

# Advance Notification Requirements for Maryland Effective May 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			
<b>Abdominal paracentesis</b>	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			
<b>Abortion (pregnancy termination)</b>	Carved out by the State				
<b>Acupuncture</b>	Prior Authorization required				
<b>Bariatric surgery</b>	Inpatient and outpatient bariatric surgery and specific obesity-related services	43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
		0312T	0313T	0314T	0315T
		0316T	0317T		
<b>Bone growth stimulator</b>	Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748	E0749		
<b>BRCA genetic testing</b>		81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b>	Reconstruction of the breast except when following mastectomy	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Carpal tunnel surgery</b>	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			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cataract surgery</b>	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	
<b>Cochlear and other auditory implants</b>	<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  L8615 L8619 L8624 L8691	69718  L8616 L8621 L8627 L8692	69714 69930  L8617 L8622 L8628 L8693	69715   L8614 L8618 L8623 L8690
<b>Colonoscopy</b>	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	45378	45380	45384	45385
<b>Cosmetic and reconstructive procedures</b>	<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
<b>Durable medical equipment (DME) - more than \$500</b>	<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>	A9274 A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672	A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME) - more than \$500 (cont'd.)</b></p>	<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>	<p>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 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289</p>	<p>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 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290</p>	<p>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 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287</p>	<p>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 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Enteral services</b>	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
<b>Experimental and investigational</b>		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
<b>Femoroacetabular impingement syndrome (FAI)</b>		29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
<b>Gynecologic procedures</b>	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
<b>Hernia repair</b>	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
<b>Home health care</b>		G0151 G0156 G0160 G0164 S9123 S9129 T1002	G0152 G0157 G0161 G0299 S9124 S9131 T1003	G0153 G0158 G0162 G0300 S9127 S9474	G0155 G0159 G0163 S9122 S9128 T1000

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications</b>	*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Acthar, Synagis and Xolair	<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>Makena</b> J1725 J2675 <b>Synagis*</b> 90378 <b>Xolair</b> J2357			
<b>Joint replacement</b>	Outpatient and inpatient joint and total hip and knee replacement procedures	23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27122 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112			
<b>Liver biopsy</b>	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			
<b>Non-emergent air ambulance transport</b>		A0430 A0431 A0435 A0436 S9960 S9961			
<b>Orthognathic surgery</b>	Treatment of maxillofacial (jaw) functional impairment	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 21208 21209 21210 21215 21240 21242 21244 21245 21246 21247 21248 21249 21255 21296 21299 30465			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics – more than \$500</b>	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 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	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 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	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 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	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics – more than \$500 (cont'd.)</b>	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8609 L8659	L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8610 V2623	L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8612 V2627	L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8605 L8631

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Pain management	Prior Authorization required for pain management pumps and infusion cases				
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	42145	41599
Sleep studies	<ul style="list-style-type: none"> <li>Unattended Sleep Studies: <u>No</u> Prior Authorization required</li> <li>Attended sleep studies require Prior Authorization</li> <li>Children &lt;6 years old <u>No</u> Prior Authorization required</li> </ul>	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	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal surgery (cont'd.)</b>	Inpatient and outpatient spinal surgeries	63251 63268 63286 63303 63307 0092T	63252 63270 63300 63304 63308 0095T	63265 63271 63301 63305 64553 0098T	63267 63272 63302 63306 64570 0164T
<b>Tonsillectomy &amp; adenoidectomy</b>	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
<b>Upper gastrointestinal endoscopy</b>	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	
<b>Urologic procedures</b>	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
<b>Vagus nerve stimulation</b>	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8682 L8688	64568 L8685	L8680 L8686	L8687
<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	36468 37718	36475 37722	36478 37780	37700
<b>Wound vac</b>		E2402			

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<b>Behavioral health services</b>	<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 <b>866-889-8054</b></p> <p>For additional details, including a list of the CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <i>Cardiology &gt; 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 <a href="http://UnitedHealthcareonline.com">UnitedHealthcareonline.com</a> &gt; Notifications / Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request</p> <p><b><u>Injectable Chemotherapy Drugs That Require a Prior Authorization</u></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> </ul> <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																																																																																																				
<p><b>Radiology prior authorization</b></p>		<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 <b>866-889-8054</b>.</p> <p>For additional details including a list of the CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <i>Radiology &gt; 2014 CPT Code List</i></p>																																																																																																				
<p><b>Transplants</b></p>		<p>For transplant services, call <b>OptumHealth</b> directly at <b>800-418-4994</b> 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	
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33944	33945	38205	38206																																																																																																			
38207	38208	38209	38210																																																																																																			
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44715	44720	44721	47133																																																																																																			
47135	47136	47140	47141																																																																																																			
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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		