

# Prior Authorization Requirements for Wisconsin Medicaid Effective July 1, 2020

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Wisconsin 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 tile on your Link dashboard.
- **Phone:** 866-604-3267

**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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43848	43645 43842 43860	43659 43846	43770 43847
<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.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse or substance use services.			
<b>Birth to age 3 program and in-school therapies</b>	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b>  <b>Bio similar (Zarxio®)</b> Q5101 <b>Filgrastim (Neupogen®)</b> J1442 <b>Filgrastim-aafi (Nivestym™)</b> Q5110 <b>Pegfilgrastim (Neulasta®)</b> J2505 <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120 <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila™)</b>			

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

Q5108  
**Sargramostim (Leukine®)**  
 J2820  
**Tbo-filgrastim (Granix®)**  
 J1447

**Bone-modifying agent that requires prior authorization:**

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

Cardiovascular	Prior authorization is required for lower extremities angiogram only.	75710*	75716*
*Prior authorization is 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
		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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <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 tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500.  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
		E0652	E0656	E0669	E0670
		E0745	E0784	E0787	E0984
		E0986	E1002	E1003	E1004
		E1005	E1007	E1008	E1009
		E1010	E1030	E1036	E1825
		E2100	E2227	E2228	E2230
		E2310	E2311	E2322	E2325
		E2327	E2329	E2351	E2373
		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
		E2630	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		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		
V2786	V5274	V5281	V5282		
V5283	V5286	V5287	V5288		
V5290					
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103
		B4104	B4149	B4150	B4152
		B4153	B4155	B4158	B4159
		B4160	B4161	B9002	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	29914	29915	29916	33477
		36514	55866	64722	65765
		65767	66180	0191T	A9274*
		E1831	S0810	S9990	S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
		*For dates of service on or after <b>August 1, 2020</b> A9274 will require prior authorization			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes:</b>			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14020	14021
		14040	14041	14060	14301

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Gender dysphoria treatment (continued)</b>		14302	15734	15738	15750	
		15757	15758	19303	53410	
		53430	54125	54520	54660	
		54690	55175	55180	56625	
		56800	56805	57110	57335	
		58150	58180	58260	58262	
		58290	58291	58541	58542	
		58543	58544	58550	58552	
		58553	58554	58570	58571	
		58572	58573	58661	58720	
		58940	64856	64892	64896	
	<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required	81105	81106	81107	81108
			81109	81110	81111	81120
		81121	81161	81162	81163	
		81164	81165	81166	81167	
		81170	81173	81174	81175	
		81176	81177	81178	81179	
		81180	81181	81182	81183	
		81184	81185	81186	81187	
		81188	81189	81190	81200	
		81201	81202	81203	81204	
		81205	81206	81207	81208	
		81209	81210	81212	81215	
		81216	81217	81218	81219	
		81220	81221	81222	81223	
		81224	81228	81229	81233	
		81234	81235	81238	81239	
		81240	81241	81242	81243	
		81244	81245	81246	81247	
		81248	81249	81250	81251	
		81252	81253	81254	81255	
		81256	81257	81258	81259	
		81260	81261	81262	81263	
		81264	81265	81266	81267	
		81268	81269	81270	81271	
		81272	81273	81274	81275	
		81276	81280	81282	81284	
		81285	81286	81287	81288	
		81289	81290	81292	81293	
		81294	81295	81296	81297	
		81298	81299	81300	81301	
		81302	81303	81304	81305	
		81307	81308	81309	81310	
		81311	81312	81314	81315	
	81316	81317	81318	81319		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81321	81322	81323	81324
		81325	81326	81329	81330
		81331	81334	81335	81336
		81337	81340	81341	81342
		81361	81362	81363	81364
		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	81413	81414	81420
		81430	81431	81434	81437
		81438	81439	81440	81460
		81465	81479	81507	81518
		81519	81545	81595	81599
		87480	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87652	87660
		87661	87797	87798	87799
	87800	87801			
Home health care	Prior authorization is required only in outpatient settings, to include member's home	99504 S9124	99600 T1021	G0299	S9123
	<b>Note:</b> G-codes aren't supported by the state.	<b>*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.</b>			
Hospice	Prior authorization required	T2044	T2045		
Incontinence supplies	Prior authorization required	T4542			
Injectable medications	Prior authorization required	<b>Adakveo®</b> J0791 <b>Benlysta</b> J0490 <b>Cimzia®</b> J0717 <b>Feraheme®</b> Q0138 <b>Givlaari®</b> J0223 <b>Injectafer®</b> J1439 <b>Reblozyl®</b> J0896 <b>Rituxan®</b> J9312 <b>Rituxan Hycela®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J9311			
		<b>Ruxience®</b>			
		Q5119			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332	J7333	
		<b>Stelara®</b>			
		J3358			
		<b>Synagis®</b>			
		90378			
		<b>Therapeutic Radiopharmaceuticals*</b>			
		A9513	A9590	A9606	A9699
		<b>Truxima®</b>			
		Q5115			
	<b>Vyondys 53®</b>				
	J1429				
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<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
	To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493.	S9960	S9961		
<b>Orthognathic surgery</b> 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	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	retail purchase or a cumulative rental cost of more than \$500.	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	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	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
		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	L5930	L5950		
L5960	L5961	L5962	L5964		
L5966	L5968	L5973	L5976		
L5979	L5980	L5981	L5982		
L5984	L5986	L5987	L5988		
L5999	L6000	L6010	L6020		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	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	L7185	L7186	L7190
	L7191	L7405	L8040	L8042	
	L8043	L8044	L8045	L8046	
	L8047	L8499	L8610	L8612	
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	T1001	T1002	T1003	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 tile on your Link dashboard. Or, call <b>866-889-8054</b> . For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/WIcommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</b>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
<b>Spinal surgery (continued)</b>		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		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		
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8685	L8686	L8687	L8688
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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>Vein procedures</b>	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	
<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	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			