

Prior authorization requirements for UnitedHealthcare Community Plan of North Carolina

Effective October 1, 2026

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of North Carolina participating health care professionals providing inpatient and outpatient services. Please submit your prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. 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 866-604-3267

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	Prior authorization is required.			
		23470	23472	23473	23474
		27120	27130	27132	27134
		27138	27438	27446	27447
		27486	27487	27702	
Arthroscopy	Prior authorization required.	Prior authorization is required.			
		29826			
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		28296	28297	28298	28299
		29806	29807	29819	29822
		29825	29827	29828	29844
		29846	29861	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29883	29884	29886	29887
		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29914	29915	29916
Bariatric	Prior authorization required.	43644	43645	43659	43773
		43774	43775	43845	43846
		43887			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. For applied behavior analysis (ABA) therapy, submit Provider Express			
Body lengthening	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 27685			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	E0474	E0748	E0760	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19370	19371
		19380			
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33224	33225
		33227	33228	33229	33230
		33231	33240	33249	33263
		33264	33270	93350	93351
		93452	93453	93454	93455
		93456	93457	93458	93459
		93460	93461		
For notification/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 tab on your dashboard. Or you can call 866-889-8054 .					
Cardiovascular	Prior authorization required.	33285	93580		
		*Prior authorization is NOT required for the following DX 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
Carpal tunnel	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 29848 64721			
Cartilage implants	Prior authorization required.	27415	27416	29866	
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	69717	L8692	
Continuous glucose monitoring	Prior authorization required.	A4238	E2102	E2103	
Cosmetic and reconstructive	Prior authorization required.	Prior authorization is required. 11960 11970 15731 15733 15740 15757 15822 15823 15847 17999 21172 21175 21183 21261 21280 30400 30420 30435 30450 30460 30462 30465 30540 31298 67901 67902 67903 67904 67908 67923 67924 67950 14020* 14021* 14061*			
		*Will NOT require prior authorization when billed with skin cancer diagnoses 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		14040	14060	14301	
Durable Medical Equipment (DME)	Prior authorization required. Prosthetics are not DME – see	DME regardless of cost			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Orthotics and prosthetics.	A9999	E0194	E0265	E0277
		E0304	E0328	E0445	E0466
		E0483	E0637	E0638	E0641
		E0652	E0670	E1002	E1007
		E1161	E1232	E1233	E1234
		E1235	E1237	E1238	E2298
		E2310	E2311	E2321	E2322
		E2330	E2340	E2370	E2373
		E2374	E2376	E2402	E2510
		E2613	E2621	E2622	E8000
		E8001	E8002	K0005	K0108
		K0827	K0828	K0831	K0841
		K0848	K0856	K0858	K0861
		K0862	L0456	L0464	L0631
		L0637	L1200	L1832	L1846
		L1945	L1970	L2005	L2020
		L2030	L2036	L2037	L2108
		L2350	L2628	L3720	L3730
		L3740	L5010	L5050	L5301
		L5321	L5331	L5341	L5530
		L5540	L5580	L5590	L5643
		L5647	L5649	L5651	L5700
		L5811	L5845	L5950	L5960
		L5968	L5988	L6100	L6110
		L6200	L6205	L6250	L6500
		L6582	L6584	L6623	L6624
		L6686	L6693	L6694	L6696
		L6697	L6707	L6709	L6883
		L6900	L8691	S1040	
		DME with a billed amount or cumulative rental cost of more than \$500			
		E0300	E0465	E0471	E0669
		E1239	E2100	T1999	
Experimental and investigational (and/or linked services)	Prior authorization required.	33477	64722	66180	
Fertility	Prior authorization required.	58545	58546		
Foot surgery	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		28289	28291	28292	
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required.	31239	31253	31254	31255
