

Prior Authorization Requirements for Wisconsin Medicaid

Effective July 1, 2021

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 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			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43846	43847
		43848	43860		
Behavioral health services	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.			
Birth to age 3 program and in-school therapies	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
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	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396		
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an	Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio®) Q5101			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued)	outpatient setting for a cancer diagnosis.	Filgrastim (Neupogen®) J1442
		Filgrastim-aafi (Nivestym™) Q5110
		Pegfilgrastim (Neulasta®) J2505
		Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122
		Pegfilgrastim-bmez (Ziextenzo®) Q5120
		Pegfilgrastim-cbqv (UDENYCA™) Q5111
		Pegfilgrastim-jmdb (Fulphila™) Q5108
		Sargramostim (Leukine®) J2820
		Tbo-filgrastim (Granix®) J1447
		<u>Bone-modifying agent that requires prior authorization:</u>
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	37220	37221	37224	37225
		37226	37227	37228	37229
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92

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	

Chemotherapy

Prior authorization is 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:

- Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)
- 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

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Cochlear implants and other auditory implants
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech

Prior authorization required

69710	69714	69715	69718
69930	L8614	L8619	L8690
L8691	L8692		

Continuous glucose monitor

Prior authorization required with Type 2 Diabetes

A9276	A9277	A9278
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Continuous glucose monitor (continued)	Diagnosis					
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	14061	15820	
		15821	15822	15823	15830	
		15847	17106	17107	17108	
		17999	21137	21138	21139	
		Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	21172	21175	21179	21180
			21181	21182	21183	21184
			21230	21235	21256	21275
			21280	21282	21295	21740
			21742	21743	28344	30620
		Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	67900	67901	67902	67903
			67904	67906	67908	67909
			67911	67912	67914	67915
			67916	67917	67921	67922
			67923	67924	67950	67961
	67966	Q2026				
Durable medical equipment (DME)	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	E0465	E0466	E0470	
		E0471	E0483	E0486	E0652	
		E0656	E0669	E0745	E0784	
		E0984	E0986	E1002	E1003	
		E1004	E1005	E1007	E1008	
		E1009	E1010	E1030	E1036	
		E1825	E2227	E2228	E2230	
		E2310	E2311	E2322	E2325	
		E2327	E2329	E2351	E2373	
		E2510	E2511	E2512	E2599	
		E2626	E2627	E2628	E2629	
		E2630	E8000	E8001	E8002	
		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					
Enteral services 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services (continued)		B4160	B4161	B9002	
Experimental and investigational (and/or linked services)	Prior authorization required	29914	29915	29916	33477
		36514	55866	64722	65765
		65767	66180	0191T	A9274
		E1831	S0810	S9990	S9991
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		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14020	14021
		14040	14041	14060	14301
		14302	15734	15738	15750
		15757	15758	19303	53410
		53430	54125	54520	54660
		54690	55175	55180	55970
		55980	56625	56800	56805
		57110	57335	58661	58720
		58940	64856	64892	64896
Genetic and molecular testing to include BRCA	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		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	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	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	81546
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
	87798	87799	87800	87801	
Home health care	Prior authorization is required only in outpatient settings, to include member's home Note: G-codes aren't supported by the state.	99504 S9124	99600 T1021	G0299	S9123
Hospice	Prior authorization required	T2044	T2045		
Hysterectomy	Prior authorization required	58150 58262 58275 58541 58550 58570	58152 58263 58290 58542 58552 58571	58180 58267 58291 58543 58553 58572	58260 58270 58292 58544 58554 58573

*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Incontinence supplies	Prior authorization required	T4542
Injectable medications	Prior authorization required	Adakveo® J0791
		Benlysta J0490
		Beriner® J0597
		Cimzia® J0717
		Cinryze® J0598
		Feraheme® Q0138
		Firmagon® J9155
		Givlaari® J0223
		Injectafer® J1439
		Kalbitor® J1290
		Krystexxa®*** J2507
		Lupron Depot® J1950
		Lupron Depot, Eligard® J9217
		Monoferric® J1437
		Nplate®*** J2796
		Octreotide Acetate*** J2354
		Oxlumo™ J0224
		Reblozyl® J0896
		Rituxan® J9312
		Rituxan Hycela® J9311

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Ruconest®				
	J0596				
	Ruxience®				
	Q5119				
	Sandostatin® LAR***				
	J2353				
	Scenesse®				
	J7352				
	Signifor® LAR***				
	J2502				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Somatuline® Depot***				
	J1930				
	Stelara®				
	J3358				
	Supprelin® LA				
	J9226				
	Tepezza®				
	J3241				
	Therapeutic Radiopharmaceuticals*				
	A9513	A9590	A9606	A9699	
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Truxima®				
	Q5115				
Unclassified codes**					
J3490	J3590				
Uplizna®					
J1823					
Vantas™					
J9225					
Vyepti™					
J3032					
Vyondys 53®					
J1429					
Zoladex®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J9202			
		<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 tile on your Link dashboard.</p> <p>Or, call 888-397-8129.</p> <p>** For unclassified and temporary codes C9071, C9399, J3490 and J3590, prior authorization is required for Amondys 45 (casimersen), Lupaneta Pack™, Riabni™ and Viltepso™.</p> <p>***Codes are effective 8/1/2021.</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	S2112	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
	To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493 .	S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		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	L1832	L1834	L1840
		L1844	L1845	L1846	L1860

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	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
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
	L6687	L6689	L6690	L6692	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	L1820		
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1001	T1002	T1003	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
<p>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>					
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and 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. 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 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WIcommunityplan Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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
		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	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8685	L8686	L8687	L8688
Transcranial Magnetic Stimulation (TMS)	Prior authorization required	90867	90868		
Transplants	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 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplants (continued)		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
C9073**	C9399**	J3490**	J3590**
J9999**	Q2041	Q2042	

*Code 38232 will only require prior authorization for an oncology diagnosis.

**For unclassified codes C9073, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®.

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	37765	37766
		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			
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