

Prior Authorization Requirements for Massachusetts Senior Care Options Effective October 1, 2016



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Massachusetts Senior Care Options 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:** 888-867-5511
- **Fax:** 888-840-6450; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Massachusetts > Provider Forms > Senior Care Options Prior Authorization Fax Request Form.

Prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																												
Bariatric surgery	Prior authorization required	<table border="0"> <tr> <td>43633</td> <td>43644</td> <td>43645</td> <td>43659</td> </tr> <tr> <td>43770</td> <td>43771</td> <td>43772</td> <td>43773</td> </tr> <tr> <td>43774</td> <td>43775</td> <td>43843</td> <td>43845</td> </tr> <tr> <td>43846</td> <td>43847</td> <td>43848</td> <td>43886</td> </tr> <tr> <td>43887</td> <td>43888</td> <td></td> <td></td> </tr> <tr> <td>43860*</td> <td>43865*</td> <td>43999*</td> <td>44799*</td> </tr> <tr> <td>64590*</td> <td></td> <td></td> <td></td> </tr> </table> <p>*Prior authorization required for these CPT codes when billing with one of the following diagnosis codes:</p> <ul style="list-style-type: none"> • E66.1 - E66.3 • E66.8 • E66.9 • Z68.1 • Z68.20 – Z68.39 • Z68.41 – Z68.45 • Z68.51 – Z68.54 • Z98.84 	43633	43644	43645	43659	43770	43771	43772	43773	43774	43775	43843	43845	43846	43847	43848	43886	43887	43888			43860*	43865*	43999*	44799*	64590*			
43633	43644	43645	43659																											
43770	43771	43772	43773																											
43774	43775	43843	43845																											
43846	43847	43848	43886																											
43887	43888																													
43860*	43865*	43999*	44799*																											
64590*																														
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	<table border="0"> <tr> <td>20974</td> <td>20975</td> <td>20979</td> <td>E0747</td> </tr> <tr> <td>E0748</td> <td>E0749</td> <td>E0760</td> <td></td> </tr> </table>	20974	20975	20979	E0747	E0748	E0749	E0760																					
20974	20975	20979	E0747																											
E0748	E0749	E0760																												
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	<table border="0"> <tr> <td>19316</td> <td>19318</td> <td>19324</td> <td>19325</td> </tr> <tr> <td>19328</td> <td>19330</td> <td>19340</td> <td>19342</td> </tr> <tr> <td>19350</td> <td>19355</td> <td>19357</td> <td>19361</td> </tr> <tr> <td>19364</td> <td>19366</td> <td>19367</td> <td>19368</td> </tr> <tr> <td>19369</td> <td>19370</td> <td>19371</td> <td>19380</td> </tr> <tr> <td>19396</td> <td>L8600</td> <td></td> <td></td> </tr> </table>	19316	19318	19324	19325	19328	19330	19340	19342	19350	19355	19357	19361	19364	19366	19367	19368	19369	19370	19371	19380	19396	L8600						
19316	19318	19324	19325																											
19328	19330	19340	19342																											
19350	19355	19357	19361																											
19364	19366	19367	19368																											
19369	19370	19371	19380																											
19396	L8600																													
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	<table border="0"> <tr> <td>69714</td> <td>69715</td> <td>69717</td> <td>69718</td> </tr> <tr> <td>69930</td> <td>L8614</td> <td>L8615</td> <td>L8616</td> </tr> <tr> <td>L8617</td> <td>L8618</td> <td>L8619</td> <td>L8627</td> </tr> <tr> <td>L8628</td> <td>L8690</td> <td>L8691</td> <td>L8692</td> </tr> <tr> <td>L8693</td> <td></td> <td></td> <td></td> </tr> </table>	69714	69715	69717	69718	69930	L8614	L8615	L8616	L8617	L8618	L8619	L8627	L8628	L8690	L8691	L8692	L8693											
69714	69715	69717	69718																											
69930	L8614	L8615	L8616																											
L8617	L8618	L8619	L8627																											
L8628	L8690	L8691	L8692																											
L8693																														

