

Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective January 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Maryland 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 888-702-2202
- **Fax:** 866-968-7582. The fax form is available at [Prior Authorization Forms](#).

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion (pregnancy termination)	Prior authorization required — carved out by the state	Please call the number on the back of the member's health plan ID card.			
Acupuncture	Prior authorization required	97811	97814	S8930	
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.	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.			
Bone growth stimulator	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. * Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Q5148</p> <p>Bio similar (Zarxio®) Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym®) Q5110*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (Udenyca®) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila®) Q5108*</p> <p>Eflapegrastim-xnst (Rolvedon™) J1449</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448*</p> <p><u>Bone-modifying agents that require prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic codes that require prior authorization:</u></p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		J0185	J1453	J1454	J1627
		J1434	J2468	J1456	
		Erythropoiesis-stimulating agents			
		J0885			
		Therapeutic Radiopharmaceuticals			
	A9615				
	For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129 .				

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification Program .
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Cardiovascular	Prior authorization required	93580
		*Prior authorization <u>not</u> required for 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
		I70.428 I70.429 I70.431 I70.432
		I70.433 I70.434 I70.435 I70.438

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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			
Cardiovascular (cont.)		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			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950) • 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 HCPCS code 			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 888-397-8129 .			
Cochlear and other auditory implants	Prior authorization required	69710	69711	69714	69930
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8627	L8628
		L8690	L8691	L8692	L8693
		L8694			
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
Cosmetic and reconstructive	Prior authorization required	11960	15820	15821	15822
Cosmetic procedures that change or		15823	15830	15847	17106
		17107	17108	17999	21137
		21138	21139	21172	21175

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
improve physical appearance without significantly improving or restoring physiological function		21179	21180	21181	21182		
		21183	21184	21230	21235		
		21256	21275	21280	21282		
		21295	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	Q2026		
		Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
				E0265	E0266	E0270	E0277
				E0300	E0328	E0329	E0445
E0457	E0460			E0465	E0466		
E0470	E0471			E0483	E0486		
E0620	E0636			E0637	E0652		
E0656	E0669			E0670	E0675		
E0693	E0694			E0700	E0710		
E0745	E0762			E0764	E0766		
Prosthetics are not DME — see orthotics and prosthetics.	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	E1825		
	E2100		E2227	E2228	E2230		
	E2298		E2301	E2310	E2311		
	E2322		E2325	E2327	E2329		
	E2331		E2351	E2373	E2510		
	E2511		E2512	E2599	E2626		
	E2627		E2628	E2629	E2630		
	E8000		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	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	
Gender dysphoria	Prior authorization required	55970	55980		
		These surgical codes with the following Dx codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11442	11446	11920	11921
		11922	11950	11951	11952
		11954	11970	11980	11981
		11982	11983	13151	13152
		13153	13160	14000	14001
		14020	14021	14041	14061
		14301	14302	15101	15121
		15200	15201	15241	15273
		15274	15570	15574	15600
		15620	15734	15738	15750
		15757	15758	15769	15771
		15772	15773	15774	15775
		15776	15777	15780	15781
		15782	15786	15787	15788
		15789	15792	15793	15828
		15824	15825	15826	15834

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Gender dysphoria treatment (cont.)		15829	15832	15833	15838
		15835	15836	15837	15877
		15839	15860	15876	17111
		15878	15879	17110	21899
		17380	19303	19355	31599
		21087	21120	21270	40510
		27656	31081	31580	40650
		31750	31899	40500	43496
		40520	40525	40527	45400
		40652	40654	40799	53425
		44204	44700	45395	54400
		53210	53410	53420	54408
		53430	54120	54125	54520
		54401	54405	54406	55150
		54410	54411	54416	56620
		54522	54660	54690	56640
		55175	55180	55899	56810
		56625	56630	56633	57110
		56700	56800	56805	57291
		57106	57107	57109	57335
		57111	57200	57282	58275
		57292	57295	57296	58661
		57425	57426	58210	64856
		58280	58285	58294	69300
		58720	58940	58999	82670
		64892	64896	64912	82679
		80414	80415	82642	83003
		82671	82672	82677	84233
		82681	83001	83002	84410
		83498	84143	84144	84234
		84402	84403	92524	

Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
	D04.39	D04.4	D04.5	D04.60	
	D04.61	D04.62	D04.70	D04.71	
	D04.72	D04.8	D04.9		
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to	81120	81121	81162	81163
		81164	81165	81166	81194
		81208	81216	81228	81229
		81237	81245	81246	81276
		81307	81379	81380	81381
		81401	81408	81412	81415
		81416	81417	81422	81425
		81426	81427	81441	81445
		81449	81451	81455	81479
		81518	81519	81520	81521

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)	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.	81522	81523	81525	81546
		81595	87505	87506	87507
		0006M	0007M	0019U	0022U
		0023U	0037U	0060U	0101U
		0102U	0103U	0111U	0136U
		0154U	0155U	0172U	0175U
		0177U	0179U	0211U	0233U
		0237U	0238U	0239U	0242U
		0244U	0252U	0253U	0254U
		0260U	0262U	0264U	0266U
		0267U	0282U	0287U	0296U
		0297U	0298U	0299U	0300U
		0326U	0334U	0378U	0391U
		0409U			
		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.	Biomarkers		
		81538	88299		
	Hearing aid services	Prior authorization required	V5171	V5172	V5181
V5212			V5213	V5214	V5215
V5221			V5230	V5250	V5254
V5255			V5256	V5257	V5258
V5259			V5260	V5261	V5267
V5299					
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	
Hospice	Prior authorization required	T2044	T2045		
Hysterectomy	Prior authorization	58150	58152	58180	58260

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy (cont.)	required	58262	58263	58267	58270
		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility	Prior authorization required	55870	58825	58970	76948
		89254	89257	89259	89264
		89337	89398	J0725	J3355
		S0122	S0126	S0128	S4028
		S4042			
Injectable medications	Prior authorization required	Acthar Gel			
		J0801			
		Actemra®			
		J3262			
		Adakveo®			
		J0791			
		Adzyna™			
		J7171			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Amondys- 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast® NP, Prolastin®-C, Zemaira®			
		J0256			
		Avsola™			
		Q5121			
Avtozma					
Q5156					
Azedra~INJ					
A9590					
Azmiro					
J1072					
Benlysta					
J0490					
Beovu®					
J0179					
Berinert®					
J0597					

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

Bkemv
Q5152

Botulinum toxins
J0585 J0586 J0587 J0588

Brineura®
J0567

Briumvi™
J2329

Byooviz™
Q5124

Cerezyme™
J1786

Cimerli™
Q5128

Cimzia®*
J0717

Cinqair®
J2786

Cinryze
J0598

Conexence
Q5158

Cortrophin Gel
J0802

Cosentyx® IV
J3247

Crysvita®
J0584

Cutaquig®
J1551

Daxxify
J0589

Elaprase®
J1743

Elelyso
J3060

Elevidys
J1413

Elfabrio
J2508

Encelto
J3403

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

Enjaymo™
J1302

Entyvio®
J3380

Epysqli
Q5151

Evenity®
J3111

Evkeeza®
J1305

Exondys 51®
J1428

Eylea™
J0178

Eylea HD
J0177

Fabrazyme®
J0180

Fasenra™
J0517

Fensolvi®
J1951

Feraheme®
Q0138

Firmagon®
J9155

Fulphila~INJ
Q5108

Fylnetra™
Q5130

Gamifant®
J9210

Givlaari®
J0223

Glassia®
J0257

Hemgenix
J1411

Hemlibra
J7170

Hypavzi
J7172

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

Ilaris®
J0638

Ilumya™
J3245

Imuldosa IV
Q5098

Inflectra
Q5103

IV Iron~INJ
J1439 Q013
 8

Intravenous immunoglobulin (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

Krystexxa®
J2507

Lamzede
J0217

Lanreotide
J1932

Lemtrada®
J0202

Leqembi™
J0174

Leqvio®
J1306

Lucentis®
J2778

Lumizyme®
J0221

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Lupron Depot® J1950 Lupron Depot®, Eligard® J9217 Lutathera A9513 Lutrate Depot J1954 Luxturna™ J3398 Mepsevii® J3397 Monoferric® J1437 Naglazyme® J1458 Neupogen J1442 Nexviazyme® J0219 Nivestym Q5110 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Octagam J1568 Octreotide acetate J2354 OmvoH J2267 Onpattro® J0222

