis			
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				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0435		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/		21141	21142	21143	21145
jaw functional impairment		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthognathic surgery (cont.)		21255			
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0464	L0482	L0484
		L0486	L0631	L0700	L0710
		L0810	L0820	L0830	L0999
		L1000	L1200	L1300	L1310
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3720
		L3730	L3740	L3763	L3764
		L3900	L3901	L3904	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	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	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5930
		L5950	L5960	L5962	L5964
		L5966	L5973	L5976	L5979
		L5980	L5981	L5982	L5984

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6623	L6624
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	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
		L7185	L7186	L7190	L7191
		L7405	L7510	L8040	L8042
		L8499			
Pediatric day services	Prior authorization required	T2002	T1025	T1026	
Personal care services	Prior authorization required	T1019			
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
Radiation Therapy	Prior authorization required	77014 77372 77387 77407 G0339	77331 77373 77399 77412 G0340	77370 77385 77401 77470	77371 77386 77402 79445
Radiology	Prior authorization is required for participating physicians who request these advanced	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiology (cont.)	outpatient imaging procedures: • Certain CT, MRI, MRA • Nuclear medicine and nuclear cardiology procedures	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on-UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal. dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/LAcommunityplan > Prior Authorization and Notification > Radiology Prior Authorization and Notification Program .			
Radiology – PET scans	Prior authorization required	78608 78813 A9515 A9587 G0252	78609 78814 A9526 A9588	78811 78815 A9552 G0219	78812 78816 A9580 G0235
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Skin substitutes	Prior authorization required	Q4101 Q4160	Q4106 Q4186	Q4121 Q4195	Q4154 Q4196
Spinal surgery	Prior authorization required	22100 22112 22214 22533 22556	22101 22114 22220 22548 22558	22102 22210 22224 22551 22586	22110 22212 22532 22554 22590

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spinal surgery (cont.)		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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		
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
			Neurostimulator		
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64568	64570
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel) 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Transplants (cont.)		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	50547		
CAR T-Cell Therapy:					
		Q2041	Q2042	Q2054	Q2055
		Q2056	Q2057		
*Code 38232 will only require prior authorization for an oncology diagnosis.					
Gene Therapy					
		C9399*	J3490*	J3590*	J3391
		J3392	J3393	J3394	J3402
		Q2058			
* Amtagvi, Lantidra, Skysona and Zevaskyn will require PA through Optum Transplant					
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 heart ventricle and restores normal blood flow	VAD device and supplies are not covered.				
		33975	33976	33979	33981
		33982	33983		
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
Wound vac	Prior authorization required	E2402			