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<p>Cosmetic and reconstructive 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>	Prior authorization required	11920	11950	11951	11952
		11954	15820	15821	15822
		15823	15830	15832	15833
		15834	15835	15837	15838
		15839	15876	15877	15878
		15879	17999	19300	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21208	21209
		21230	21235	21256	21260
		21261	21263	21267	21268
		21270	21275	21280	21282
		21295	21296	21299	21740
		21742	21743	28344	30120
		30540	30545	30560	30620
		31295	31296	31297	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
67912	67961				
<p>Durable medical equipment (DME): regardless of billed amount</p>	Prior authorization required only in outpatient settings, to include patient's home	E0470	E0471	E0472	E0601
		E0655	E0657	E0660	E0665
		E1230	E1239	K0812	K0813
		K0814	K0815	K0816	K0820
		K0828	K0829	K0830	K0831
		K0835	K0837	K0838	K0839
		K0841	K0842	K0843	K0857
		K0859	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		<p>Durable medical equipment (DME): more than \$1,000 DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i></p>	A7025	A9280
E0116	E0117			E0140	E0144
E0147	E0153			E0155	E0158
E0159	E0161			E0162	E0167
E0170	E0171			E0172	E0175
E0182	E0186			E0187	E0191
E0193	E0194			E0198	E0200
E0202	E0203			E0205	E0210
E0220	E0221			E0225	E0230
E0231	E0232			E0236	E0238
E0239	E0241			E0243	E0244
E0246	E0249			E0251	E0256
E0265	E0266			E0270	E0273
E0274	E0275			E0276	E0277
E0280	E0290			E0291	E0292

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<p>Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		E0293	E0296	E0297	E0300
		E0302	E0304	E0315	E0316
		E0325	E0326	E0328	E0329
		E0350	E0352	E0370	E0373
		E0459	E0462	E0465	E0466
		E0481	E0483	E0571	E0572
		E0574	E0580	E0585	E0602
		E0603	E0604	E0605	E0606
		E0610	E0616	E0617	E0618
		E0619	E0625	E0635	E0636
		E0637	E0638	E0640	E0641
		E0642	E0650	E0651	E0652
		E0656	E0666	E0667	E0668
		E0669	E0671	E0672	E0673
		E0675	E0692	E0693	E0694
		E0700	E0710	E0740	E0746
		E0761	E0764	E0770	E0782
		E0783	E0784	E0785	E0786
		E0830	E0840	E0850	E0870
		E0880	E0890	E0900	E0920
		E0930	E0936	E0941	E0942
		E0944	E0945	E0946	E0947
		E0948	E0952	E0957	E0958
		E0959	E0966	E0967	E0968
		E0969	E0970	E0974	E0980
		E0983	E0984	E0985	E0986
		E0988	E0994	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1014	E1015	E1016	E1017
		E1018	E1020	E1029	E1030
		E1035	E1036	E1037	E1050
		E1070	E1084	E1085	E1086
		E1087	E1089	E1100	E1110
		E1161	E1170	E1171	E1172
		E1180	E1190	E1195	E1200
		E1221	E1222	E1223	E1224
		E1227	E1228	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1250
		E1270	E1280	E1285	E1290
		E1295	E1296	E1297	E1298
		E1300	E1310	E1399	E1500
		E1510	E1520	E1530	E1540
		E1550	E1560	E1570	E1575

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Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		E1580	E1590	E1592	E1594
		E1600	E1615	E1620	E1625
		E1630	E1632	E1634	E1635
		E1636	E1637	E1639	E1699
		E1812	E2300	E2310	E2311
		E2321	K0017	K0018	K0020
		K0037	K0039	K0043	K0044
		K0046	K0047	K0050	K0051
		K0056	K0065	K0070	K0072
		K0073	K0077	K0098	K0105
		K0108	K0455	K0601	K0602
		K0603	K0604	K0605	K0606
		K0607	K0608	K0609	K0672
		K0730	K0734	K0735	K0736
		K0737	K0743	K0744	K0745
		K0746	K0800	K0801	K0802
		K0806	K0807	K0808	K0821
		K0822	K0823	K0824	K0825
		K0826	K0827	K0836	K0840
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0858	K0860	K0861
		K0862	K0863	K0864	L0462
		L0464	L1000	L1005	L2136
		L5400	L5420	L5535	L5585
		L6380	L6382	L6384	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
Experimental or investigational	Prior authorization required	64722	64744	66180	95965
		95966	0171T	0200T	0201T
		A9276	A9277	A9278	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Home health services	Prior authorization required only in outpatient settings, to include member's home	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0163	G0164	G0299
		G0300	S9122	S9123	S9124
		S9127	S9128	S9129	S9131
		S9474			

