

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

Effective Feb. 1, 2022

## 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 UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal 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 81212	81164 81215	81165 81216	81166 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19355 19367 19371	19318 19340 19357 19368 19380	19325 19342 19361 19369 19396	19328 19350 19364 19370 L8600
<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b> 33285      E0616  <b>Vascular</b> 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Cardiovascular (continued)	170.209	170.211	170.212	170.213
	170.218	170.219	170.221	170.222
	170.223	170.228	170.229	170.231
	170.232	170.233	170.234	170.235
	170.238	170.239	170.241	170.242
	170.243	170.244	170.245	170.248
	170.249	170.25	170.261	170.262
	170.263	170.268	170.269	170.291
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		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	
		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>Cartilage Implants</b>	Prior authorization required	27415	27416		
	<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69715
			69718	69799	69930	92601
			92602	92603	92604	L8614
			L8619	L8690	V5273	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Continuous Glucose Monitor</b>	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive</b> 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	11920 11951 11971 14061 15780 15787 15793 15822 15826 15832 15836 15847 17106 17999 21179 21183 21256 21267 21299 28344 30560 31297 67900 67904 67912 69090 S2202	11921 11952 14020 14301 15781 15788 15819 15823 15828 15833 15837 15877 17107 19300 21180 21184 21260 21268 21740 30120 30620 31298 67901 67906 67950 69300	11922 11954 14021 15775 15782 15789 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230 21261 21270 21742 30540 31295 31299 67902 67908 67961 69320	11950 11960 14060 15776 15783 15792 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235 21263 21275 21743 30545 31296 40500 67903 67909 67966 Q2026
<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	E0766	E1230	E1239
		E2310	E2311	E2321	E2510
		E2609	E2617	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	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>					
	A9900	A9280	A9999	B9999	
	E0170	E0193	E0194	E0203	
	E0231	E0246	E0277	E0300	
	E0302	E0304	E0316	E0328	
	E0329	E0350	E0373	E0459	
	E0462	E0465	E0483	E0603	
	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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		E2329	E2330	E2376	E2402
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		E8000	E8001	E8002	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> 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	0100T	0101T	0102T
		0106T	0107T	0108T	0109T
		0110T	0174T	0175T	0191T
		0198T	0200T	0201T	0207T
		0213T	0214T	0215T	0216T
		0217T	0218T	0253T	0263T
		0264T	0265T	0266T	0267T
		0268T	0269T	0270T	0271T
		0272T	0273T	0274T	0275T
		A4575	A4638	A6000	A9274

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (and/or linked services) (continued)		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	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Gender dysphoria treatment	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
		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					
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	<b>Adakveo®</b>			
		J0791			
		<b>Cryvista®</b>			
		J0584			
		<b>Evkeeza™</b>			
		J1305			
		<b>Givlaari®</b>			
		J0223			
<b>Luxturna™</b>					
J3398					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		<b>Onpattro™</b>				
		J0222				
		<b>Oxlumo™</b>				
		J0224				
		<b>Radicava®</b>				
		J1301				
		<b>Reblozy®</b>				
		J0896				
		<b>Scenesse®</b>				
		J7352				
		<b>Soliris®</b>				
		J1300				
		<b>Spinraza™</b>				
		J2326				
		<b>Tepezza®</b>				
J3241						
<b>Ultomiris™</b>						
J1303						
		Unclassified and Temporary codes*				
		C9086	C9399	J3490	J3590	
<b>Uplizna™</b>						
J1823						
<b>Zolgensma®</b>						
J3399						

\*For unclassified and temporary codes C9086, C9399, J3490, J3590 prior authorization is only required for Ryplazm®, and Saphnelo™

Inpatient admissions	Notification required				
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<b>Inpatient admissions - post acute services</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <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>	<p>Submit prior authorization requests through naviHealth as part of the Continued Care program.</p> <p><b>Phone: 855-851-1127</b> <b>Fax: 844-244-9482</b></p> <p>The Continued Care Program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they’re discharged from the acute setting to returning home.</p>			
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<b>Joint replacement</b>	Prior authorization required	23470	23472	24360	24361
Joint, total hip and knee replacement procedures		24362	24363	26340	27120





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Joint replacement (continued)</b>		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>Orthopedic Surgeries</b>	Prior authorization required	24365	25441	25442	25444
		25446	25449	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29891
		29892	29894	29895	29897
		29898	29899		
<b>Orthotics</b>	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		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>Pain Management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<b>Prostate Procedures</b>	Prior authorization required	52441	52442	55874	
<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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		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 UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41512	41599	42145
		42299	S2080		
<b>Spinal surgery</b>	Prior authorization required	20930	20931	20939	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	22854	22855	22856
		22857	22858	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
		63185	63190	63191	63197
		63200	63250	63251	63252
63265	63267	63268	63270		
63271	63272	63286	63300		
63301	63302	63303	63304		
63305	63306	63307	63308		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		64633	64634	0095T	0098T
		0163T	0164T	0165T	0202T
		0219T	0220T	0221T	0222T
		0232T	S2348		
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61863	61864	61867	61868
		61886	64595	64555	63650
		63655	63685	64553	64570
		61885	64568	61850	64590
		L8682	L8683		
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) 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.			
		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	Q2053	Q2054
		Q2055			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61888	64569	C1767	C1778
		L8681	L8689		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures</b> 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 36479 37722 37780	36475 37243 37735 37785	36476 37700 37765 37799	36478 37718 37766
<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 33976 33983	33928 33979	33929 33981	33975 33982