

# Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid plan) Effective April 1, 2018



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Connected TX (Medicare-Medicaid plan) participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 877-940-1972; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > Prior Authorization Forms > Standard Prior Authorization Form: Texas Department of Insurance

**Prior authorization is not required for emergency or urgent care.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19364 19369 19396	19318 19330 19355 19366 19370 L8600	19324 19340 19357 19367 19371	19325 19342 19361 19368 19380
<b>Cochlear and other auditory implants</b> 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 69718 92602 L8619 V5273	69711 69799 92603 L8690	69714 69930 92604 L8691	69715 92601 L8614 L8692
<b>Cosmetic and reconstructive</b> 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	11920 11951 11971 15781 15787 15793 15822 15826 15832 15836 15847 17106 17999 21179 21183	11921 11952 15775 15782 15788 15819 15823 15828 15833 15837 15877 17107 19300 21180 21184	11922 11954 15776 15783 15789 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230	11950 11960 15780 15786 15792 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235

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<b>Cosmetic and reconstructive (cont'd)</b>		21256	21260	21261	21263
		21267	21268	21270	21275
		21299	21740	21742	21743
		28344	30120	30540	30545
		30560	30620	31295	31296
		31297	40500	67900	67901
		67902	67903	67904	67906
		67908	67909	67912	67950
		67961	67966	69090	69300
		69320	Q2026	Q2027	Q2202
		S2202			
<b>Durable medical equipment (DME) - incontinence supplies</b>	<p>Prior authorization required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.</p> <p>For more information, please visit <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Texas &gt; Bulletins &gt; Alerts &gt; DME Incontinent Supplies Change in Authorization Effective Sept. 1, 2016.</p>	<p>To obtain incontinence supplies from Longhorn Health Solutions, please call <b>866-295-2319</b>.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b>.</p>			
<b>Durable medical equipment (DME): regardless of billed amount</b>	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	E0470	E0471	E0472	E0650
		E0651	E0652	E0655	E0656
		E0660	E0665	E0666	E0667
		E0668	E0669	E0671	E0672
		E0673	E0675	E1230	E1239
		E2310	E2311	E2321	K0800
		K0801	K0802	K0806	K0808
		K0812	K0813	K0814	K0815
		K0816	K0820	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0835	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	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	K0898
		K0899			

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<p><b>Durable medical equipment (DME): more than \$1,000</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i>.</p>	<p>A9280 E0170 E0231 E0302 E0329 E0462 E0486 E0618 E0639 E0692 E0710 E0761 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 E1801 E1811 E1825 E2312 E2328 E2402 E2506 E2512 K0037 K0047</p>	<p>A9900 E0193 E0246 E0304 E0350 E0465 E0603 E0635 E0640 E0693 E0740 E0762 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 E1802 E1812 E1830 E2322 E2329 E2500 E2508 K0005 K0039 K0050</p>	<p>A9999 E0194 E0277 E0316 E0373 E0466 E0616 E0636 E0642 E0694 E0745 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 E1805 E1815 E1840 E2325 E2330 E2502 E2510 K0007 K0044 K0051</p>	<p>B9999 E0203 E0300 E0328 E0459 E0483 E0617 E0638 E0670 E0700 E0746 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1800 E1810 E1818 E2227 E2327 E2376 E2504 E2511 K0020 K0046 K0056</p>

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<p><b>Durable medical equipment (DME): more than \$1,000 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		K0065 K0105 K0730 K0746 L1005 L5400 L5999 Q0479 Q0483 Q0496 T5999	K0072 K0108 K0743 L0462 L2136 L5420 L6380 Q0480 Q0484 Q0503 V2786	K0073 K0455 K0744 L0464 L3999 L5535 L6382 Q0481 Q0489 S1040	K0098 K0609 K0745 L1000 L5000 L5585 L6384 Q0482 Q0495 T1999
<p><b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube</p>	Prior authorization required	B4100	B4102	B4103	B4104
<p><b>Experimental or investigational</b></p>	Prior authorization required	0019T 0085T 0103T 0109T 0124T 0175T 0190T 0199T 0206T 0215T 0223T 0231T 0244T 0253T 0259T 0266T 0270T 0274T 0281T 0285T 0291T 0299T 22505 27275 31634 43257 55840 61863 61886 62291 64722	0030T 0100T 0106T 0110T 0172T 0181T 0191T 0200T 0207T 0216T 0224T 0233T 0250T 0256T 0263T 0267T 0271T 0275T 0282T 0286T 0292T 0300T 22867 27860 33477 53855 58353 61864 62263 62292 64744	0054T 0101T 0107T 0111T 0173T 0183T 0192T 0201T 0213T 0217T 0225T 0239T 0251T 0257T 0264T 0268T 0272T 0276T 0283T 0287T 0293T 0301T 22869 28446 37204 53860 58356 61867 62264 64566 65765	0055T 0102T 0108T 0123T 0174T 0186T 0198T 0205T 0214T 0218T 0230T 0243T 0252T 0258T 0265T 0269T 0273T 0277T 0284T 0288T 0294T 20985 25259 29880 37210 54240 58563 61868 62290 64595 65767

