

# Prior authorization requirements for UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan)

Effective Apr. 1, 2024

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Ohio healthcare professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **800-600-9007**

**Note:** 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, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>BRCA genetic testing</b>	Prior authorization required	81163	81164		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	
		19355		L8600	
<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
		33285	37230*	37231*	93580
		E0616			
		<b>*Prior authorization not required with the following diagnosis:</b>			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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			
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69711	69714	69799
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	92601	92602	92603
		92604	L8614	L8619	L8690
		V5273			
<b>Continuous glucose monitor</b>	Prior authorization required	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
<b>Cosmetic and reconstructive</b>	Prior authorization required				11950
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological		11951	11952	11954	11960
		11971	14020	14021	14060
		14061	14301	15775	15776
		15780	15781	15782	15783

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
function		15787	15788	15789	15792
		15793	15819	15820	15821
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15822	15823	15824	15825
		15826	15828	15829	15830
		15832	15833	15834	15835
		15836	15837	15838	15839
		15847	15877	15878	15879
		17106	17107	17108	17380
		17999	19300	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21270	21275
		21299	21740	21742	21743
		28344	30120	30540	30545
		30560	30620	31295	31296
		31297	31298	31299	40500
		67900	67901	67902	67903
		67904	67906	67908	67909
		67912	67950	67961	67966
		69090	69300	69320	Q2026
		S2202			

**Durable medical equipment (DME) – incontinence supplies**

Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.

To request incontinence supplies, please call Edgepark Medical Supplies at **844-564-1008**.

**Durable medical equipment (DME)**

Prior authorization required

Prior authorization required **regardless of billed amount:**

E0466	E0766	E1230	E1239
E2310	E2311	E2321	E2609
E2617	K0800	K0801	K0802
K0806	K0808	K0812	K0813
K0814	K0815	K0816	K0820
K0821	K0822	K0823	K0824
K0825	K0826	K0827	K0828
K0829	K0830	K0831	K0835
K0836	K0837	K0838	K0839
K0840	K0841	K0842	K0843
K0848	K0849	K0850	K0851
K0852	K0853	K0854	K0855
K0856	K0857	K0858	K0859
K0860	K0861	K0862	K0863
K0864	K0869	K0870	K0871
K0877	K0878	K0879	K0880
K0884	K0885	K0886	K0890
K0891	K0898	K0899	

