

Prior Authorization Requirements for Virginia Cardinal Care Medicaid

Effective April 1, 2024

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Virginia 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call 844-284-0146.

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 | | | |
|---|---|---|---|---|---|
| Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services | Prior authorization required | 43644 43775 43847 | 43645 43842 43848 | 43659 43845 43860 | 43770 43846 |
| Behavioral health services | 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 when referring for mental health and substance abuse/substance use services. For ABA Therapy, submit via fax or Provider Express. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Brain injury case management | Prior authorization required | S0280 | S0281 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization required | 19316 19330 19357 19368 19380 | 19318 19340 19361 19369 19396 | 19325 19342 19364 19370 L8600 | 19328 19350 19367 19371 11971 |
| Cancer supportive care | Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non- | <u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u> Bio similar (Zarxio®) Q5101* Eflapegrastim-xnst (Rolvedon®) J1449 Filgrastim (Neupogen®) J1442* | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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| Cancer supportive care (cont.) | oncology DX. See Injectable medications section below. | Filgrastim-aafi (Nivestym™) Q5110* | |
| | | Filgrastim-ayow, (Releuko®) Q5125* | |
| | | Pegfilgrastim-apgf, (Nyvepria®) Q5122* | |
| | | Pegfilgrastim (Neulasta®) J2506 | |
| | | Pegfilgrastim-bmez (Ziextenzo®) Q5120* | |
| | | Pegfilgrastim-cbqv (UDENYCA™) Q5111* | |
| | | Pegfilgrastim-jmdb (Fulphila™) Q5108* | |
| | | Sargramostim (Leukine®) J2820 | |
| | | Tbo-filgrastim (Granix®) J1447* | |
| | | <u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit®) | |
| | | <u>Bone-Modifying Agent That Requires Prior Authorization:</u> Denosumab (Xgeva®) J0897 | |
| | | <u>Antiemetic codes That Require Prior Authorization</u> J1456 | |
| | | Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 . | |

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| Cardiology | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification 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/VACommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program. | | | |

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|----------------|---------------------------------|--------|--------|--------|--------|
| Cardiovascular | Prior authorization is required | 37220* | 37221* | 37224* | 37225* |
| | | 37226* | 37227* | 37228* | 37229* |
| | | 37230* | 37231* | 93580* | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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Cardiovascular (cont.)

*No prior authorization required for the following diagnosis codes:

| | | | |
|----------|----------|----------|----------|
| E08.52 | E09.52 | E10.52 | E11.52 |
| E13.52 | I70.221 | I70.222 | I70.223 |
| I70.228 | I70.229 | I70.231 | I70.232 |
| I70.233 | I70.234 | I70.235 | I70.238 |
| I70.239 | I70.241 | I70.242 | I70.243 |
| I70.244 | I70.245 | I70.248 | I70.249 |
| I70.25 | I70.261 | I70.262 | I70.263 |
| I70.268 | I70.269 | I70.321 | I70.322 |
| I70.323 | I70.329 | I70.331 | I70.332 |
| I70.333 | I70.334 | I70.335 | I70.338 |
| I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 |
| I70.35 | I70.361 | I70.362 | I70.363 |
| I70.369 | I70.421 | I70.422 | I70.423 |
| I70.428 | I70.429 | I70.431 | I70.432 |
| I70.433 | I70.434 | I70.435 | I70.438 |
| I70.439 | I70.441 | I70.442 | I70.443 |
| I70.444 | I70.445 | I70.448 | I70.449 |
| I70.461 | I70.462 | I70.463 | I70.468 |
| I70.469 | I70.521 | I70.522 | I70.523 |
| I70.528 | I70.529 | I70.531 | I70.532 |
| I70.533 | I70.534 | I70.535 | I70.538 |
| I70.539 | I70.541 | I70.542 | I70.543 |
| I70.544 | I70.545 | I70.548 | I70.549 |
| I70.561 | I70.562 | I70.563 | I70.568 |
| I70.569 | I70.621 | I70.622 | I70.623 |
| I70.628 | I70.629 | I70.631 | I70.632 |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|-----------------------------------|--|--|----------|----------|----------|-------|
| Cardiovascular (cont.) | | 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 | | | | |
| | Cerebral seizure monitoring – Inpatient video | Prior authorization is required for inpatient services. | 95700 | 95711 | 95712 | 95713 |
| | | | 95714 | 95715 | 95716 | 95718 |
| Electroencephalogram (EEG) | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95720 | 95722 | 95724 | 95726 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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| 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> <p>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide Acetate (J1954), Lanreotide (J1932)</p> <ul style="list-style-type: none"> • 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>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p> |
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|---|------------------------------|-------|-------|-------|-------|
| Cochlear implants and other auditory implants | Prior authorization required | 69710 | 69714 | 69930 | L8614 |
| | | L8619 | L8690 | L8691 | L8692 |
| Cochlear implants and other auditory implants (cont.) | | | | | |
| A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech | | | | | |