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes											
<b>Experimental or investigational (cont'd)</b>		66180 90867 91132 94012 95905 95978 96004 A4638 A9277 G0295 G0343 P2033 S1031 S3652 S9025 S9990	78351 90868 91133 94013 95965 96000 96902 A6000 A9278 G0329 G9147 P2038 S2102 S3890 S9055 S9991	82523 90869 93668 95250 95966 96001 99174 A9274 E0446 G0341 M0076 S0810 S2300 S3902 S9349	85547 91117 94011 95251 95967 96003 A4575 A9276 E1831 G0342 P2031 S1030 S2325 S9001 S9988								
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916									
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980  These <b>surgical codes</b> with the following <b>DX codes</b> :  <table border="0" data-bbox="1057 1146 1489 1209"> <tr> <td><b>F64.0</b></td> <td><b>F64.1</b></td> <td><b>F64.2</b></td> <td><b>F64.8</b></td> </tr> <tr> <td><b>F64.9</b></td> <td><b>Z87.890</b></td> <td></td> <td></td> </tr> </table> 14000 15738 19303 31599 53425 54401 54660 55866 57106 57295 58661 64892 14001 15750 19304 31899 53430 54405 54690 56625 57110 57296 58720 64896 14041 15757 20926 53410 54125 54408 55175 56800 57291 57335 58940 92507 15734 15758 21899 53420 54400 54520 55180 56805 57292 57426 64856 92508			<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>	<b>F64.9</b>	<b>Z87.890</b>		
<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>										
<b>F64.9</b>	<b>Z87.890</b>												
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization required	58260 58270 58291	58262 58275 58292	58263 58280 58293	58267 58290 58294								
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570								

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<b>Injectable medications</b>	Prior authorization required	<b>Radicava®</b> C9493  <b>Spinraza™</b> J2326  <b>Unclassified codes*</b> C9399      J3490      J3590  *For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Luxturna™ and Radicava.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Non-emergent air ambulance transports</b>	Prior authorization required	A0140	A0424		
<b>Non-emergent ground ambulance</b>	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
<b>Orthognathic surgery</b>	Prior authorization required	21120	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	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255		
<b>Orthotics: more than \$1,000</b> Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0140	L0150	L0170
		L0200	L0220	L0430	L0452
		L0466	L0468	L0480	L0482
		L0484	L0486	L0622	L0623
		L0624	L0629	L0631	L0632
		L0634	L0636	L0638	L0700
		L0710	L0810	L0820	L0830
		L0859	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics: more than \$1,000 (cont'd)</b> Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		L1720 L1844 L2000 L2030 L2038 L2070 L2128 L2520 L2628 L3160 L3204 L3209 L3214 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050	L1730 L1846 L2005 L2034 L2040 L2080 L2232 L2525 L2800 L3201 L3206 L3211 L3215 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055	L1755 L1904 L2010 L2036 L2050 L2090 L2320 L2526 L2861 L3202 L3207 L3212 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L1834 L1920 L2020 L2037 L2060 L2126 L2387 L2627 L3020 L3203 L3208 L3213 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045 L6026
<p><b>Outpatient therapy</b></p>	<p>Prior authorization required</p> <p>For prior authorization, please call OptumHealth Physical Health at <b>800-873-4575</b> or the notification number on the back of the member's health plan ID card.</p> <p><b><u>For patients age 16 and older:</u></b> Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum, you can edit and submit the form at <b>myoptumhealthphysicalhealth.com</b> &gt; Resource Library &gt; Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b>.</p> <p><b><u>For patients younger than age 16:</u></b> Care providers must also submit the top two sections of the Patient Summary Form PSF-750 online – you don't have to complete the patient section in the bottom third of the form. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b>.</p>	70371 92521 92526 92633 97014 97024 97033 97039 97116 97150 97532 97542 97755 97799 G0281 G9043 S9129	92506 92522 92626 96105 97016 97026 97034 97110 97124 97164* 97533 97545 97760 G0129 G0282 G9044 S9131	92507 92523 92627 97010 97018 97028 97035 97112 97139 97168* 97535 97546 97761 G0151 G0283 S8990 S9152	92508 92524 92630 97012 97022 97032 97036 97113 97140 97530 97537 97750 97762 G0152 G9041 S9128
		OR billed with the following revenue codes:			
		419 423 431 439	420 424 432 440**	421 429 433 441**	422 430 434 977

