

# Advance Notification Requirements for Pennsylvania CHIP - Effective October 1, 2016



## 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:

- **Link:** Sign in to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) using your Optum ID, then select the Prior Authorization and Notification application on your Link dashboard.
- **Phone:** 800-366-7304
- **Fax:** 877-310-3826; fax form is available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Pennsylvania > Manuals and Forms > 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>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<b>Abortion</b>	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43647 43771 43775 43846 43865 43887 95981	0313T 0317T 43648 43772 43842 43847 43881 43888 95982	0314T 43644 43659 43773 43843 43848 43882 64590	0315T 43645 43770 43774 43845 43860 43886 95980
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cardiovascular</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	36561	36590		
<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 69718 L8616 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691
<b>Colonoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	45378	45380	45384	45385
<b>Cosmetic and reconstructive</b> 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 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966

\* Prior authorization required if performed in

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive (cont'd)</b>		an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center.			
<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0802 K0812	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0730 K0806 K0821	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0800 K0807 K0822	A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0801 K0808 K0823

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		K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289	K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287
<b>Ears, nose and throat (ENT) 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>Experimental and investigational</b>	Prior authorization required	0085T 0271T 33477 61863 61886 62292 65767 95967 A9274 E0231 S1031 S9988	0191T 0282T 36514 61864 62264 64555 66180 95978 A9276 E1831 S1040 S9990	0269T 0283T 54240 61867 62290 64722 95965 A4638 A9277 S0810 S2102 S9991	0270T 0285T 55866 61868 62291 65765 95966 A6000 A9278 S1030 S3652

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
<b>Gynecologic procedures</b>	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
<b>Hernia repair</b>	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
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	99503 G0155 G0159 G0163 S9122 S9128	G0151 G0156 G0160 G0164 S9123 S9129	G0152 G0157 G0161 G0299 S9124 S9131	G0153 G0158 G0162 G0300 S9127 S9474
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Injectable medications</b>	Prior authorization required	<b>Acthar</b> J0800 <b>Botox</b> J0585    J0586    J0587    J0588 <b>Cerezyme</b> J1786 <b>Elelyso</b> J3060 <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599 <b>Makena</b> J1725    J2675 <b>Synagis*</b> 90378 <b>Xolair*</b> J2357			

\*Please obtain prior notification for Synagis

**Advance Notification Requirements for Pennsylvania CHIP**  
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		and Xolair through OptumRx prior notifications services at <b>800-310-6826</b> .			
<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  Prior authorization not required if performed at a participating ambulatory surgery center	47000			
<b>Miscellaneous</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	20680			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Ophthalmologic</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
		30465			
<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 member's home	L0112	L0170	L0456	L0458
		L0460	L0462	L0464	L0470
		L0480	L0482	L0484	L0486
		L0488	L0491	L0624	L0629

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>		L0631	L0632	L0634	L0635
		L0636	L0637	L0638	L0639
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L1000
		L1005	L1200	L1300	L1310
		L1499	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945
		L1950	L1951	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2114
		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	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	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5679	L5681	L5682

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>		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6026	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
		L7499	L8035	L8040	L8041
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8500
		L8605	L8609	L8610	L8612
		L8631	L8659	V2623	V2627
<p><b>Pediatric day services (PDHC)</b></p>	<p>Prior authorization required</p>	<p>T1024</p>			
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	<p>T1000</p>	<p>T1002</p>	<p>T1003</p>	



**Advance Notification Requirements for Pennsylvania CHIP  
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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 30435	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<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 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	0098T 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	0164T 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Tonsillectomy and adenoidectomy</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>	42820 42830	42821	42825	42826
<b>Upper gastrointestinal endoscopy</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>	43235	43239	43249	
<b>Urologic procedures</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>	50590 52224 52281 52352 55040	52000 52234 52310 52353 55700	52005 52235 52332 52356 57288	52204 52260 52351 54161
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 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 37718	36475 37722	36478 37780	37700
<b>Wound vac</b>	Prior authorization required	E2402			

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	<p>Prior authorization required – carved out to state</p> <p>Behavioral health services through a designated behavioral health network</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 back of the member's ID card when referring for mental health and substance abuse/substance use services.</p>
<b>Cardiology</b>	<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,</p>	<p>For prior authorization, please submit requests online at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Cardiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit</p>

Additional Advance Notification and Prior Authorization Programs																																																																											
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<b>Cardiology (cont'd)</b>	echocardiograms and stress echoes prior to performance	<p><b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Pennsylvania &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>																																																																									
<b>Radiology</b>	<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 at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, 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; Pennsylvania &gt; Radiology &gt; CPT Code List.</p>																																																																									
<b>Transplants</b>	Prior authorization required	<p>For transplant services, 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 ID card.</p> <table border="1" data-bbox="1039 1134 1494 1785"> <tbody> <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>38207</td><td>38208</td><td>38209</td></tr> <tr><td>38210</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38232</td><td>38240</td><td>38241</td></tr> <tr><td>38242</td><td>44132</td><td>44133</td><td>44135</td></tr> <tr><td>44136</td><td>44137</td><td>44715</td><td>44720</td></tr> <tr><td>44721</td><td>47133</td><td>47135</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>48160</td></tr> <tr><td>48550</td><td>48551</td><td>48552</td><td>48554</td></tr> <tr><td>48556</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50327</td><td>50328</td><td>50329</td></tr> <tr><td>50340</td><td>50360</td><td>50365</td><td>50370</td></tr> <tr><td>50380</td><td>50547</td><td>54680</td><td>60512</td></tr> <tr><td>S2053</td><td>S2054</td><td>S2055</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2065</td><td>S2103</td><td>S2152</td></tr> </tbody> </table>		32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38207	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	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	60512	S2053	S2054	S2055	S2060	S2061	S2065	S2103	S2152
32850	32851	32852	32853																																																																								
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38242	44132	44133	44135																																																																								
44136	44137	44715	44720																																																																								
44721	47133	47135	47140																																																																								
47141	47142	47143	47144																																																																								
47145	47146	47147	48160																																																																								
48550	48551	48552	48554																																																																								
48556	50300	50320	50323																																																																								
50325	50327	50328	50329																																																																								
50340	50360	50365	50370																																																																								
50380	50547	54680	60512																																																																								
S2053	S2054	S2055	S2060																																																																								
S2061	S2065	S2103	S2152																																																																								
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b>.</p>																																																																									

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (VAD) (cont'd)		0051T 33976 33983	0052T 33979 Q0507	0053T 33981 Q0508	33975 33982 Q0509