

**Prior Authorization Requirements for  
UnitedHealthcare Community Plan of New Jersey  
Effective April 1, 2018**



**General Information**

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 888-840-9284; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > New Jersey > Provider Forms > New Jersey Prior Authorization Fax Request 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.**

**Important note:** The Universal Referral Form (URF) isn't the same as the prior authorization request form. Please use the prior authorization form to submit your request.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Acupuncture</b>	Prior authorization required	97811	97814		
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43648	43659
		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0760			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180

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<b>Cosmetic and reconstructive (cont'd)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
		<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279	A9280
E0266	E0270			E0445	E0457
E0460	E0466			E0483	E0620
E0638	E0641			E0642	E0669
E0700	E0710			E0745	E0762
E0766	E0784			E0984	E1002
E1003	E1004			E1005	E1006
E1007	E1008			E1009	E1010
E1030	E1035			E1036	E1161
E1229	E1231			E1232	E1233
E1234	E1235			E1236	E1237
E1238	E1239			E2100	E2227
E2228	E2230			E2300	E2301
E2322	E2325			E2327	E2329
E2331	E2351			E2373	E2510
E2511	E2599			E2626	E2627
E2628	E2629			E2630	E8001
K0005	K0008			K0013	K0108
K0812	K0830			K0831	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	S1040			T1999	T5999
V2786	V5269	V5270	V5271		
V5272	V5274	V5281	V5282		
V5283	V5286	V5287	V5289		
V5290					
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
		B4102	B4103	B4149	B4150
	Prior authorization required for members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request.	B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9000
		B9002	B9998		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<b>Experimental and investigational</b>	Prior authorization required	0085T 0191T 33477 36514 55866 61863 61864 61867 61868 61886 64555 64722 65765 65767 66180 95978 A4638 A6000 A9274 E0231 E1831 S1030 S1031 S2102 S9988 S9990 S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914 29915 29916
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31254 31255 31256 31267 31276 31287 31288
<b>Gender dysphoria treatment</b>	Prior authorization required	55970 55980  These <b>surgical codes</b> with the following <b>DX codes</b> : F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890  14000 14001 14041 15734 15738 15750 15757 15758 19303 19304 20926 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58150 58180 58260 58262 58290 58291 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573 58661 58720 58940 64856 64892 64896
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299 G0300 S9474
<b>Hospice</b>	Prior authorization required for inpatient admissions only	T2044 T2045
<b>Injectable medications</b>	Prior authorization required	<b>Acthar®</b> J0800  <b>Botox®</b> J0585 J0586 J0587 J0588  <b>Brineura™</b> C9014  <b>Cerezyme®</b> J1786

