

# Prior Authorization Requirements for New York Effective July 1, 2017



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of New York participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 866-950-4490; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > New York > Provider Forms > New York Prior Authorization Fax Form.

**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	Current Procedural Terminology (CPT) Codes			
<b>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43848 64590	0313T 0317T 43659 43845 43860 95980	0314T 43644 43770 43846 43881 95981	0315T 43645 43775 43847 43882 95982
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	64721			
<b>Cataract surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	66821	66982	66984	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<p><b>Colonoscopy</b></p>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	45378	45380	45384	45385
<p><b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required</p> <p><b><u>For codes with an asterisk:</u></b></p> <p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	<p>11960 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026</p>	<p>11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950</p>	<p>13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961</p>	<p>13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966</p>
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i>.</p>	<p>A9279 E0193 E0270 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0670 E0692 E0710 E0766 E0786 E0986</p>	<p>A9280 E0194 E0277 E0328 E0460 E0471 E0486 E0637 E0650 E0667 E0673 E0693 E0745 E0782 E0947 E1002</p>	<p>A9900 E0265 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0668 E0675 E0694 E0762 E0783 E0948 E1003</p>	<p>A9999 E0266 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0669 E0691 E0700 E0764 E0784 E0984 E1004</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		E1005	E1006	E1007	E1008
		E1009	E1010	E1011	E1018
		E1030	E1035	E1036	E1085
		E1086	E1089	E1090	E1130
		E1140	E1161	E1220	E1229
		E1230	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1250	E1260
		E1285	E1290	E1300	E1310
		E1825	E1830	E1840	E2100
		E2204	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2328	E2329	E2330
		E2331	E2343	E2351	E2370
		E2373	E2375	E2376	E2510
		E2511	E2512	E2599	E2616
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0007	K0008	K0011
		K0013	K0014	K0108	K0606
		K0730	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	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	K0898	K0899	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
<p><b>Ear, nose and throat procedures</b></p>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	21320 69631	30140	30520	69436

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																																															
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161																																																												
<b>Erectile dysfunction</b>	Prior authorization required	37788 54405 54416 J0275	37790 54408 54417 J2440	54400 54410 55870 J2760	54401 54411 J0270 L7900																																																												
<b>Experimental and investigational</b>	Prior authorization required	0085T 0271T 55866 61868 62291 65765 95966 A6000 E0231 S1031 S9990	0191T 33477 61863 61886 62292 65767 95967 A9276 E1831 S1040 S9991	0269T 36514 61864 62264 64555 66180 95978 A9277 S0810 S2102	0270T 54240 61867 62290 64722 95965 A4638 A9278 S1030 S9988																																																												
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916																																																													
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287																																																												
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980	<p>These <b>surgical codes</b> with the following <b>DX codes</b>:</p> <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>14000</td> <td>14001</td> <td>14020</td> <td>14021</td> </tr> <tr> <td>14041</td> <td>14302</td> <td>15734</td> <td>15738</td> </tr> <tr> <td>15750</td> <td>15757</td> <td>15758</td> <td>19303</td> </tr> <tr> <td>19304</td> <td>20926</td> <td>53410</td> <td>53430</td> </tr> <tr> <td>54125</td> <td>54520</td> <td>54660</td> <td>54690</td> </tr> <tr> <td>55175</td> <td>55180</td> <td>56625</td> <td>56800</td> </tr> <tr> <td>56805</td> <td>57110</td> <td>57335</td> <td>58150</td> </tr> <tr> <td>58180</td> <td>58260</td> <td>58262</td> <td>58290</td> </tr> <tr> <td>58291</td> <td>58541</td> <td>58542</td> <td>58543</td> </tr> <tr> <td>58544</td> <td>58550</td> <td>58552</td> <td>58553</td> </tr> <tr> <td>58554</td> <td>58570</td> <td>58571</td> <td>58572</td> </tr> <tr> <td>58573</td> <td>58661</td> <td>58720</td> <td>58940</td> </tr> <tr> <td>64856</td> <td>64892</td> <td>64896</td> <td></td> </tr> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890			14000	14001	14020	14021	14041	14302	15734	15738	15750	15757	15758	19303	19304	20926	53410	53430	54125	54520	54660	54690	55175	55180	56625	56800	56805	57110	57335	58150	58180	58260	58262	58290	58291	58541	58542	58543	58544	58550	58552	58553	58554	58570	58571	58572	58573	58661	58720	58940	64856	64892	64896	
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Gynecologic procedures</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	57522 58565	58353	58558	58563
<b>Hernia repair</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	49505 49651 49655	49585 49652	49587 49653	49650 49654
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient's home	G0156 G0493 S9122	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496 S9474
<b>Injectable medications</b>	Prior authorization required	<p><b>Acthar®</b> J0800</p> <p><b>Botox®</b> J0585      J0586      J0587      J0588</p> <p><b>Cerezyme®</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Elelyso®</b> J3060</p> <p><b>IVIG</b> 90283      90284      J1459      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599</p> <p><b>Makena®</b> J1725      J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Probuphine®</b> J0570</p> <p><b>Synagis®*</b> 90378</p> <p><b>Unclassified**</b></p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		J3490	J3590		
		<b>Xolair®*</b>			
		J2357			
		*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b> .			
		**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
<b>Liver biopsy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	47000			
<b>Miscellaneous</b>	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	20680			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Ophthalmologic</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd)		21246	21247	21248	21249
		21255	21296	21299	30465
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	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
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3212	L3213	L3214
		L3215	L3216	L3217	L3219
		L3221	L3222	L3230	L3250
		L3251	L3252	L3253	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3765	L3766	L3900	L3901
		L3904	L3905	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	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	L5611	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5645	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5681

