

Prior Authorization Requirements for Maryland Medicaid

Effective February 1, 2019

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Maryland 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: 888-899-1681;** fax form is available at **UHCprovider.com/MDcommunityplan >>Prior Authorization and Notification Resources >Prior Authorization Paper Fax Forms**

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	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Abortion (pregnancy termination)	Prior authorization required – carved out by the state	Please call the number on the back of the member's health plan ID card.			
Acupuncture	Prior authorization required	97811	97814	S8930	
Bariatric surgery	Prior authorization required	0312T	0313T	0314T	0315T
Bariatric surgery and specific obesity-related services		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Bio similar (Zarxio®) Q5101 Filgrastim (Neupogen®) J1442			

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (cont'd)		<p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Pegfilgrastim (Neulasta®) J2505</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab J0897</p> <p>For prior authorization: please submit requests online by using 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. Or, call 888-397-8129.</p>
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 by using 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan>Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program</p>
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</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>For prior authorization: please submit requests online by using 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. Or, call 888-397-8129.</p>

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Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69715
		69718	69930	L8614	L8619
		L8690	L8691	L8692	
Cosmetic and reconstructive procedures 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*
	For codes with an asterisk:	14040*	14060*	14301*	15820
	Prior authorization required if performed in an outpatient hospital setting	15821	15822	15823	15830
		15847	17106	17107	17108
	Prior authorization not required if performed at a participating ambulatory surgery center	17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21552*
		21740	21742	21743	21931*
		28344	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)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9280	E0194	E0265
		E0266	E0270	E0300	E0445
		E0457	E0460	E0466	E0483
		E0620	E0636	E0656	E0669
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0670	E0675	E0693	E0694
		E0700	E0710	E0745	E0762
		E0764	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1035
		E1036	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E2100	E2227	E2228	E2230
		E2300	E2301	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2599
		E2626	E2627	E2628	E2629
		E2630	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
	K0852	K0853	K0854	K0855	
	K0856	K0857	K0858	K0859	
	K0860	K0861	K0862	K0863	
	K0864	K0868	K0869	K0870	
	K0871	K0877	K0878	K0879	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization					
Durable medical equipment (DME) (cont'd)		K0880	K0884	K0885	K0886		
		K0890	K0891	S1040	T1999		
		T5999	V2786	V5269	V5270		
		V5271	V5272	V5274	V5281		
		V5282	V5283	V5286	V5287		
		V5288	V5290				
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998				
Experimental and investigational (and/or linked services)	Prior authorization required	0085T	0191T	33477	36514		
		55866	61863	61864	61867		
		61868	61886	64555	64722		
		65765	65767	66180	95978		
		A4638	A6000	A9274	E0231		
		E1831	S0810	S1030	S1031		
		S2102	S9988	S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255		
		31256	31257	31259	31267		
		31276	31287	31288			
Gender dysphoria treatment	Prior authorization required	55970	55980				
		These surgical codes with the following DX codes :					
		F64.0	F64.1	F64.2	F64.8		
		F64.9	Z87.890				
		14000	14001	14020	14021		
		14041	14061	14301	14302		
		15734	15738	15750	15757		
		15758	19303	19304	20926		
		31899	53410	53430	54125		
		54400	54401	54405	54520		
		54660	54690	55175	55180		
		55970	55980	56625	56800		
		56805	57110	57335	58150		
		58180	58260	58262	58290		
		58291	58541	58542	58543		
		58544	58550	58552	58553		
		58554	58570	58571	58572		
		58573	58661	58720	58940		
		64856	64892	64896			
		Genetic and Molecular Testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
				81109	81110	81111	81121
				81161	81162	81163	81164
			Care providers requesting laboratory testing will be required to complete the prior authorization/notification	81165	81166	81170	81200
	81201		81202	81203	81205		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and Molecular Testing (cont'd)	process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81206	81207	81208	81209	
		81210	81212	81215	81216	
		81217	81218	81219	81220	
		81221	81222	81223	81224	
		81225	81226	81227	81228	
		81229	81235	81240	81241	
		81242	81243	81244	81245	
		Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81246	81250	81251	81252
			81253	81254	81255	81256
			81257	81260	81261	81262
			81263	81264	81265	81266
			81267	81268	81270	81272
			81273	81275	81276	81283
			81287	81288	81290	81291
			81292	81293	81294	81295
			81296	81297	81298	81299
	81300		81301	81302	81303	
	81304		81310	81311	81313	
	81314		81315	81316	81317	
	81318		81319	81321	81322	
	81323		81324	81325	81326	
	81327		81330	81331	81332	
	81340		81341	81342	81350	
	81355	81370	81371	81372		
	81373	81374	81375	81376		
	81377	81378	81379	81380		
	81381	81382	81383	81406		
	81410	81411	81412	81413		
	81414	81420	81430	81431		
	81432	81432	81433	81433		
	81434	81435	81436	81437		
	81438	81439	81440	81442		
81445	81450	81455	81460			
81465	81507	81519	81545			
81595						
Hearing aid services	Prior authorization required	V5170	V5180	V5210	V5220	
		V5230	V5250	V5254	V5255	
		V5256	V5257	V5258	V5259	
		V5260	V5261	V5299		
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494	
		G0495	G0496	S9474		
Hospice	Prior authorization required	T2042	T2043	T2044	T2045	
Injectable medications	Prior authorization required	Actemra[®]				
		J3262				
		Acthar[®]				
		J0800				
		Botulinum toxins				
		J0585	J0586	J0587	J0588	

