

# Prior Authorization Requirements UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan)

## Effective April 1, 2020

### General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan) 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:** 800-366-7304

**Prior authorization is not required for emergency or urgent care.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>BRCA genetic testing</b>	Prior authorization required	81163	81164	81165	81166
		81212	81215	81216	81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19366	19367	19368
		19369	19370	19371	19380
		19396	L8600		
<b>Cardiovascular</b>	Prior authorization required	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

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			
Cardiovascular (continued)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		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	
		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>Cochlear and other auditory implants</b>	Prior authorization required	69710	69711	69714	69715
	A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69718	69799	69930	92601
			92602	92603	92604	L8614
			L8619	L8690	V5273	
	<b>Cosmetic and reconstructive</b>	Prior authorization required	11920	11921	11922	11950
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		11951	11952	11954	11960
			11971	15775	15776	15780
			15781	15782	15783	15787
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15788	15789	15792	15793
		15819	15820	15821	15822	
		15823	15824	15825	15826	
		15828	15829	15830	15832	
		15833	15834	15835	15836	
		15837	15838	15839	15847	
		15877	15878	15879	17106	
		17107	17108	17380	17999	
		19300	21172	21175	21179	
		21180	21181	21182	21183	
		21184	21230	21235	21256	
		21260	21261	21263	21267	
		21268	21270	21275	21299	
		21740	21742	21743	28344	
		30120	30540	30545	30560	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		30620	31295	31296	31297
		31298	40500	67900	67901
		67902	67903	67904	67906
		67908	67909	67912	67950
		67961	67966	69090	69300
		69320	Q2026	Q2027	Q2202
		S2202			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b> .			
Durable medical equipment (DME)	Prior authorization required	Prior authorization required <b>regardless of billed amount:</b>			
		E0466	E1230	E1239	E2310
		E2311	E2321	K0800	K0801
		K0802	K0806	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Prior authorization required only for a <b>retail purchase or cumulative rental cost of more than \$1,000:</b>			
		A9280	A9900	A9999	B9999
		E0170	E0193	E0194	E0203
		E0231	E0246	E0277	E0300
		E0302	E0304	E0316	E0328
		E0329	E0350	E0373	E0459
		E0462	E0465	E0483	E0603
		E0616	E0617	E0618	E0635
		E0636	E0639	E0640	E0670
E0692	E0693	E0694	E0700		
E0710	E0740	E0745	E0746		
E0761	E0762	E0764	E0770		
E0782	E0783	E0784	E0785		
E0786	E0830	E0970	E0983		
E0984	E0986	E0988	E1002		
E1003	E1004	E1005	E1006		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Durable medical equipment (DME) (continued)</b>		E1007	E1008	E1009	E1010	
		E1011	E1017	E1018	E1020	
		E1029	E1030	E1035	E1036	
		E1037	E1050	E1070	E1084	
		E1085	E1086	E1087	E1089	
		E1100	E1110	E1161	E1170	
		E1171	E1172	E1180	E1190	
		E1195	E1200	E1222	E1224	
		E1227	E1228	E1229	E1231	
		E1232	E1233	E1234	E1235	
		E1236	E1237	E1238	E1270	
		E1280	E1295	E1296	E1297	
		E1298	E1310	E1399	E1500	
		E1510	E1520	E1530	E1540	
		E1550	E1560	E1575	E1580	
		E1590	E1592	E1594	E1600	
		E1615	E1620	E1625	E1630	
		E1632	E1634	E1635	E1636	
		E1637	E1639	E1699	E1800	
		E1801	E1802	E1805	E1810	
		E1811	E1812	E1815	E1818	
		E1825	E1830	E1840	E2227	
		E2312	E2322	E2325	E2327	
		E2328	E2329	E2330	E2376	
		E2402	E2500	E2502	E2504	
		E2506	E2508	E2510	E2511	
		E2512	K0005	K0007	K0020	
		K0037	K0039	K0044	K0046	
		K0047	K0050	K0051	K0056	
		K0065	K0072	K0073	K0098	
		K0105	K0108	K0455	K0609	
		K0730	K0743	K0744	K0745	
		K0746	L0462	L0464	L1000	
		L1005	L2136	L3999	L5000	
		L5400	L5420	L5535	L5585	
		L5999	L6380	L6382	L6384	
		Q0479	Q0480	Q0481	Q0482	
		Q0483	Q0484	Q0489	Q0495	
		Q0496	Q0503	S1040	T1999	
		T5999	V2786			
	<b>Enteral services</b>	Prior authorization required	B4102	B4103	B4104	
	In-home nutritional therapy, either enteral or through a gastrostomy tube					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (and/or linked services)	Prior authorization required	20985	22505	22867	22869
		25259	27275	27860	28446
		28890	29880	31634	33477
		36514	37204	37210	43257
		53855	53860	54240	55840
		55866	58353	58356	58563
		62263	62264	62290	62291
		62292	64405	64566	64722
		64744	65765	65767	66180
		78351	82523	85547	90867
		90868	90869	91117	91132
		91133	93668	94011	94012
		94013	95250	95251	95905
		95965	95966	95967	96000
		96001	96003	96004	96902
		99174	0019T	0030T	0054T
		0055T	0085T	0100T	0101T
		0102T	0103T	0106T	0107T
		0108T	0109T	0110T	0111T
		0123T	0124T	0174T	0175T
		0191T	0198T	0200T	0201T
		0207T	0213T	0214T	0215T
		0216T	0217T	0218T	0230T
		0231T	0253T	0263T	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	A4575
		A4638	A6000	A9274	A9276
		A9277	A9278	E0446	E1831
		G0295	G0329	G0341	G0342
		G0343	G9147	M0076	P2031
		P2033	P2038	S0810	S1030
		S1031	S2102	S2300	S2325
S3652	S3902	S9001	S9025		
S9055	S9349	S9988	S9990		
S9991					
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		19303	21899	31599	31899
		53410	53420	53425	53430
		54125	54400	54401	54405
		54408	54520	54660	54690
		55175	55180	56625	56800
		56805	57106	57110	57291
		57292	57295	57296	57335
		57426	58661	58720	58940
		64856	64892	64896	92507
		92508			
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required	<b>Cryvista®</b>			
		J0584			
		<b>Luxturna™</b>			
		J3398			
		<b>Onpattro™</b>			
		J0222			
		<b>Radicava®</b>			
		J1301			
		<b>Soliris®</b>			
		J1300			
		<b>Spinraza™</b>			
		J2326			
		<b>Ultomiris™</b>			
J1303					
<b>Unclassified codes*</b>					
		C9399	J3490	J3590	
<b>Injectable medications – Step Therapy</b>	Prior authorization required	<b>Erythropoiesis Stimulating Agents</b>			
		J0881	J0885*		
		<b>Hyaluronic acid polymers (FDA approved as medical devices)</b>			
		J7320	J7321	J7322	J7323
		J7324	J7326	J7327	J7329
		J7331	J7332		
		<b>Immunomodulators</b>			
		J1745			
		* For code J0885 prior authorization is required for Procrit only (does not include Epogen)			
		<b>Inpatient admissions</b>	Notification required		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions: Acute inpatient rehabilitation (AIR) Long-term acute care (LTAC) Skilled nursing facility (SNF)</b>	Prior authorization and notification of admission date required				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24362 27122 27134 27445 27487 G0428	23472 24363 27125 27137 27446 29866 J7330	24360 26340 27130 27138 27447 29867 S2112	24361 27120 27132 27412 27486 29868
<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Non-emergent air ambulance transports</b>	Prior authorization required	A0140	A0424		
<b>Orthognathic surgery</b>	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21245 21249	21121 21127 21145 21151 21160 21195 21206 21242 21246 21255	21122 21141 21146 21154 21188 21196 21210 21243 21247	21123 21142 21147 21155 21193 21198 21215 21244 21248
<b>Orthotics</b>	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0200 L0468 L0486 L0629 L0636 L0810 L0999 L1310 L1680 L1720 L1844 L2000 L2030 L2038 L2070 L2232 L2525 L2800 L3201 L3206 L3211 L3215 L3253	L0140 L0220 L0480 L0622 L0631 L0638 L0820 L1001 L1499 L1685 L1730 L1846 L2005 L2034 L2040 L2080 L2320 L2526 L2861 L3202 L3207 L3212 L3250 L3254	L0150 L0452 L0482 L0623 L0632 L0700 L0830 L1200 L1630 L1700 L1755 L1904 L2010 L2036 L2050 L2090 L2387 L2627 L3020 L3203 L3208 L3213 L3251 L3255	L0170 L0466 L0484 L0624 L0634 L0710 L0859 L1300 L1640 L1710 L1834 L1920 L2020 L2037 L2060 L2126 L2520 L2628 L3160 L3204 L3209 L3214 L3252 L3257



