

Advance Notification Requirements for Tennessee Effective July 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan in Tennessee, contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Intake: Phone **866-604-3267** Fax **800-743-6829**
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Abdominal paracentesis	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49083			
Bariatric surgery	Inpatient and Outpatient bariatric surgery and obesity-related services	43644 43659 43773 43843 43848 43887 95981 0316T	43645 43770 43774 43845 43881 43888 95982 0317T	43647 43771 43775 43846 43882 64590 0312T	43648 43772 43842 43847 43886 95980 0313T
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Reconstruction of the breast other than following mastectomy	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 is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	64721			
Cataract surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	66821	66982	66984	
Cochlear and other auditory implants	Medical device with a portion surgically implanted within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718 L8616 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Colonoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	45378	45380	45384	45385
Cosmetic and reconstructive procedures	<p>Advance notification required for both inpatient and outpatient.</p> <p>Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that either treat a medical condition or improve or restore physiologic function</p>	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
Durable medical equipment (DME) - more than \$500	<p>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>).</p> <p>Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold (<i>see Home Health Care Services</i>).</p>	A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME) - more than \$500 (cont'd.)</p>	<p>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>).</p> <p>Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold (<i>see Home Health Care Services</i>).</p>	<p>E1239 E1290 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5281 V5285 V5289</p>	<p>E1250 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5282 V5286 V5290</p>	<p>E1260 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5283 V5287</p>	<p>E1285 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5274 V5284 V5288</p>
<p>Enteral services</p>	<p>At-home nutritional therapy either enteral or through a gastrostomy tube</p>	<p>B4034 B4102 B4150 B4155 B4160 B9002</p>	<p>B4035 B4103 B4152 B4157 B4161 B9998</p>	<p>B4036 B4104 B4153 B4158 B4162</p>	<p>B4100 B4149 B4154 B4159 B9000</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Experimental or investigational		33477 61864 62264 64555 66180 95966 A4638 A9277 S0810 S2102	36514 61867 62290 64722 95250 95967 A6000 A9278 S1030 S3652	55866 61868 62291 65765 95251 95978 A9274 E0231 S1031 S8262	61863 61886 62292 65767 95965 96002 A9276 E1831 S1040
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	29916	
Functional Endoscopic Sinus Surgery (FESS)		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Gynecologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	57522 58565	58353	58558	58563
Hernia repair	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49585 49652	49587 49653	49650 49654	49651 49655
Home & community based services	Prior Authorization is required for the following: Adult Day Care Adult Home Care Assisted Care Living Facility Assistive Technology Companion Care Family Model Home Delivered Meals Minor Home Modification Nursing Home Personal Emergency Response Personal Care Pest Control Respite Transitional Allotment	For Home & community based services, call Tennessee Choice directly at 877-552-8106 or the notification number on the back of the health care ID card.			
Home health services		99503 G0155 G0159 G0163 S9122	G0151 G0156 G0160 G0164 S9123	G0152 G0157 G0161 G0299 S9124	G0153 G0158 G0162 G0300 S9127

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home health services (cont'd.)		S9128	S9129	S9131	S9474
Hospice		T2044	T2045		
Incontinence Supplies	Prior authorization required after 200 units/month.	A4554 T4524 T4528 T4532 T4541	T4521 T4525 T4529 T4533 T4542	T4522 T4526 T4530 T4534 T4543	T4523 T4527 T4531 T4535
Injectable medications		Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Elelyso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena J1725 J2675 Synagis 90378 Xolair J2357			
Inpatient hospital services	Prior Authorization is required Acute (Medical, Surgical, Level 2 through 4 Nursery, and Maternity) Sub-acute, Rehabilitation, and SNF				
Joint replacement	Outpatient and inpatient joint replacement and total hip and knee replacement procedures	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Liver biopsy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	47000			
Non-emergent air ambulance transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 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
Orthotics and prosthetics – more than \$500 Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500	Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics – more than \$500 (cont'd.)</p> <p>Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693</p>	<p>L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694</p>	<p>L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695</p>	<p>L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd.) Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500	Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500	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		
Outpatient therapy - speech	Prior authorization is required after evaluation.	92508	92521	92522	92523
		92524	92526	S9152	92507
Personal care service		S5125	T1019		
Private duty nursing		T1000	T1002	T1003	
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rhinoplasty and septoplasty	Treating nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
Sinuplasty		31295	31296	31297	
Skilled nursing facilities	Prior authorization is required.				
