

# Prior Authorization Requirements for Wisconsin Medicaid

## Effective October 1, 2018

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Wisconsin participating care providers 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 800-897-8317; fax form is available at **UHCprovider.com/wicommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax 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  |  |  |   |
|---|--|---|--|--|---|
| <b>Bariatric surgery</b><br>Inpatient and outpatient bariatric surgery and obesity-related services           | Prior authorization required   | 0312T<br>0316T<br>43648<br>43842<br>43860<br>95980  | 0313T<br>0317T<br>43659<br>43846<br>43881<br>95981 | 0314T<br>43644<br>43770<br>43847<br>43882<br>95982 | 0315T<br>43645<br>43775<br>43848<br>64590 |
| <b>Behavioral health services</b>   | 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/substance use services. |  |  |   |
| <b>Birth to age 3 program and in-school therapies</b>   | Prior authorization 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><br>Electronic stimulation or ultrasound to heal fractures                       | Prior authorization required   | 20975<br>E0760  | 20979  | E0747  | E0748                                     |
| <b>BRCA genetic testing</b>   | Prior authorization required   | 81162<br>81214<br>81432   | 81211<br>81215<br>81433                            | 81212<br>81216                                     | 81213<br>81217                            |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast other than following mastectomy | Prior authorization required   | 19316<br>19328<br>19350<br>19366<br>19370<br>L8600  | 19318<br>19330<br>19357<br>19367<br>19371          | 19324<br>19340<br>19361<br>19368<br>19380          | 19325<br>19342<br>19364<br>19369<br>19396 |
| <b>Cancer supportive care</b>   | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis | <b>Injectable colony-stimulating factor drugs that require prior authorization:</b><br><br><b>Bio similar (Zarxio®)</b><br>Q5101  |  |  |   |

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| Procedures and Services                | Additional Information  | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization   |
|--|---|--|
| <b>Cancer supportive care (cont'd)</b> |   | <p><b>Filgrastim (Neupogen<sup>®</sup>)</b><br/>J1442</p> <p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b><br/>J2505</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b><br/>J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab</b><br/>J0897</p> <p><b><u>To submit a prior authorization request for dates of service through Oct. 31, 2018:</u></b></p> <p>Please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p><b><u>To submit a prior authorization request for dates of service Nov. 1, 2018, and after:</u></b></p> <p>Please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p> |
| <b>Chemotherapy</b>                    | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <p><b><u>Injectable chemotherapy drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</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><b><u>To submit a prior authorization request for dates of service through Oct. 31, 2018:</u></b></p> <p>Please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior</p>   |

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

**Chemotherapy (cont'd)**

Authorization and Notification app tile on your Link dashboard. Or, call **866-889-8054**.

**To submit a prior authorization request for dates of service Nov. 1, 2018, and after:**

Please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129**.

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
| <b>Cochlear implants and other auditory implants</b><br>A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required   | 69710 | 69714 | 69715 | 69718 |
|  |  | 69930 | L8614 | L8619 | L8690 |
|  |  | L8691 | L8692 |       |       |
|  |  |       |       |       |       |
| <b>Cosmetic and reconstructive procedures</b><br>Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological 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 |       |       |       |
| <b>Durable medical equipment (DME)</b>   | Prior authorization required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 | E0194 | E0265 | E0266 | E0445 |
|  |  | E0457 | E0460 | E0466 | E0483 |
|  |  | E0656 | E0669 | E0670 | E0745 |
|  |  | E0766 | E0784 | E0984 | E0986 |
|  | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .   | E1002 | E1003 | E1004 | E1005 |
|  |  | E1007 | E1008 | E1009 | E1010 |
|  | Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .         | E1030 | E1036 | E2100 | E2227 |
|  |  | E2228 | E2230 | E2322 | E2325 |
|  |  | E2327 | E2329 | E2351 | E2373 |
|  |  | E2510 | E2511 | 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 |