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Orencia® J0129 Otulfu IV Q9999 Oxlumo® J0224 Panzyga® J1576 Parsabiv™ J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolastin C J0256 Prolia® J0897 Pyzchiva IV Q9997 Qalsody J1304 Qfitlia J7174 Radicava® J1301 Radiopharm A9699 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Revcovi J3590 Riabni™ Q5123

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

Rituxan®
 J9312
Rituxan Hycela®
 J9311
Roctavian
 J1412
Rolvedon™
 J1449
Ruconest®
 J0596
Ruxience®
 Q5119
Ryplazim®
 J2998
Rystiggo
 J9333
Sandostatin® LAR
 J2353
Saphnelo®
 J0491
Selarsdi
 Q9998
Signifor LAR
 J2502
Simponi Aria®
 J1602
Skyrizi®
 J2327
Sodium hyaluronate
 J7331 J7332
Soliris®
 J1299
Somatuline® Depot
 J1930
Spevigo®
 J1747
Spinraza®
 J2326
Stelara®
 J3358
Steqeyma IV
 Q5099

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Stimufend®			
		Q5127			
		Stoboclo			
		Q5157			
		Supprelin® LA			
		J9226			
		Susvimo™			
		J2779			
		Syfovre™			
		J2781			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic radiopharmaceuticals			
		A9513	A959	A960	A960
			0	6	7
		A9699			
		Tofidence			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Truxima®			
		Q5115			
		Tyenne			
		Q5135			
		Tzield™			
		J9381			
		Udenyca			
		Q5111			
		Ultomiris®			
		J1303			
		Unclassified codes***			
		C9172	C9399	J3490	J3590
	Uplinza®				
	J1823				
	Vabysmo®				

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

		J2777			
		Vantas®			
		J9225			
		Veopoz			
		J9376			
		Viltepsa®			
		J1427			
		Vimizim®			
		J1322			
		Visco 3			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		Vyepti®			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony-stimulating factors			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Xembify®			
		J1558			
		Xenpozyme®			
		J0218			
		Xolair®			
		J2357			
		Yesintek IV			
		Q5100			
		Zarxio			
		Q5101			
		Zemaira			
		J0256			

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

Ziextenzo
Q5120
Zoladex®
J9202
Zolgensma®
J3399

* For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.

*** For unclassified codes C9172, C9399, J3490 and J3590- Prior authorization required for Beqvez™ Elfabrio® Lamzede® and Starjemza. 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.

Inpatient stays	Prior authorization required for all inpatient stays				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21127 21145 21151 21160 21195	21122 21141 21146 21154 21188 21196	21123 21142 21147 21155 21193 21198	21125 21143 21150 21159 21194 21199

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery (cont.)		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	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	
Outpatient therapy	Prior authorization required for members ages 21 and older	92507	92508	92526	92630
		92633	97010	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039
		97110	97112	97113	97116
		97124	97129	97130	97139
		97140	97150	97151	97152
		97153	97154	97155	97156
		97157	97158	97530	97533

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy (cont.)		97535 97755	97537 97799	97545	97750
Pain injections and management	Prior authorization required	64490	64493		
Private duty nursing	Prior authorization required	T1002	T1003		
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures Prostate procedures (cont.)	Prior authorization required for dates of service on or after April 1, 2022	37243 53852	52441 55873	52442	53850
Psychological testing	Prior authorization required	89240 Prior authorization required when billed with the following Dx			
		F10.10	F10.11	F10.12 0	F10.12 1
		F10.12 9	F10.90	F10.91	F10.13 0
		F10.13 1	F10.13 2	F10.13 9	F10.14
		F10.15 0	F10.15 1	F10.15 9	F10.18 0
		F10.18 1	F10.18 2	F10.18 8	F10.19
		F10.20	F10.21	F10.22 0	F10.22 1
		F10.22 9	F10.23 0	F10.23 1	F10.23 2
		F10.23 9	F10.24	F10.25 0	F10.25 1
		F10.25 9	F10.28 0	F10.28 1	F10.28 2
		F10.28 8	F10.29	F10.92 0	F10.92 1
		F10.92 9	F10.93 0	F10.93 1	F10.93 2
		F10.93 9	F10.94	F10.95 0	F10.95 1
		F10.95 9	F10.98 0	F10.98 1	F10.98 2
		F10.98 8	F10.99	F11.10	F11.11
		F11.12 0	F11.12 1	F11.12 2	F11.12 9

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Psychological testing (cont.)

