

# Prior Authorization Requirements for New York Effective January 1, 2018



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of New York 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:** 866-950-4490; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > New York > Provider Forms > New York Prior Authorization Fax 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>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43848 64590	0313T 0317T 43659 43845 43860 95980	0314T 43644 43770 43846 43881 95981	0315T 43645 43775 43847 43882 95982
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
<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 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<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 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 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

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Effective January 1, 2018



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<b>Colonoscopy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	45378	45380	45384	45385
<p><b>Cosmetic and reconstructive</b> 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>	<p>Prior authorization required</p> <p><b>For codes with an asterisk:</b></p> <p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	<p>11960</p> <p>14040*</p> <p>15821</p> <p>15847</p> <p>17108</p> <p>21139</p> <p>21180</p> <p>21184</p> <p>21275</p> <p>21552*</p> <p>21931*</p> <p>67901</p> <p>67906</p> <p>67912</p> <p>67917</p> <p>67924</p> <p>Q2026</p>	<p>11971</p> <p>14060*</p> <p>15822</p> <p>15877</p> <p>17999</p> <p>21172</p> <p>21181</p> <p>21230</p> <p>21280</p> <p>21740</p> <p>28344</p> <p>67902</p> <p>67908</p> <p>67914</p> <p>67921</p> <p>67950</p>	<p>13101*</p> <p>14301*</p> <p>15823</p> <p>17106</p> <p>21137</p> <p>21175</p> <p>21182</p> <p>21235</p> <p>21282</p> <p>21742</p> <p>30620</p> <p>67903</p> <p>67909</p> <p>67915</p> <p>67922</p> <p>67961</p>	<p>13132*</p> <p>15820</p> <p>15830</p> <p>17107</p> <p>21138</p> <p>21179</p> <p>21183</p> <p>21256</p> <p>21295</p> <p>21743</p> <p>67900</p> <p>67904</p> <p>67911</p> <p>67916</p> <p>67923</p> <p>67966</p>
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i>.</p>	<p>A4575</p> <p>E0265</p> <p>E0445</p> <p>E0483</p> <p>E0641</p> <p>E0670</p> <p>E0700</p> <p>E0764</p> <p>E0986</p> <p>E1005</p> <p>E1009</p> <p>E1036</p> <p>E1232</p> <p>E1236</p> <p>E2100</p> <p>E2300</p> <p>E2327</p> <p>E2373</p> <p>E2626</p> <p>E2630</p> <p>K0013</p> <p>K0831</p> <p>K0851</p> <p>K0855</p>	<p>A9279</p> <p>E0266</p> <p>E0457</p> <p>E0620</p> <p>E0642</p> <p>E0675</p> <p>E0710</p> <p>E0766</p> <p>E1002</p> <p>E1006</p> <p>E1010</p> <p>E1161</p> <p>E1233</p> <p>E1237</p> <p>E2227</p> <p>E2301</p> <p>E2329</p> <p>E2510</p> <p>E2627</p> <p>E8001</p> <p>K0108</p> <p>K0848</p> <p>K0852</p> <p>K0856</p>	<p>A9280</p> <p>E0270</p> <p>E0460</p> <p>E0636</p> <p>E0656</p> <p>E0693</p> <p>E0745</p> <p>E0784</p> <p>E1003</p> <p>E1007</p> <p>E1030</p> <p>E1229</p> <p>E1234</p> <p>E1238</p> <p>E2228</p> <p>E2322</p> <p>E2331</p> <p>E2511</p> <p>E2628</p> <p>K0005</p> <p>K0812</p> <p>K0849</p> <p>K0853</p> <p>K0857</p>	<p>E0194</p> <p>E0300</p> <p>E0466</p> <p>E0638</p> <p>E0669</p> <p>E0694</p> <p>E0762</p> <p>E0984</p> <p>E1004</p> <p>E1008</p> <p>E1035</p> <p>E1231</p> <p>E1235</p> <p>E1239</p> <p>E2230</p> <p>E2325</p> <p>E2351</p> <p>E2599</p> <p>E2629</p> <p>K0008</p> <p>K0830</p> <p>K0850</p> <p>K0854</p> <p>K0858</p>

