

Prior Authorization Requirements for New York Medicaid

Effective April 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in New York for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 866-604-3267

Note: All planned, elective inpatient service requests require prior authorization.

- Prior authorization is not required for emergent/urgent care: in-network or out-of-network.
- All non-emergent out-of-network services require prior authorization regardless of the place of service.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43648	43659
		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982	0312T	0313T
		0314T	0315T	0316T	0317T
Behavioral health services	Prior authorization required	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.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		
Breast reconstruction (non-mastectomy) 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			
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>			
		Filgrastim (Neupogen®)			
		J1442			
		Filgrastim-aafi (Nivestym™)			
		Q5110			
Filgrastim-sndz (Zarxio®)					
Q5101					
Pegfilgrastim (Neulasta®)					
J2505					

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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>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 (Xgeva®) J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool 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 tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool 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/NYcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</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>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 haven't yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code require prior authorization <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>			
<p>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</p>	<p>Prior authorization required</p>	<p>69710 69930 L8691</p>	<p>69714 L8614 L8692</p>	<p>69715 L8619</p>	<p>69718 L8690</p>

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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	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		
Durable medical equipment (DME)	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	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0638	E0641	E0642
		E0652	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i> .	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1035	E1036
		E1130	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2512	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		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable medical equipment (DME) (cont'd)		K0890	K0891	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		

The following codes will also require prior authorization for dates of service May 1, 2019, or after:

Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	A9900	E0465	E0637	E8000
		B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Erectile dysfunction	Prior authorization required	37788	37790	54400	54401
		54405	54408	54410	54411
		54416	54417	55870	J0270
		J0275	J2440	J2760	L7900
Experimental and investigational (and/or linked services)	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
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	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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont'd)		58940	64856	64892	64896
Genetic and molecular testing to include BRCA gene testing	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
		81164	81165	81166	81167
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		81203	81204	81205	81206
		81207	81208	81209	81210
	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.	81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	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	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81310
		81311	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322
		81323	81324	81325	81326
		81327	81328	81329	81330
		81331	81332	81333	81334
		81335	81336	81337	81340
		81341	81342	81343	81344
		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing to include BRCA gene testing (cont'd)		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	81443	
		81445	81448	81450	81455	
		81460	81465	81470	81471	
		81479	81507	81518	81519	
		81520	81521	81545	81595	
		81599	0001U	0004M	0006M	
		0007M	0009M	0011M	0012M	
		0012U	0013M	0013U	0014U	
		0016U	0017U	0018U	0019U	
		0022U	0023U	0026U	0027U	
		0028U	0029U	0030U	0031U	
		0032U	0033U	0034U	0036U	
		0037U	0040U	0045U	0046U	
		0047U	0048U	0049U	0050U	
		0055U	0056U	0057U	0060U	
		0069U	0070U	0071U	0072U	
		0073U	0074U	0075U	0076U	
		0078U	S3870			
	Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
			G0495	G0496	S9474	
		<u>The following codes will also require prior authorization for dates of service May 1, 2019, or after:</u>				
		G0162	G0156	S9122	S9123	
		S9124				
Injectable medications	Prior authorization required	Actemra[®]				
		J3262				
		Acthar[®]				
		J0800				
		Botulinum toxins				
		J0585	J0586	J0587	J0588	
		Brineura[™]				
		J0567				
		Cerezyme[®]				
		J1786				
		Cinqair[®]				
		J2786				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Crysvita[®] J0584 Elelyso[®] J3060 Entyvio[®] J3380 Exondys 51[™] J1428 Fasenra[™] J0517 Ilaris[®] J0638 Ilumya[™] J3245 Inflectra[®] Q5103 IVIG 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Lemtrada[®] J0202 Luxturna[™] J3398 Makena[®] J1726 J1729 J2675 Nucala[®] J2182 Ocrevus[™] J2350 Onpattro[™] C9036 J3490** J3590** Orencia[®] J0129 Parsabiv[™] J0606 Radicava[®] J1301 Remicade[®] J1745 Renflexis[®] Q5104 Simponi Aria[®] J1602 Soliris[®]			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<p>J1300 Spinraza™ J2326 Synagis®* 90378 Trogarzo™ J1746 Unclassified codes** C9399 J3490 J3590 Xolair®* J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies & Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>**For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Gamifant and Onpatro.</p>			
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
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for the orthotics and prosthetic codes listed with a retail purchase or	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)	cumulative rental cost of more than \$500	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
		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	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4631	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
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
L5830	L5845	L5848	L5857		
L5858	L5930	L5950	L5960		
L5961	L5962	L5964	L5966		
L5968	L5973	L5976	L5979		
L5980	L5981	L5982	L5984		
L5986	L5987	L5988	L5990		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		
		<u>The following codes will also require prior authorization for dates of service May 1, 2019, or after:</u>			
		L1820	L1832		
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
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 tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool 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/NYcommunityplan > Prior Authorization and Notification Resources ></p>			

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Radiology (cont'd)		Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 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 Tonsillectomy and adenoidectomy 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 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required Prior authorization not required for New York Long-Term Services and Supports (LTSS)	95805 95811	95807	95808	95810

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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	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	63304	63305	63306
		63307	63308	64553	64570
		0095T	0098T	0164T	
Transplants	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 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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		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 Implantation of a device that sends electrical impulses into one of the cranial nerves	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	36473	36475	36478
		37700	37718	37722	37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			