

Prior Authorization Requirements for Missouri

Effective Sept. 1, 2020

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan in Missouri 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. 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.
- **Phone:** Call **866-815-5334**.
- To request prior authorization for Pediatric Care Network (PCN), call **877-347-9367**.

Physicians, health care professionals and ancillary care providers are responsible for obtaining prior authorization for services included on this list. **Hospitals and facilities** are responsible for providing admission notification. For admission notification requirements, please see the Missouri Provider Manual at UHCprovider.com/MOcommunityplan > Provider Administrative Manual and Guides > Missouri.

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	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		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	Prior authorization required		20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, 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.</p> <p>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.</p>			
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Cardiovascular	Prior authorization required for lower extremities angiogram	37220	37221	37224	37225
		37226	37227	37228	37229
		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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
Circumcision	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164
Cochlear implants and other auditory implants	Prior authorization required	69714	69715	69718	69930
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8692	
Cosmetic and Reconstructive	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17106	17107	17108	17999
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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)	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
	Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> .	E0486	E0620	E0636	E0637
		E0652	E0669	E0670	E0675
	Some home health care services may qualify but are not subject to the cost	E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0784

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable Medical Equipment (DME) (continued)	threshold – see <i>Home Health Care</i> .	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	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	Prior authorization required	B9002	B9998			
In-home nutritional therapy, either enteral or through a gastrostomy tube						
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	55866	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	
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
		Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81164	81165	81166	81167
		81170	81171	81172	81173	
		81174	81177	81178	81179	
		81180	81181	81182	81183	
Payment will be authorized for	81184	81185	81186	81187		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)	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.	81188	81189	81190	81200
		81201	81202	81203	81204
		81205	81206	81207	81208
		81209	81210	81212	81215
		81216	81217	81218	81219
		81220	81221	81222	81223
		81224	81225	81226	81227
		81228	81229	81233	81234
		81235	81236	81237	81239
		81240	81241	81242	81243
		81244	81245	81246	81250
		81251	81252	81253	81254
		81255	81256	81257	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81270	81271	81272	81273
		81274	81275	81276	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81293	81294	81295	81296
		81297	81298	81299	81300
		81301	81302	81303	81304
		81305	81306	81310	81311
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81329
		81330	81331	81332	81333
		81336	81337	81340	81341
		81342	81343	81344	81345
		81350	81355	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
		81432	81433	81434	81435
		81436	81437	81438	81439

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		81440	81442	81445	81460
		81465	81507	81518	81519
		81545	81595	87480	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87660	87661	87797	87798
		87799	87800	87801	0068U
		0097U	0111U	0129U	0130U
		0131U	0132U	0133U	0134U
	0135U	0136U	0137U	0138U	
Home health care	Prior authorization required only in outpatient settings – to include member's home	G0299 G0495	G0300 G0496	G0493	G0494
Injectable medications	Carved out to state				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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 L0464 L0486 L0632 L0638 L0810 L1000 L1499 L1710 L1820	L0170 L0480 L0624 L0634 L0640 L0820 L1200 L1680 L1720 L1830	L0456 L0482 L0629 L0636 L0700 L0830 L1300 L1685 L1730 L1831	L0462 L0484 L0631 L0637 L0710 L0859 L1310 L1700 L1755 L1832

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Orthotics and prosthetics (continued)	L1834	L1836	L1840	L1845
	L1846	L1847	L1860	L1945
	L1950	L1970	L2000	L2005
	L2010	L2020	L2030	L2034
	L2036	L2037	L2038	L2060
	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	L6000	L6010	
L6020	L6050	L6055	L6100	
L6110	L6120	L6130	L6200	
L6205	L6250	L6300	L6310	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Orthotics and prosthetics (continued)		L6320	L6350	L6360	L6370		
		L6380	L6382	L6384	L6400		
		L6450	L6500	L6550	L6570		
		L6580	L6582	L6584	L6586		
		L6588	L6590	L6621	L6623		
		L6686	L6687	L6689	L6690		
		L6692	L6693	L6694	L6695		
		L6696	L6697	L6707	L6711		
		L6712	L6883	L6884	L6885		
	L7405	L8044	L8499				
Personal care assistance	Prior authorization required	T1001	T1019	T1028			
Private duty nursing	Prior authorization required	T1000	T1002	T1003			
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: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<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 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.</p> <p>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.</p>					
Septoplasty and Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460	30462	30465			
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 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							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient hospital (continued)		45378	45380	45384	45385
		Cosmetic & 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	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient hospital (continued)	47000				
	Male genital system				
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal system				
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22514	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	29806	
	29807	29819	29822	29823	
	29824	29825	29826	29827	
	29828	29835	29840	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 & 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient hospital (continued)		52281	52310	52332	52351
		52352	52353	52356	55040
		55700	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 – Attended	Prior authorization required	95805 95811	95807	95808	95810
Sleep studies – Unattended	Prior authorization required. Excludes place of service home	95800	95801	95806	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
63268	63270	63271	63272		
63286	63300	63301	63302		
63303	63304	63305	63306		
63307	63308				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590		
Transplants	Prior authorization required	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 800-418-4994 or the notification number on the back of the member's health plan ID card.			
	Inpatient transplant procedures carved out to state				
		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:			
		0537T	0538T	0539T	0540T
		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
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			