

# Prior Authorization Requirements for Kansas Effective January 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 |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services  | Prior authorization required | 43644                                      | 43645 | 43648 | 43659 |
|  |                              | 43770                                      | 43775 | 43842 | 43845 |
|  |                              | 43846                                      | 43847 | 43848 | 43860 |
|  |                              | 43881                                      | 43882 | 64590 | 95980 |
|  |                              | 95981                                      | 95982 |       |       |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures  | Prior authorization required | 20975                                      | 20979 | E0747 | E0748 |
|  |                              | E0749                                      | E0760 |       |       |
| <b>BRCA genetic testing</b>  | Prior authorization required | 81162                                      | 81211 | 81212 | 81213 |
|  |                              | 81214                                      | 81215 | 81217 | 81432 |
|  |                              | 81433                                      |       |       |       |
| <b>Breast reconstruction (non-mastectomy)</b><br>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 |
|  |                              | L8600                                      |       |       |       |
| <b>Cochlear implants and other auditory implants</b><br>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                                      | 69714 | 69715 | 69718 |
|  |                              | 69930                                      | L8614 | L8619 | L8690 |
|  |                              | L8691                                      | L8692 |       |       |
| <b>Cosmetic and reconstructive procedures</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 11960                                      | 11971 | 15820 | 15821 |
|  |                              | 15822                                      | 15823 | 15830 | 15847 |
|  |                              | 15877                                      | 17106 | 17107 | 17108 |
|  |                              | 17999                                      | 21137 | 21138 | 21139 |
|  |                              | 21172                                      | 21175 | 21179 | 21180 |
|  |                              | 21181                                      | 21182 | 21183 | 21184 |
|  |                              | 21230                                      | 21235 | 21256 | 21275 |
|  |                              | 21280                                      | 21282 | 21295 | 21740 |
|  |                              | 21742                                      | 21743 | 28344 | 30620 |

# Prior Authorization Requirements for Kansas Effective January 1, 2018



| Procedures and Services   | Additional Information  | Current Procedural Terminology (CPT) Codes                       |         |       |       |
|---|---|--|---------|-------|-------|
| <b>Cosmetic and reconstructive procedures (cont'd)</b>  |   | 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 <b>surgical codes</b> with the following <b>DX codes</b> : |         |       |       |
|   |   | 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 |
| <b>Durable medical equipment (DME): more than \$500</b><br>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 | Prior authorization required only in outpatient settings, to include patient's home<br><br>Prior authorization required for continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP)<br><br>Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | 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 January 1, 2018



| Procedures and Services  | Additional Information   | Current Procedural Terminology (CPT) Codes  |   |   |   |
|--|--|---|---|---|---|
| <b>Durable medical equipment (DME): more than \$500 (cont'd)</b><br>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 |  | K0861<br>K0868<br>K0877<br>K0884<br>K0891   | K0862<br>K0869<br>K0878<br>K0885<br>T1999 | K0863<br>K0870<br>K0879<br>K0886<br>V2786 | K0864<br>K0871<br>K0880<br>K0890          |
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube   | Prior authorization required   | B9000   | B9002                                     | B9998                                     |   |
| <b>Experimental and investigational</b>  | Prior authorization required   | 33477<br>61864<br>64555<br>66180<br>E0231<br>S9991  | 36514<br>61867<br>64722<br>95978<br>E1831 | 55866<br>61868<br>65765<br>A4638<br>S0810 | 61863<br>61886<br>65767<br>A9274<br>S9990 |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required   | 29914   | 29915                                     | 29916                                     |   |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required   | 31240<br>31267  | 31254<br>31276                            | 31255<br>31287                            | 31256<br>31288                            |
| <b>Home health services</b>  | Prior authorization required only in outpatient settings, to include member's home | G0299<br>T1003  | G0300                                     | S9474                                     | T1002                                     |
| <b>Incontinence supplies</b>   | Prior authorization required for members <b>21 and older</b>                       | T4544   |   |   |   |
| <b>Injectable medications</b>  | Prior authorization required   | <b>Cinqair®</b><br>J2786<br><br><b>Exondys 51™</b><br>J2326<br><br><b>Lemtrada®</b><br>J0202<br><br><b>Nucala®</b><br>J2182<br><br><b>Ocrevus™</b><br>J2350<br><br><b>Probuphine®</b><br>J0570<br><br><b>Radicava™</b><br>C9493<br><br><b>Soliris®</b><br>J1300<br><br><b>Spinraza™</b> |   |   |   |