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Outpatient therapy (cont'd)		978			
		* Prior authorization not required for nursing facilities			
		** Prior authorization required for nursing facilities only			
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000			
<b>Prosthetics: more than \$1,000</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6025	L6026	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6646
		L6648	L6693	L6696	L6697
		L6707	L6709	L6712	L6713
		L6714	L6715	L6721	L6722
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925



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<b>Prosthetics: more than \$1,000 (cont'd)</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L6930 L6950 L6970 L7009 L7180 L7190 L7499 L8042 L8499 L8629 V2627	L6935 L6955 L6975 L7040 L7181 L7191 L8035 L8043 L8505 L8631	L6940 L6960 L7007 L7045 L7185 L7260 L8039 L8044 L8604 L8659	L6945 L6965 L7008 L7170 L7186 L7261 L8041 L8049 L8609 L8699
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450 30520	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512 S2080	41599	42145
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	0092T 0164T 0202T 0222T 22102 22114 22208 22216 22226 22533 22552 22585 22610 22632 22802 22812 22840 22844 22848 22852 22861 22899 63005	0095T 0165T 0219T 0232T 22103 22116 22210 22220 22526 22534 22554 22590 22612 22633 22804 22818 22841 22845 22849 22855 22862 62287 63011	0098T 0195T 0220T 22100 22110 22206 22212 22222 22527 22548 22556 22595 22614 22634 22808 22819 22842 22846 22850 22856 22864 63001 63012	0163T 0196T 0221T 22101 22112 22207 22214 22224 22532 22551 22558 22600 22630 22800 22810 22830 22843 22847 22851 22857 22865 63003 63015

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<b>Spinal surgery (cont'd)</b>		63016 63017 63020 63030 63035 63040 63042 63043 63044 63045 63046 63047 63048 63050 63051 63055 63056 63057 63060 63064 63066 63075 63076 63077 63078 63081 63082 63085 63086 63087 63088 63090 63091 63101 63102 63103 63170 63172 63173 63180 63182 63185 63190 63191 63194 63195 63196 63197 63198 63199 63200 63250 63251 63252 63265 63267 63268 63270 63271 63272 63286 63300 63301 63302 63303 63304 63305 63306 63307 63308 64553 64570 64633 64634 S2348
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 61888 64568 64569 64573 C1767 C1778 L8681 L8689
<b>Vein procedures</b> 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	36469 36476 36479 37735 37785

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call <b>888-887-9003</b> when referring for mental health and substance use services.
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																				
<b>Cardiology (cont'd)</b>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress echocardiograms prior to performance</p>	<p>app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UnitedHealthcareOnline.com</b> &gt; Clinician Resources &gt; Cardiology &gt; Medicare Advantage Cardiology Prior Authorization Program &gt; Cardiology Prior Authorization CPT Code List and Crosswalk.</p>																																				
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures</p> <ul style="list-style-type: none"> <li>• Certain PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UnitedHealthcareOnline.com</b> &gt; Clinician Resources &gt; Radiology &gt; Medicare Advantage Radiology Prior Authorization Program &gt; UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.</p>																																				
<b>Transplants</b>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.</p> <table border="0" data-bbox="1055 1596 1510 1923"> <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>47136</td><td>47140</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	47136	47140
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**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																
<b>Transplants (cont'd)</b>		<table border="0"> <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> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:</p> <table border="0"> <tr> <td>38206</td> <td>38999</td> <td>J3490</td> <td>J9999</td> </tr> <tr> <td>M0075</td> <td>S2107</td> <td>Q2040</td> <td></td> </tr> </table>	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152		38206	38999	J3490	J9999	M0075	S2107	Q2040	
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<b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	<p>Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b>.</p> <table border="0"> <tr> <td>33927</td> <td>33928</td> <td>33929</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td></td> <td></td> <td></td> </tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983																							
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