

Prior authorization requirements for Missouri Medicaid

Effective June 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Missouri health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**

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	Carved out to state				
Bariatric surgery	Prior authorization required	43644	43770	43845	43848
Bariatric surgery and specific obesity-related services		43645	43775	43846	43860
		43659	43842	43847	
Behavioral health services	Prior authorization required Many of our benefit plans 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	20979			
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction	Prior authorization	11971	19316	19318	19325

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
(non-mastectomy) Reconstruction of the breast, except when following mastectomy	required	19328 19350 19367 19371	19330 19357 19368 19380	19340 19361 19369	19342 19364 19370
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	For prior authorization, submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard or call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MOcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.			
Cardiovascular	Prior authorization required	93580 *Prior authorization not required for the following diagnosis codes:			
		E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.323 I70.333 I70.339 I70.344 I70.35 I70.369 I70.428 I70.433 I70.439 I70.444 I70.461 I70.469 I70.528 I70.533 I70.539 I70.544 I70.561 I70.569 I70.628	E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.329 I70.334 I70.341 I70.345 I70.361 I70.421 I70.429 I70.434 I70.441 I70.445 I70.462 I70.521 I70.529 I70.534 I70.541 I70.545 I70.562 I70.621 I70.629	E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 I70.331 I70.335 I70.342 I70.348 I70.362 I70.422 I70.431 I70.435 I70.442 I70.448 I70.463 I70.522 I70.531 I70.535 I70.542 I70.548 I70.563 I70.622 I70.631	E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 I70.332 I70.338 I70.343 I70.349 I70.363 I70.423 I70.432 I70.438 I70.443 I70.449 I70.468 I70.523 I70.532 I70.538 I70.543 I70.549 I70.568 I70.623 I70.632

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

Cardiovascular (cont.)

I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1
M86.10	M86.151	M86.152	M86.159
M86.161	M86.162	M86.169	M86.171
M86.172	M86.179	M86.18	M86.19
M86.20	M86.251	M86.252	M86.259
M86.261	M86.262	M86.269	M86.271
M86.272	M86.279	M86.28	M86.29
M86.30	M86.351	M86.352	M86.359
M86.361	M86.362	M86.369	M86.371
M86.372	M86.379	M86.38	M86.39
M86.40	M86.451	M86.452	M86.459
M86.461	M86.462	M86.469	M86.471
M86.472	M86.479	M86.48	M86.49
M86.50	M86.551	M86.552	M86.559
M86.561	M86.562	M86.571	M86.572
M86.579	M86.58	M86.59	M86.60
M86.651	M86.652	M86.659	M86.661
M86.662	M86.669	M86.671	M86.672
M86.679	M86.68	M86.69	M86.8X0
M86.8X5	M86.8X6	M86.8X7	M86.8X8
M86.8X9	M86.9	I96	L03.115
L03.116	Q27.30	Q27.32	Q27.39
Q27.8	Q27.9	Q87.2	S35.511A
S35.512A	T82.312A	T82.318A	T82.319A
T82.338A	T82.392A	T82.398A	T82.399A
T82.898A	I73.00	I73.01	I73.1
I73.81			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Circumcision	Prior authorization required only for cases with documented medical necessity	54161	54162	54163	54164
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Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8692	69930	L8614	L8619
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Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 14061* 15823 17107 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14020* 15820 15830 17108 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14021* 15821 15847 17999 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14041 15822 17106 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924
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* Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

Cosmetic and reconstructive (cont.)

C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799
C44.80	C44.81	C44.82	C44.89
C44.90	C44.91	C44.92	C44.99
C46.0	C4A.0	C4A.10	C4A.111
C4A.112	C4A.121	C4A.122	C4A.20
C4A.21	C4A.22	C4A.30	C4A.31
C4A.39	C4A.4	C4A.51	C4A.51
C4A.52	C4A.52	C4A.59	C4A.60
C4A.61	C4A.62	C4A.70	C4A.71
C4A.72	C4A.8	C4A.9	C79.2
D03.51	D03.52	D04.0	D04.10
D04.111	D04.112	D04.121	D04.122
D04.20	D04.21	D04.22	D04.30
D04.39	D04.4	D04.5	D04.60
D04.61	D04.62	D04.70	D04.71
D04.72	D04.8	D04.9	

Durable Medical Equipment (DME)

Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500

Prosthetics are not DME — see *Orthotics and Prosthetics*.

Some home health care services may qualify but are not subject to the cost threshold — see *Home Health Care*.

A9900	E0194	E0265	E0270
E0277	E0300	E0328	E0329
E0445	E0457	E0460	E0465
E0466	E0470	E0471	E0483
E0486	E0620	E0636	E0637
E0652	E0669	E0670	E0675
E0693	E0694	E0700	E0710
E0745	E0762	E0764	E0784
E0787	E0984	E0986	E1002
E1003	E1004	E1005	E1006
E1007	E1008	E1009	E1010
E1030	E1035	E1130	E1161
E1229	E1231	E1232	E1233
E1234	E1235	E1236	E1237
E1238	E1239	E1825	E2100

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (cont.)		E2228	E2310	E2311	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	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	T5999	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	33477 65767 E1831	36514 66180	64722 A6000	65765 E0231
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237 31255 31267	31240 31256 31276	31253 31257 31287	31254 31259 31288
Genetic and molecular testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes	81162 81229 81401 81405 81410 81414 81431 81439 81448 81457	81163 81277 81402 81406 81411 81415 81425 81432 81440 81449	81164 81349 81403 81407 81412 81416 81426 81435 81443 81450	81228 81400 81404 81408 81413 81417 81427 81437 81445 81455

