

Prior Authorization Requirements for Kansas Effective April 1, 2018



General Information

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 866-943-6474 (For LTC/LTSS: 877-950-6887); fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Kansas > Provider Forms > Prior Authorization Form
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **833-802-6427**.

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			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982	43648 43842 43848 64590	43659 43845 43860 95980
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
BRCA genetic testing	Prior authorization required	81162 81214 81433	81211 81215	81212 81217	81213 81432
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
Cochlear implants 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 Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21280 21742	11971 15823 17106 21137 21175 21182 21235 21282 21743	15820 15830 17107 21138 21179 21183 21256 21295 28344	15821 15847 17108 21139 21180 21184 21275 21740 30620

Prior Authorization Requirements for Kansas Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																																																																												
Cosmetic and reconstructive procedures (cont'd)		55970 55980 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 Q2026	These surgical codes with the following DX codes :																																																																																											
		<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> <tr><td colspan="4"> </td></tr> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>19303</td> <td>19304</td> <td>20926</td> <td>53410</td> </tr> <tr> <td>53430</td> <td>54125</td> <td>54520</td> <td>54660</td> </tr> <tr> <td>54690</td> <td>55175</td> <td>55180</td> <td>56625</td> </tr> <tr> <td>56800</td> <td>56805</td> <td>57110</td> <td>57335</td> </tr> <tr> <td>58150</td> <td>58180</td> <td>58260</td> <td>58262</td> </tr> <tr> <td>58290</td> <td>58291</td> <td>58541</td> <td>58542</td> </tr> <tr> <td>58543</td> <td>58544</td> <td>58550</td> <td>58552</td> </tr> <tr> <td>58553</td> <td>58554</td> <td>58570</td> <td>58571</td> </tr> <tr> <td>58572</td> <td>58573</td> <td>58661</td> <td>58720</td> </tr> <tr> <td>58940</td> <td>64856</td> <td>64892</td> <td>64896</td> </tr> </table>	F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890							14000	14001	14041	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																																
F64.0	F64.1	F64.2	F64.8																																																																																											
F64.9	Z87.890																																																																																													
14000	14001	14041	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																																																																																											
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prior authorization required for continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP)</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<table border="0"> <tr><td>E0194</td><td>E0265</td><td>E0266</td><td>E0270</td></tr> <tr><td>E0300</td><td>E0445</td><td>E0457</td><td>E0460</td></tr> <tr><td>E0466</td><td>E0483</td><td>E0620</td><td>E0636</td></tr> <tr><td>E0638</td><td>E0656</td><td>E0669</td><td>E0670</td></tr> <tr><td>E0675</td><td>E0693</td><td>E0694</td><td>E0700</td></tr> <tr><td>E0710</td><td>E0745</td><td>E0762</td><td>E0764</td></tr> <tr><td>E0766</td><td>E0784</td><td>E0984</td><td>E0986</td></tr> <tr><td>E1002</td><td>E1003</td><td>E1004</td><td>E1005</td></tr> <tr><td>E1006</td><td>E1007</td><td>E1008</td><td>E1009</td></tr> <tr><td>E1010</td><td>E1030</td><td>E1035</td><td>E1036</td></tr> <tr><td>E1161</td><td>E1229</td><td>E1231</td><td>E1232</td></tr> <tr><td>E1233</td><td>E1234</td><td>E1235</td><td>E1236</td></tr> <tr><td>E1237</td><td>E1238</td><td>E1239</td><td>E1399</td></tr> <tr><td>E2100</td><td>E2227</td><td>E2228</td><td>E2300</td></tr> <tr><td>E2301</td><td>E2322</td><td>E2325</td><td>E2327</td></tr> <tr><td>E2329</td><td>E2331</td><td>E2351</td><td>E2373</td></tr> <tr><td>E2510</td><td>E2511</td><td>E2599</td><td>E2626</td></tr> <tr><td>E2627</td><td>E2628</td><td>E2629</td><td>E2630</td></tr> <tr><td>K0005</td><td>K0008</td><td>K0013</td><td>K0108</td></tr> <tr><td>K0812</td><td>K0830</td><td>K0831</td><td>K0848</td></tr> <tr><td>K0849</td><td>K0850</td><td>K0851</td><td>K0852</td></tr> <tr><td>K0853</td><td>K0854</td><td>K0855</td><td>K0856</td></tr> <tr><td>K0857</td><td>K0858</td><td>K0859</td><td>K0860</td></tr> </table>	E0194	E0265	E0266	E0270	E0300	E0445	E0457	E0460	E0466	E0483	E0620	E0636	E0638	E0656	E0669	E0670	E0675	E0693	E0694	E0700	E0710	E0745	E0762	E0764	E0766	E0784	E0984	E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1030	E1035	E1036	E1161	E1229	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238	E1239	E1399	E2100	E2227	E2228	E2300	E2301	E2322	E2325	E2327	E2329	E2331	E2351	E2373	E2510	E2511	E2599	E2626	E2627	E2628	E2629	E2630	K0005	K0008	K0013	K0108	K0812	K0830	K0831	K0848	K0849	K0850	K0851	K0852	K0853	K0854	K0855	K0856	K0857	K0858	K0859	K0860
E0194	E0265	E0266	E0270																																																																																											
E0300	E0445	E0457	E0460																																																																																											
E0466	E0483	E0620	E0636																																																																																											
E0638	E0656	E0669	E0670																																																																																											
E0675	E0693	E0694	E0700																																																																																											
E0710	E0745	E0762	E0764																																																																																											
E0766	E0784	E0984	E0986																																																																																											
E1002	E1003	E1004	E1005																																																																																											
E1006	E1007	E1008	E1009																																																																																											
E1010	E1030	E1035	E1036																																																																																											
E1161	E1229	E1231	E1232																																																																																											
E1233	E1234	E1235	E1236																																																																																											
E1237	E1238	E1239	E1399																																																																																											
E2100	E2227	E2228	E2300																																																																																											
E2301	E2322	E2325	E2327																																																																																											
E2329	E2331	E2351	E2373																																																																																											
E2510	E2511	E2599	E2626																																																																																											
E2627	E2628	E2629	E2630																																																																																											
K0005	K0008	K0013	K0108																																																																																											
K0812	K0830	K0831	K0848																																																																																											
K0849	K0850	K0851	K0852																																																																																											
K0853	K0854	K0855	K0856																																																																																											
K0857	K0858	K0859	K0860																																																																																											