F11.13	F11.14	F11.15 0	F11.15 1
F11.15 9	F11.18 1	F11.18 2	F11.18 8
F11.19	F11.20	F11.21	F11.22 0
F11.22 1	F11.22 2	F11.22 9	F11.23
F11.24	F11.25 0	F11.25 1	F11.25 9
F11.28 1	F11.28 2	F11.28 8	F11.29
F11.90	F11.91	F11.92 0	F11.92 1
F11.92 2	F11.92 9	F11.93	F11.94
F11.95 0	F11.95 1	F11.95 9	F11.98 1
F11.98 2	F11.98 8	F11.99	F12.10
F12.11	F12.12 0	F12.12 1	F12.12 2
F12.12 9	F12.13	F12.15 0	F12.15 1
F12.15 9	F12.18 0	F12.18 8	F12.19
F12.20	F12.21	F12.22 0	F12.22 1
F12.22 2	F12.22 9	F12.23	F12.25 0
F12.25 1	F12.25 9	F12.28 0	F12.28 8
F12.29	F12.90	F12.91	F12.92 0
F12.92 1	F12.92 2	F12.92 9	F12.93
F12.95 0	F12.95 1	F12.95 9	F12.98 0
F12.98 8	F12.99	F13.10	F13.11
F13.12 0	F13.12 1	F13.12 9	F13.13 0
F13.13 1	F13.13 2	F13.13 9	F13.14
F13.15 0	F13.15 1	F13.15 9	F13.18 0
F13.18 1	F13.18 2	F13.18 8	F13.19

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Psychological testing (cont.)

F13.20	F13.21	F13.22 0	F13.22 1
F13.22 9	F13.23 0	F13.23 1	F13.23 2
F13.23 9	F13.24	F13.25 0	F13.25 1
F13.25 9	F13.28 0	F13.28 1	F13.28 2
F13.28 8	F13.29	F13.90	F13.91
F13.92 0	F13.92 1	F13.92 9	F13.93 0
F13.93 1	F13.93 2	F13.93 9	F13.94
F13.95 0	F13.95 1	F13.95 9	F13.98 0
F13.98 1	F13.98 2	F13.98 8	F13.99
F14.10	F14.12 0	F14.12 1	F14.12 2
F14.12 9	F14.13	F14.14	F14.15 0
F14.15 1	F14.15 9	F14.18 0	F14.18 1
F14.18 2	F14.18 8	F14.19	F14.20
F14.21	F14.22 0	F14.22 1	F14.22 2
F14.22 9	F14.23	F14.24	F14.25 0
F14.25 1	F14.25 9	F14.28 0	F14.28 1
F14.28 2	F14.28 8	F14.29	F14.90
F14.91	F14.92 0	F14.92 1	F14.92 2
F14.92 9	F14.93	F14.94	F14.95 0
F14.95 1	F14.95 9	F14.98 0	F14.98 1
F14.98 2	F14.98 8	F14.99	F15.10
F15.12 0	F15.12 1	F15.12 2	F15.12 9
F15.13	F15.14	F15.15 0	F15.15 1
F15.15 9	F15.18 0	F15.18 1	F15.18 2

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Psychological testing (cont.)

