

**Prior Authorization Requirements for
UnitedHealthcare Connected for MyCareOhio
(Medicare – Medicaid plan)
Effective July 1, 2017**



General Information

This list contains prior authorization review requirements for UnitedHealthcare Connected for MyCareOhio (Medicare – Medicaid plan) participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 800-366-7304
- **Fax:** 866-839-6454; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Ohio > Provider Forms > Prior Authorization Forms > Prior Authorization Fax Request

Prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19364 19369 19396	19318 19330 19355 19366 19370 L8600	19324 19340 19357 19367 19371	19325 19342 19361 19368 19380
Cochlear and other auditory implants 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 69718 92602 L8619 V5273	69711 69799 92603 L8690	69714 69930 92604 L8691	69715 92601 L8614 L8692
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11920 11951 11971 15781 15788 15819 15823 15828 15833 15837 15877 17107 19300 21180 21184 21260 21268	11921 11952 15775 15782 15789 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230 21261 21270	11922 11954 15776 15783 15792 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235 21263 21275	11950 11960 15780 15787 15793 15822 15826 15832 15836 15847 17106 17999 21179 21183 21256 21267 21299

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Cosmetic and reconstructive (cont'd)		21740	21742	21743	28344	30120	30540	30545	30560	30620	31295	31296	31297	40500	67900	67901	67902	67903	67904	67906	67908	67909	67912	67950	67961	67966	69090	69300	69320	Q2026	Q2027	Q2202	S2202																																											
Durable medical equipment (DME) – incontinence supplies	<p>Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.</p> <p>For more information please visit UHCCommunityPlan.com > For Health Care Professionals > Ohio > Bulletins > Incontinence Supplier Change for UnitedHealthcare Community Plan Members.</p>	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008 .																																																																										
Durable medical equipment (DME): regardless of billed amount	Prior authorization required only in outpatient settings, to include patient's home	E0470	E0471	E0472	E0601	E0650	E0655	E0660	E0665	E1230	E1239	E2310	E2311	E2321	K0800	K0801	K0802	K0806	K0808	K0812	K0813	K0814	K0815	K0816	K0820	K0821	K0822	K0823	K0824	K0825	K0826	K0827	K0828	K0829	K0830	K0831	K0835	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	K0869	K0870	K0871	K0877	K0878	K0879	K0880	K0884	K0885	K0886	K0890	K0891	K0898	K0899
Durable medical equipment (DME): more than \$1,000 DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i>.</p>	A9280	A9900	A9999	B9999	E0170	E0193	E0194	E0203	E0231	E0246	E0277	E0300	E0302	E0304	E0316	E0328	E0329	E0350	E0373	E0459	E0462	E0465	E0466	E0483	E0603	E0616	E0617	E0618	E0635	E0636	E0638	E0639	E0640	E0642	E0651	E0652	E0656	E0666	E0667	E0668																																			

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<p>Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		E0669 E0673 E0694 E0745 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 E1805 E1815 E1840 E2325 E2330 E2502 E2510 K0007 K0044 K0051 K0073 K0455 K0743 L0462 L2136 L5420 L6380 Q0480	E0670 E0675 E0700 E0746 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1800 E1810 E1818 E2227 E2327 E2376 E2504 E2511 K0020 K0046 K0056 K0098 K0606 K0744 L0464 L3999 L5535 L6382 Q0481	E0671 E0692 E0710 E0761 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 E1801 E1811 E1825 E2312 E2328 E2402 E2506 E2512 K0037 K0047 K0065 K0105 K0609 K0745 L1000 L5000 L5585 L6384 Q0482	E0672 E0693 E0740 E0762 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 E1802 E1812 E1830 E2322 E2329 E2500 E2508 K0005 K0039 K0050 K0072 K0108 K0730 K0746 L1005 L5400 L5999 Q0479 Q0483

