

# Advance Notification Requirements for Maryland Effective October 1, 2016



## General Information

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

- **Link:** Sign in to UnitedHealthcareOnline.com using your Optum ID, then select the Prior Authorization and Notification application on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 888-899-1681; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Maryland > Provider Forms > Prior Authorization Form

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<b>Abortion (pregnancy termination)</b>	Prior authorization required – carved out by the state	Please call the number on the back of the member's ID card.			
<b>Acupuncture</b>	Prior authorization required	97810 S8930	97811	97813	97814
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43659 43773 43843 43848 43882 64590 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366	19318 19330 19357 19367	19324 19340 19361 19368	19325 19342 19364 19369

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Breast reconstruction (non-mastectomy) (cont'd)</b>		19370 L8600	19371	19380	19396
<b>Cardiovascular</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	36561	36590		
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	64721			
<b>Cataract surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	66821	66982	66984	
<b>Cochlear and other auditory implants</b> 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 69717	69711 69718	69714 69930	69715
<b>Colonoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	45378	45380	45384	45385
<b>Cosmetic and reconstructive procedures</b> 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 14040* 15821 15847 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914	11971 14060* 15822 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915	13101* 14301* 15823 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916	13132* 15820 15830 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive procedures (cont'd).</b>		67921 67950	67922 67961	67923 67966	67924 Q2026
<p>*Prior authorization required if performed in an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center.</p>					
<b>Durable Medical Equipment (DME): more than \$500</b> 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  Prior authorization required for continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP)  Prosthetics are not DME – see <i>Orthotics and Prosthetics</i>	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007	A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Durable Medical Equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500		K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287
<b>Ears, nose, and throat procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	21320 69631	30140	30520	69436
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161
<b>Experimental and investigational</b>	Prior authorization required	0085T 0271T 33477 61863 61886 62292 65767 95967	0191T 0282T 36514 61864 62264 64555 66180 95978	0269T 0283T 54240 61867 62290 64722 95965 A4638	0270T 0285T 55866 61868 62291 65765 95966 A6000

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Experimental and investigational (cont'd.)		A9274 E0231 S1031 S9988	A9276 E1831 S1040 S9990	A9277 S0810 S2102 S9991	A9278 S1030 S3652
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
Gender dysphoria treatment	Prior authorization required	55970	55980	<p>These <b>surgical codes</b> with the following <b>DX codes</b>:</p> <p>F64.1 F64.2 F64.8 F64.9 Z87.890</p> <p>14000 14001 14020 14021 14040 14041 14060 14061 14301 14302 15734 15738 15750 15757 19303 19304 31899 53410 53430 54125 54400 54401 54405 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</p>	
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563
Hernia repair	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0151 G0156 G0160	G0152 G0157 G0161	G0153 G0158 G0162	G0155 G0159 G0163

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home health care (cont'd)		G0164 S9123 S9129	G0299 S9124 S9131	G0300 S9127 S9474	S9122 S9128
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	<b>Acthar</b> J0800 <b>Botox</b> J0585    J0586    J0587    J0588 <b>Cerezyme</b> J1786 <b>Elelyso</b> J3060 <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599 <b>Synagis*</b> 90378 <b>Xolair*</b> J2357 <i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
Liver biopsy	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	47000			
Miscellaneous	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center				

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<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Ophthalmologic</b>	Prior authorization required if performed in an outpatient hospital setting	65426 66761 67228	65730 67028 67311	65855 67036 67312	66170 67040
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
<b>Orthotics and prosthetics: more than \$500</b> Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5679	L5681	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
L6010	L6020	L6026	L6050		
L6055	L6100	L6110	L6120		
L6130	L6200	L6205	L6250		
L6300	L6310	L6320	L6350		



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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		L6360	L6370	L6380	L6382		
		L6384	L6400	L6450	L6500		
		L6550	L6570	L6580	L6582		
		L6584	L6586	L6588	L6590		
		L6621	L6623	L6624	L6646		
		L6648	L6686	L6687	L6689		
		L6690	L6692	L6693	L6694		
		L6695	L6696	L6697	L6704		
		L6707	L6708	L6709	L6711		
		L6712	L6713	L6714	L6715		
		L6880	L6881	L6882	L6883		
		L6884	L6885	L6895	L6900		
		L6905	L6910	L6915	L6920		
		L6925	L6930	L6935	L6940		
		L6945	L6950	L6955	L6960		
		L6965	L6970	L6975	L7007		
		L7008	L7009	L7040	L7045		
		L7170	L7180	L7181	L7185		
		L7186	L7190	L7191	L7405		
		L7499	L8035	L8040	L8041		
		L8042	L8043	L8044	L8045		
		L8046	L8047	L8499	L8500		
		L8605	L8609	L8610	L8612		
		L8631	L8659	V2623	V2627		
		<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
		<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
		<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462		
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297			
<b>Sleep apnea procedures and surgeries</b> 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 ages <b>5 and younger</b>  Prior authorization required for members ages <b>6 and older</b>	95805	95807	95808	95810		
		95811					

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22586
		22590	22595	22600	22610
		22612	22630	22633	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22849	22850	22852	22855
		22856	22861	22864	22865
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	64553	64570	
<b>Tonsillectomy &amp; adenoidectomy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	42820	42821	42825	42826
		42830			
<b>Upper gastrointestinal endoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	43235	43239	43249	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Urologic procedures</b>	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204
		52224	52234	52235	52260
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Vagus nerve stimulation</b> 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> 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	36475	36478	37700
		37718	37722	37780	
<b>Wound vac</b>	Prior authorization required	E2402			

## Additional Advance Notification and 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  Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.  Please call the number on the back of the member's ID card when referring for mental health and substance abuse/substance use services.
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online at <b>UnitedHealthcareOnline.com</b> > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> > For Health Care Professionals > Maryland > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.

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><b>Chemotherapy</b></p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that haven't yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>																																
<p><b>Radiology</b></p>	<p>Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Maryland &gt; Radiology &gt; CPT Code List.</p>																																
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant services, call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's 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> </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
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																															

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## Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
<b>Transplants (cont'd.)</b>		<table border="0"> <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>	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152		
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<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow	Prior authorization required	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 <b>855-282-8929</b> .  <table border="0"> <tr> <td>0051T</td> <td>0052T</td> <td>0053T</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																
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