

Prior Authorization Requirements for Tennessee Effective January 1, 2017



General Information

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

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 800-743-6829; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Tennessee > 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	Current Procedural Terminology (CPT) Codes			
Abdominal paracentesis	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49083			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	0316T 43648 43842 43848 64590	0317T 43659 43845 43860 95980	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	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
Cardiovascular	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	36561	36590		
Carpal tunnel surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if	64721			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Carpal tunnel surgery (cont'd)	performed at a participating ambulatory surgery center				
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	
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
Colonoscopy	Prior authorization required	45378	45380	45384	45385
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 For codes with an asterisk: Prior authorization required if performed in an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center	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
Durable medical equipment (DME): more than \$500 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 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0670	A9280 E0194 E0277 E0328 E0460 E0471 E0486 E0637 E0650 E0667 E0673	A9900 E0265 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0668 E0675	A9999 E0266 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0669 E0700

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		E0710	E0745	E0762	E0764
		E0782	E0783	E0784	E0786
		E0947	E0948	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1018	E1030
		E1035	E1036	E1085	E1086
		E1089	E1090	E1130	E1140
		E1161	E1220	E1229	E1230
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1250	E1260	E1285
		E1290	E1825	E1830	E1840
		E2100	E2204	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2312	E2321	E2322
		E2325	E2327	E2328	E2329
		E2330	E2331	E2343	E2351
		E2370	E2373	E2375	E2376
		E2510	E2511	E2512	E2599
		E2616	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0007	K0008
		K0011	K0013	K0014	K0108
		K0606	K0730	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		T1999	T5999	V2786	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	
<p>Ears, nose and throat (ENT) procedures</p>	<p>Prior authorization required if performed in an outpatient hospital setting</p>	21320	30140	30520	69436
		69631			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes											
Ears, nose and throat (ENT) procedures (cont'd)	Prior authorization not required if performed at a participating ambulatory surgery center												
Enteral services 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								
Experimental and investigational	Prior authorization required	33477 61864 62264 64555 66180 95978 A9276 E1831 S1040	36514 61867 62290 64722 95965 A4638 A9277 S0810 S2102	55866 61868 62291 65765 95966 A6000 A9278 S1030	61863 61886 62292 65767 95967 A9274 E0231 S1031								
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916									
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287								
Gender dysphoria treatment	Prior authorization required	55970	55980	<p>These surgical codes with the following DX codes:</p> <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890		
F64.0	F64.1	F64.2	F64.8										
F64.9	Z87.890												
Gynecologic procedures	<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>	57522 58565	58353	58558	58563								
Hernia repair	<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>	49505 49651 49655	49585 49652	49587 49653	49650 49654								
Home- and community-based services	<p>Prior authorization required for these services:</p> <ul style="list-style-type: none"> Adult day care Adult care home 	<p>For home- and community-based services, please call Tennessee CHOICES directly at 877-552-8106 or the notification number on the back of the member's health plan ID card.</p>											

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home- and community-based services (cont'd)	<ul style="list-style-type: none"> Assisted care living facility Assistive technology Attendant care Community living supports Community living supports – family model Home delivered meals In-home respite Inpatient respite Minor home modification Personal care visits Personal emergency response system Pest control 				
Home health services	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
Hospice	<p>Prior authorization required</p> <p>Prior authorization not required for TN LTC</p>	T2044	T2045		
Incontinence supplies	Prior authorization required after 200 units per month	A4554 T4524 T4528 T4532 T4541	T4521 T4525 T4529 T4533 T4542	T4522 T4526 T4530 T4534 T4543	T4523 T4527 T4531 T4535
Injectable medications	Prior authorization required	<p>Acthar* J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>Cerezyme J1786</p> <p>Elelyso J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena J1725 J2675</p> <p>Synagis*</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		90378 Xolair* J2357 *Please obtain prior notification for Acthar, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
Inpatient hospital services	Prior authorization required for these services: <ul style="list-style-type: none"> • Acute – medical, surgical, Level 2 through Level 4 nursery, maternity • Sub-acute • Rehabilitation • Skilled nursing facility level of care 				
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	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	47000			
Miscellaneous	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	20680			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Ophthalmologic	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	
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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd)		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	30465
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
		L1755	L1812	L1820	L1830
		L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2128	L2136
		L2350	L2510	L2525	L2526
		L2627	L2628	L2999	L3000
		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
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L3999	L4000	L4010	L4020
		L4631	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