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications (cont'd)		<p><b>Cinqair®</b> J2786</p> <p><b>Elelyso®</b> J3060</p> <p><b>Exondys 51™</b> J2326</p> <p><b>Ilaris®</b> J0638</p> <p><b>IVIG</b>                      90283    90284    J1459    J1555                      J1556    J1557    J1559    J1561                      J1566    J1568    J1569    J1572                      J1575    J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Makena®</b> J1726    J1729    J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Probuphine®</b> J0570</p> <p><b>Radicava®</b> C9493</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> J1428</p> <p><b>Synagis®*</b> 90378</p> <p><b>Unclassified codes**</b> C9399    J3490    J3590</p> <p><b>Xolair®*</b> J2357</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																								
<b>Injectable medications (cont'd)</b>		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra™, Luxturna™ and Radicava.</b></p>																																								
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	<table border="1"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td>J7330</td> <td>S2112</td> </tr> </table>	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												
23470	23472	23473	23474																																							
24360	24361	24362	24363																																							
24370	24371	27120	27122																																							
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<b>Non-emergent air ambulance transport</b>	Prior authorization required	<table border="1"> <tr> <td>A0430</td> <td>A0431</td> <td>A0436</td> <td>S9960</td> </tr> <tr> <td>S9961</td> <td></td> <td></td> <td></td> </tr> </table>	A0430	A0431	A0436	S9960	S9961																																			
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<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	<table border="1"> <tr> <td>21121</td> <td>21123</td> <td>21125</td> <td>21127</td> </tr> <tr> <td>21141</td> <td>21142</td> <td>21143</td> <td>21145</td> </tr> <tr> <td>21146</td> <td>21147</td> <td>21150</td> <td>21151</td> </tr> <tr> <td>21154</td> <td>21155</td> <td>21159</td> <td>21160</td> </tr> <tr> <td>21188</td> <td>21193</td> <td>21194</td> <td>21195</td> </tr> <tr> <td>21196</td> <td>21198</td> <td>21199</td> <td>21206</td> </tr> <tr> <td>21208</td> <td>21209</td> <td>21210</td> <td>21215</td> </tr> <tr> <td>21240</td> <td>21242</td> <td>21244</td> <td>21245</td> </tr> <tr> <td>21246</td> <td>21247</td> <td>21248</td> <td>21249</td> </tr> <tr> <td>21255</td> <td>21296</td> <td>21299</td> <td></td> </tr> </table>	21121	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	
21121	21123	21125	21127																																							
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<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	<table border="1"> <tr> <td>L0112</td> <td>L0170</td> <td>L0456</td> <td>L0462</td> </tr> <tr> <td>L0464</td> <td>L0480</td> <td>L0482</td> <td>L0484</td> </tr> <tr> <td>L0486</td> <td>L0624</td> <td>L0629</td> <td>L0631</td> </tr> <tr> <td>L0632</td> <td>L0634</td> <td>L0636</td> <td>L0637</td> </tr> <tr> <td>L0638</td> <td>L0640</td> <td>L0700</td> <td>L0710</td> </tr> <tr> <td>L0810</td> <td>L0820</td> <td>L0830</td> <td>L0859</td> </tr> <tr> <td>L1000</td> <td>L1005</td> <td>L1200</td> <td>L1300</td> </tr> <tr> <td>L1310</td> <td>L1499</td> <td>L1680</td> <td>L1685</td> </tr> <tr> <td>L1700</td> <td>L1710</td> <td>L1720</td> <td>L1730</td> </tr> </table>	L0112	L0170	L0456	L0462	L0464	L0480	L0482	L0484	L0486	L0624	L0629	L0631	L0632	L0634	L0636	L0637	L0638	L0640	L0700	L0710	L0810	L0820	L0830	L0859	L1000	L1005	L1200	L1300	L1310	L1499	L1680	L1685	L1700	L1710	L1720	L1730				
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L0464	L0480	L0482	L0484																																							
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<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L1755	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2128
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5648
		L5651	L5653	L5661	L5682
		L5702	L5703	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5987
		L5988	L5990	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
<b>Pediatric day services (PDHC)</b>	Prior authorization required	T1024			
<b>Personal care service</b>	Prior authorization required	T1019			
<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</b> Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
	<b>Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members</b>	95811			
<b>Spinal stimulator for pain management</b>	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal surgery (cont'd)</b>		22554	22556	22558	22586
		22590	22595	22600	22610
		22612	22630	22633	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22849	22850	22852	22855
		22856	22861	22864	22865
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
63300	63301	63302	63303		
63304	63305	63306	63307		
63308	64553	64570			
<b>Vagus nerve stimulation</b> 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	36473	36475	36478
		37700	37718	37722	37780
<b>Wound vac</b>	Prior authorization required	E2402			

### Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior	For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the



**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p><b>Cardiology (cont'd)</b></p>	<p>to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; New Jersey &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>
<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), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>
<p><b>Colony stimulating factor drugs</b></p>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><b><u>Injectable colony stimulating factor drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>
<p><b>Radiology</b></p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																				
<p><b>Radiology (cont'd)</b></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>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; New Jersey &gt; Radiology &gt; CPT Code List.</p>																																																																				
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the 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 health plan ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td>Q2040</td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152			38206	38999	J3490	J9999	M0075	S2107	Q2040	
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<p><b>Ventricular assist devices (VAD)</b>                      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 health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b>.</p>																																																																				

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (VAD) (cont'd)		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509