

Prior Authorization Requirements for Pennsylvania CHIP

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Pennsylvania CHIP 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: 800-366-7304**
- **Fax: 877-310-3826;** fax form is available at **UHCommunityPlan.com > For Health Care Professionals > Pennsylvania > Provider Forms > 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.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Abortion | Prior authorization required | 59840 | 59841 | 59850 | 59851 |
| | | 59852 | 59855 | 59856 | 59857 |
| | | 59866 | | | |
| Behavioral health services | Prior authorization required – carved out to state 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. | | | |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 0312T | 0313T | 0314T | 0315T |
| | | 0316T | 0317T | 43644 | 43645 |
| | | 43648 | 43659 | 43770 | 43775 |
| | | 43842 | 43845 | 43846 | 43847 |
| | | 43848 | 43860 | 43881 | 43882 |
| | | 64590 | 95980 | 95981 | 95982 |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | E0747 | E0748 |
| | | E0749 | E0760 | | |
| BRCA genetic testing | Prior authorization required | 81162 | 81211 | 81212 | 81213 |
| | | 81214 | 81215 | 81216 | 81217 |
| | | 81432 | 81433 | | |
| Breast reconstruction (non-mastectomy) 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------------|--|---|
| Cancer supportive care | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis | <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Bio similar (Zarxio®) Q5101</p> <p>Filgrastim (Neupogen®) J1442</p> <p>Pegfilgrastim (Neulasta®) J2505</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab J0897</p> <p>For prior authorization, please submit requests online by using 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. Or, call 866-889-8054.</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 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCComunityPlan.com > For Health Care Professionals > Pennsylvania > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p> |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <p><u>Injectable chemotherapy drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|--|--|--|
| Chemotherapy (cont'd) | | For prior authorization, please submit requests online by using 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. Or, call 866-889-8054 . | | | |
| Cochlear implants 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 69930 L8691 | 69714 L8614 L8692 | 69715 L8619 | 69718 L8690 |
| 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 | 11960 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 | 11971 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026 | 15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950 | 15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961 |
| Durable medical equipment (DME): more than \$500 Only the 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 E0266 E0457 E0620 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1232 E1236 E2100 E2300 E2327 E2373 E2626 E2630 K0108 K0848 K0852 K0856 K0860 | A9280 E0270 E0460 E0636 E0675 E0710 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2227 E2301 E2329 E2510 E2627 K0005 K0812 K0849 K0853 K0857 K0861 | E0194 E0300 E0466 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2228 E2322 E2331 E2511 E2628 K0008 K0830 K0850 K0854 K0858 K0862 | E0265 E0445 E0483 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2230 E2325 E2351 E2599 E2629 K0013 K0831 K0851 K0855 K0859 K0863 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Durable medical equipment (DME): more than \$500 (cont'd) Only the codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 |
| | | V5288 | V5290 | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B9002 | B9998 | | |
| Experimental and investigational | Prior authorization required | 0085T | 0191T | 33477 | 36514 |
| | | 55866 | 61863 | 61864 | 61867 |
| | | 61868 | 61886 | 64555 | 64722 |
| | | 65765 | 65767 | 66180 | 95978 |
| | | A4638 | A6000 | A9274 | E0231 |
| | | E1831 | S0810 | S1030 | S1031 |
| | | S2102 | S9988 | S9990 | S9991 |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | |

These **surgical codes** with the following **DX codes**:

