

Prior Authorization Requirements for Mississippi Children's Health Insurance Program Effective Dec. 1, 2020

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Children's Health Insurance Program 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 tile 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			
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 Behavioral health services through a designated behavioral health network	Prior authorization required	For specific codes requiring prior authorization, please call 877-743-8734 or the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
	Our benefit plans provide coverage for behavioral health services through Optum Behavioral Health network. For more information go to providerexpress.com > Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p>			

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

- Filgrastim-sndz (Zarxio®)**
Q5101
- Pegfilgrastim (Neulasta®)**
J2505
- Pegfilgrastim-bmez (Ziextenzo®)**
Q5120
- Pegfilgrastim-cbqv (UDENYCA™)**
Q5111
- Pegfilgrastim-jmdb (Fulphila™)**
Q5108
- Sargramostim (Leukine®)**
J2820
- Tbo-filgrastim (Granix®)**
J1447
- Bone-modifying agent that requires prior authorization:**
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 tile on your Link dashboard. Or call **888-397-8129**.

Cardiology

Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.

Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.

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 tile on your Link dashboard. Or call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/MSccommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program**.

Chemotherapy

Prior authorization is 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:

- Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640) and 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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
Cosmetic and reconstructive	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	Q2026		
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A6549	A9279	A9280	A9900
		E0194	E0265	E0266	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0466	E0470	E0471	E0483
		E0486	E0620	E0636	E0637
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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
		V2786	V5269	V5270	V5271
		V5272	V5274	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			
	Enteral and parenteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998	B9999	
Experimental and investigational (and/or linked services)	Prior authorization required	36514	55866	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Hearing aid services	Prior authorization required	92590	92591	92592	92593
		92594	92595	S0618	V5010
		V5011	V5014	V5030	V5040
		V5050	V5060	V5095	V5100
		V5120	V5170	V5180	V5190
		V5220	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
	V5267	V5298			
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	S9123	S9124
		S9474			
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			
		Cryvista®			
		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®				
	J1439				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	IVIG				
		90283	90284	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)		<p>Soliris® J1300</p> <p>Spinraza™ J2326</p> <p>Stelara® J3358</p> <p>Sublocade™ Q9991 Q9992</p> <p>Synagis®* 90378</p> <p>Tepezza® J3241</p> <p>Therapeutic radiopharmaceuticals*** A9513 A9590 A9606 A9699</p> <p>Trogarzo™ J1746</p> <p>Truxima® Q5115</p> <p>Ultomiris™ J1303</p> <p>Unclassified codes** C9399 J3490 J3590</p> <p>Vyepti™ J3032</p> <p>Vyondys 53® J1429</p> <p>Xembify® J1558</p> <p>Xolair® J2357</p> <p>Zolgensma® J3399</p>			
		<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>. Predetermination 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 notification 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</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>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 tile on your Link dashboard. Or call 888-397-8129.</p> <p>**** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for an ESRD diagnosis.</p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization is 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 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L5020	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L5050	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4631 L5060	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L5010 L5100

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

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
L7009	L7040	L7045	L7170
L7180	L7181	L7185	L7186

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Outpatient therapies: speech	Prior authorization required	92507			
Private duty nursing	Prior authorization required	T1000	T1001	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	<p>Prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures:</p> <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. 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 tile 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>			
Septoplasty and rhinoplasty Treatment of 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			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	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	
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (continued)		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				
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (continued)		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	
		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			
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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		
	Stimulators	Prior authorization required	Bone growth stimulator		
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	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.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR T-Cell Therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			

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	36468 37700	36473 37718	36475 37722	36478 37780
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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	E2402			