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|-----------------------------------|---|-------|-------|-------|-------|
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 | A4239 | A9276 | A9277 |
| | | A9278 | E0787 | E2103 | E2102 |
| | | A4238 | | | |

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|------------------------------------|------------------------------|--------|--------|--------|-------|
| Cosmetic and reconstructive | Prior authorization required | 11960 | 14020* | 14021* | 14060 |
| | | 14061* | 14301 | 15820 | 15821 |
| | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | | 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 | | | | |

*Effective 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------|------------------------|--|----------|----------|---------|
| Cosmetic and reconstructive (cont.) | below. | 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 | |
| | 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 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|--|---|-------|-------|-------|-------|
| Durable medical equipment (DME) | Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9279 | A9280 | A9900 | E0194 | |
| | | E0265 | E0266 | E0270 | E0277 | |
| | | E0300 | E0328 | E0329 | E0445 | |
| | | E0457 | E0465 | E0466 | E0470 | |
| | | E0471 | E0483 | E0486 | E0620 | |
| | | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> . | E0636 | E0637 | E0652 | 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 | 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 | E8000 | | |
| | E8001 | E8002 | K0005 | K0008 | | |
| | K0013 | K0108 | K0606 | 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 | 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 | 33477 | 36514 | 64722 | 65765 | |
| | | 65767 | 66180 | A4638 | A6000 | |
| | | A9274 | E0231 | E1831 | S0810 | |
| | | S1030 | S1031 | S2102 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|---------|-------|-------|
| 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 | 14021 | 14041 |
| | | 14061 | 15757 | 15758 | 15775 |
| | | 15776 | 15777 | 15780 | 15781 |
| | | 15782 | 15783 | 15787 | 15788 |
| | | 15789 | 15792 | 15793 | 17380 |
| | | 21083 | 21087 | 21120 | 21122 |
| | | 21172 | 21270 | 21899 | 31599 |
| | | 31899 | 64856 | 64892 | 64896 |
| Genetic and molecular testing | Prior authorization required | 81162 | 81163 | 81164 | 81228 |
| | | 81229 | 81400 | 81401 | 81402 |
| | | 81403 | 81404 | 81405 | 81406 |
| | | 81407 | 81408 | 81410 | 81411 |
| | | 81412 | 81413 | 81414 | 81415 |
| | | 81416 | 81417 | 81420 | 81431 |
| | | 81432 | 81433 | 81435 | 81436 |
| | | 81437 | 81438 | 81439 | 81440 |
| | | 81445 | 81448 | 81460 | 81465 |
| | | 81479 | 81507 | 81518 | 81519 |
| | | 81520 | 81521 | 81522 | 81546 |
| | | 81595 | 81599 | 87505 | 87506 |
| | | 87507 | 0007M | 0018U | 0022U |
| | | 0023U | 0026U | 0055U | 0060U |
| | | 0087U | 0088U | 0111U | 0129U |
| | | 0154U | 81168 | 81191 | 81192 |
