Prior authorization requirements for Missouri Medicaid

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Missouri 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**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion	Carved out to state				
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43645 43659	43770 43775 43842	43845 43846 43847	43848 43860
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 Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380		
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	For prior authorization, submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In 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/MOcommunityplan** > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.			
Cardiovascular	Prior authorization required	37254	37256	37258	37260
		37263	37265	37267	37269
		37271	37273	37275	37277
		37280	37282	37284	37286
		37288	37290	37292	37294
		37296	37298	93580*	
		*Prior authorization not 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
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	M86.651
		M86.652	M86.659	M86.661	M86.662
		M86.669	M86.671	M86.672	M86.679
		M86.68	M86.69	M86.8X0	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.8X89 Q27.32 Q87.2 S81.802A S91.309A T82.338A T82.818A	M86.8X9 Q27.39 S35.511A S81.809A T82.312A T82.392A T82.868A	M86.9 Q27.8 S35.512A S91.301A T82.318A T82.398A T82.898A	Q27.30 Q27.9 S81.801A S91.302A T82.319A T82.399A
Circumcision	Prior authorization required **only** for cases with documented medical necessity	54161	54162	54163	54164
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8692	69930	L8614	L8619
Cosmetic and reconstructive 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 14061* 15823 17107 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14020* 15820 15830 17108 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14021* 15821 15847 17999 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14041 15822 17106 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924
		* Prior authorization not required when billed with the following diagnosis codes: C43.0 C43.121 C43.22 C43.4	 C43.10 C43.122 C43.30 C43.51	 C43.111 C43.20 C43.31 C43.52	 C43.112 C43.21 C43.39 C43.59

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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
		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	
Durable Medical Equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than $500	A9900	E0194	E0265	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0636	E0637

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Procedures and services	Additional information	CPT® or HCPCS codes and/or 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 cost threshold — see *Home Health Care.*	E0652 E0669 E0670 E0675 E0693 E0694 E0700 E0710 E0745 E0762 E0764 E0784 E0787 E0984 E0986 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1030 E1035 E1130 E1161 E1229 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1825 E2100 E2228 E2310 E2311 E2322 E2325 E2327 E2329 E2331 E2351 E2373 E2510 E2511 E2512 E2599 E8000 E8001 E8002 K0005 K0008 K0013 K0108 K0812 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 T5999 V5281 V5282 V5283 V5286 V5287 V5288 V5290		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 B9998			
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 36514 64722 65765 65767 66180 A6000 E0231 E1831			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914 29915 29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237 31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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.	81162 81163 81164 81228 81229 81277 81349 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81425 81426 81427 81431 81432 81435 81437 81439 81440 81443 81445 81448 81449 81450 81455 81457 81458 81459 81460 81462 81463 81464 81465 81518 81519 81520 81521 81522 81523 81541 81542 81546 81552 81558 81595 81599 87505 87506 0018U 0022U 0023U 0026U 0037U 0047U 0048U 0050U 0055U 0087U 0088U 0094U 0101U 0102U 0103U 0111U 0114U 0118U 0129U 0154U 0170U 0171U 0179U 0209U 0212U 0213U 0214U 0215U 0216U 0217U 0218U 0233U 0237U 0238U 0239U 0242U 0244U 0245U 0250U 0258U 0265U 0268U 0269U 0270U 0271U 0272U 0273U 0274U 0276U 0277U 0278U 0282U 0285U 0286U 0288U 0289U 0290U 0291U 0292U 0293U 0306U 0307U 0318U 0319U 0320U 0326U 0334U 0355U 0378U 0391U 0409U 0480U 0481U 0487U 0493U 0499U 0500U 0502U 0504U 0505U 0506U S3870
Home health care	Prior authorization required only in outpatient settings — to include member's home	G0299 G0300 G0493 G0494 G0495 G0496			
Hysterectomy	Prior authorization required	58150 58152 58180 58260 58262 58263 58267 58270 58290 58291 58292 58542 58543 58544 58550 58552			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy (cont.)		58553	58570	58571	58572
		58573			
Injectable medications	Carved out to state				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330
Musculoskeletal	Prior authorization required	**Shoulder Surgery**			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization 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	L1200	L1300	L1310
		L1499	L1680	L1685	L1700
		L1710	L1720	L1730	L1755
		L1820	L1830	L1831	L1832
		L1834	L1836	L1840	L1845
		L1846	L1847	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6055	L6100
		L6110	L6050	L6130	L6200
		L6205	L6120	L6300	L6310
		L6320	L6250	L6360	L6370
		L6380	L6350	L6384	L6400
		L6450	L6382	L6550	L6570
		L6580	L6500	L6584	L6586
		L6588	L6582	L6621	L6623
		L6686	L6590	L6689	L6690
		L6692	L6687	L6694	L6695
		L6696	L6693	L6707	L6711
		L6712	L6697	L6884	L6885

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Orthotics and prosthetics (cont.)		L7405 L6883 L8499 L8044
Pain management and injection	Prior authorization required	64490 64493
Personal care assistance	Prior authorization required	T1001 T1019 T1028
Private duty nursing	Prior authorization only required	T1000 T1002 T1003
Prostate procedures	Prior authorization required	37243 52441 52442 53850 53852 55873 55874
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
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear cardiology procedures	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 the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In 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/MOcommunityplan** > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460 30462 30465
Shoulder Surgery	Prior authorization required	**Musculoskeletal System***
		29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828 *SOS applies
Sinuplasty	Prior authorization required	31295 31296 31297 31298

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	**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 **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 **Female genital system** 57240 57250 57461 57520 58561 58562 **Gynecologic procedures** 57522 58353 58558 58563 58565 **Hemic and lymphatic systems** 38500 38510 38525 **Hernia repair** 49505 49650 49651 **Integumentary system** 10121 11440 11450 11624

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (SOS) – outpatient hospital (cont.)		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 28289 28292 28296 28297 28298 28299 29835 29845 29846 29848 29861 29875 29876 29877 29879 29880 29881 29882 29888 29893 G0260 **Nervous system** 64561 64640 **Ophthalmologic** 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 gastrointestinal endoscopy** 43235 43239 43249 **Urinary system** 52276 52287 52320 52344 **Urologic procedures** 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 57288

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 – attended	Prior authorization required	95805 95811	95807	95808	95810
Sleep studies – unattended	Prior authorization required	95800	95801	95806	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22837 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22838 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22836 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator** E0747	E0748 **Neurostimulator**	E0760	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Stimulators (cont.)		61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590
Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including 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. 32851 32852 32853 32854 33935 33945 38208 38209 38210 38212 38213 38214 38215 38232* 38240 38241 38242 44135 44137 44720 44721 47135 47140 47141 47142 47146 47147 48552 48554 50360 50365 50370 50547 **CAR T-cell therapy:** Q2041 Q2042 *Code 38232 will only require prior authorization for an oncology diagnosis.
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 36475 36478 37700 37718 37722 37780
Ventricular assist services (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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.** 33975 33976 33979 33981 33982 33983
Wound vac	Prior authorization required	E2402

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