| Procedures and Services  | Additional Information  | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization  |        |       |       |
|--|---|---|--------|-------|-------|
| <b>Durable medical equipment (DME) (cont'd)</b>  |   | K0891   | S1040  | T1999 | V2786 |
|  |   | V5274   | V5281  | V5282 | V5283 |
|  |   | V5286   | V5287  | V5288 | V5290 |
| <b>Enteral services</b><br>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</b>  | Prior authorization required  | 0191T   | 33477  | 36514 | 55866 |
|  |   | 61863   | 61864  | 61867 | 61868 |
|  |   | 61886   | 64555  | 64722 | 65765 |
|  |   | 65767   | 66180  | 95978 | A9276 |
|  |   | A9277   | A9278  | E1831 | S0810 |
|  |   | S9990   | S9991  |       |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required  | 29914   | 29915  | 29916 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required  | 31240   | 31253  | 31254 | 31255 |
| <b>Functional endoscopic sinus surgery (FESS) (cont'd)</b>   |   | 31256   | 31257  | 31259 | 31267 |
|  |   | 31276   | 31287  | 31288 |       |
| <b>Genetic testing</b>   | Prior authorization required  | 81161   | 81201  | 81203 | 81222 |
|  |   | 81223   | 81280  | 81282 | 81292 |
|  |   | 81294   | 81295  | 81297 | 81298 |
|  |   | 81300   | 81302  | 81304 | 81317 |
|  |   | 81319   | 81321  | 81323 | 81324 |
|  |   | 81325   | 81400  | 81401 | 81402 |
|  |   | 81403   | 81404  | 81405 | 81406 |
|  |   | 81407   | 81408  | 81479 |       |
| <b>Home health care</b>  | Prior authorization required only in outpatient settings, to include member's home  | 99504   | G0299* | T1021 |       |
|  | <b>Note:</b> G-codes aren't supported by the state  |   |        |       |       |
| <b>Hospice</b>   | Prior authorization required  | T2044   | T2045  |       |       |
| <b>Incontinence supplies</b>   | Prior authorization required  | T4542   |        |       |       |
| <b>Injectable medications</b>  | Prior authorization required  | <b>Synagis<sup>®</sup></b><br>90378   |        |       |       |
|  |   | <b>Please obtain prior notification for Synagis<sup>®</sup> through OptumRx prior notifications services at 800-310-6826.</b> |        |       |       |
| <b>Joint replacement</b><br>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 <b>866-907-1493</b> . | S9960   | S9961  |       |       |

| Procedures and Services   | Additional Information       | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization |  |       |       |
|---|------------------------------|--|--|-------|-------|
| <b>Orthognathic surgery</b><br>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 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   | L1834                        |  |  | L1840 | L1844 |
| L1845   | L1846                        |  |  | L1860 | L1945 |
| L1950   | L1970                        |  |  | L2000 | L2005 |
| L2010   | L2020                        |  |  | L2030 | L2034 |
| L2036   | L2060                        |  |  | L2106 | L2108 |
| L2126   | L2128                        |  |  | L2136 | L2350 |
| L2510   | L2526                        |  |  | L2627 | L2628 |
| L3230   | L3649                        |  |  | L3671 | L3674 |
| L3720   | L3730                        |  |  | L3740 | L3764 |
| L3900   | L3901                        |  |  | L3904 | L3905 |
| L3961   | L3971                        |  |  | L3975 | L3976 |
| L3977   | L3999                        |  |  | L4000 | L4010 |
| L4020   | 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  |       |       |
| L5648   | L5651                        | L5653  | L5661  |       |       |
| L5682   | L5702                        | L5703  | L5706  |       |       |
| L5716   | L5718                        | L5722  | L5724  |       |       |
| L5726   | L5728                        | L5780  | L5790  |       |       |
| L5795   | L5811                        | L5812  | L5814  |       |       |
| L5816   | L5818                        | L5822  | L5824  |       |       |