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>		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5681	L5682	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	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	L8609	L8610

**Prior Authorization Requirements for Tennessee
Effective January 1, 2017**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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		L8612 V2627	L8631	L8659	V2623
Outpatient therapy - speech	Prior authorization required after evaluation	92507 92523	92508 92524	92521 92526	92522 S9152
Personal care service	Prior authorization required	S5125	T1019		
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
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Skilled nursing facilities	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating 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	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
Spinal surgery (cont'd)		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		
		Sterilization	Prior authorization required	58150	58180	58200	58210
				58240	58260	58262	58263
58267	58270			58275	58280		
58285	58290			58291	58292		
58293	58294			58541	58542		
58543	58544			58548	58550		
58552	58553			58554	58570		
58571	58572			58573	58951		
58953	58954			58956	59135		
59525							
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			
	Prior authorization not required if performed at a participating ambulatory surgery center						
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204		
		52224	52234	52235	52260		
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351		
		52352	52353	52356	54161		
		55040	55700	57288			
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682		
		L8685	L8686	L8687	L8688		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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 36475 36478 37700 37718 37722 37780
Wound vac	Prior authorization required	E2402

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	<p>Prior authorization required for voluntary psychiatric hospitalizations and other behavioral-related requests</p> <p>Prior authorization not required for involuntary psychiatric hospitalizations. However, care providers <u>must</u> submit documentation supporting inpatient psychiatric hospitalization for involuntary admissions the next business day. Per our Contractor Risk Agreement (CRA), UnitedHealthcare Community Plan applies medical necessity criteria after the first 24 hours of an involuntary admission.</p> <p><u>Inpatient and residential services for mental health and substance abuse that require prior authorization:</u></p> <ul style="list-style-type: none"> • Inpatient – detoxification • Inpatient – psychiatric • Psychiatric residential treatment • Substance abuse residential detoxification • Substance abuse residential treatment – residential rehabilitation <p><u>Mental health and substance abuse ambulatory (OP) services that require prior authorization:</u></p> <ul style="list-style-type: none"> • Applied behavioral analysis (ABA) • Electro convulsive therapy (ECT) • Enhanced supported housing • Home-based treatment • Intensive outpatient (IOP) – prior authorization required after 20 sessions • Mental health care coordination • Mental health case management -- 	<p>For all behavioral-related prior authorization requests, please call UnitedHealthcare Community Plan member services at 800-690-1606.</p> <p>In case of an emergency, please call your local mobile crisis line. For the crisis line in your region, please refer to the Key Contact Information section of the Tennessee Medicaid Administrative Guide at UHCCommunityPlan.com > For Health Care Professionals > Prior Authorization > Manuals > Tennessee Medicaid Administrative Guide > Chapter II-4</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services (cont'd)	<p>Level I team only (CTT/CCFT/PACT)</p> <ul style="list-style-type: none"> • Outpatient detoxification and rehabilitation • Partial hospitalization (PHP) – prior authorization required after 15 sessions • Psychological testing • Suboxone • Supported housing 	
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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Tennessee > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><u>Injectable chemotherapy drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (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 <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</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 	<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 UnitedHealthcareOnline.com ></p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																												
<p>Radiology (cont'd)</p>	<p>cardiology procedures</p>	<p>Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, 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 > Tennessee > Radiology > CPT Code List.</p>																																																												
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's ID card.</p> <table border="0" data-bbox="1068 852 1503 1381"> <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>	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		
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																																																													
<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 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" data-bbox="1068 1619 1503 1711"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																																
33975	33976	33979	33981																																																											
33982	33983	0051T	0052T																																																											
0053T	Q0507	Q0508	Q0509																																																											