

# Prior Authorization Requirements for Missouri Medicaid

Effective July 1, 2021

## 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](http://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](http://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			
<b>Abortion</b>	Carved out to state				
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b>	Prior authorization required	20979			
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
Reconstruction of the breast except when following mastectomy		19357	19361	19364	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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<b>Cardiology</b>	<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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MOcommunityplan</b></p> <p>&gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>			
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<b>Cardiovascular</b>	Prior authorization required	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
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501



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

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62	
<b>Circumcision</b>	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164	
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69714	69715	69718	69930	
		L8614	L8619	L8692		
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech						
<b>Cosmetic and Reconstructive</b>	Prior authorization required	11960	11971	14020	14021	
		14041	14061	15820	15821	
		Cosmetic procedures that change or improve physical appearance	15822	15823	15830	15847
		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		
<b>Durable Medical Equipment (DME)</b>	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 threshold – see <i>Home Health Care</i> .	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

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		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			
<b>Enteral services</b>	Prior authorization required	B9002	B9998		
In-home nutritional therapy, either enteral or through a gastrostomy tube					
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A6000
		E0231	E1831		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31237	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288
<b>Genetic and molecular testing to include BRCA gene testing</b>	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. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification	81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81200
		81201	81202	81203	81204
		81205	81206	81207	81208
		81209	81210	81212	81215

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>	Program for each specified genetic test.	81216	81217	81218	81219
	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.	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		
81440	81442	81445	81460		
81465	81518	81519	81546		
81595	87481	87482	87505		
87506	87507	87510	87511		
87512	87623	87797	87798		

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		87799	87800	87801	0068U
		0097U	0111U	0129U	0136U
		0137U			
<b>Home health care</b>	Prior authorization required only in outpatient settings – to include member's home	G0299 G0495	G0300 G0496	G0493	G0494
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
<b>Injectable medications</b>	Carved out to state				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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	
<b>Orthotics and prosthetics</b>	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

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Orthotics and  
prosthetics (continued)**

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
L6320	L6350	L6360	L6370
L6380	L6382	L6384	L6400
L6450	L6500	L6550	L6570
L6580	L6582	L6584	L6586
L6588	L6590	L6621	L6623



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6707	L6711
		L6712	L6883	L6884	L6885
		L7405	L8044	L8499	
<b>Personal care assistance</b>	Prior authorization required	T1001	T1019	T1028	
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MOcommunityplan</b> &gt;            Prior Authorization and Notification Resources &gt;            Radiology Prior Authorization and Notification Program</p>			
<b>Septoplasty and Rhinoplasty</b>	Prior authorization required	30460	30462	30465	
Treatment of nasal functional impairment and septal deviation					
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of Service (SOS) – Outpatient hospital</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<b>Auditory system</b>			
		69205			
		<b>Cardiovascular system</b>			
		36590		36832	
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821		66982	
				66984	
				66987	
				66988	
		<b>Colonoscopy</b>			
		45378		45380	
				45384	
				45385	
<b>Cosmetic &amp; reconstructive</b>					
13101		13132			
		14040			
		14060			
14301		21552			
		21931			
<b>Digestive system</b>					
42415		42440			
		43200			
		43236			

Procedures and Services Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of Service (SOS) – Outpatient hospital (continued)	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		
	<b>ENT procedures</b>				
	21320	30140	30520	69436	
	69631				
	<b>Eye and Ocular Adnexa</b>				
	65710	65820	66250	66710	
	66711	66825	66986	67010	
67041	67042	67105	67108		
67113	67840	68110	68115		
68320	68720	68815			
<b>Female genital system</b>					
57240	57250	57461	57520		
58561	58562				
<b>Gynecologic procedures</b>					
57522	58353	58558	58563		
58565					
<b>Hemic and Lymphatic Systems</b>					
38500	38510	38525			
<b>Hernia repair</b>					
49505	49585	49587	49650		
49651	49652	49653	49654		
49655					
<b>Integumentary system</b>					
10121	11440	11450	11624		
11770	13121	15100	15120		
15240	19020	19120	19125		
<b>Liver biopsy</b>					
47000					
<b>Male genital system</b>					
54840					
<b>Miscellaneous</b>					
20680					
<b>Musculoskeletal system</b>					
20552	20553	21012	21013		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of Service (SOS) – Outpatient hospital (continued)</b>		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			
		<b>Nervous system</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory system</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy &amp; adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
	<b>Upper gastrointestinal endoscopy</b>				
	43235	43239	43249		
	<b>Urinary system</b>				
	52276	52287	52320	52344	
	<b>Urologic procedures</b>				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	55040	
	55700	57288			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral- pharyngeal tissue reduction for treating obstructive sleep apnea					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep studies – Attended</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Sleep studies – Unattended</b>	Prior authorization required. Excludes place of service home	95800	95801	95806	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63195 63200 63265 63271 63301 63305	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63196 63250 63267 63272 63302 63306	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63198 63251 63268 63286 63303 63307	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63194 63199 63252 63270 63300 63304 63308
<b>Stimulators</b>	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	64555	64568
	64570	64590			
<b>Transplants</b>	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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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			
			<b>CAR T-cell therapy:</b>		
			0537T	0538T	0539T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b>	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	
<b>Ventricular assist services (VAD)</b>	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 <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983		
<b>Wound vac</b>	Prior authorization required	E2402			