		31257	31259	31276	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.	11980	14000	14001	14041
		15734	15738	15750	19303
		53410	54520	54690	55175
		55180	56625	56800	56805
		57110	58720	58940	64856
Gender reassignment	Prior authorization required.	57335			
Genetic and molecular testing	Prior authorization required.	0018U	0022U	0026U	0037U
		0048U	0094U	0101U	0102U
		0103U	0129U	0209U	0211U
		0212U	0213U	0237U	0238U
		0242U	0244U	0245U	0250U
		0326U	0334U	0364U	0379U
		0388U	0391U	0395U	0409U
		81162	81163	81164	81349
		81412	81415	81416	81417
		81420	81425	81426	81427
		81431	81432	81435	81437
		81441	81443	81449	81457
		81458	81459	81462	81463
		81464	81507	81518	81520
		81521	81523	81546	
Heart	Prior authorization required.	93581			
Home health	Prior authorization required.	99503	99504	99600	G0156
		G0299	G0300	G0493	G0494
		S9110	S9123	S9128	S9129
		S9131	T1021	T1030	T1031
Hysterectomy	Prior authorization required	58150	58180	58260	58262
		58263	58291	58541	58542
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573			
Injectable medications	Prior authorization required.	Cellular and Gene Therapies			
		J1413 – Elevidys			
		J1411 – Hemgenix			
		J3398 – Luxturna			
		J1412 – Roctavian			
		J3399 – Zolgensma* - effective 12/1/2025			
		J3405 - Itivisma			
		Injectable medications Unclassified*			
		C9399	J3490	J3590	
		*Kebilidi			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Mastectomy	Prior authorization required.	19300			
Medicine services and procedures	Prior authorization required.	90999			
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required.	61863 64568	61885 64590	61886	64555
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21050 21146 21195 21209	21141 21147 21196 21210	21143 21193 21198 21240	21145 21194 21208 21244
Orthotics and prosthetics	Prior authorization required	Orthotics and prosthetics regardless of cost L0482 L0484 L0486 L0638 L0640 L1300 L1499 L1840 L1844 L1845 L2034 L3671 L3765 L3766 L3961 L3999 L4631 L5611 L5673 L5681 L5683 L5705 L5707 L5814 L5822 L5828 L5840 L5848 L5979 L5980 L5981 L5987 L5999 L7510 Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500 L0170 L0700 L0710 L0810 L0820 L0830 L0859 L1005 L2060 L2106 L2126 L2136 L3900 L3901 L4000 L4010 L4020 L5312 L5460 L5640 L5642 L5644 L5646 L5653 L5661 L5703 L5962 L5982 L5986 L6646 L6692 L6695 L6711 L6884 L6885 L7405			
Outpatient therapy	Members 3 years of age and older	92507 94668 97022 97032 97036 97116 97530 97750	92508 97012 97024 97033 97110 97124 97533 97799	92526 97016 97026 97034 97112 97140 97535	92609 97018 97028 97035 97113 97150 97542
Private duty nursing	Prior authorization required.	T1000			
Prostate procedures	Prior authorization required.	37243			
Radiology	Prior authorization required for participating physicians who	Prior authorization is required. 0633T	0634T	0635T	0636T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	request these advanced outpatient imaging procedures: Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans Nuclear medicine and nuclear cardiology procedures	0637T S8037 70555 74263 76376 76499 78432 78453 78468 78481 78494 78804 78814	0638T S8092 71271 75559 76377 78429 78433 78454 78469 78483 78499 78811 78815	G0235 70471 74261 75563 76390 78430 78451 78459 78472 78491 78608 78812 78816	G0252 70554 74262 75571 76391 78431 78452 78466 78473 78492 78609 78813 78830
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		70336 70480 70487 70492 70542 70546 70551 71260 71551 72126 72130 72141 72148 72158 72193 72197 73202 73220 73225 73706 73721 74150 74175 74181 75557 75574 76380 77046 77084	70450 70481 70488 70496 70543 70547 70552 71270 71552 72127 72131 72142 72149 72159 72194 72198 73206 73221 73700 73718 73722 74160 74176 74182 75561 75577 76497 77047	70460 70482 70490 70498 70544 70548 70553 71275 71555 72128 72132 72146 72156 72191 72195 73200 73218 73222 73701 73719 73723 74170 74177 74183 75572 75580 76498 77048	70470 70486 70491 70540 70545 70549 71250 71550 72125 72129 72133 72147 72157 72192 72196 73201 73219 73223 73702 73720 73725 74174 74178 74185 75573 75635 77021 77049