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing (cont.)	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. 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.	81462	81458	81459	81460
		81518	81463	81464	81465
		81522	81519	81520	81521
		81546	81523	81541	81542
		87505	81552	81595	81599
		0007M	87506	87507	0006M
		0026U	0018U	0022U	0023U
		0050U	0037U	0047U	0048U
		0088U	0055U	0060U	0087U
		0103U	0094U	0101U	0102U
		0129U	0111U	0114U	0118U
		0179U	0154U	0170U	0171U
		0214U	0209U	0212U	0213U
		0218U	0215U	0216U	0217U
		0239U	0233U	0237U	0238U
		0250U	0242U	0244U	0245U
		0269U	0258U	0265U	0268U
		0273U	0270U	0271U	0272U
		0278U	0274U	0276U	0277U
		0288U	0282U	0285U	0286U
0292U	0289U	0290U	0291U		
0318U	0293U	0306U	0307U		
0334U	0319U	0320U	0326U		
0409U	0355U	0378U	0391U		
	S3870				
Home health care	Prior authorization required only in outpatient settings — to include member's home	G0299 G0495	G0300 G0496	G0493	G0494
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
Injectable medications	Carved out to state				
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Musculoskeletal	Prior authorization required	Shoulder Surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
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 orthotics and prosthetic codes listed with a retail purchase or 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	L1200	L1300	L1310
		L1499	L1680	L1685	L1700
		L1710	L1720	L1730	L1755
		L1820	L1830	L1831	L1832
		L1834	L1836	L1840	L1845
		L1846	L1847	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6055	L6100
		L6110	L6050	L6130	L6200
		L6205	L6120	L6300	L6310
		L6320	L6250	L6360	L6370
		L6380	L6350	L6384	L6400
		L6450	L6382	L6550	L6570
		L6580	L6500	L6584	L6586
		L6588	L6582	L6621	L6623
		L6686	L6590	L6689	L6690
		L6692	L6687	L6694	L6695
		L6696	L6693	L6707	L6711
		L6712	L6697	L6884	L6885
		L7405	L6883	L8499	L8044
	Pain management and injection	Prior authorization required	64490	64493	
Personal care assistance	Prior authorization required	T1001	T1019	T1028	
Private duty nursing	Prior authorization only required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 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 the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MOcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460	30462	30465	
Shoulder Surgery	Prior authorization required	Musculoskeletal System*			
		29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	
		*SOS applies			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<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>Auditory system 69205</p> <p>Cardiovascular system 36590 36832</p> <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984 66987 66988</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Digestive system 42415 42440 43200 43236 43237 43238 43242 43245</p>			

Procedures and services	Additional information				CPT® or HCPCS codes and/or how to obtain prior authorization				
Site of service (SOS) – outpatient hospital (cont.)		43246	43247	43248	43251				
		43254	43255	43259	44360				
		44361	45171	45334	45335				
		45381	45390	45990	46020				
		46040	46050	46200	46220				
		46221	46250	46255	46261				
		46270	46275	46288	46505				
		46750	46910	46946					
		ENT procedures							
		21320	30140	30520	69436				
		69631							
		Eye and ocular adnexa							
		65710	65820	66250	66710				
		66711	66825	66986	67010				
		67041	67042	67105	67108				
		67113	67840	68110	68115				
		68320	68720	68815					
		Female genital system							
		57240	57250	57461	57520				
		58561	58562						
	Gynecologic procedures								
	57522	58353	58558	58563					
	58565								
	Hemic and lymphatic systems								
	38500	38510	38525						
	Hernia repair								
	49505	49650	49651						
	Integumentary system								
	10121	11440	11450	11624					
	11770	13121	15100	15120					
	15240	19020	19120	19125					
	Liver biopsy								
	47000								
	Male genital system								
	54840								
	Miscellaneous								
	20680								
	Musculoskeletal system								
	20552	20553	21012	21013					
	21336	21554	21555	21556					
	21930	22902	22903	23071					
	23075	24071	27327	27337					
	27632	28035	28039	28041					
	28060	28080	28090	28104					
	28110	28118	28119	28124					
	28289	28292	28296	28297					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		28298	28299	29835	29845
		29846	29848	29861	29875
		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
		Nervous system			
		64561		64640	
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper gastrointestinal endoscopy			
		43235	43239	43249	
	Urinary system				
	52276	52287	52320	52344	
	Urologic procedures				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	55040	
	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 – attended	Prior authorization required	95805	95807	95808	95810
Sleep studies – unattended	Prior authorization required	95811			
		95800	95801	95806	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Spinal surgery (cont.)		22513	22514	22515	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	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
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
	63302	63303	63304	63305	
	63306	63307	63308		

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590		

Transplants	Prior authorization required Inpatient transplant procedures carved out to state	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 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		33935	33945	38208	38209
		38210	38212	38213	38214
		38215	38232*	38240	38241
		38242	44135	44137	44720
		44721	47135	47140	47141
		47142	47146	47147	48552
		48554	50360	50365	50370
		50547			
		CAR T-cell therapy:			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		Q2041	Q2042	*Code 38232 will only require prior authorization for an oncology diagnosis.	
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	36473 37718	36475 37722	36478 37780	37700
Ventricular assist services (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 .			
Wound vac	Prior authorization required	E2402			