

Advance Notification Requirements for Maryland Effective July 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Maryland contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- **Phone:** 866-604-3267
- **Fax:** 888-899-1681
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Abdominal paracentesis	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49083			
Abortion (pregnancy termination)	Carved out by the State				
Acupuncture	Prior authorization required	97810 S8930	97811	97813	97814
Bariatric surgery	Inpatient and outpatient bariatric surgery and specific obesity-related services				
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Carpal tunnel surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	64721			
Cataract surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	66821	66982	66984	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cochlear and other auditory implants	<p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p> <p>UHC is responsible for surgical charges only. For members under 21 years old the device is carved out to the state. For members 21 years and older the device is not a covered benefit.</p>	69710 69717	69711 69718	69714 69930	69715
Colonoscopy	<p>Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.</p>	45378	45380	45384	45385
Cosmetic and reconstructive procedures	<p>Advance notification required for both inpatient and outpatient cosmetic and reconstructive procedures</p> <p>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>	11960 15822 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	11971 15823 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966
Durable medical equipment (DME) - more than \$500	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p> <p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify but are not subject to the cost threshold (see <i>Home Health Care Services</i>).</p>	A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME) - more than \$500 (cont'd.)</p>	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>	E0745	E0762	E0764	E0782
	<p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p>	E0783	E0784	E0786	E0947
	<p>Some home health care services may qualify but are not subject to the cost threshold (see <i>Home Health Care Services</i>).</p>	E0948	E0984	E0986	E1002
	E1003	E1004	E1005	E1006	
	E1007	E1008	E1009	E1010	
	E1011	E1018	E1030	E1035	
	E1036	E1085	E1086	E1089	
	E1090	E1130	E1140	E1161	
	E1220	E1226	E1229	E1230	
	E1231	E1232	E1233	E1234	
	E1235	E1236	E1237	E1238	
	E1239	E1250	E1260	E1285	
	E1290	E1300	E1310	E1825	
	E1830	E1840	E2100	E2204	
	E2227	E2228	E2230	E2300	
	E2301	E2310	E2311	E2312	
	E2321	E2322	E2325	E2327	
	E2328	E2329	E2330	E2331	
	E2343	E2351	E2370	E2373	
	E2375	E2376	E2510	E2511	
	E2512	E2599	E2614	E2616	
	E2620	E2621	E2626	E2627	
	E2628	E2629	E2630	E8000	
	E8001	E8002	K0005	K0007	
	K0008	K0011	K0013	K0014	
	K0108	K0606	K0609	K0730	
	K0800	K0801	K0802	K0806	
	K0807	K0808	K0812	K0821	
	K0822	K0823	K0824	K0825	
	K0826	K0827	K0828	K0829	
	K0830	K0831	K0836	K0837	
	K0838	K0839	K0840	K0841	
	K0842	K0843	K0848	K0849	
	K0850	K0851	K0852	K0853	
	K0854	K0855	K0856	K0857	
	K0858	K0859	K0860	K0861	
	K0862	K0863	K0864	K0868	
	K0869	K0870	K0871	K0877	
	K0878	K0879	K0880	K0884	
	K0885	K0886	K0890	K0891	
K0898	K0899	Q0479	Q0480		
Q0481	Q0482	Q0483	Q0484		
Q0488	Q0489	Q0490	Q0491		
Q0495	Q0496	Q0502	Q0503		
Q0504	Q0506	T1999	T5999		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME) - more than \$500 (cont'd.)	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p> <p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify but are not subject to the cost threshold (see <i>Home Health Care Services</i>).</p>	V2786 V5271 V5282 V5286 V5290	V5268 V5272 V5283 V5287	V5269 V5274 V5284 V5288	V5270 V5281 V5285 V5289
Enteral services	In home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
Experimental and investigational		33477 61863 61886 62292 65767 95965 96002 0270T 0285T A9276 E1831 S1040 S9988	36514 61864 62264 64555 66180 95966 0085T 0271T A4638 A9277 S0810 S2102 S9990	54240 61867 62290 64722 95250 95967 0191T 0282T A6000 A9278 S1030 S3652 S9991	55866 61868 62291 65765 95251 95978 0269T 0283T A9274 E0231 S1031 S8262
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery (FESS)		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Gender dysphoria		55970 14000 14040 14301 15750	55980 14001 14041 14302 15757	The following SURGICAL CODES with the following DX F61.1 F64.1 F64.2 F64.8 F64.9 Z87.890 14020 14060 15734 19303	14021 14061 15738 19304

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gender dysphoria (cont'd.)		31899 54400 54660 56625 57335 64856	53410 54401 54690 56800 58661	53430 54405 55175 56805 58720	54125 54520 55180 57110 58940
Gynecologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	57522 58565	58353	58558	58563
Hernia repair	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49585 49652	49587 49653	49650 49654	49651 49655
Home health care		G0151 G0156 G0160 G0164 S9123 S9129	G0152 G0157 G0161 G0299 S9124 S9131	G0153 G0158 G0162 G0300 S9127 S9474	G0155 G0159 G0163 S9122 S9128
Hospice		T2042	T2043	T2044	T2045
Injectable medications	*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Acthar, Synagis and Xolair	Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 ElELYso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena J1725 J2675 Synagis* 90378 Xolair J2357			