F15.188	F15.19	F15.20	F15.21	
F15.220	F15.221	F15.222	F15.229	
F15.23	F15.24	F15.250	F15.251	
F15.259	F15.280	F15.281	F15.282	
F15.288	F15.29	F15.90	F15.91	
F15.920	F15.921	F15.922	F15.929	
F15.93	F15.94	F15.950	F15.951	
F15.959	F15.980	F15.981	F15.982	
F15.988	F15.99	F16.10	F16.120	
F16.121	F16.122	F16.129	F16.14	
F16.150	F16.151	F16.159	F16.180	
F16.183	F16.188	F16.19	F16.20	
F16.21	F16.220	F16.221	F16.229	
F16.24	F16.250	F16.251	F16.259	
F16.280	F16.283	F16.288	F16.29	
F16.90	F16.91	F16.920	F16.921	
F16.929	F16.94	F16.950	F16.951	
F16.959	F16.980	F16.983	F16.988	
F16.99	F17.200	F17.201	F17.203	
F17.208	F17.209	F17.210	F17.211	
F17.213	F17.218	F17.219	F17.220	
F17.221	F17.223	F17.228	F17.229	
F17.290	F17.291	F17.293	F17.298	
F17.299	F18.10	F18.120	F18.121	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Psychological testing (cont.)		F18.12		F18.15	F18.15
		9	F18.14	0	1
		F18.15		F18.18	F18.18
		9	F18.17	0	8
		F18.19	F18.20	F18.21	F18.22
					0
		F18.22	F18.22	F18.24	F18.25
		1	9		0
		F18.25	F18.25	F18.27	F18.28
		1	9		0
		F18.28		F18.90	F18.91
		8	F18.29		
		F18.92	F18.92	F18.92	F18.94
		0	1	9	
		F18.95	F18.95	F18.95	F18.98
		0	1	9	0
		F18.98		F19.10	F19.12
		8	F18.99		0
		F19.12	F19.12	F19.12	F19.13
		1	2	9	0
		F19.13	F19.13	F19.13	F19.14
		1	2	9	
		F19.15	F19.15	F19.15	F19.18
		0	1	9	0
		F19.18	F19.18	F19.18	F19.19
		1	2	8	
		F19.20	F19.21	F19.22	F19.22
				0	1
		F19.22	F19.22	F19.23	F19.23
		2	9	0	1
	F19.23	F19.23	F19.24	F19.25	
	2	9		0	
	F19.25	F19.25	F19.28	F19.28	
	1	9	0	1	
	F19.28	F19.28	F19.29	F19.90	
	2	8			
	F19.91	F19.92	F19.92	F19.92	
		0	1	2	
	F19.92	F19.93	F19.93	F19.93	
	9	0	1	2	
	F19.93		F19.95	F19.95	
	9	F19.94	0	1	
	F19.95	F19.98	F19.98	F19.98	
	9	0	1	2	
	F19.98		099.31	099.31	
	8	F19.99	0	1	
	099.31	099.31	099.31	099.31	
	2	3	4	5	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Psychological testing (cont.)		099.32 099.32 099.32 099.32
		0 1 2 3
		099.32 099.32 R78.0 R78.1
		4 5 R78.2 R78.3 R78.4 R78.5

Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT) 77387
		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
		Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) 77371 77372 77373
		Standard radiation therapy (2D/3D) Prior authorization 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 77402 77407 77412 G6014
		Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445
		To submit an online request for prior authorization, sign in to the UHCprovider.com 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	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In at the top-right corner.</p> <p>Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program.</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)	cardiology procedures				
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal system*			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		*Site of service also applies.			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization <u>not</u> required if performed at a participating ambulatory surgery center (ASC)	Auditory system			
		69205			
		Cardiovascular system			
		36590	36832		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	66987
		66988			
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Gynecologic procedures			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29806
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		Nervous system			
		64561	64640		
		Ophthalmologic			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
	52320	52332	52344	52351	
	52352	52353	52356	54161	
	55040	57288			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	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	22899	63001	63003

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		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	0098T
		*SOS applies			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8682	L8685	L8686
		L8680	L8688	L8687	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Kymriah (tisagenlecleucel) and Yescarta® (axicabtagene ciloleucel), call the Optum Transplant Case Management team at 888-936-7246, or use the 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	50547	S2060	S2061
		S2152	J3392	J3393	J3394

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		J3490** Q2053	J3590** Q2054	C9399** Q2055	Q2056
		CAR T-cell therapy			
		Q2041	Q2042		
		* Code 38232 will only require prior authorization for an oncology diagnosis.			
		** For unclassified codes, prior authorization is required for Zevaskyn™			
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	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		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			