

Prior Authorization Requirements for Mississippi – Mississippi Coordinated Access Network (MississippiCAN) Effective Dec. 1, 2020

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Coordinated Access Network for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **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:** 866-604-3267
- **Fax:** 888-310-6858

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			
Behavioral health services	<p>Prior authorization required</p> <p>Our benefit plans provide coverage for behavioral health services through Optum Behavioral Health network.</p> <p>For more information, go to providerexpress.com> Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual</p>	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	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81163	81164	81432
		81433			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19318	19328	19330	19340
		19342	19350	19357	19361
		19364	19366	19367	19368
		19369	19370	19371	19380
		L8600			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442			
		Filgrastim-aafi (Nivestym™)			
		Q5110			
		Filgrastim-sndz (Zarxio®)			
		Q5101			
		Pegfilgrastim (Neulasta®)			
		J2505			
		Pegfilgrastim-bmez (Ziextenzo®)			
		Q5120			

CPT® is a registered trademark of the American Medical Association.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (continued)		Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 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 888-397-8129 .			
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, 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/MScommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>			
Cardiovascular	Prior authorization is required	37220	37221	37224	37225
		37226	37227	37228	37229
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) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <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 888-397-8129.</p>			
Circumcision	Prior authorization required	54161			
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	L8690	L8691
		L8692			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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	11971	15820	15821	
		15822	15823	15830	15847	
		17106	17107	17108	17999	
		21137	21138	21139	21172	
		21175	21179	21180	21181	
		21182	21183	21184	21230	
		21235	21256	21275	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	
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only	A9280	A9900	E0194	E0265	
		E0266	E0270	E0277	E0300	
		E0328	E0329	E0445	E0457	
		Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0460	E0465	E0466	E0470
			E0471	E0483	E0486	E0620
			E0636	E0637	E0652	E0656
			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	E1036	E1130	E1161
			E1220	E1229	E1231	E1232
	E1233		E1234	E1235	E1236	
	E1237		E1238	E1239	E1825	
	E2100		E2227	E2228	E2230	
	E2300	E2301	E2310	E2311		
	E2322	E2325	E2327	E2329		
	E2331	E2351	E2373	E2510		
	E2511	E2512	E2599	E2626		
	E2627	E2628	E2629	E2630		
	E8000	E8001	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		K0886	K0890	K0891	S1040
		T5999	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Elective/planned inpatient admissions	Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services				
Emergent/urgent inpatient admissions	Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours				
Enteral and parenteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B9002
	Some enteral and parenteral products are priced as point-sale-items through pharmacy benefits, and are dispensed through a retail pharmacy under contract with OptumRx. You can find a list of these products at medicaid.ms.gov > Providers > Pharmacy > Mississippi Preferred Drug List (PDL).	B9998	B9999		
Expanded early and periodic screening, diagnostic and treatment (EPSDT)	Prior authorization required for non-covered codes for members younger than age 21 For more information, please review the Administrative Code: Part 200 at medicaid.ms.gov > Providers > Administrative Code > Administrative Code Parts > Part 200: General Provider Information > Chapter 2: Benefits > Rule 2.2 Non-Covered Services.				
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		66180	A4226	A6000	A9274
		E0231	E1831		
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	
Hearing aids	Prior authorization is required	92591	92595	V5010	V5014
		V5030	V5040	V5050	V5060
		V5100	V5120	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261		
Home health care	Prior authorization required only in outpatient settings, to include patient's home	S9123	S9124		
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0791			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®			
		J1786			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Crysvita®			
		J0584			
		Elelyso®			
		J3060			
		Entyvio®			
		J3380			
		Erythropoiesis Stimulating Agents****			
		J0885			
		Evenity™			
		J3111			
		Exondys 51™			
		J1428			
		Fasenra™			
		J0517			
	Feraheme®				
	Q0138				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1439			
	IVIG				
		J1459	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
	Kalbitor®				
		J1290			
	Lemtrada®				
		J0202			
	Luxturna™				
		J3398			
	Monoferric®				
		J1437			
	Nucala®				
		J2182			
	Ocrevus™				
		J2350			
	Onpatro™				
		J0222			
	Orencia®				
		J0129			
	Parsabiv™				
		J0606			
	Probuphine®				
		J0570			
	Radicava®				
		J1301			
	Reblozyl®				
		J0896			
	Remicade®				
		J1745			
	Renflexis®				
		Q5104			
Rituxan®					
	J9312				
Rituxan Hycela®					
	J9311				
Ruconest®					
	J0596				
Ruxience®					
	Q5119				
Simponi Aria®					
	J1602				
Sodium Hyaluronate					
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332	J7333		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Soliris®	J1300			
	Spinraza™	J2326			
	Stelara®	J3358			
	Sublocade™	Q9991	Q9992		
	Synagis®*	90378			
	Tepezza®	J3241			
	Therapeutic radiopharmaceuticals***	A9513	A9590	A9606	A9699
	Trogarzo™	J1746			
	Truxima®	Q5115			
	Ultomiris™	J1303			
	Unclassified codes**	C9399	J3490	J3590	
	Vyepti™	J3032			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Xolair®	J2357			
	Zolgensma®	J3399			
		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
		<p>*Please obtain prior notification for Cimzia and Synagis through OptumRx prior notifications services at 800-310-6826.</p>			
		<p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Spravato™</p>			
		<p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129. **** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.			
Joint replacement 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		
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
		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	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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Out-of-network services A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization				
Outpatient therapies: Speech	Prior authorization required	92507			
Prescribed pediatric extended care (PPEC)	Prior authorization required	T1025	T1026		
Private duty nursing	Prior authorization required – when submitting, please use the HCFA1500 form to avoid claim reprocessing.	S9123	S9124	T1002	
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/MScommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Rhinoplasty Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	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	Auditory System			
		69205			
		Cardiovascular System			
		36590 36832			
		Carpal Tunnel Surgery			
	64721				
	Cataract Surgery				
	66821 66982 66984				
	Colonoscopy				
	45378 45380 45384 45385				
	Cosmetic & Reconstructive				
13101 13132 14040 14060					
14301 21552 21931					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
-------------------------	------------------------	--	--

Site of service (SOS) – Outpatient hospital (continued)

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	66987
66988	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

47000			
-------	--	--	--

Male Genital System

54840			
-------	--	--	--

Miscellaneous

20680			
-------	--	--	--

Musculoskeletal System

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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	28285	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			
		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	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep studies	Prior authorization required	95805	95807	95808	95810
		95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	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	0164T			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	L8682	L8685	L8686
		L8687	L8688		
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.			
		32851	32852	32853	32854
		33935	33945	38240	38241
		44135	44136	44137	47135
		50300	50320	50340	50360
		50365	50370	50380	50547
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 37718	36475 37722	36478 37780	37700
Ventricular assist devices (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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			
Wound vac	Prior authorization required	E2402			