**Advance Notification Requirements for Maryland
Effective July 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	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 is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	47000			
Non-emergent air ambulance transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	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
Orthotics and prosthetics – more than \$500	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics – more than \$500</p>	<p>Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>	<p>L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988</p>	<p>L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990</p>	<p>L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999</p>	<p>L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd.)	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8609 L8659	L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8610 V2623	L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8612 V2627	L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8605 L8631
Private duty nursing	Prior Authorization required for pain management pumps and infusion cases	T1000	T1002	T1003	
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty		31295	31296	31297	
Sleep apnea procedures and surgeries		21685	41530	41599	42145

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sleep studies	<ul style="list-style-type: none"> • Unattended Sleep Studies: <u>No</u> Prior Authorization required • Attended sleep studies require Prior Authorization • Children <6 years old <u>No</u> Prior Authorization required 	95805 95811	95807	95808	95810
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	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 0095T	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 0098T	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 0164T	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
Sterilization		58150 58290 58543 58553 58572	58180 58291 58544 58554 58573	58260 58541 58550 58570	58262 58542 58552 58571

**Advance Notification Requirements for Maryland
Effective July 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Tonsillectomy & adenoidectomy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	42820 42830	42821	42825	42826
Upper gastrointestinal endoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	43235	43239	43249	
Urologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	50590 52224 52281 52352	52000 52234 52310 52353	52005 52235 52332 52356	52204 52260 52351 57288
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	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	36468 37718	36475 37722	36478 37780	37700
Wound vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	<p>Provided through a designated behavioral health network</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>For mental health please contact Value Options at 1-800-888-1965</p> <p>Please call the number on the member's ID card when referring for substance abuse/substance use services.</p>

Additional Advance Notification and Prior Authorization Programs		
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Cardiology prior authorization program		<p>Prior Authorization required for inpatient, outpatient and office-based and electrophysiology implants prior to performance.</p> <p>Prior Authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. Request prior authorization by calling 866-889-8054</p> <p>For additional details, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</i></p>
Chemotherapy		<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting (including intravenous, intravesical and intrathecal) for a cancer diagnosis.</p> <p>To submit an online request for prior authorization for the Injectable Chemotherapy Program, log into UnitedHealthcareonline.com > Notifications / Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request</p> <p><u>Injectable Chemotherapy Drugs That Require a Prior Authorization</u></p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641) • Chemotherapy injectable drugs that have a Q code <p>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization</p>
Inpatient stays		All Inpatient stays require prior authorization.
Out-of-network services	A referral to a health care provider who is not contracted with UnitedHealthcare	All out-of-network services require prior authorization

Additional Advance Notification and Prior Authorization Programs																																																																																																							
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																																																																					
Radiology prior authorization		<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures</p> <p>The health care professional ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process prior to scheduling the procedure.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>For additional details including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Radiology > 2014 CPT Code List</i></p>																																																																																																					
Transplants		<p>For transplant services, call OptumHealth directly at 800-418-4994 or the notification number on the back of the health care 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>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> <tr><td>44127</td><td>44128</td><td>44130</td><td>44132</td></tr> <tr><td>44133</td><td>44135</td><td>44136</td><td>44137</td></tr> <tr><td>44715</td><td>44720</td><td>44721</td><td>47133</td></tr> <tr><td>47135</td><td>47136</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>48160</td><td>48550</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>48556</td></tr> <tr><td>50300</td><td>50320</td><td>50323</td><td>50325</td></tr> <tr><td>50327</td><td>50328</td><td>50329</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>54680</td><td>60512</td><td>0051T</td></tr> <tr><td>0052T</td><td>0053T</td><td>S2053</td><td>S2054</td></tr> <tr><td>S2055</td><td>S2060</td><td>S2061</td><td>S2065</td></tr> <tr><td>S2103</td><td>S2152</td><td>S9975</td><td></td></tr> </table>		32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145	47146	47147	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	60512	0051T	0052T	0053T	S2053	S2054	S2055	S2060	S2061	S2065	S2103	S2152	S9975	
32850	32851	32852	32853																																																																																																				
32854	32855	32856	33226																																																																																																				
33930	33933	33935	33940																																																																																																				
33944	33945	38205	38206																																																																																																				
38207	38208	38209	38210																																																																																																				
38211	38212	38213	38214																																																																																																				
38215	38230	38232	38240																																																																																																				
38241	38242	44010	44015																																																																																																				
44020	44021	44025	44050																																																																																																				
44055	44100	44110	44111																																																																																																				
44120	44121	44125	44126																																																																																																				
44127	44128	44130	44132																																																																																																				
44133	44135	44136	44137																																																																																																				
44715	44720	44721	47133																																																																																																				
47135	47136	47140	47141																																																																																																				
47142	47143	47144	47145																																																																																																				
47146	47147	48160	48550																																																																																																				
48551	48552	48554	48556																																																																																																				
50300	50320	50323	50325																																																																																																				
50327	50328	50329	50340																																																																																																				
50360	50365	50370	50380																																																																																																				
50547	54680	60512	0051T																																																																																																				
0052T	0053T	S2053	S2054																																																																																																				
S2055	S2060	S2061	S2065																																																																																																				
S2103	S2152	S9975																																																																																																					

Ventricular assist devices

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.

Fax OptumHealth directly at **877-814-0488** or call the notification number on the back of the member's ID card.

Q0505	Q0507	Q0508	Q0509
33975	33976	33979	33981
33982	33983		