

Prior Authorization Requirements UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan) Effective Jan. 1, 2021

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 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			
Behavioral health services	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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
BRCA genetic testing	Prior authorization required	81163	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cardiovascular	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				
Cardiovascular (continued)		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	
	Cochlear and other auditory implants	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	
	Cosmetic and reconstructive	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Cosmetic and reconstructive (continued)		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		
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 844-564-1008 .					
Durable medical equipment (DME)	Prior authorization required	Prior authorization required regardless of billed amount:					
		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 retail purchase or cumulative rental cost of more than \$1,000:			
				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	E0787	E0830	E0970		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
Experimental or investigational (and/or linked services)	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
		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	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		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	Adakveo®			
		J0791			
		Cryvista®			
		J0584			
		Givlaari®			
		J0223			
		Luxturna™			
		J3398			
		Onpattro™			
		J0222			
		Radicava®			
		J1301			
		Reblozy®			
		J0896			
		Soliris®			
		J1300			
		Spinraza™			
J2326					
Tepezza®					
J3241					
Ultomiris™					
J1303					
Zolgensma®					
J3399					
Injectable medications – Unclassified	Prior authorization is only required for Scenese® and Uplizna™	C9399	J3490	J3590	

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

Inpatient admissions	Notification required					
Inpatient admissions - post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 	Submit prior authorization requests through naviHealth as part of the Continued Care program. Phone: 855-851-1127 Fax: 844-244-9482 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.				
Joint replacement	Prior authorization required	23470	23472	24360	24361	
Joint, total hip and knee replacement procedures		24362	24363	26340	27120	
		27122	27125	27130	27132	
		27134	27137	27138	27412	
		27445	27446	27447	27486	
		27487	29866	29867	29868	
		G0428	J7330	S2112		
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436	
Non-emergent air ambulance transports	Prior authorization required	A0140	A0424			
Orthognathic surgery	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			
Orthotics	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (continued)		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		
Private duty nursing	Prior authorization required	T1000	T1001		
Prosthetics	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		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		
	Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain 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/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>		
Respite care	Prior authorization required	S5150	S5151		
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299	S2080		
Spinal surgery	Prior authorization required	22100	22101	22102	22103
		22110	22112	22114	22116
		22206	22207	22208	22210
		22212	22214	22216	22220

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	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			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		61863	61864	61867	61868
		61886	64595	64555	63650
		63655	63685	64553	64570
	61885	64568	61850	64590	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) 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
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Tecartus™			
Vagus nerve stimulation	Prior authorization required	61888	64569	C1767	C1778
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8681	L8689		
Vein procedures	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	
Ventricular assist devices (VAD)	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 .			
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			