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		Q0503	T1999	T5999	V2786
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
Experimental or investigational	Prior authorization required	0019T	0030T	0054T	0055T
		0085T	0100T	0101T	0102T
		0103T	0106T	0107T	0108T
		0109T	0110T	0111T	0123T
		0124T	0172T	0173T	0174T
		0175T	0181T	0183T	0186T
		0190T	0191T	0192T	0198T
		0199T	0200T	0201T	0205T
		0206T	0207T	0213T	0214T
		0215T	0216T	0217T	0218T
		0223T	0224T	0225T	0230T
		0231T	0233T	0239T	0243T
		0244T	0250T	0251T	0252T
		0253T	0256T	0257T	0258T
		0259T	0263T	0264T	0265T
		0266T	0267T	0268T	0269T
		0270T	0271T	0272T	0273T
		0274T	0275T	0276T	0277T
		0281T	0282T	0283T	0284T
		0285T	0286T	0287T	0288T
		0291T	0292T	0293T	0294T
		0299T	0300T	0301T	20985
		22505	22867	22869	25259
		27275	27860	28446	29880
		31634	33477	37204	37210
		43257	53855	53860	54240
		55840	55866	58353	58356
		58563	61863	61864	61867
		61868	61886	62263	62264
		62290	62291	62292	64566
		64595	64722	64744	65765
		65767	66180	78351	82523
		85547	90867	90868	90869
		91117	91132	91133	93668
		94011	94012	94013	95250
		95251	95905	95965	95966
		95967	95978	96000	96001

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Experimental or investigational (cont'd)		96003 A4575 A9276 E1831 G0342 P2031 S1030 S2300 S3902 S9349	96004 A4638 A9277 G0295 G0343 P2033 S1031 S2325 S9001 S9988	96902 A6000 A9278 G0329 G9147 P2038 S1040 S3652 S9025 S9990	99174 A9274 E0446 G0341 M0076 S0810 S2102 S3890 S9055 S9991																																																																												
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916																																																																													
Gender dysphoria treatment	Prior authorization required	55970	55980	<p>These surgical codes with the following DX codes:</p> <table border="1"> <thead> <tr> <th>F64.0</th> <th>F64.1</th> <th>F64.2</th> <th>F64.8</th> </tr> </thead> <tbody> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> <tr> <td>14000</td> <td>14001</td> <td>14020</td> <td>14021</td> </tr> <tr> <td>14040</td> <td>14041</td> <td>14060</td> <td>14061</td> </tr> <tr> <td>14301</td> <td>14302</td> <td>15734</td> <td>15738</td> </tr> <tr> <td>15750</td> <td>15757</td> <td>15758</td> <td>15775</td> </tr> <tr> <td>15776</td> <td>15780</td> <td>15781</td> <td>15782</td> </tr> <tr> <td>15783</td> <td>15788</td> <td>15789</td> <td>15792</td> </tr> <tr> <td>15793</td> <td>19303</td> <td>19304</td> <td>20926</td> </tr> <tr> <td>21899</td> <td>31599</td> <td>31899</td> <td>53410</td> </tr> <tr> <td>53420</td> <td>53425</td> <td>53430</td> <td>54125</td> </tr> <tr> <td>54400</td> <td>54401</td> <td>54405</td> <td>54408</td> </tr> <tr> <td>54520</td> <td>54660</td> <td>54690</td> <td>55175</td> </tr> <tr> <td>55180</td> <td>55866</td> <td>56625</td> <td>56800</td> </tr> <tr> <td>56805</td> <td>57106</td> <td>57110</td> <td>57291</td> </tr> <tr> <td>57292</td> <td>57295</td> <td>57296</td> <td>57335</td> </tr> <tr> <td>57426</td> <td>58661</td> <td>58720</td> <td>58940</td> </tr> <tr> <td>64856</td> <td>64892</td> <td>64896</td> <td>92507</td> </tr> <tr> <td>92508</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890			14000	14001	14020	14021	14040	14041	14060	14061	14301	14302	15734	15738	15750	15757	15758	15775	15776	15780	15781	15782	15783	15788	15789	15792	15793	19303	19304	20926	21899	31599	31899	53410	53420	53425	53430	54125	54400	54401	54405	54408	54520	54660	54690	55175	55180	55866	56625	56800	56805	57106	57110	57291	57292	57295	57296	57335	57426	58661	58720	58940	64856	64892	64896	92507	92508			
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56805	57106	57110	57291																																																																														
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57426	58661	58720	58940																																																																														
64856	64892	64896	92507																																																																														
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Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	S9122																																																																														
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260 58270 58291	58262 58275 58292	58263 58280 58293	58267 58290 58294																																																																												