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		Health care professionals 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 the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054.			
Shoulder	Prior authorization required.	23412			
Site of service	Prior authorization only required when requesting service in an outpatient hospital setting.	Auditory			
		69145	69310	69424	69440
		69641	69643	69644	69645
		69646	69660	69661	
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	Cardiovascular			
		36581	36582	36901	36902
		37609			
		Digestive system			
		40520	41110	41112	42440
		42810	46250	46255	46261
		46270	49570	49572	49585
		49587	49652	49653	49654
		49655	49656		
		Eye and ocular adnexa			
		65426	65435	65730	65755
		65756	65815	65875	65920
		66170	66710	66840	66982
		66984	67010	67036	67039
		67040	67042	67400	67412
		67875	67935	67971	67973
		68115	68700	68720	68815
		Female genital			
		56620	56740	56810	57282
		57295	57425	57513	57700
		58561			
		Head and neck			
		42821	42826		
		Integumentary			
		11441	11443	11446	11462
		11470	11642	11643	11760
		12042	13152	15220	15760

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		15770	15850		
		Male genital			
		54001	54060	54164	54300
		54360	54530	54700	54840
		55040	55110	55120	55500
		Musculoskeletal			
		20680	20912	21011	21012
		21014	23120	23140	23405
		23430	23440	24006	24071
		24075	24076	24101	24105
		24120	24300	24341	24342
		24343	24358	25071	25073
		25075	25076	25085	25109
		25111	25112	25130	25230
		25240	25275	25295	25608
		26055	26075	26080	26110
		26111	26113	26121	26123
		26160	26180	26236	26320
		26350	26356	26357	26426
		26437	26525	26540	26541
		26542	26850	26860	26951
		26952	27048	27062	27327
		27328	27332	27339	27340
		27347	27372	27620	27632
		27638	27690	27696	28022
		28035	28041	28043	28045
		28060	28090	28092	28103
		28104	28108	28110	28111
		28112	28113	28118	28119
		28120	28122	28124	28126
		28153	28160	28208	28250
		28288	28306	28312	28315
		28322	28755	29820	
		Orthopedic			
		64561	64581	64585	64610
		64718	64719	64776	64788
		64831	64835		
		Respiratory			
		30130	30140	30220	30520
		30580	31528	31535	31536
		31540	31541		
		Urinary system			
		52005	52204	52234	52235
		52260	52265	52276	52281
		52287	52300	52332	52352
		52356	52500	53260	53270

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95805	95807	95810	95811
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required.	Prior authorization is required.			
		63650	63655	63685	63688
Spine surgery	Prior authorization required.	Prior authorization is required.			
		20931	20939	22206	22210
		22212	22510	22511	22512
		22515	22551	22552	22554
		22585	22590	22595	22612
		22630	22633	22634	22800
		22802	22804	22808	22830
		22844	22845	22849	22852
		22853	22856	27279	63003
		63005	63015	63016	63020
		63030	63035	63042	63045
		63046	63047	63048	63051
		63055	63056	63057	63075
		63081	63090	63101	63102
		63266	63267	63271	63276
		63287	63300	63302	
Surgery	Prior authorization required.	20999	31599	59898	69799
Surgery - Transplant	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
65710					
Transplant Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant services, please call 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		38206	38208	38241	50320
		50360	Q2041	Q2042	Q2056
		Celluar and Gene Therapies			
		J3387 - Skysona			
		J3391 - Lenmeldy			
		J3392 - Casgevy			
		J3394 - Lyfgenia			
		J3393 - Zynteglo			
		Transplants Unclassified*			
		C9399	J3490	J3590	
Transportation	Prior authorization required.	A0428	A0435	A0436	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization		
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	Prior authorization is required.		
		36475	36478	37700
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 member's ID card.		