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 cumulative rental cost of more than \$500		K0859 K0863 K0870 K0879 K0886 T1999 V5270 V5281 V5287	K0860 K0864 K0871 K0880 K0890 T5999 V5271 V5282 V5288	K0861 K0868 K0877 K0884 K0891 V2786 V5272 V5283 V5290	K0862 K0869 K0878 K0885 S1040 V5269 V5274 V5286
<b>Ear, 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>Erectile dysfunction</b>	Prior authorization required	37788 54405 54416 J0275	37790 54408 54417 J2440	54400 54410 55870 J2760	54401 54411 J0270 L7900
<b>Experimental and investigational</b>	Prior authorization required	0085T 55866 61868 65765 A4638 S0810 S9988	0191T 61863 61886 65767 A6000 S1030 S9990	33477 61864 64555 66180 E0231 S1031 S9991	36514 61867 64722 95978 E1831 S2102
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gender dysphoria treatment (cont'd)		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
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting	57522	58353	58558	58563
	Prior authorization not required if performed at a participating ambulatory surgery center	58565			
Hernia repair	Prior authorization required if performed in an outpatient hospital setting	49505	49585	49587	49650
	Prior authorization not required if performed at a participating ambulatory surgery center	49651	49652	49653	49654
		49655			
Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
Injectable medications	Prior authorization required	<b>Acthar®</b> J0800  <b>Botox®</b> J0585    J0586    J0587    J0588  <b>Cerezyme®</b> J1786  <b>Cinqair®</b> J2786  <b>Elelyso®</b> J3060  <b>Exondys 51™</b> J2326  <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599  <b>Lemtrada®</b> J0202  <b>Makena®</b> J1726    J1729			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<p><b>Injectable medications (cont'd)</b></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**</b> C9399    J3490    J3590</p> <p><b>Xolair®*</b> J2357</p> <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 <b>UHCprovider.com</b> &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™ and Radicava.</b></p>

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Effective January 1, 2018**

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<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	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 required if performed in an outpatient hospital setting	47000	
Prior authorization not required if performed at a participating ambulatory surgery center					
<b>Miscellaneous</b>	Prior authorization required if performed in an outpatient hospital setting	20680			
	Prior authorization not required if performed at a participating ambulatory surgery center				
<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	65730	65855	66170
		66761	67028	67036	67040
	Prior authorization not required if performed at a participating ambulatory surgery center	67228	67311	67312	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	
		<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	L0112	L0170
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
L1755	L1834			L1840	L1844
L1845	L1846			L1860	L1945
L1950	L1970			L2000	L2005
L2010	L2020			L2030	L2034

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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>		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
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713

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Effective January 1, 2018**

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		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>Private duty nursing</b>	Prior authorization required	T1000	T1001	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
		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  Prior authorization not required for New York Long-Term Services and Supports (LTSS)	95805	95807	95808	95810
		95811			
<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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal surgery (cont'd)</b>		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 and adenoidectomy</b>	Prior authorization required if performed in an outpatient hospital setting	42820	42821	42825	42826
	Prior authorization not required if performed at a participating ambulatory surgery center	42830			
<b>Upper gastrointestinal endoscopy</b>	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	
	Prior authorization not required if performed at a participating ambulatory surgery center				
<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	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
Behavioral health services	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.</p>
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior 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>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 York &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>
Chemotherapy	<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 will require prior authorization</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>
Colony stimulating factor drugs	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><b>Injectable colony stimulating factor drugs that require prior authorization:</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</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Colony stimulating factor drugs (cont'd)		<p>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>																																																												
Radiology	<p>Prior authorization required for participating physicians who request these 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 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>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; New York &gt; Radiology &gt; CPT Code List.</p>																																																												
Transplants	Prior authorization required	<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" data-bbox="1062 1360 1503 1885"> <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</p>	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		
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**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Transplants (cont'd)		along with codes 38206    38999    J3490    J9999 M0075    S2107
<b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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> .  33927    33928    33929    33975 33976    33979    33981    33982 33983    Q0507    Q0508    Q0509