

Advance Notification Requirements for Tennessee Effective May 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	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 69717 L8615 L8619 L8624 L8691	69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628	69715 L8614 L8618 L8623 L8690

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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>	A9274 E0194 E0302 E0445 E0470 E0485 E0636 E0652 E0668 E0672 E0692 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1825 E2204 E2300 E2312 E2327 E2331	A9279 E0265 E0304 E0460 E0471 E0486 E0641 E0656 E0669 E0673 E0693 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1830 E2227 E2301 E2321 E2328 E2343	A9999 E0270 E0328 E0465 E0472 E0601 E0650 E0666 E0670 E0675 E0694 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1840 E2228 E2310 E2322 E2329 E2370	E0193 E0277 E0329 E0466 E0483 E0620 E0651 E0667 E0671 E0691 E0745 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1310 E2100 E2230 E2311 E2325 E2330 E2373

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME) - more than \$500 (cont'd.)		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 V5268	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 V5269	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 T5999	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 V2786
Durable medical equipment (DME) - incontinent supplies	Authorization required for greater than 200 units/month	A4554 T4524 T4528 T4532 T4541	T4521 T4525 T4529 T4533 T4542	T4522 T4526 T4530 T4534 T4543	T4523 T4527 T4531 T4535
Enteral services	At-home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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				
Home health		99503 G0155 G0159 G0163 S9122 S9128 T1000	G0151 G0156 G0160 G0164 S9123 S9129 T1002	G0152 G0157 G0161 G0299 S9124 S9131 T1003	G0153 G0158 G0162 G0300 S9127 S9474
Hysterectomy	Prior Authorization is required.				
Injectable medications				Acthar J0800 Botox J0585 J0586 Cerezyme J1786 Elelyso	J0587 J0588

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)		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	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 is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	47000			
Non-contracted provider services (hospital and professional)	Prior Authorization is required				
Non-emergent air ambulance transport		A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	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			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics – 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>Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3252 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673</p>	<p>L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3230 L3253 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679</p>	<p>L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3250 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681</p>	<p>L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3251 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682</p>

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>		L5683 L5703 L5716 L5726 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8659	L5700 L5705 L5718 L5728 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8609 V2623	L5701 L5706 L5722 L5780 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8610 V2627	L5702 L5707 L5724 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8612
<p>Outpatient therapy - speech</p>	<p>Prior authorization is required after evaluation.</p>	92507 92523 G0153	92508 92524 S9128	92521 92526 S9152	92522
<p>Proton beam therapy</p>	<p>Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>	77520	77522	77523	77525

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Septoplasty and rhinoplasty	Treating nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
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	42145	41599	
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22899 63011 63017 63042 63050 63075 63087 63170 63182 63196 63250 63267 63272 63302 63306 64570	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63198 63251 63268 63286 63303 63307 0092T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22864 63003 63015 63030 63046 63056 63081 63101 63173 63194 63199 63252 63270 63300 63304 63308 0164T	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22865 63005 63016 63040 63047 63064 63085 63102 63180 63195 63200 63265 63271 63301 63305 64553
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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 L8682 L8688	64568 L8685	L8680 L8686	L8687
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 37718	36475 37722	36478 37780	37700
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 	<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
<p>Behavioral health services (cont'd.)</p>	<p>required for IOP after 20 sessions</p> <ul style="list-style-type: none"> • Partial Hospitalization (PHP)** auth required for PHP after 15 sessions • Outpatient Detoxification and Rehabilitation • Suboxone • Supported Housing • Enhanced Supported Housing • Psychological Testing • Applied Behavioral Analysis (ABA) • Electro Convulsive Therapy (ECT) • Mental Health Care Coordination • Home Based Treatment 	
<p>Cardiology prior authorization program</p>	<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 > <i>Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</i>.</p>
<p>Chemotherapy</p>	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting (including intravenous, intravesical and intrathecal) for a cancer diagnosis for dates of service on or after 6/1/2016.</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

Additional Advance Notification and Prior Authorization Programs

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<p>Radiology prior authorization</p>	<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 > <i>Radiology > 2014 CPT Code List</i>.</p>																																																																																																				
<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>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> <tr><td>44127</td><td>44128</td><td>44130</td><td>44132</td></tr> <tr><td>44133</td><td>44135</td><td>44136</td><td>44137</td></tr> <tr><td>44715</td><td>44720</td><td>44721</td><td>47133</td></tr> <tr><td>47135</td><td>47136</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>48160</td><td>48550</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>48556</td></tr> <tr><td>50300</td><td>50320</td><td>50323</td><td>50325</td></tr> <tr><td>50327</td><td>50328</td><td>50329</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>54680</td><td>60512</td><td>0051T</td></tr> <tr><td>0052T</td><td>0053T</td><td>S2053</td><td>S2054</td></tr> <tr><td>S2055</td><td>S2060</td><td>S2061</td><td>S2065</td></tr> <tr><td>S2103</td><td>S2152</td><td>S9975</td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	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	0051T	0052T	0053T	S2053	S2054	S2055	S2060	S2061	S2065	S2103	S2152	S9975	
32850	32851	32852	32853																																																																																																			
32854	32855	32856	33226																																																																																																			
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33944	33945	38205	38206																																																																																																			
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50327	50328	50329	50340																																																																																																			
50360	50365	50370	50380																																																																																																			
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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization												
<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 data-bbox="1078 575 1487 674"> <tr> <td>Q0505</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td></td> <td></td> </tr> </table>	Q0505	Q0507	Q0508	Q0509	33975	33976	33979	33981	33982	33983		
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