Sleep apnea procedures and surgeries	Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	21685	41530	41599	42145
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd.)		22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
Sterilization	Prior authorization is required.	58150 58240 58267 58285 58293 58543 58552 58571 58953 59525	58180 58260 58270 58290 58294 58544 58553 58572 58954	58200 58262 58275 58291 58541 58548 58554 58573 58956	58210 58263 58280 58292 58542 58550 58570 58951 59135
Tonsillectomy & adenoidectomy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	42820 42830	42821	42825	42826
Upper gastrointestinal endoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	43235	43239	43249	
Urologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	50590 52224 52281 52352	52000 52234 52310 52353	52005 52235 52332 52356	52204 52260 52351 57288
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8685	64568 L8686	L8680 L8687	L8682 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	36468 36475 36478 37700 37718 37722 37780
Wound vac		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>Please note providers are required to submit documentaio supporting inpatient psychiatric hospitalization for involuntary admissions the next business day. Involuntary psychiatric hospitalization do not require a prior authorization. UHCCP applies medical necessity criteria after the first 24 hours of an involuntary admission per our Contractor Risk Agreement (CRA). Voluntary psychiatric hospitalizations do require a prior authorization.</p> <p><u>Inpatient and Residential Services for Mental Health and Substance Abuse</u></p> <ul style="list-style-type: none"> • Inpatient (Psychiatric) • Inpatient (Detoxification) • Psychiatric Residential Treatment • Substance Abuse Residential Detoxification • Substance Abuse Residential Treatment (Residential Rehabilitation) <p><u>Mental Health and Substance Abuse Ambulatory (OP) Services</u></p> <ul style="list-style-type: none"> • Mental Health Case Management --Level I Team Only (CTT/CCFT/PACT) • Intensive Outpatient (IOP)** auth required for IOP after 20 sessions • Partial Hospitalization (PHP)** auth required for PHP after 15 sessions • Outpatient Detoxification and Rehabilitation • Suboxone • Supported Housing 	<p>Call 800-690-1606</p> <p>In case of an emergency, call the local Mobile Crisis Line. For Crisis Line Contact information, please refer to Key Contacts Section of the TennCare Provider Administration Manual in Chapter II, Section C.</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.)	<ul style="list-style-type: none"> Enhanced Supported Housing Psychological Testing Applied Behavioral Analysis (ABA) Electro Convulsive Therapy (ECT) Mental Health Care Coordination Home Based Treatment 	
Cardiology prior authorization program	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based and 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>Request prior authorization by calling 866-889-8054.</p> <p>For more information, including a list of 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 is required for injectable chemotherapy drugs administered in an outpatient setting (including intravenous, intravesical and intrathecal) for a cancer diagnosis.</p> <p>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 will require prior authorization</p>	<p>To submit an online request for prior authorization for the Injectable Chemotherapy Program, log into UnitedHealthcareonline.com > Notifications / Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request</p> <p>Injectable Chemotherapy Drugs That Require a Prior Authorization</p> <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641) Chemotherapy injectable drugs that have a Q code
Radiology prior authorization	<p>Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures.</p> <p>Advanced imaging procedures that require prior authorization are called advanced outpatient imaging procedures.</p>	<p>Physicians ordering advanced outpatient imaging procedures are responsible for requesting prior authorization before scheduling the procedure by calling 866-889-8054 or fax to 800-540-2406.</p> <p>For more information about this prior authorization requirement, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > Tennessee > Radiology > CPT Code List.</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>Transplants</p>		<p>For transplant services, call OptumHealth directly at 800-418-4994 or the notification number on the back of the health care 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>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>48551</td></tr> <tr><td>48552</td><td>48554</td><td>50300</td><td>50320</td></tr> <tr><td>50323</td><td>50325</td><td>50340</td><td>50360</td></tr> <tr><td>50365</td><td>50370</td><td>50380</td><td>50547</td></tr> <tr><td>S2060</td><td>S2061</td><td>S2152</td><td></td></tr> </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	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152	
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50365	50370	50380	50547																																																											
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<p>Ventricular assist devices</p>	<p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.</p>	<p>Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <table border="0"> <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																																																
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