

# Prior Authorization Requirements for New York Medicaid

## Effective February 1, 2019

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in New York 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: 866-950-4490;** fax form is available at **UHCprovider.com/NYcommunityplan > >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			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T	0313T	0314T	0315T
		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
<b>Behavioral health services</b>	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 when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> <b>Filgrastim (Neupogen®)</b> J1442 <b>Filgrastim-aafi (Nivestym™)</b> Q5110 <b>Filgrastim-sndz (Zarxio®)</b> Q5101			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Cancer supportive care (cont'd)</b>		<p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505</p> <p><b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b> Q5108</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b> J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva<sup>®</sup>)</b> J0897</p> <p>Prior authorization requests:</p> <p>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>888-397-8129</b></p>
<b>Cardiology</b>	<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 <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>UHCprovider.com/NYcommunityplan&gt;Prior Authorization and Notification Resources &gt;Cardiology Prior Authorization and Notification Program</b></p>
<b>Chemotherapy</b>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>Prior authorization requests:</p> <p>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>888-397-8129</b></p>

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A4575	A9279	A9280	E0194
		E0265	E0266	E0270	E0300
		E0445	E0457	E0460	E0466
		E0483	E0620	E0636	E0638
		E0641	E0642	E0656	E0669
		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
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME(cont'd))</b>		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
<b>Enteral services</b> 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
		B9002	B9998		
<b>Erectile dysfunction</b>	Prior authorization required	37788	37790	54400	54401
		54405	54408	54410	54411
		54416	54417	55870	J0270
		J0275	J2440	J2760	L7900
<b>Experimental and investigational (and or linked services)</b>	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64555	64722	65765	65767
		66180	0085T	0191T	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	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
<b>Genetic and molecular testing to include BRCA</b>	Prior authorization* required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment	81164	81165	81166	81170
		81175	81176	81200	81201
		81202	81203	81205	81206

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (cont'd)</b>	will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81207	81208	81209	81210
		81211	81212	81213	81215
		81216	81217	81218	81219
		81220	81221	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81235	81238	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
	81269	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	
	81328	81330	81331	81332	
	81334	81335	81340	81341	
	81342	81346	81350	81355	
	81361	81362	81363	81364	
	81370	81371	81372	81373	
	81374	81375	81376	81377	
	81378	81379	81380	81381	
	81382	81383	81400	81401	
81402	81403	81404	81405		
81406	81407	81408	81410		
81411	81412	81413	81414		
81415	81416	81417	81420		
81425	81426	81427	81430		
81431	81432	81433	81434		
81435	81436	81437	81438		
81439	81440	81442	81445		
81448	81450	81455	81460		
81465	81470	81471	81479		
81507	81519	81520	81521		
81545	81595	81599	0001U		
0004M	0006M	0007M	0009M		
0011M	0012M	0013M	0018U		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont'd)		0019U	0022U	0023U	0026U
		0027U	0029U	0030U	0031U
		0032U	0033U	0034U	0036U
		0037U	0040U	0045U	0046U
		0047U	0048U	0049U	0050U
		0055U	0056U	0057U	0060U
		S3870			
	Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0299 G0495	G0300 G0496	G0493 S9474
Injectable medications	Prior authorization required	<b>Actemra<sup>®</sup></b>			
		J3262			
		<b>Acthar<sup>®</sup></b>			
		J0800			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura<sup>™</sup></b>			
		J0567			
		<b>Cerezyme<sup>®</sup></b>			
		J1786			
		<b>Cinqair<sup>®</sup></b>			
		J2786			
		<b>Crysvita<sup>®</sup></b>			
		J0584			
		<b>ElELYso<sup>®</sup></b>			
		J3060			
		<b>Entyvio<sup>®</sup></b>			
		J3380			
		<b>Exondys 51<sup>™</sup></b>			
		J1428			
		<b>Fasenra<sup>™</sup></b>			
		J0517			
		<b>Ilaris<sup>®</sup></b>			
		J0638			
		<b>Ilumya<sup>™</sup></b>			
		J3245			
		<b>Inflectra<sup>®</sup></b>			
Q5103					
<b>IVIG</b>					
90283	90284	J1459	J1555		
J1556	J1557	J1559	J1561		
J1566	J1568	J1569	J1572		
J1575	J1599				
<b>Lemtrada<sup>®</sup></b>					
J0202					
<b>Luxturna<sup>™</sup></b>					
J3398					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (cont'd)	<b>Makena<sup>®</sup></b>	J1726	J1729	J2675
	<b>Nucala<sup>®</sup></b>	J2182		
	<b>Ocrevus<sup>™</sup></b>	J2350		
	<b>Onpatro<sup>™</sup></b>	C9036		
	<b>Orencia<sup>®</sup></b>	J0129		
	<b>Parsabiv<sup>™</sup></b>	J0606		
	<b>Probuphine<sup>®</sup></b>	J0570		
	<b>Radicava<sup>®</sup></b>	J1301		
	<b>Remicade<sup>®</sup></b>	J1745		
	<b>Renflexis<sup>®</sup></b>			
	<b>Simponi Aria<sup>®</sup></b>	J1602		
	<b>Soliris<sup>®</sup></b>	J1300		
	<b>Spinraza<sup>™</sup></b>	J2326		
	<b>Sublocade<sup>™</sup></b>	Q9991	Q9992	
	<b>Synagis<sup>®*</sup></b>	90378		
	<b>Trogarzo<sup>™</sup></b>	J1746		
	<b>Unclassified codes<sup>**</sup></b>	C9399	J3490	J3590
	<b>Xolair<sup>®</sup></b>	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**

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization services at 800-310-6826.			
<b>Injectable medications (cont'd)</b>		<b>**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpattro™</b>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization required only for the orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1845 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L5010 L5100 L5200 L5250	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L5020 L5105 L5210 L5270	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L5050 L5150 L5220 L5280	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1844 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5060 L5160 L5230 L5301



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Orthotics and prosthetics (cont'd)</b>		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	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		
	<b>Private duty nursing</b>	Prior authorization required	T1000	T1001	T1002	T1003

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<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 CT, MRI, MRA and 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>UHCprovider.com/NYcommunityplan</b> &gt;Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p><b>Carpal tunnel surgery</b> 64721</p> <p><b>Cataract surgery</b> 66821 66982 66984</p> <p><b>Colonoscopy</b> 45378 45380 45384 45385</p> <p><b>Cosmetic and reconstructive</b> 13101 13132 14040 14060 14301 21552 21931</p> <p><b>Ear, nose and throat (ENT) procedures</b> 21320 30140 30520 69436 69631</p> <p><b>Gynecologic procedures</b> 57522 58353 58558 58563 58565</p> <p><b>Hernia repair</b> 49505 49585 49587 49650 49651 49652 49653 49654 49655</p> <p><b>Liver biopsy</b> 47000</p> <p><b>Miscellaneous</b> 20680</p> <p><b>Ophthalmologic</b> 65426 65730 65855 66170</p>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (cont'd)</b>		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
	Prior authorization not required for New York Long-Term Services and Supports (LTSS)	95811			
<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	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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (cont'd)</b>		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	64553	64570	
<b>Transplants</b>	Prior authorization required	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.			
		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		
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b>	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
<b>Vein procedures</b>	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
<b>Ventricular assist devices</b>	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 <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	37780
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			