| | | | |
|-------|---------|-------|-------|
| F64.0 | F64.1 | F64.2 | F64.8 |
| F64.9 | Z87.890 | | |
| 11950 | 11951 | 11952 | 11954 |
| 11980 | 14000 | 14001 | 14041 |
| 15734 | 15738 | 15750 | 15757 |
| 15758 | 15775 | 15776 | 15777 |
| 15780 | 15781 | 15782 | 15783 |
| 15787 | 15788 | 15789 | 15792 |
| 15793 | 15819 | 15824 | 15825 |
| 15826 | 15828 | 15829 | 15832 |
| 15833 | 15834 | 15835 | 15836 |
| 15837 | 15838 | 15839 | 15876 |
| 15878 | 15879 | 17380 | 19303 |
| 19304 | 20926 | 21083 | 21087 |
| 21120 | 21122 | 21173 | 21270 |
| 21899 | 31599 | 31750 | 31899 |
| 45399 | 45999 | 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 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Gender dysphoria treatment (cont'd) | | 58573 | 58661 | 58720 | 58940 |
| | | 58999 | 64856 | 64892 | 64896 |
| | | 69300 | 90785 | 96372 | |
| Home health services | Prior authorization required only in outpatient settings, to include patient's home | G0299 | G0300 | G0493 | G0494 |
| | | G0495 | G0496 | S9122 | S9123 |
| | | S9124 | S9474 | | |
| Hospice | Prior authorization required | T2042 | T2043 | T2044 | T2045 |
| Injectable medications | Prior authorization required | Acthar[®] | | | |
| | | J0800 | | | |
| | | Botox[®] | | | |
| | | J0585 | J0586 | J0587 | J0588 |
| | | Brineura[™] | | | |
| | | C9014 | | | |
| | | Cerezyme[®] | | | |
| | | J1786 | | | |
| | | Cinqair[®] | | | |
| | | J2786 | | | |
| | | Elyso[®] | | | |
| | | J3060 | | | |
| | | Exondys 51[™] | | | |
| | | J1428 | | | |
| | | Fasenra[™] | | | |
| | | C9466 | | | |
| | | Ilaris[®] | | | |
| J0638 | | | | | |
| IVIG | | | | | |
| 90283 | 90284 | J1459 | J1555 | | |
| J1556 | J1557 | J1559 | J1561 | | |
| J1566 | J1568 | J1569 | J1572 | | |
| J1575 | J1599 | | | | |
| Lemtrada[®] | | | | | |
| J0202 | | | | | |
| Makena[®] | | | | | |
| J1726 | J1729 | J2675 | | | |
| Nucala[®] | | | | | |
| J2182 | | | | | |
| Ocrevus[™] | | | | | |
| J2350 | | | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|---|---|---|
| Injectable medications (cont'd) | | Probuphine[®] J0570 | | | |
| | | Radicava[®] C9493 | | | |
| | | Soliris[®] J1300 | | | |
| | | Spinraza[™] J2326 | | | |
| | | Sublocade[™] Q9991 Q9992 | | | |
| | | Synagis^{®*} 90378 | | | |
| | | Unclassified Codes^{**} C9399 | | | |
| | | Xolair^{®*} J2357 J3490 J3590 | | | |
| | | <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 & 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> | | | |
| | | <p>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> | | | |
| | <p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasenna[™], Luxturna[™], Radicava and Trogarzo[™].</p> | | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 24360 24370 27125 27137 27447 29867 | 23472 24361 24371 27130 27138 27486 29868 | 23473 24362 27120 27132 27412 27487 J7330 | 23474 24363 27122 27134 27446 29866 S2112 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 A0436 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Orthognathic surgery 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 | |
| Orthotics and prosthetics: more than \$500 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 | 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 |
| | | 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 | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 |
| | | 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 | | |
| Pediatric day services (PDHC) | Prior authorization required | T1024 | | | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| 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 |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | <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 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|----------------|----------------|----------------|
| Radiology (cont'd) | | UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Radiology > CPT Code List. | | | |
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Gynecologic procedures 57522 58353 58558 58563 58565 Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655 Liver biopsy 47000 Miscellaneous 20680 Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312 Tonsillectomy and adenectomy 42820 42821 42825 42826 42830 Upper and lower gastrointestinal endoscopy 43235 43239 43249 Urologic procedures 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 54161 | | | |

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|--|------------------------------|---|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont'd) | | 55040 | 55700 | 57288 | |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 | |
| Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management | Prior authorization required | 63650 | 63655 | 63685 | |
| Spinal surgery | 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 |
| | | 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 | |
| Transplants | Prior authorization required | 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 800-418-4994 or the notification number on the back of the member's health plan ID card. | | | |
| | | 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 |

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|---|------------------------------|--|-------|-------|-------|
| Transplants (cont'd) | | 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 | | |
| | | Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes: | | | |
| | | 38206 | 38999 | J3490 | J9999 |
| | | Q2040 | Q2041 | S2017 | |
| Vagus nerve stimulation | Prior authorization required | 61885 | 64568 | L8680 | L8682 |
| Implantation of a device that sends electrical impulses into one of the cranial nerves | | L8685 | L8686 | L8687 | L8688 |
| Vein procedures | Prior authorization required | 36468 | 36473 | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 37700 | 37718 | 37722 | 37780 |
| Ventricular assist devices (VAD) | 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 855-282-8929 . | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required | E2402 | | | |