# Prior Authorization Requirements for Kansas Effective January 1, 2018



| Procedures and Services   | Additional Information   | Current Procedural Terminology (CPT) Codes   |
|---|--|--|
| Injectable medications (cont'd)   |  | <p>J1428</p> <p><b>Synagis®*</b><br/>90378</p> <p><b>Unclassified code**</b><br/>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 &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura™ and Radicava.</p> |
| <p><b>Joint replacement</b><br/>Joint, total hip and knee replacement procedures</p>  | Prior authorization required   | <p>23470    23472    23473    23474</p> <p>24360    24361    24362    24363</p> <p>24370    24371    27120    27122</p> <p>27125    27130    27132    27134</p> <p>27137    27138    27412    27446</p> <p>27447    27486    27487    29866</p> <p>29867    29868    J7330</p>   |
| <p><b>Orthognathic surgery</b><br/>Treatment of maxillofacial/jaw functional impairment</p>   | Prior authorization required   | <p>21121    21123    21125    21127</p> <p>21141    21142    21143    21145</p> <p>21146    21147    21150    21151</p> <p>21154    21155    21159    21160</p> <p>21188    21193    21194    21195</p> <p>21196    21198    21199    21206</p> <p>21208    21209    21210    21215</p> <p>21240    21242    21244    21245</p> <p>21246    21247    21248    21249</p> <p>21255    21296    21299</p>   |
| <p><b>Orthotics and prosthetics: more than \$500</b><br/>Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500</p> | Prior authorization required only in outpatient settings, to include member's home | <p>L0112    L0170    L0456    L0462</p> <p>L0464    L0480    L0482    L0484</p> <p>L0486    L0624    L0629    L0631</p> <p>L0632    L0634    L0636    L0637</p> <p>L0638    L0640    L0700    L0710</p> <p>L0810    L0820    L0830    L0859</p>  |

# Prior Authorization Requirements for Kansas Effective January 1, 2018



| Procedures and Services   | Additional Information | Current Procedural Terminology (CPT) Codes |       |       |       |
|---|------------------------|--|-------|-------|-------|
| <p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b><br/>Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500</p> |                        | 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                                      | L2134 | 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                                      | L6100 | L6110 | L6120 |
|   |                        | L6130                                      | L6200 | L6205 | L6250 |
|   |                        | L6300                                      | L6310 | L6320 | L6350 |
|   |                        | L6360                                      | L6370 | L6380 | L6382 |
|   |                        | L6384                                      | L6400 | L6450 | L6500 |
|   |                        | L6550                                      | L6570 | L6580 | L6582 |

# Prior Authorization Requirements for Kansas Effective January 1, 2018



| Procedures and Services   | Additional Information  | Current Procedural Terminology (CPT) Codes |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Orthotics and prosthetics: more than \$500 (cont'd)</b><br>Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500 |   | 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                                      |       |       |       |
| <b>Personal care service</b>  | Prior authorization required  | T1019                                      |       |       |       |
| <b>PET scans</b>  | Not a covered benefit unless medically necessary and prior authorization obtained | 78459                                      | 78491 | 78492 | 78608 |
|   |   | 78609                                      | 78811 | 78812 | 78813 |
|   |   | 78814                                      | 78815 |       |       |
| <b>Private duty nursing</b>   | Prior authorization required  | T1000                                      |       |       |       |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge                                   | Prior authorization required  | 77520                                      | 77522 | 77523 | 77525 |
| <b>Rhinoplasty</b><br>Treatment of nasal functional impairment and septal deviation   | Prior authorization required  | 30400                                      | 30410 | 30420 | 30430 |
|   |   | 30435                                      | 30450 | 30460 | 30462 |
|   |   | 30465                                      |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required  | 31295                                      | 31296 | 31297 |       |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea        | Prior authorization required  | 21685                                      | 41599 | 42145 |       |
| <b>Sleep studies</b>  | No prior authorization required for members <b>21 and younger</b>                 | 95805                                      | 95807 | 95808 | 95810 |
|   | Prior authorization required for members <b>21 and older</b>                      | 95811                                      |       |       |       |
| <b>Spinal stimulator for pain management</b><br>Spinal cord stimulators when implanted for pain management  | Prior authorization required  | 63650                                      | 63655 | 63685 |       |

# Prior Authorization Requirements for Kansas Effective January 1, 2018



| Procedures and Services   | Additional Information       | Current Procedural Terminology (CPT) Codes |       |       |       |
|---|------------------------------|--|-------|-------|-------|
| <b>Spinal surgery</b>   | 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 | 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 | 64553 | 64570 |
| <b>Vagus nerve stimulation</b><br>Implantation of a device that sends electrical impulses into one of the cranial nerves  | Prior authorization required | 61885                                      | 64568 | L8680 | L8682 |
|   |                              | L8685                                      | L8686 | L8687 | L8688 |
| <b>Vein procedures</b><br>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                                      | 36473 | 36475 | 36478 |
|   |                              | 37700                                      | 37718 | 37722 | 37780 |
| <b>Wound vac</b>  | 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   |
|-----------------------------------|---|---|
| <b>Behavioral health services</b> | Prior authorization required<br><br>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/substance abuse/substance use services. |

**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 and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum 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> <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>M0075</td><td>S2107</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 |  |  | 38206 | 38999 | J3490 | J9999 | M0075 | S2107 |  |  |
| 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 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  |  |       |       |       |       |       |       |  |  |
| M0075   | S2107   |   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  |  |       |       |       |       |       |       |  |  |
| <p><b>Ventricular assist devices (VAD)</b><br/>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 <b>855-282-8929</b>.</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 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  |  |       |       |       |       |       |       |  |  |