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Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	IVIG 90284			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	J7330
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21244	21245	21246	21247
		21248	21249	21255	30465
Orthotics: more than \$1,000 Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0113	L0140	L0150
		L0160	L0170	L0200	L0220
		L0430	L0452	L0466	L0468
		L0480	L0482	L0484	L0486
		L0490	L0491	L0492	L0621
		L0622	L0623	L0624	L0629
		L0631	L0632	L0633	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0861	L0970	L0972	L0974
		L0976	L0978	L0980	L0982
		L0984	L0999	L1001	L1010
		L1020	L1025	L1030	L1040
		L1050	L1060	L1070	L1080
		L1085	L1090	L1100	L1110
		L1120	L1200	L1210	L1220
		L1230	L1240	L1250	L1260
		L1270	L1280	L1290	L1300

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<p>Orthotics: more than \$1,000 (cont'd) Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		L1310 L1620 L1660 L1700 L1755 L1904 L2005 L2034 L2038 L2070 L2128 L2182 L2190 L2220 L2250 L2310 L2375 L2390 L2425 L2510 L2530 L2580 L2622 L2640 L2680 L2780 L2810 L3000 L3010 L3070 L3140 L3201 L3206 L3211 L3215 L3221 L3251 L3255 L3330 L3360 L3410 L3450 L3470 L3510 L3550	L1499 L1630 L1680 L1710 L1834 L1910 L2010 L2035 L2040 L2080 L2132 L2184 L2192 L2230 L2260 L2320 L2380 L2395 L2430 L2520 L2540 L2600 L2627 L2650 L2750 L2785 L2830 L3001 L3030 L3080 L3150 L3202 L3207 L3212 L3216 L3222 L3252 L3257 L3334 L3370 L3420 L3455 L3480 L3520 L3560	L1600 L1640 L1685 L1720 L1844 L1920 L2020 L2036 L2050 L2090 L2134 L2186 L2200 L2232 L2270 L2335 L2385 L2405 L2492 L2525 L2550 L2610 L2628 L2660 L2760 L2795 L2850 L3002 L3031 L3090 L3160 L3203 L3208 L3213 L3217 L3225 L3253 L3265 L3340 L3380 L3430 L3460 L3485 L3530 L3570	L1610 L1650 L1690 L1730 L1847 L2000 L2030 L2037 L2060 L2126 L2180 L2188 L2210 L2240 L2300 L2370 L2387 L2415 L2500 L2526 L2570 L2620 L2630 L2670 L2768 L2800 L2861 L3003 L3050 L3100 L3170 L3204 L3209 L3214 L3219 L3250 L3254 L3320 L3350 L3400 L3440 L3465 L3500 L3540 L3580

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Orthotics: more than \$1,000 (cont'd) Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L3590	L3595	L3640	L3649
		L3674	L3720	L3762	L3764
		L3765	L3766	L3891	L3900
		L3901	L3904	L3917	L3921
		L3925	L3927	L3929	L3956
		L3961	L3962	L3967	L3971
		L3973	L3975	L3976	L3977
		L3978	L3980	L3995	L4000
		L4010	L4020	L4030	L4040
		L4045	L4050	L4055	L4060
		L4070	L4080	L4090	L4110
		L4130	L4392	L4394	L4398
		L4631	L6026		
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prosthetics: more than \$1,000 Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5410	L5430	L5460	L5500
		L5505	L5510	L5520	L5530
		L5540	L5560	L5570	L5580
		L5590	L5595	L5600	L5610
		L5611	L5613	L5614	L5616
		L5617	L5618	L5620	L5624
		L5626	L5628	L5629	L5630
		L5631	L5632	L5634	L5636
		L5637	L5638	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5666
		L5676	L5677	L5678	L5680
		L5681	L5682	L5683	L5684
		L5686	L5688	L5690	L5692
		L5694	L5696	L5697	L5698
		L5699	L5700	L5701	L5702
		L5703	L5706	L5707	L5710
		L5711	L5712	L5714	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5781	L5782
		L5785	L5790	L5795	L5810