Prior Authorization Requirements for Kansas Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500		K0861 K0868 K0877 K0884 K0891	K0862 K0869 K0878 K0885 T1999	K0863 K0870 K0879 K0886 V2786	K0864 K0871 K0880 K0890
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9000	B9002	B9998	
Experimental and investigational	Prior authorization required	33477 61864 64555 66180 E0231 S9991	36514 61867 64722 95978 E1831	55866 61868 65765 A4638 S0810	61863 61886 65767 A9274 S9990
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0299 T1003	G0300	S9474	T1002
Incontinence supplies	Prior authorization required for members 21 and older	T4544			
Injectable medications	Prior authorization required	Brineura™ C9014 Cinqair® J2786 Exondys 51™ J1428 Ilaris® J0638 Lemtrada® J0202 Nucala® J2182 Ocrevus™ J2350 Probuphine® J0570 Radicava®			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																											
Injectable medications (cont'd)		<p>C9493</p> <p>Soliris® J1300</p> <p>Spinraza™ J2326</p> <p>Synagis®* 90378</p> <p>Unclassified code** C9399 J3490 J3590</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra™, Luxturna™ and Radicava.</p>																																											
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	<table border="0"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td>J7330</td> <td></td> </tr> </table>				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													
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																																											
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	<table border="0"> <tr> <td>21121</td> <td>21123</td> <td>21125</td> <td>21127</td> </tr> <tr> <td>21141</td> <td>21142</td> <td>21143</td> <td>21145</td> </tr> <tr> <td>21146</td> <td>21147</td> <td>21150</td> <td>21151</td> </tr> <tr> <td>21154</td> <td>21155</td> <td>21159</td> <td>21160</td> </tr> <tr> <td>21188</td> <td>21193</td> <td>21194</td> <td>21195</td> </tr> <tr> <td>21196</td> <td>21198</td> <td>21199</td> <td>21206</td> </tr> <tr> <td>21208</td> <td>21209</td> <td>21210</td> <td>21215</td> </tr> <tr> <td>21240</td> <td>21242</td> <td>21244</td> <td>21245</td> </tr> <tr> <td>21246</td> <td>21247</td> <td>21248</td> <td>21249</td> </tr> <tr> <td>21255</td> <td>21296</td> <td>21299</td> <td></td> </tr> </table>				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	
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																																											

Prior Authorization Requirements for Kansas Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3764
		L3900	L3901	L3904	L3905
		L3961	L3971	L3975	L3976
		L3977	L3999	L4000	L4010
		L4020	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5648	L5651	L5653	L5661
		L5682	L5702	L5703	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5987	L5988	L5990	L6000
		L6010	L6020	L6050	L6055

Prior Authorization Requirements for Kansas Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		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	L8040		
L8042	L8043	L8044	L8045		
L8046	L8047	L8499	L8609		
L8610	L8612	L8631	L8659		
Personal care service	Prior authorization required	T1019			
PET scans	Not a covered benefit unless medically necessary and prior authorization obtained	78459	78491	78492	78608
		78609	78811	78812	78813
		78814	78815		
Private duty nursing	Prior authorization required	T1000			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
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	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	

Prior Authorization Requirements for Kansas Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sleep studies	No prior authorization required for members 21 and younger Prior authorization required for members 21 and older	95805 95811	95807	95808	95810
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
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																																																																				
<p>Behavioral health services</p>	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.</p>																																																																				
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 800-418-4994 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> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>S2107</td><td>Q2040</td><td>Q2041</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			38206	38999	J3490	J9999	S2107	Q2040	Q2041	
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																																																																					
38206	38999	J3490	J9999																																																																			
S2107	Q2040	Q2041																																																																				
<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow</p>	<p>Prior authorization required</p> <p>VAD device and supplies are not covered.</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 855-282-8929.</p> <table border="0"> <tr><td>33927</td><td>33928</td><td>33929</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>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																								
33927	33928	33929	33975																																																																			
33976	33979	33981	33982																																																																			
33983	Q0507	Q0508	Q0509																																																																			