

# Prior Authorization Requirements UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan) Effective Nov. 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: 800-600-9007**

**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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
	170.708	170.709	170.711	170.712	
	170.713	170.718	170.719	170.721	
	170.722	170.723	170.728	170.729	
	170.731	170.732	170.733	170.734	
	170.735	170.738	170.739	170.741	
	170.742	170.743	170.744	170.745	
	170.748	170.749	170.761	170.762	
	170.763	170.768	170.769	170.791	
	170.792	170.793	170.798	170.799	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		21268	21270	21275	21299
		21740	21742	21743	28344
		30120	30540	30545	30560
		30620	31295	31296	31297
		31298	40500	67900	67901
		67902	67903	67904	67906
		67908	67909	67912	67950
		67961	67966	69090	69300
		69320	Q2026	Q2202	S2202
<b>Durable medical equipment (DME) – incontinence supplies</b>	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> .			
<b>Durable medical equipment (DME)</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E0786	E0787	E0830	E0970
		E0983	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization required	20985	22505	22867	22869
		25259	27275	27860	28446
		28890	29880	31634	33477
		36514	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	0054T
		0055T	0085T	0100T	0101T
		0102T	0106T	0107T	0108T
		0109T	0110T	0111T	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
		A4226	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		15738	15750	15757	15758
		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>Adakveo®</b>			
		J0791			
		<b>Cryvista®</b>			
		J0584			
		<b>Givlaari®</b>			
		J0223			
		<b>Luxturna™</b>			
		J3398			
		<b>Onpattro™</b>			
		J0222			
		<b>Radicava®</b>			
		J1301			
		<b>Reblozy®</b>			
		J0896			
		<b>Soliris®</b>			
		J1300			
		<b>Spinraza™</b>			
J2326					
<b>Tepezza®</b>					
J3241					
<b>Ultomiris™</b>					
J1303					
<b>Zolgensma®</b>					
J3399					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications – Step Therapy</b>	Prior authorization required	<b>Colony Stimulating Factors</b>			
		<b>J1442</b>	<b>J1447</b>	<b>Q5108</b>	<b>Q5110</b>
		<b>Q5120</b>			
		<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	J7333	
		<b>Immunomodulators</b>			
J1745	Q5121				
* For code J0885 prior authorization is required for Procrit only (does not include Epogen)					
<b>Inpatient admissions</b>	Notification required				
<b>Inpatient admissions - post acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:	Submit prior authorization requests through naviHealth as part of the Continued Care program.			
		<ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>	Phone: <b>855-851-1127</b>	Fax: <b>844-244-9482</b>	
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
<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	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255		
<b>Orthotics</b>	Prior authorization required for Orthotics codes listed with a retail	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>	purchase or cumulative rental cost of more than \$1,000	L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1846	L1904	L1920
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2040	L2050	L2060
		L2070	L2080	L2090	L2126
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3020	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209
		L3211	L3212	L3213	L3214
		L3215	L3250	L3251	L3252
		L3253	L3254	L3255	L3257
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Prosthetics (continued)</b>		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
		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>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		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
		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
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b> .  33927      33928      33929      33975 33976      33979      33981      33982 33983