

Prior Authorization Requirements for UnitedHealthcare West

Effective Mar. 1, 2020

General Information

This list comprises prior authorization review requirements for care providers who participate with United Healthcare West for inpatient and outpatient services. Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*. For more information, please call Provider Services at **877-842-3210**.

To request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 877-842-3210

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			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27446	27447
		27486	27487		
Arthroscopy	Prior authorization required	29914	29915	29916	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1 – E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.22, Z68.30 – Z68.39, Z68.41 – Z68.45			
Behavioral health services	Prior authorization required	Please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Breast reconstruction (non-mastectomy) (cont.)		L8600
		Notification/prior authorization <u>not</u> required for the following diagnosis codes:
		C50.019 C50.011 C50.012 C50.111
		C50.112 C50.119 C50.211 C50.212
		C50.219 C50.311 C50.312 C50.319
		C50.411 C50.412 C50.419 C50.511
		C50.512 C50.519 C50.611 C50.612
		C50.619 C50.811 C50.812 C50.819
		C50.911 C50.912 C50.919 C50.029
		C50.021 C50.022 C50.121 C50.122
		C50.129 C50.221 C50.222 C50.229
		C50.321 C50.322 C50.329 C50.421
		C50.422 C50.429 C50.521 C50.522
		C50.529 C50.621 C50.622 C50.629
		C50.821 C50.822 C50.829 C50.921
		C50.922 C50.929 C79.81 D05.90
		D05.00 D05.01 D05.02 D05.10
		D05.11 D05.12 D05.80 D05.81
		D05.82 D05.91 D05.92 Z85.3
		Z90.10 Z90.11 Z90.12 Z90.13
	Z42.1	

Cardiology	Prior authorization required 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 outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	

Cardiovascular	Prior authorization required	Cardiology
	For Vascular codes, prior authorization required for lower extremity angiogram	Vascular
		33285 E0616
		75710* 75716*
		*Prior authorization required for the following diagnosis codes:
		E08.51 E08.52 E08.59 E08.621
		E09.51 E09.52 E09.59 E09.621
		E10.51 E10.52 E10.59 E10.621
		E11.51 E11.52 E11.59 E11.621
		E13.51 E13.52 E13.59 E13.621
		I70.201 I70.202 I70.203 I70.208
		I70.209 I70.211 I70.212 I70.213
		I70.218 I70.219 I70.221 I70.222
		I70.223 I70.228 I70.229 I70.231
		I70.232 I70.233 I70.234 I70.235
		I70.238 I70.239 I70.241 I70.242



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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont.)		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	
		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	
	Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867	29868
	Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
	Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
	Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15822 15877 17999 21172 21181 21230	11971 15823 17106 21137 21175 21182 21235	15820 15830 17107 21138 21179 21183 21256	15821 15847 17108 21139 21180 21184 21260

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont.) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		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):	Notification/prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care</i>	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
	Some payer groups may have different DME prior authorization requirements for their benefit plans	E2511	E2512	E2599	K0005
		K0012	K0014	K0812	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				
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	Notification or prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58262

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		58290	58291	58292	58661
		58720	58940	64856	64892
		64896			
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
	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				
	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				
Home health care – private duty nursing	Notification/prior authorization required only in outpatient settings, to include patient's home	T1000	T1002	T1003	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58270	58275	58293	58294
	Prior authorization not required for outpatient vaginal hysterectomies				
	<u>For claim purposes:</u> Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered				
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
	<u>For claim purposes:</u>	58542	58543	58544	58550
		58552	58553	58554	58570
	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered	58571	58572	58573	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	S4011
		S4013	S4014	S4015	S4016
		S4022	S4023	S4025	S4026
		S4028	S4030	S4031	S4035
		S4037			
	The following codes only require prior authorization if the DX code is also listed:				
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
DX codes:					
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Avastin J9035			
	For drug-specific prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs	Enzyme replacement J1786 J3060			
		Hemophilia J7178 J7180 J7181 J7182 J7183 J7185 J7186 J7187 J7188 J7189 J7190 J7191 J7192 J7193 J7194 J7195 J7198 J7199 J7200 J7201 J7205 J7210 J7211			
		HP Acthar J0800			
		Immune globulin 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599			
		Inflammatory J0129 J1602 J1745 J3262			
		Multiple sclerosis J0202			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd.)		Soliris J1300 Unclassified C9399 J3490 J3590			
Inpatient admissions-post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	Prior authorization required	0071T	0072T		
MR-guided focused ultrasound procedures and treatments	MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results • A physician and facility must have demonstrated experience and expertise in MRgFUS as 				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)	determined by UnitedHealthcare A physician and facility must follow U.S. Food and Drug Administration labeled indications for use				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971
Out-of-network services	Prior authorization required				
Potentially unproven services (including experimental/investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature		26340 33364 33477	33361 33365 36514	33362 33366 64722	33363 33369 A9274
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5270 L5331	L5020 L5105 L5210 L5280 L5400	L5050 L5150 L5230 L5301 L5420	L5060 L5160 L5250 L5321 L5530

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd.)		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
	L8049	V2629			
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i>	77520	77522	77523	77525
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 providing notification/requesting prior authorization before 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/priorauth > Radiology .			
Rhinoplasty 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies	21685	41599	42145	
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95805 95811	95807	95808	95810
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 64570 L8686	63655 L8680 L8687	63685 L8682 L8688	64553 L8685
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 0098T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0164T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22858 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 0095T
Stimulators not related to spine Implantation of a device that sends electrical impulses	Prior authorization required		Bone Growth Stimulator E0747	E0748	E0749 E0760
			Neurostimulator		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators not related to spine (cont.)		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590	64595	0312T	0313T
		0314T	0315T	0316T	0317T
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2042			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37780

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (VAD) 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			