Procedures and Services

Additional Information

**CPT[®] or HCPCS Codes and/or
How to Obtain Prior Authorization**

Injectable medications (cont'd)

Brineura™
J0567

Cerezyme®
J1786

Cinqair®
J2786

Elelyso®
J3060

Entyvio®
J3380

Ilaris®
J0638

Inflectra®
Q5103

IVIG
90283 90284 J1459 J1555
J1556 J1557 J1559 J1561
J1566 J1568 J1569 J1572
J1575 J1599

Lemtrada®
J0202

Makena® /17P
J1726 J1729 J2675

Nucala®
J2182

Ocrevus™
J2350

Orencia®
J0129

Parsabiv™
J0606

Remicade®
J1745

Renflexis®
Q5104

Simponi Aria®
J1602

Soliris®
J1300

Spinraza™
J2326

Synagis®*
90378

Unclassified codes**
C9399 J3490 J3590

Procedures and Services

Additional Information

CPT[®] or HCPCS Codes and/or How to Obtain Prior Authorization

Injectable medications (cont'd)

Xolair[®]

J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is required for Brineura [™].

Inpatient stays	Prior authorization required for all inpatient stays				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L1755	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5648	L5651
		L5653	L5661	L5682	L5702
		L5703	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5987	L5988
		L5990	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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L6689	L6690	L6692	L6693
		L6694	L6695	L6696	L6697
		L6704	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear 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 by using 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>			
Remote patient monitoring	Prior authorization required	S9110 with the following DX codes:			
		E10.10	E10.11	E10.21	
		E10.22	E10.29	E10.311	
		E10.319	E10.3211	E10.3212	
		E10.3213	E10.3219	E10.3291	
		E10.3292	E10.3293	E10.3299	
		E10.3311	E10.3312	E10.3313	
		E10.3319	E10.3391	E10.3392	
		E10.3393	E10.3399	E10.3411	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization		
Remote patient monitoring (cont'd)		E10.3412	E10.3413	E10.3419
		E10.3491	E10.3492	E10.3493
		E10.3499	E10.3511	E10.3512
		E10.3513	E10.3519	E10.3521
		E10.3522	E10.3523	E10.3529
		E10.3531	E10.3532	E10.3533
		E10.3539	E10.3541	E10.3542
		E10.3543	E10.3549	E10.3551
		E10.3552	E10.3553	E10.3559
		E10.3591	E10.3592	E10.3593
		E10.3599	E10.36	E10.37X1
		E10.37X2	E10.37X3	E10.37X9
		E10.39	E10.40	E10.41
		E10.42	E10.43	E10.44
		E10.49	E10.51	E10.52
		E10.59	E10.610	E10.618
		E10.620	E10.621	E10.622
		E10.628	E10.630	E10.638
		E10.641	E10.649	E10.65
		E10.69	E10.8	E10.9
		E11.00	E11.01	E11.10
		E11.11	E11.21	E11.22
		E11.29	E11.311	E11.319
		E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292
		E11.3293	E11.3299	E11.3311
		E11.3312	E11.3313	E11.3319
		E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412
		E11.3413	E11.3419	E11.3491
		E11.3492	E11.3493	E11.3499
		E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522
		E11.3523	E11.3529	E11.3531
		E11.3532	E11.3533	E11.3539
		E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552
		E11.3553	E11.3559	E11.3591
		E11.3592	E11.3593	E11.3599
		E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39
	E11.40	E11.41	E11.42	
	E11.43	E11.44	E11.49	
	E11.51	E11.52	E11.59	
	E11.610	E11.618	E11.620	
	E11.621	E11.622	E11.628	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Remote patient monitoring (cont'd)		E11.630	E11.638	E11.641	
		E11.649	E11.65	E11.69	
		E11.8	E11.9	I50.20	
		I50.21	I50.22	I50.23	
		I50.30	I50.31	I50.32	
		I50.33	I50.40	I50.41	
		I50.42	I50.43	I50.9	
		J43.0	J43.1	J43.2	
		J43.8	J43.9	J44.0	
		J44.1	J44.9		
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospita	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – outpatient hospital (cont'd)		Tonsillectomy and adenectomy				
		42820	42821	42825	42826	
		42830				
		Upper and lower gastrointestinal endoscopy				
		43235	43239	43249		
		Urologic procedures				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52281	52310	52332	52351	
		52352	52353	52356	54161	
		55040	55700	57288		
		Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145
		Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685		
Spinal cord stimulators when implanted for pain management						
Spinal surgery	Prior authorization required	0095T	0098T	0164T	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	22800	
		22802	22804	22808	22810	
		22812	22818	22819	22830	
		22849	22850	22852	22855	
		22856	22861	22864	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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63304	63305	63306	63307
		63308	64553	64570	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), 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 health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	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 855-282-8929 .			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			