| | | 81193 | 81194 | 81278 | 81279 |
| | | 81138 | 81339 | 81347 | 81348 |
| | | 81351 | 81352 | 81353 | 81357 |
| | | 81360 | 81419 | 81554 | 0237U |
| | | 0238U | 0245U | 0250U | 0252U |
| | | 0253U | 0254U | 0258U | 0260U |
| | | 0262U | 0264U | 0265U | 0266U |
| | | 0267U | 0268U | 0269U | 0270U |
| | | 0271U | 0272U | 0273U | 0274U |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|--|---|---|
| Genetic and molecular testing (cont.) | | 0276U S3870 | 0277U 81120 | 0278U | 0282U |
| Home health care | Prior authorization is required only in outpatient settings, to include member's home. | G0299 G0495 | G0300 G0496 | G0493 S9474 | G0494 |
| Hysterectomy | Prior authorization required | 58150 58262 58275 58542 58552 58572 | 58152 58263 58290 58543 58553 58573 | 58180 58267 58291 58544 58570 | 58260 58270 58292 58550 58571 |
| Injectable medications | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. | <p>Actemra® J3262</p> <p>Acthar® J0801</p> <p>Adakveo® J0791</p> <p>Aduhelm® J0172</p> <p>Aldurazyme® J1931</p> <p>Amondys 45 J1426</p> <p>Amvuttra™ J0225</p> <p>Aralast NP, Prolastin – C, Zemaira J0256</p> <p>Apretude J0739</p> <p>Avsola™ Q5121</p> <p>Benlysta J0490</p> <p>Beovu® J0179</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura™ J0567</p> <p>Briumvi® J2329</p> <p>Byooviz™</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) | | Q5124 |
| | | Cabenuva |
| | | J0741 |
| | | Cerezyme® |
| | | J1786 |
| | | Cimerli™ |
| | | Q5128 |
| | | Cimzia®* |
| | | J0717 |
| | | Cinqair® |
| | | J2786 |
| | | Crysvita® |
| | | J0584 |
| | | Cutaquig® |
| | | J1551 |
| | | Daxxify |
| | | J0589 |
| | | Elaprase® |
| | | J1743 |
| | | Elelyso® |
| | | J3060 |
| | | Elevidys |
| | | J1413 |
| | | Elfabrio® |
| | | J2508 |
| | | Enjaymo™ |
| | | J1302 |
| | | Entyvio® |
| | | J3380 |
| | | Evenity™ |
| | | J3111 |
| | | Evkeeza |
| | | J1305 |
| | | Exondys 51™ |
| | | J1428 |
| | | Eylea HD |
| | | J0177 |
| | | Eylea® |
| | | J0178 |
| | | Fabrazyme® |
| | | J0180 |
| | | Fasenra™ |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|------------------------|--|-------|-------|--|
| Injectable medications (cont.) | J0517 | | | | |
| | Fensolvi® | | | | |
| | J1951 | | | | |
| | Feraheme® | | | | |
| | Q0138 | | | | |
| | Fylintra® | | | | |
| | Q5130 | | | | |
| | Gamifant® | | | | |
| | J9210 | | | | |
| | Givlaari® | | | | |
| | J0223 | | | | |
| | Glassia® | | | | |
| | J0257 | | | | |
| | Hemgenix® | | | | |
| | J1411 | | | | |
| | Ilaris® | | | | |
| | J0638 | | | | |
| | Ilumya™ | | | | |
| | J3245 | | | | |
| | Inflectra® | | | | |
| | Q5103 | | | | |
| | Injectafer® | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | 90283 | 90284 | J1459 | J1554 | |
| | J1555 | J1556 | J1557 | J1559 | |
| | J1561 | J1566 | J1568 | J1569 | |
| | J1572 | J1575 | J1599 | | |
| | Izervay™ | | | | |
| | J2782 | | | | |
| | Kanuma® | | | | |
| | J2840 | | | | |
| | Korsuva® | | | | |
| | J0879 | | | | |
| Krystexxa® | | | | | |
| J2507 | | | | | |