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Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent air ambulance transports	Prior authorization required	A0140	A0424		
Orthognathic surgery	Prior authorization required	21120	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	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255	30465	
		Orthotics: more than \$1,000 Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0140
L0200	L0220			L0430	L0452
L0466	L0468			L0480	L0482
L0484	L0486			L0622	L0623
L0624	L0629			L0631	L0632
L0634	L0636			L0638	L0700
L0710	L0810			L0820	L0830
L0859	L0999			L1001	L1200
L1300	L1310			L1499	L1630
L1640	L1680			L1685	L1700
L1710	L1720			L1730	L1755
L1834	L1844			L1846	L1904
L1920	L2000			L2005	L2010
L2020	L2030			L2034	L2036
L2037	L2038			L2040	L2050
L2060	L2070			L2080	L2090
L2126	L2128			L2232	L2320
L2387	L2520			L2525	L2526
L2627	L2628			L2800	L2861
L3020	L3160			L3201	L3202

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Orthotics: more than \$1,000 (cont'd) Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L3203	L3204	L3206	L3207
		L3208	L3209	L3211	L3212
		L3213	L3214	L3215	L3250
		L3251	L3252	L3253	L3254
		L3255	L3257	L3265	L3320
		L3485	L3649	L3674	L3720
		L3764	L3765	L3766	L3891
		L3900	L3901	L3904	L3921
		L3956	L3961	L3967	L3971
		L3973	L3975	L3976	L3977
		L3978	L4000	L4030	L4040
		L4045	L4050	L4055	L4631
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000	T1001		
Prosthetics: more than \$1,000 Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6025	L6026	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6646
		L6648	L6693	L6696	L6697

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Prosthetics: more than \$1,000 (cont'd) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L6707	L6709	L6712	L6713
		L6714	L6715	L6721	L6722
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7260	L7261
		L7499	L8035	L8039	L8041
		L8042	L8043	L8044	L8049
		L8499	L8505	L8604	L8609
		L8629	L8631	L8659	L8699
		V2627			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Respite care	Prior authorization required	S5150	S5151		
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30520			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41512	41599	42145
		42299	S2080		
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	22100	22101	22102	22103
		22110	22112	22114	22116
		22206	22207	22208	22210
		22212	22214	22216	22220
		22222	22224	22226	22526
		22527	22532	22533	22534
		22548	22551	22552	22554
		22556	22558	22585	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22851	22852	22855
		22856	22857	22861	22862
		22864	22865	22899	62287
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63060	63064	63066	63075
		63076	63077	63078	63081
		63082	63085	63086	63087
		63088	63090	63091	63101
		63102	63103	63170	63172
		63173	63180	63182	63185
		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		64553	64570	64633	64634
		0092T	0095T	0098T	0163T
		0164T	0165T	0195T	0196T
		0202T	0219T	0220T	0221T
		0222T	0232T	S2348	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	61888	64568	64569
		64573	C1767	C1778	L8680
		L8681	L8682	L8685	L8686
		L8687	L8688	L8689	
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	Prior authorization required	36469	36473	36475	36476
		36478	36479	37700	37718
		37722	37735	37780	37785

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Behavioral health services	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.																																																												
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program > UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.																																																												
Transplants	Prior authorization required	For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card. <table border="0" data-bbox="1057 1318 1490 1850"> <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>47136</td><td>47140</td></tr> <tr><td>47141</td><td>47142</td><td>47143</td><td>47144</td></tr> <tr><td>47145</td><td>47146</td><td>47147</td><td>48551</td></tr> <tr><td>48552</td><td>48554</td><td>50300</td><td>50320</td></tr> <tr><td>50323</td><td>50325</td><td>50340</td><td>50360</td></tr> <tr><td>50365</td><td>50370</td><td>50380</td><td>50547</td></tr> <tr><td>S2060</td><td>S2061</td><td>S2152</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	47136	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 Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
<p>Ventricular assist devices 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 855-282-8929.</p> <table data-bbox="1047 546 1502 651"> <tr> <td>0051T</td> <td>0052T</td> <td>0053T</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td></td> <td></td> <td></td> </tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983			
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