

Prior Authorization Requirements for Pennsylvania CHIP – Effective April 1, 2018



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of 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 UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Manuals and 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	Current Procedural Terminology (CPT) Codes			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery 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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) 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
Carpal tunnel surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	64721			
Cataract surgery	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	

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<p>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</p>	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<p>Colonoscopy</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>	45378	45380	45384	45385
<p>Cosmetic and reconstructive 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>For codes with an asterisk:</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>	11960 14040* 15821 15847 17108 21139 21180 21184 21275 21552* 21931* 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21280 21740 28344 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21282 21742 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21295 21743 67900 67904 67911 67916 67923 67966
<p>Durable medical equipment (DME): more than \$500 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>	A9279 E0266 E0457 E0620 E0642 E0675 E0710 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2227 E2301 E2329 E2510 E2627 E8001	A9280 E0270 E0460 E0636 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2228 E2322 E2331 E2511 E2628 K0005	E0194 E0300 E0466 E0638 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2230 E2325 E2351 E2599 E2629 K0008	E0265 E0445 E0483 E0641 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1232 E1236 E2100 E2300 E2327 E2373 E2626 E2630 K0013

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		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
		V5288	V5290		
		Ear, nose and throat procedures	Prior authorization required if performed in an outpatient hospital setting	21320	30140
Prior authorization not required if performed at a participating ambulatory surgery center	69631				
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9000	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	31254	31255	31256
		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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gender dysphoria treatment (cont'd)		15837 15878 19304 21120 21899 45399 54125 55175 56805 58180 58291 58544 58554 58573 58999 69300	15838 15879 20926 21122 31599 45999 54520 55180 57110 58260 58541 58550 58570 58661 64856 90785	15839 17380 21083 21173 31750 53410 54660 56625 57335 58262 58542 58552 58571 58720 64892 96372	15876 19303 21087 21270 31899 53430 54690 56800 58150 58290 58543 58553 58572 58940 64896
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563
Hernia repair	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health services	Prior authorization required only in outpatient settings, to include patient's home	G0299 G0495 S9124	G0300 G0496 S9474	G0493 S9122	G0494 S9123
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 Elelyso®			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																
Injectable medications (cont'd)		<p>J3060</p> <p>Exondys 51™ J1428</p> <p>Ilaris® J0638</p> <p>IVIG <table border="0"> <tr> <td>90283</td> <td>90284</td> <td>J1459</td> <td>J1555</td> </tr> <tr> <td>J1556</td> <td>J1557</td> <td>J1559</td> <td>J1561</td> </tr> <tr> <td>J1566</td> <td>J1568</td> <td>J1569</td> <td>J1572</td> </tr> <tr> <td>J1575</td> <td>J1599</td> <td></td> <td></td> </tr> </table> </p> <p>Lemtrada® J0202</p> <p>Makena® J1726 J1729 J2675</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava® C9493</p> <p>Soliris® J1300</p> <p>Spinraza™ J2326</p> <p>Synagis®* 90378</p> <p>Unclassified Codes** C9399 J3490 J3590</p> <p>Xolair®* 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 & Drug Administration (FDA) and</p>	90283	90284	J1459	J1555	J1556	J1557	J1559	J1561	J1566	J1568	J1569	J1572	J1575	J1599		
		90283	90284	J1459	J1555													
		J1556	J1557	J1559	J1561													
		J1566	J1568	J1569	J1572													
		J1575	J1599															

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		<p>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, Fasentra™, Luxturna™ and Radicava.</p>			
Joint replacement 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
Liver biopsy	<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>	47000			
Miscellaneous	<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>	20680			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Ophthalmologic	<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>	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1845 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5651 L5702	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5653 L5703	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5661 L5706	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1844 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5648 L5682 L5716

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>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</p>		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
		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	
<p>Pediatric day services (PDHC)</p>	<p>Prior authorization required</p>	<p>T1024</p>			
<p>Private duty nursing</p>	<p>Prior authorization required</p>	<p>T1000</p>	<p>T1002</p>	<p>T1003</p>	
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	<p>77520</p>	<p>77522</p>	<p>77523</p>	<p>77525</p>
<p>Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	<p>30400</p>	<p>30410</p>	<p>30420</p>	<p>30430</p>
		30435	30450	30460	30462
		30465			

**Prior Authorization Requirements for Pennsylvania CHIP
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sinuplasty	Prior authorization required	31295	31296	31297	
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	
Tonsillectomy and adenoidectomy	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			
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
	Prior authorization not required if performed at a participating ambulatory surgery center	52352	52353	52356	54161
		55040	55700	57288	
Vagus nerve stimulation 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
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	36468	36473	36475	36478
		37700	37718	37722	37780
Wound vac	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	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 back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	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 . For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Chemotherapy (cont'd)		<ul style="list-style-type: none"> • 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 <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>
Colony stimulating factor drugs	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<p><u>Injectable colony stimulating factor drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®) • J2505 pegfilgrastim (Neulasta®) • J2820 sargramostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <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>
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 UHCommunityPlan.com > For Health Care Professionals > Pennsylvania > Radiology > CPT Code List.</p>

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																				
<p>Transplants</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 800-418-4994 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>S2107</td><td>Q2040</td><td>Q2041</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	S2107	Q2040	Q2041	
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																																																																			
S2107	Q2040	Q2041																																																																				
<p>Ventricular assist devices (VAD) 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 border="0"> <tr><td>33927</td><td>33928</td><td>33929</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																								
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