| Lamzede® | | | | | |
| J0217 | | | | | |
| Lanreotide | | | | | |
| J1932 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|--------------------------------|------------------------|--|-------|-------|
| Injectable medications (cont.) | Lemtrada® | J0202 | | |
| | Leqembi®***** | J0174 | | |
| | Leqvio® | J1306 | | |
| | Lucentis® | J2778 | | |
| | Lumizyme® | J0221 | | |
| | Luxturna™ | J3398 | | |
| | Makena® | J1726 | J1729 | J2675 |
| | Mepsevii® | J3397 | | |
| | Monoferric® | J1437 | | |
| | Naglazyme® | J1458 | | |
| | Nexviazyme® | J0219 | | |
| | Nplate® | J2796 | | |
| | Nucala® | J2182 | | |
| | Ocrevus™ | J2350 | | |
| | Onpattro™ | J0222 | | |
| | Orencia® | J0129 | | |
| | Oxlumo™ | J0224 | | |
| | Panzyga® | J1576 | | |
| | Parsabiv™ | J0606 | | |
| | Pombiliti™ | J1203 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|---------------------------------|--|-------|--|--|
| Injectable medications (cont.) | Prolia®***** | | | | |
| | J0897 | | | | |
| | Purified Cortrophin® Gel | | | | |
| | J0802 | | | | |
| | Qalsody™ | | | | |
| | J1304 | | | | |
| | Radicava® | | | | |
| | J1301 | | | | |
| | Reblozyl® | | | | |
| | J0896 | | | | |
| | Releuko® | | | | |
| | Q5125 | | | | |
| | Remicade® | | | | |
| | J1745 | | | | |
| | Renflexis® | | | | |
| | Q5104 | | | | |
| | Roctavian™ | | | | |
| | J1412 | | | | |
| | Rolvedon™ | | | | |
| | J1449 | | | | |
| | Ryplazim® | | | | |
| | J2998 | | | | |
| | Rystiggo® | | | | |
| | J9333 | | | | |
| | Saphnelo® | | | | |
| | J0491 | | | | |
| | Scenesse® | | | | |
| | J7352 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| Simponi Aria® | | | | | |
| J1602 | | | | | |
| Skyrizi® | | | | | |
| J2327 | | | | | |
| Sodium Hyaluronate | | | | | |
| J7320 | J7321 | J7322 | J7324 | | |
| J7325 | J7326 | J7327 | J7329 | | |
| J7331 | J7332 | | | | |
| Soliris® | | | | | |
| J1300 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|---|--|-------|-------|--|
| Injectable medications (cont.) | Spevigo® | | | | |
| | J1747 | | | | |
| | Spinraza™ | | | | |
| | J2326 | | | | |
| | Spravato® | | | | |
| | S0013 | | | | |
| | Stimufend® | | | | |
| | Q5127 | | | | |
| | Sunlenca® | | | | |
| | J1961 | | | | |
| | Susvimo™ | | | | |
| | J2779 | | | | |
| | Syfovre® | | | | |
| | J2781 | | | | |
| | Synagis®* | | | | |
| | 90378 | | | | |
| | Tepezza® | | | | |
| | J3241 | | | | |
| | Tezspire™ | | | | |
| | J2356 | | | | |
| | Therapeutic Radiopharmaceuticals**** | | | | |
| | A9513 | A9590 | A9696 | A9699 | |
| | A9607 | | | | |
| | Triptodur® | | | | |
| | J3316 | | | | |
| | Trogarzo™ | | | | |
| | J1746 | | | | |
| | Tzield | | | | |
| J9381 | | | | | |
| Ultomiris™ | | | | | |
| J1303 | | | | | |
| Unclassified codes** | | | | | |
| J3490 | J3590 | C9167 | C9168 | | |
| C9399 | | | | | |
| Uplizna® | | | | | |
| J1823 | | | | | |
| Vabysmo® | | | | | |
| J2777 | | | | | |
| Veopoz™ | | | | | |
| J9376 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Injectable medications (cont.)