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<p>Prosthetics: more than \$1,000 (cont'd) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		L5811 L5818 L5828 L5848 L5857 L5925 L5966 L5972 L5979 L5987 L6010 L6055 L6130 L6300 L6360 L6400 L6570 L6586 L6605 L6616 L6624 L6630 L6638 L6642 L6648 L6665 L6677 L6687 L6691 L6696 L6704 L6709 L6714 L6805 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7362 L7400	L5812 L5822 L5830 L5850 L5858 L5930 L5968 L5973 L5980 L5988 L6020 L6100 L6200 L6310 L6370 L6450 L6580 L6588 L6610 L6620 L6625 L6632 L6639 L6645 L6650 L6670 L6680 L6688 L6692 L6697 L6706 L6711 L6715 L6810 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7364	L5814 L5824 L5840 L5855 L5910 L5960 L5970 L5975 L5981 L5990 L6025 L6110 L6205 L6320 L6386 L6500 L6582 L6590 L6611 L6621 L6628 L6635 L6640 L6646 L6655 L6675 L6682 L6689 L6693 L6698 L6707 L6712 L6721 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L7366	L5816 L5826 L5845 L5856 L5920 L5961 L5971 L5978 L5985 L6000 L6050 L6120 L6250 L6350 L6388 L6550 L6584 L6600 L6615 L6623 L6629 L6637 L6641 L6647 L6660 L6676 L6684 L6690 L6695 L6703 L6708 L6713 L6722 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7266 L7367 L7403

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Prosthetics: more than \$1,000 (cont'd) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L7404	L7405	L7499	L7600
		L8031	L8032	L8035	L8039
		L8040	L8041	L8042	L8043
		L8044	L8045	L8046	L8047
		L8048	L8049	L8310	L8320
		L8330	L8410	L8415	L8435
		L8465	L8480	L8485	L8499
		L8505	L8507	L8511	L8512
		L8514	L8515	L8603	L8604
		L8609	L8610	L8612	L8613
		L8629	L8630	L8641	L8642
		L8658	L8670	L8684	L8695
		L8699			
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
Radiation therapies Intensity-modulated radiation therapy, stereotactic radiosurgery and stereotactic body radiation therapy	Prior authorization required	77371	77372	77373	77385
		77386			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41512	41599	42145
		42299			
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	0195T	0196T	22220	22222
		22212	22214	22533	22548
		22224	22532	22556	22558
		22551	22554	22600	22610
		22590	22595	22633	22800
		22612	22630	22808	22810
		22802	22804	22819	22830
		22812	22818	22852	22855
		22849	22850	22864	22865
		22856	22861	63003	63005
		22899	63001	63015	63016
		63011	63012	63030	63040

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective October 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Spinal surgery (cont'd)		63017 63020 63046 63047 63042 63045 63055 63056 63050 63051 63077 63081 63064 63075 63090 63101 63085 63087 63172 63173 63102 63170 63185 63190 63180 63182 63195 63196 63191 63194 63199 63200 63197 63198
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 64568
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	36469 36475 36478 37700 37718 37722 37735 37780 37785

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	Behavioral health services through a designated behavioral health network Prior authorization required for the following services – this list is not all-inclusive: <ul style="list-style-type: none"> • Inpatient mental health and substance use services including detoxification and residential treatment • Partial hospitalization • Day treatment • Intensive outpatient 	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .
Inpatient admissions	Prior authorization required for acute inpatient, acute rehabilitation and skilled nursing facilities	
Long-term services and support for home- and community-based services	Prior authorization required through the member's case manager during the process of care planning assessment and determination of needs	For additional information, please call UnitedHealthcare Community Plan Senior Care Options at 888-867-5511 .

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p>Radiology</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures for dates of service on or after Nov. 1, 2016:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program > UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.</p>																																																												
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's ID card.</p> <table border="0" data-bbox="1062 1100 1490 1625"> <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>38207</td><td>38208</td><td>38209</td></tr> <tr><td>38210</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38232</td><td>38240</td><td>38241</td></tr> <tr><td>38242</td><td>44132</td><td>44133</td><td>44135</td></tr> <tr><td>44136</td><td>44137</td><td>44715</td><td>44720</td></tr> <tr><td>44721</td><td>47133</td><td>47135</td><td>47136</td></tr> <tr><td>47140</td><td>47141</td><td>47142</td><td>47143</td></tr> <tr><td>47144</td><td>47145</td><td>47146</td><td>47147</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>50300</td></tr> <tr><td>50320</td><td>50323</td><td>50325</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>S2060</td><td>S2061</td><td>S2152</td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38207	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	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>Ventricular assist devices 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 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" data-bbox="1062 1806 1490 1898"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td></td><td></td><td></td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T																																																			
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