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5781	L5782	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6026
		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	L6586	L6588
		L6590	L6621	L6623	L6624
		L6646	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6694	L6695	L6696	L6697
		L6704	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	L7181
		L7185	L7186	L7190	L7191
		L7405	L7499	L8035	L8040
		L8041	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8500	L8609	L8610	L8612
		L8631	L8659	V2623	V2627
<p><b>Personal care service</b></p>	<p>Prior authorization required</p>	<p>T1019</p>			
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	<p>T1000</p>	<p>T1001</p>	<p>T1002</p>	<p>T1003</p>



**Prior Authorization Requirements for New York  
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required  Prior authorization not required for New York Long-Term Services and Supports (LTSS)	95805	95807	95808	95810
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	0095T	0098T	0164T	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	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

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Spinal surgery (cont'd)		63300 63304 63308	63301 63305 64553	63302 63306 64570	63303 63307
Tonsillectomy and adenoidectomy	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	42820 42830	42821	42825	42826
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	43235	43239	43249	
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	50590 52224 52281 52352 55040	52000 52234 52310 52353 55700	52005 52235 52332 52356 57288	52204 52260 52351 54161
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780
Wound vac	Prior authorization required	E2402			

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	For prior authorization, please submit requests online at <b>UnitedHealthcareOnline.com</b> > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call <b>866-889-8054</b> .

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p><b>Cardiology (cont'd)</b></p>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; New York &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>
<p><b>Chemotherapy</b></p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</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 will require prior authorization</li> </ul> <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>
<p><b>Radiology</b></p>	<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>To request prior authorization, please call <b>866-889-8054</b>. For prior authorization, please submit requests online at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; New York &gt; Radiology &gt; CPT Code List.</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant services, 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.</p> <table border="0"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td>33930</td> </tr> <tr> <td>33933</td> <td>33935</td> <td>33940</td> <td>33944</td> </tr> <tr> <td>33945</td> <td>38208</td> <td>38209</td> <td>38210</td> </tr> <tr> <td>38212</td> <td>38213</td> <td>38214</td> <td>38215</td> </tr> <tr> <td>38232</td> <td>38240</td> <td>38241</td> <td>38242</td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> </tr> <tr> <td>44137</td> <td>44715</td> <td>44720</td> <td>44721</td> </tr> <tr> <td>47133</td> <td>47135</td> <td>47140</td> <td>47141</td> </tr> <tr> <td>47142</td> <td>47143</td> <td>47144</td> <td>47145</td> </tr> <tr> <td>47146</td> <td>47147</td> <td>48551</td> <td>48552</td> </tr> <tr> <td>48554</td> <td>50300</td> <td>50320</td> <td>50323</td> </tr> <tr> <td>50325</td> <td>50340</td> <td>50360</td> <td>50365</td> </tr> <tr> <td>50370</td> <td>50380</td> <td>50547</td> <td>S2060</td> </tr> <tr> <td>S2061</td> <td>S2152</td> <td></td> <td></td> </tr> </table>	32850	32851	32852	32853	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		
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<p><b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>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>.</p> <table border="0"> <tr> <td>0051T</td> <td>0052T</td> <td>0053T</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																
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