Viltepso™
J1427

Vimizim®***
J1322

Vyepti™
J3032

Vyjuvek™
J3401

Vyondys 53®

J1429

Vyvgart
J9332

Vyvgart Hytrulo
J9334

White blood cell colony-stimulating factors***

| | | | |
|-------|-------|-------|-------|
| J1442 | J1447 | J2506 | Q5101 |
| Q5108 | Q5110 | Q5111 | Q5120 |
| Q5122 | | | |

Xembify®
J1558

Xenpozyme®
J0218

Xolair®

J2357

Zolgensma®
J3399

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 Cimzia, and Synagis through OptumRx prior notifications services at **800-310-6826**.

** For unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Lupaneta Pack, Nulibry, Revcovi.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

Injectable medications (cont.)

Effective April 1, 2024 – Omvoh only use temp codes J3490, J3590, C9168.
 Effective April 1, 2024 – Adzyna only use temp codes J3490, J3590, C9167.
 ***Codes J1442, J1447 J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony stimulating factors, will require prior authorization for both oncology and non-oncology DX.
 For oncology DX please see Cancer Supportive Care section above.

For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210

**** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**.

*****Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.

*****Effective Aug 1, 2023: Prior authorization required for J0174

| | | | | | |
|--|---|-------------------------|-------|-------|-------|
| Joint replacement | Prior authorization required | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| Joint, total hip and knee replacement procedures | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | J7330 | S2112 | |
| Musculoskeletal | Prior authorization required | Shoulder surgery | | | |
| | | 23470 | 23472 | 23473 | 23474 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| | | S9960 | S9961 | | |
| 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 is required only for orthotic and | 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.) | prosthetics with a retail purchase or a 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 | L1820 | L1830 | L1831 |
| | | L1832 | L1834 | L1836 | L1840 |
| | | L1844 | 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 |
| | | 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 | L5782 |
| | | L5790 | L5795 | L5811 | L5812 |
| L5814 | L5816 | L5818 | L5822 | | |
| L5824 | L5826 | L5828 | L5830 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------|------------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L5845 | L5848 | L5857 | L5858 |
| | | L5930 | L5950 | L5960 | L5961 |
| | | L5962 | L5964 | L5966 | L5968 |
| | | L5973 | L5976 | L5979 | L5980 |
| | | L5981 | L5982 | L5984 | L5986 |
| | | L5987 | L5988 | L5990 | 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 | | | | |
| Potentially unproven services | Prior authorization required | 33289 | C2624 | | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | T1030 |
| | | S9123 | S9124 | S9125 | |
| Prostate procedures | Prior authorization required | 37243 | 52441 | 52442 | 53850 |
| | | 53852 | 55873 | 55874 | |
| Radiation therapy | Prior authorization required | IGRT | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | IMRT | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Radiation therapy (cont.) | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | Proton Beam | | | |
| | | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | Special/Associated Services | | | |
| | | 77331 | 77370 | 77399 | 77470 |
| | | SRS/SBRT | | | |
| | | 77371 | 77372 | 77373 | G0339 |
| | | G0340 | | | |
| | | Standard Radiation Therapy (2D/3D) | | | |
| | | Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 | | | |
| | | 77401 | 77402 | 77407 | 77412 |
| | G6003 | G6004 | G6005 | G6006 | |
| | G6007 | G6008 | G6009 | G6010 | |
| | G6011 | G6012 | G6013 | G6014 | |
| | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard or, call 866-889-8054 . | | | | |
| Radiology | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. | | | |
| | | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification 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/VACommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program | | | |
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| Treatment of nasal functional impairment and septal deviation | | | | | |
| Shoulder surgery | Prior authorization required | Musculoskeletal System | | | |
| | SOS applies to all codes in this category | 29805 | 29806 | 29807 | 29819 |
| | | 29820 | 29822 | 29823 | 29824 |
| | | 29825 | 29826 | 29827 | 29828 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 | |
| Spinal surgery | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22510 | 22511 | 22512 |
| | | 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 | 0098T |
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required | Bone-growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | | L8682 | L8685 | L8686 | L8687 |
| | | L8688 | | | |
| Transplants | Prior authorization required | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

Transplants (cont.)

(Lisocabtagene Maralucecl), Carvykti (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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.

| | | | |
|--------|-------|-------|-------|
| 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 | 50547 | S2060 | S2061 |
| S2152 | | | |

CAR T-Cell Therapy

| | | | |
|-------|-------|-------|-------|
| 0537T | 0538T | 0539T | 0540T |
| Q2041 | Q2042 | Q2053 | Q2054 |
| Q2055 | Q2056 | | |

Gene therapy

J3490*** J3590*** C9399***

*Code 38232 will only require prior authorization for an oncology diagnosis.

*** Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zytiglo will require Prior Authorization through Optum Transplant

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Vein procedures | Prior authorization required | 36473 | 36475 | 36478 | 37700 |
| | | 37718 | 37722 | 37780 | |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | | | | |

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**.

| | | | |
|-------|-------|-------|-------|
| 33927 | 33928 | 33929 | 33975 |
|-------|-------|-------|-------|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Ventricular assist devices (VAD) (cont.) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required | E2402 | | | |