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		L3265	L3320	L3485	L3649
		L3674	L3720	L3764	L3765
		L3766	L3891	L3900	L3901
		L3904	L3921	L3956	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L4000
		L4030	L4040	L4045	L4050
		L4055	L4631		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<b>Prosthetics</b>	Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6624	L6638	L6646	L6648
		L6693	L6696	L6697	L6707
		L6709	L6712	L6713	L6714
		L6715	L6721	L6722	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6920	L6925	L6930
		L6935	L6940	L6945	L6950

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7499	L8035	L8039
		L8041	L8042	L8043	L8044
		L8049	L8499	L8505	L8604
		L8609	L8629	L8631	L8659
		L8699	V2627		
<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 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/OHcommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Respite care</b>	Prior authorization required	S5150	S5151		
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299	S2080		
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22103
		22110	22112	22114	22116
		22206	22207	22208	22210
		22212	22214	22216	22220
		22222	22224	22226	22526
		22527	22532	22533	22534
		22548	22551	22552	22554
		22556	22558	22585	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22855	22856

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		22857	22861	22862	22864
		22865	22899	62287	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64633	64634
		0095T	0098T	0163T	0164T
	0165T	0202T	0219T	0220T	
	0221T	0222T	0232T	S2348	
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61863	61864	61867	61868
		61886	64595	64555	63650
		63655	63685	64553	64570
	61885	64568	61850	64590	
<b>Transplants</b>	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 <b>800-418-4994</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants(continued)</b>		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vagus nerve stimulation</b>	Prior authorization required	61888	64569	C1767	C1778
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8681	L8689		
<b>Vein procedures</b>	Prior authorization required	36473	36475	36476	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36479	37700	37718	37722
		37735	37780	37785	
<b>Ventricular assist devices (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		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			