

Prior Authorization Requirements for UnitedHealthcare West

Effective April 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		
BRCA genetic testing DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development	BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
BRCA genetic testing (cont'd) of breast and ovarian cancer	<p>Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p> <p>More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at UHCprovider.com/priorauth>Oncology>Breast Cancer Gene (BRCA) Testing Prior Authorization.</p>				
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
		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	<p>Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations,</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cardiology (cont'd)	echocardiograms and stress echoes prior to performance	For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology.
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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
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont.)		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	
		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	29866	29867	29868
			J7330	S2112		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis.	A4226 E0787	A9276 K0553	A9277 K0554	A9278
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 21261	11971 15823 17106 21137 21175 21182 21235 21263	15820 15830 17107 21138 21179 21183 21256 21267	15821 15847 17108 21139 21180 21184 21260 21268
Cosmetic and reconstructive procedures (cont.) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21275 21740 30540 67900 67904 67911 67916 67923 67966	21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21282 21743 30560 67902 67908 67914 67921 67950	21295 28344 30620 67903 67909 67915 67922 67961
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 E0266 E0300	A7026 E0277 E0302	E0194 E0296 E0304	E0265 E0297 E0328
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	E0329 E0620	E0466 E0745	E0471 E0764	E0483 E0766
	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>	E0770 E1002 E1006 E1016 E1399	E0784 E1003 E1007 E1018 E1802	E0984 E1004 E1008 E1236 E1805	E0986 E1005 E1010 E1238 E1825
	Some payer groups may have different DME prior authorization requirements for their benefit plans	E1830 E2504	E1840 E2506	E2402 E2508	E2502 E2510

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): (cont'd)		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
		58290	58291	58292	58661
	58720	58940	64856	64892	
	64896				
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 For drug-specific prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs	Avastin				
		J9035				
		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	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <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	<p>Prior authorization required</p> <p>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:</p> <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 determined by UnitedHealthcare <p>A physician and facility must follow U.S. Food and Drug Administration labeled indications for use</p>	0071T	0072T		
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations		S9960	S9961		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery Treatment of maxillofacial 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	
Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services	Prior authorization required				
Potentially unproven services (including experimental/ investigational and/or linked services)		26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
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					
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd.)		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	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i>				
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 	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement or oral	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures and surgeries (cont'd)	reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies				
pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Sleep studies	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95811			
Spinal cord stimulators	Prior authorization required	63650	63655	63685	64553
Spinal cord stimulators when implanted for pain management		64570	L8680	L8682	L8685
		L8686	L8687	L8688	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22858	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	0095T
		0098T	0164T		
Stimulators not related to spine	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
Implantation of a device that sends electrical impulses		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	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins in the		37700	37718	37722	37780

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

treatment of venous disease and varicose veins of the extremities

Ventricular assist devices (VAD)	33927	33928	33929	33975
A mechanical pump	33976	33979	33981	33982
that takes over the	33983			
function of the				
damaged ventricle of				
the heart and restores				
normal blood flow				