

Prior Authorization Requirements for Rhode Island

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Rhode Island participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 866-950-7757; fax form is available at **UHCommunityPlan.com** > For Health Care Professionals > Rhode Island > Provider Forms > Prior Authorization Fax Form Request.

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.

Facilities must provide admission notification even if advance notification was provided by a physician and a pre-service coverage approval is on file.

Prior authorization is the process where health care providers seek approval before rendering a service as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|--|--|--|
| Adult day services | Prior authorization required | S5102 | | | |
| 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 |
| Behavioral health services Behavioral health services through a designated behavioral health network | 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. | | | |
| 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 | 19318 19330 19357 19367 | 19324 19340 19361 19368 | 19325 19342 19364 19369 |

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| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Breast reconstruction (non-mastectomy) (cont'd) | | 19370 | 19371 | 19380 | 19396 |
| | | L8600 | | | |
| Cardiology | Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants 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 . | | | |
| | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance | For more details and the CPT codes that require prior authorization, please visit UHCCCommunityPlan.com > For Health Care Professionals > Rhode Island > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk . | | | |
| Cochlear and other auditory implants | Prior authorization required | 69710 | 69714 | 69715 | 69718 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 11971 | 15820 | 15821 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21275 |
| | | 21280 | 21282 | 21295 | 21740 |
| | | 21742 | 21743 | 28344 | 30620 |
| | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 |
| | | 67911 | 67912 | 67914 | 67915 |
| | | 67916 | 67917 | 67921 | 67922 |
| | | 67923 | 67924 | 67950 | 67961 |
| | | 67966 | Q2026 | | |
| Durable medical equipment (DME): more than \$500 | Prior authorization required only in outpatient settings, to include member's home | A9279 | A9280 | E0194 | E0265 |
| DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | | E0266 | E0270 | E0300 | E0445 |
| | | E0457 | E0460 | E0466 | E0483 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0620 | E0636 | E0656 | E0669 |
| | | E0670 | E0675 | E0693 | E0694 |
| | | E0700 | E0710 | E0745 | E0762 |
| | | E0764 | E0766 | E0784 | E0984 |
| | | E0986 | E1002 | E1003 | E1004 |
| | | E1005 | E1006 | E1007 | E1008 |
| | | E1009 | E1010 | E1030 | E1035 |
| | | E1036 | E1161 | E1229 | E1231 |
| | | E1232 | E1233 | E1234 | E1235 |
| | | E1236 | E1237 | E1238 | E1239 |
| | | E2100 | E2227 | E2228 | E2230 |
| | | E2300 | E2301 | E2322 | E2325 |
| | | E2327 | E2329 | E2331 | E2351 |
| | | E2373 | E2510 | E2511 | E2599 |

| 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) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 | | E2626 | E2627 | E2628 | E2629 |
| | | E2630 | K0005 | K0008 | K0013 |
| | | 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 | 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 | B4034 | B4035 | B4036 | B4100 |
| | | B4102 | B4103 | B4104 | B4149 |
| | | B4150 | B4152 | B4153 | B4155 |
| | | B4158 | B4159 | B4160 | B4161 |
| | | B9002 | B9998 | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| 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 | | |
| | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 19304 | 20926 | 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 | 58573 | 58661 | 58720 |
| | | 58940 | 64856 | 64892 | 64896 |
| Home health care | Prior authorization required only in outpatient settings, to include member'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 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------|------------------------|--|-------|-------|--|
| Injectable medications (cont'd) | Brineura™ | | | | |
| | C9014 | | | | |
| | Cerezyme® | | | | |
| | J1786 | | | | |
| | Cinqair® | | | | |
| | J2786 | | | | |
| | Elelyso® | | | | |
| | 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 | | | | | |
| Probuphine® | | | | | |
| J0570 | | | | | |
| Radicava® | | | | | |
| C9493 | | | | | |
| Soliris® | | | | | |
| J1300 | | | | | |
| Spinraza™ | | | | | |
| J2326 | | | | | |
| Sublocade™ | | | | | |
| Q9991 | Q9992 | | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Injectable medications (cont'd) | | Unclassified code** | | | |
| | | C9399 | J3490 | J3590 | |
| | | Xolair®* J2357 | | | |
| | | 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. | | | |
| | | * Please obtain prior notification for Acthar, Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826. | | | |
| | | ** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasenna, Luxturna™, Radicava, and Trogarzo™. | | | |
| Inpatient admissions | Notification with service detail required (e.g., CPT [®] /HCPCS code) | | | | |
| 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 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| | | S9960 | S9961 | | |
| 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 |
| 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 member'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 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|---|-------|-------|-------|
| Orthotics and prosthetics: more than \$500 (cont'd) | | L1755 | L1840 | L1844 | L1845 |
| Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 | 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 |

| 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 | | 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 | | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| Proton beam therapy | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | | | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. | | | |
| | <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | 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 UHCommunityPlan.com > For Health Care Professionals > Rhode Island > Radiology > CPT Code List. | | | |
| Septoplasty and rhinoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| 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 | Carpal tunnel surgery | | | |
| | | 64721 | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 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 | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont'd) | | 57522 | 58353 | 58558 | 58563 |
| | | 58865 | | | |
| | | 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 |
| | | 55040 | 55700 | 57288 | |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | | | | | |
| Sleep studies | Prior authorization required | 95805 | 95807 | 95808 | 95810 |
| | | 95811 | | | |
| Spinal stimulator for pain management | Prior authorization required | 63650 | 63655 | 63685 | |
| Spinal cord stimulators when implanted for pain management | | | | | |
| 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 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|-------|-------|-------|
| Spinal surgery (cont'd) | | 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 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 |
| | | 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 |
| | | S2107 | Q2040 | Q2041 | |
| 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 | | 37700 | 37718 | 37722 | 37780 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization |
|--|------------------------------|--|
| Vein procedures (cont'd) | | |
| venous disease and varicose veins of the extremities | | |
| Wound vac | Prior authorization required | E2402 |