

Prior Authorization Requirements for STAR Kids

Effective October 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR Kids 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 tool on your Link dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972;** fax form is available at **UHCprovider.com/TXCommunityPlan>**Prior Authorization and Notification Resources >Prior Authorization Forms

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 Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than 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
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, Q5101, and Q5110 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Injectable colony-stimulating factor drugs that require prior authorization –</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2505 Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®)			

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

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 tool on your Link dashboard. Or, call **888-397-8129**

Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants 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 tool on your Link dashboard. Or, call 866-889-8054 .			
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program.			

Cardiovascular	Prior authorization required for lower extremities angiogram only	75710	75716		
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Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95951			
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				

Chemotherapy	Prior authorization 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:			
		<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) 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 			
		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 888-397-8129			

Circumcision	Prior authorization required	54150	54160	54161	54162
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Cochlear implants and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures 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	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	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			
Dental anesthesia	Prior authorization required for members younger than age 21	00170	41899		
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9900	E0194	E0265
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0481
		E0483	E0636	E0637	E0638
		E0641	E0642	E0652	E0669
		E0700	E0710	E0745	E0762
		E0764	E0766	E0784	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
	E1035	E1130	E1161	E1229	
	E1231	E1232	E1233	E1234	
	E1235	E1236	E1237	E1238	
	E1239	E1399	E1825	E2100	
	E2227	E2228	E2300	E2310	
	E2311	E2325	E2327	E2329	
	E2351	E2373	E2510	E2511	
	E2512	E2599	E2626	E2627	
	E2628	E2629	E2630	E8001	
	K0005	K0008	K0013	K0108	
	K0848	K0849	K0850	K0851	
	K0852	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		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4103	B4104	B4149	B4150
		B4152	B4153	B4155	B4158
Enteral services (cont'd)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		B4159 B9998	B4160	B4161	B9002

Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		66180	A9274	E1831	
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	
Gender dysphoria treatment	Prior authorization required	55970	55980	56805*	57335*

*These **surgical codes** with the following **DX codes**:

