

Prior Authorization Requirements for Tennessee Effective October 1, 2016



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	43644 43659 43773 43843 43848 43882 64590 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
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		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Carpal tunnel surgery	<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>	64721			
Cataract surgery	<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>	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	69714	69715	69717
		69718	69930	L8614	L8615
		L8616	L8617	L8618	L8619
		L8627	L8628	L8690	L8691
		L8692	L8693		
Colonoscopy	Prior authorization required for dates of service on or after May 2, 2016.	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	11960	11971	13101*	13132*
	<u>For codes with an asterisk:</u>	14040*	14060*	14301*	15820
		15821	15822	15823	15830
	Prior authorization required if performed in an outpatient hospital setting.	15847	15877	17106	17107
		17108	17999	21137	21138
	Prior authorization not required if performed at a participating ambulatory surgery center	21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21552*	21740	21742
		21743	21931*	28344	30540
		30545	30560	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 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> Some home health care services may qualify, but aren't subject to	A9279	A9280	A9900
		E0193	E0194	E0265	E0266
		E0270	E0274	E0277	E0296
		E0297	E0300	E0302	E0304
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0472	E0483	E0485

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>	<p>the cost threshold – see <i>Home health services</i></p>	<p>E0486 E0637 E0650 E0666 E0670 E0675 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885</p>	<p>E0601 E0638 E0651 E0667 E0671 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886</p>	<p>E0620 E0641 E0652 E0668 E0672 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890</p>	<p>E0636 E0642 E0656 E0669 E0673 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0898	K0899	Q0479	Q0480
		Q0481	Q0482	Q0483	Q0484
		Q0488	Q0489	Q0490	Q0491
		Q0495	Q0496	Q0502	Q0503
		Q0504	Q0506	T1999	T5999
		V2786	V5274	V5281	V5282
		V5283	V5284	V5285	V5286
		V5287	V5288	V5289	V5290
Ears, nose and throat (ENT) procedures	Prior authorization required if performed in an outpatient hospital setting	21320	30140	30520	69436
	Prior authorization not required if performed at a participating ambulatory surgery center	69631			
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
		B9000	B9002	B9998	
Experimental and investigational	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		62264	62290	62291	62292
		64555	64722	65765	65767
		66180	95965	95966	95967
		95978	A4638	A6000	A9274
		A9276	A9277	A9278	E0231
		E1831	S0810	S1030	S1031
		S1040	S2102	S3652	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting	57522	58353	58558	58563
	Prior authorization not required if performed at a participating ambulatory surgery center	58565			
Hernia repair	Prior authorization required if performed in an outpatient hospital setting	49505	49585	49587	49650
		49651	49652	49653	49654
	Prior authorization not required if performed at a participating ambulatory surgery center	49655			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home- and community-based services	Prior authorization required for these services: <ul style="list-style-type: none"> • 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 care • Personal emergency response • Pest control • Respite • Transitional allotment 	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.			
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	Prior authorization required	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	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			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		Synagis 90378 Xolair J2357			
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	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd)		21215 21245 21249 30465	21240 21246 21255	21242 21247 21296	21244 21248 21299
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 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 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400	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 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420	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 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460	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 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500

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>		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5611	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5645
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5679	L5681	L5682	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

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		L7191 L8040 L8044 L8499 L8610 V2623	L7405 L8041 L8045 L8500 L8612 V2627	L7499 L8042 L8046 L8605 L8631	L8035 L8043 L8047 L8609 L8659
Outpatient therapy - speech	Prior authorization required after evaluation	92508 92524	92521 92526	92522 S9152	92523 92507
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	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		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
	Sterilization	Prior authorization required	58150	58180	58200
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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerve	Prior authorization required	61885 64568 L8680 L8682 L8685 L8686 L8687 L8688
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 	<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 UHCommunityPlan.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)	<ul style="list-style-type: none"> • Home-based treatment • Intensive outpatient (IOP) – prior authorization required after 20 sessions • Mental health care coordination • Mental health case management -- Level I team only (CTT/CCFT/PACT) • 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), Levoleucovorin (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>

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</p>	<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 cardiology procedures 	<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 > 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"> <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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<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"> <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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