| Procedures and Services   | Additional Information  | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Orthotics and prosthetics (cont'd)</b>   |   | L5826   | L5828 | L5830 | L5848 |
|   |   | L5930   | L5950 | L5960 | L5961 |
|   |   | L5964   | L5966 | L5968 | L5973 |
|   |   | L5976   | L5979 | L5980 | L5981 |
|   |   | L5982   | L5984 | L5987 | L5988 |
|   |   | 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   | 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>  | Prior authorization required  | 77520   | 77522 | 77523 | 77525 |
| Focused radiation therapy using beams of protons, which are tiny particles with a positive charge |   |   |       |       |       |
| <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 CT, MRI, MRA and 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 app 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 app tile 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/wicommunityplan &gt; Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program</b></p> |       |       |       |

| Procedures and Services  | Additional Information       | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|--|------------------------------|---|---|---|---|
| <b>Rhinoplasty and septoplasty</b><br>Treatment of nasal functional impairment and septal deviation  | Prior authorization required | 30400<br>30435<br>30465   | 30410<br>30450  | 30420<br>30460  | 30430<br>30462  |
| <b>Sinuplasty</b>  | Prior authorization required | 31295   | 31296   | 31297   | 31298   |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required | 21685   | 41599   | 42145   |   |
| <b>Spinal stimulator for pain management</b><br>Spinal cord stimulators when implanted for pain management   | Prior authorization required | 63650   | 63655   | 63685   |   |
| <b>Spinal surgery</b>  | Prior authorization required | 22100<br>22112<br>22210<br>22224<br>22551<br>22586<br>22610<br>22800<br>22810<br>22830<br>22855<br>22865<br>63005<br>63016<br>63040<br>63047<br>63064<br>63085<br>63102<br>63180<br>63191<br>63198<br>63251<br>63268<br>63286<br>63303<br>63307   | 22101<br>22114<br>22212<br>22532<br>22554<br>22590<br>22612<br>22802<br>22812<br>22849<br>22856<br>22899<br>63011<br>63017<br>63042<br>63050<br>63075<br>63087<br>63170<br>63182<br>63194<br>63199<br>63252<br>63270<br>63300<br>63304<br>63308 | 22102<br>22206<br>22214<br>22533<br>22556<br>22595<br>22630<br>22804<br>22818<br>22850<br>22861<br>63001<br>63012<br>63020<br>63045<br>63055<br>63077<br>63090<br>63172<br>63185<br>63195<br>63200<br>63265<br>63271<br>63301<br>63305<br>64553 | 22110<br>22207<br>22220<br>22548<br>22558<br>22600<br>22633<br>22808<br>22819<br>22852<br>22864<br>63003<br>63015<br>63030<br>63046<br>63056<br>63081<br>63101<br>63173<br>63190<br>63196<br>63250<br>63267<br>63272<br>63302<br>63306<br>64570 |
| <b>Transplants</b>   | Prior authorization required | For transplant and CAR T-cell therapy services including Kymriah <sup>™</sup> (tisagenlecleucel) and Yescarta <sup>™</sup> (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   |

| Procedures and Services   | Additional Information       | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|------------------------------|--|-------|-------|-------|
| <b>Transplants (cont'd)</b>   |                              | 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 |       |       |
|   |                              | Prior authorization required for diagnosis codes <b>C81.00-C88.9</b> and <b>C91.00-C91.02</b> along with codes:  |       |       |       |
|   |                              | 38206  | 38999 | J3490 | J9999 |
|   |                              | S2107  | Q2040 | Q2041 |       |
| <b>Vagus nerve stimulation</b>  | Prior authorization required | 61885  | 64568 | L8680 | L8685 |
| Implantation of a device that sends electrical impulses into one of the cranial nerves  |                              | L8686  | L8687 | L8688 |       |
| <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  |       |       |       |