		F64.0	F64.1	F64.2	F64.8	
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81164	81165	81166	81167	
		81170	81200	81201	81202	
		81203	81205	81206	81207	
		81208	81209	81210	81212	
		81215	81216	81217	81218	
		81219	81220	81221	81222	
		81223	81224	81225	81226	
		81227	81233	81235	81237	
		Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81240	81241	81242	81243
			81244	81245	81246	81250
			81251	81252	81253	81254
			81255	81256	81257	81260
			81261	81262	81263	81264
			81265	81266	81267	81268
	81270		81272	81273	81275	
	81276		81287	81288	81290	
	81291		81292	81293	81294	
	81295		81296	81297	81298	
	81299	81300	81301	81302		
	81303	81304	81310	81313		
	81314	81315	81316	81317		
	81318	81319	81321	81322		
	81323	81324	81325	81326		
	81327	81330	81331	81332		
81340	81341	81342	81350			
81355	81370	81371	81372			
81373	81374	81375	81376			
81377	81378	81379	81380			
81381	81382	81383	81400			
81401	81402	81403	81404			
81405	81406	81407	81408			
81410	81411	81420	81450			
81455	81507	81519	0011M			
0012M	0013M	0036U	0037U			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont'd)		0040U	0104U		
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503	G0299	G0300	S9474
Injectable medications	Prior authorization required	<p>Actemra® J3262</p> <p>Acthar® J0800</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura™ J0567</p> <p>Crysvita® J0584</p> <p>Cinqair® J2786</p> <p>Entyvio® J3380</p> <p>Fasenra™ J0517</p> <p>Gamifant® C9050</p> <p>Ilaris® J0638</p> <p>Ilumya™ J3245</p> <p>Inflectra® Q5103</p> <p>IVIG 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Luxturna™ J3398</p> <p>Makena® J1726 J1729 J2675</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Onpattro™ C9036 J3490** J3590**</p> <p>Orencia®</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)	J0129				
	Parsabiv™				
	J0606				
	Probuphine®				
	J0570				
	Radicava®				
	J1301				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	Soliris®				
	J1300				
	Spinraza™				
	J2326				
	Sublocade™				
	Q9991	Q9992			
	Synagis®*				
	90378				
	Therapeutic Radiopharmaceuticals***				
	A9699				
	Trogarzo™				
	J1746				
	Ultomiris™				
	C9052				
Unclassified codes**					
C9399	J3490	J3590			
Xolair®*					
J2357					
White blood cell colony stimulating factors****					
J1442	J1447	Q5101	Q5110		
<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>. Pre-determination 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 Synagis and</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)		<p>Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Evenity™, Gamifant®, Onpattro™, Spravato™, Ulltomiris™, and Zolgensma®</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 888-397-8129</p> <p>****Codes J1442, J1447, Q5101, and Q5110, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</p>			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Long-term services and supports (LTSS)/Home- and Community-Based Services (HCBS)	Prior authorization obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs				
Mental health (MH)/Substance Use Disorder (SUD)	<p>Prior authorization required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization <u>not</u> required for crisis evaluations, code H2011</p>	<p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to 877-450-6011. Fax form is available at UHCprovider.com/TXCommunityPlan>Prior Authorization and Notification Resources >Prior Authorization Forms</p>			
		0124	0126	0128	1001
		1002	0912	1906	99318
		99341	99342	99343	99344
		99345	99347	99348	99349
		99304	99305	99306	99307
		99308	99309	99310	99315
		99316	99318	96101	96102
		96103	90870	G0177	H0012
		H0014	H0016	H0034	H0046
		H0047	H0050	H2014	H2017
		H2035	H2036	T1007	T1017
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent ground ambulance	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		A0433	A0434		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21255	21296
		21299			
		Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170
L0464	L0480			L0482	L0484
L0486	L0624			L0629	L0631
L0632	L0634			L0636	L0637
L0638	L0640			L0700	L0710
L0810	L0820			L0830	L0859
L1000	L1005			L1200	L1300
L1310	L1499			L1680	L1685
L1700	L1710			L1720	L1730
L1755	L1812			L1820	L1830
L1831	L1832			L1834	L1836
L1840	L1844			L1845	L1846
L1847	L1860			L1945	L1950
L1970	L2000			L2005	L2010
L2020	L2030			L2034	L2036
L2037	L2038			L2060	L2106
L2108	L2126			L2136	L2350
L2510	L2526			L2627	L2628
L3230	L3265			L3649	L3671
L3674	L3720			L3730	L3740
L3763	L3764			L3900	L3901
L3904	L3905			L3961	L3971
L3975	L3976			L3977	L3999
L4000	L4010			L4020	L4631
L5010	L5020			L5050	L5060
L5100	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (cont'd)		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	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
			L8610		

Outpatient therapy	Prior authorization required	70371	92506	92507	92508
	For prior authorization, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card..	92526	92626	92627	92630
		92633	96105	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
	For patients ages 21 and older: Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum,	97034	97035	97036	97039
		97110	97112	97113	97116

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	you can edit and submit the form at myoptumhealthphysicalhealth.com > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at 800-873-4575 . For patients younger than 21: Care providers must submit the top two sections of the Patient Summary Form PSF-750 and TX Pediatric Supplement Form - you don't have to complete the patient section in the bottom third of the form. If you are not able to submit the form online or have questions, please call Optum Physical Health at 800-873-4575 .	97124	97139	97140	97150
		97164	97168	97530	97533
		97535	97537	97542*	97545
		97546	97750	97760	97761
		97799	G0129	G0152	G0281
		G0282	G0283	G0515	S8990
		S9152	OR billed with these Revenue codes:		
		419	420	421	422
		423	424	429	430
		431	432	433	434
	439	977	978		
	* Prior authorization not required for DME providers				
Prescribed pediatric extended care services (PPEC)	Prior authorization required	T1025	T1026	T2002	
Private duty nursing	Prior authorization required	T1000			
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
Psychological testing	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for obtaining authorization 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 tool on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program			
Rhinoplasty and septoplasty 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
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		22800	22802	22804	22808	
		22810	22812	22818	22819	
		22830	22849	22850	22852	
		22855	22865	22899	63001	
		63003	63005	63011	63012	
		63015	63016	63017	63020	
		63030	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	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		CAR-T Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
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	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			