Prior authorization required only for a **retail purchase or cumulative rental cost of more than \$1,000:**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	A9900	A9280	A9999	B9999	
	E0170	E0193	E0194	E0203	
	E0231	E0246	E0277	E0300	
	E0302	E0304	E0316	E0328	
	E0329	E0350	E0373	E0459	
	E0462	E0465	E0483	E0636	
	E0617	E0618	E0635	E0692	
	E0639	E0640	E0670	E0710	
	E0693	E0694	E0700	E0761	
	E0740	E0745	E0746	E0782	
	E0762	E0764	E0770	E0786	
	E0783	E0784	E0785	E0984	
	E0830	E0970	E0983	E1003	
	E0986	E0988	E1002	E1007	
	E1004	E1005	E1006	E1011	
	E1008	E1009	E1010	E1029	
	E1017	E1018	E1020	E1037	
	E1030	E1035	E1036	E1085	
	E1050	E1070	E1084	E1100	
	E1086	E1087	E1089	E1171	
	E1110	E1161	E1170	E1195	
	E1172	E1180	E1190	E1227	
	E1200	E1222	E1224	E1232	
	E1228	E1229	E1231	E1236	
	E1233	E1234	E1235	E1280	
	E1237	E1238	E1270	E1298	
	E1295	E1296	E1297	E1510	
	E1310	E1399	E1500	E1550	
	E1520	E1530	E1540	E1590	
	E1560	E1575	E1580	E1615	
	E1592	E1594	E1600	E1632	
	E1620	E1625	E1630	E1637	
	E1634	E1635	E1636	E1801	
	E1639	E1699	E1800	E1811	
	E1802	E1805	E1810	E1825	
	E1812	E1815	E1818	E2312	
	E1830	E1840	E2227	E2328	
	E2322	E2325	E2327	E2402	
	E2329	E2330	E2376	E2506	
	E2500	E2502	E2504	E2512	
	E2508	E2510	E2511	K0005	
	E8000	E8001	E8002	K0039	
	K0007	K0020	K0037	K0050	
K0044	K0046	K0047	K0072		
K0051	K0056	K0065	K0108		
K0073	K0098	K0105	K0743		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0455	K0609	K0730	L0462
		K0744	K0745	K0746	L2136
		L0464	L1000	L1005	L5420
		L3999	L5000	L5400	L6380
		L5535	L5585	L5999	Q0480
		L6382	L6384	Q0479	Q0484
		Q0481	Q0482	Q0483	Q0503
		Q0489	Q0495	Q0496	V2786
	S1040	T1999	T5999		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization required	20985	22505	22867	22869
		25259	27275	27860	28446
		28890	29880	31634	33289
		33477	36514	43257	53855
		53860	54240	55840	58353
		58356	58563	62263	62264
		62290	62291	62292	64405
		64566	64722	64744	65765
		65767	66180	78351	82523
		85547	90867	90868	90869
		91117	91132	91133	93668
		94011	94012	94013	95250
		95251	95905	95965	95966
		95967	96000	96001	96003
		96004	96902	99174	0054T
		0055T	0100T	0101T	0102T
		0106T	0107T	0108T	0109T
		0110T	0174T	0175T	0198T
		0200T	0201T	0207T	0213T
		0214T	0215T	0216T	0217T
		0218T	0253T	0263T	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	A4575
		A4638	A6000	A9274	C2624
		E0446	E1831	G0295	G0329
		G0341	G0342	G0343	G9147
		M0076	P2031	P2033	P2038
		S0810	S1030	S1031	S2102
		S2300	S2325	S3652	S3902
		S9001	S9025	S9055	S9349
		S9988	S9990	S9991	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	21899	31599	31899
		53410	53420	53425	53430
		54125	54400	54401	54405
		54408	54520	54660	54690
		55175	55180	56625	56800
		56805	57106	57110	57291
		57292	57295	57296	57335
		57426	58661	58720	58940
		64856	64892	64896	92507
		92508			
<b>Hysterectomy – inpatient only</b>	Prior authorization required	58260	58262	58263	58267
Vaginal hysterectomies		58270	58290	58291	58292
<b>Hysterectomy – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required*	<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm®</b>			
		J0172			
		<b>Amvuttra</b>			
		J0225			
		<b>Botox</b>			
		J0585			
		<b>Briumvi</b>			
		J2329			
		<b>Cryvista®</b>			
		J0584			
		<b>Daxxify</b>			
		J0589			
		<b>Dysport</b>			
		J0586			
		<b>Elevidys</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	J1413			
	<b>Enjaymo™</b>			
	J1302			
	<b>Entyvio®</b>			
	J3380			
	<b>Evkeeza™</b>			
	J1305			
	<b>Fylnetra®</b>			
	Q5130			
	<b>Givlaari®</b>			
	J0223			
	<b>Hemgenix®</b>			
	J1411			
	<b>IVIG</b>			
	90283	90284	J1459	J1551
	J1554	J1555	J1556	J1557
	J1558	J1559	J1561	J1566
	J1568	J1569	J1572	J1575
	J1599			
	<b>Izervay</b>			
	J2782			
	<b>Korsuva®</b>			
	J0879			
	<b>Leqembi®</b>			
	J0174			
	<b>Leqvio®</b>			
	J1306			
	<b>Luxturna™</b>			
	J3398			
	<b>Myobloc</b>			
	J0587			
	<b>Ocrevus®</b>			
	J2350			
	<b>Onpattro™</b>			
	J0222			
	<b>Orencia®</b>			
	J0129			
	<b>Oxlumo™</b>			
	J0224			
	<b>Panzyga®</b>			
	J1576			



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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**Injectable medications  
(cont.)**

**Qalsody**  
J1304

**Radicava®**  
J1301

**Reblozyl®**  
J0896

**Releuko**  
Q5125

**Remdesivir®**  
J0248

**Ryplazim®**  
J2998

**Rystiggo**  
J9333

**Saphnello™**  
J0491

**Scenesse®**  
J7352

**Skyrizi®**  
J2327

**Soliris®**  
J1300

**Spinraza™**  
J2326

**Spevigo®**  
J1747

**Syfovre™**  
J2781

**Tepezza®**  
J3241

**Tezspire**  
J2356

**Tzield™**  
J9381

**Ultomiris™**  
J1303

**Uplizna™**  
J1823

**Vyepti®**  
J3032

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)	<b>Vyjuvek</b>			
	J3401			
	<b>Vyvgart™</b>			
	J9332			
	<b>Vyvgart Hytrulo</b>			
	J9334			
	<b>Xeomin</b>			
	J0588			
	<b>Zolgensma®</b>			
	J3399			
	<b>Unclassified**</b>			
	C9161	C9167	C9168	C9399
	J3490	J3599		
	<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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> <p>**Prior authorization is required for Adzynma, Eylea HD and Omvoh IV</p>			

Inpatient admissions	Notification required
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<b>Inpatient admissions - post acute services</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>
	<p>Submit prior authorization requests through naviHealth as part of the Continued Care program.</p> <p><b>Phone: 855-851-1127</b> <b>Fax: 844-244-9482</b></p> <p>The Continued Care Program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they’re discharged from the acute setting to returning home.</p>

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
	Prior authorization required	A0140	A0424		
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
	21249	21255			
<b>Orthopedic surgeries</b>	Prior authorization required	24365	25441	25442	25444
		25446	25449	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29891
		29892	29894	29895	29897
		29898	29899		
<b>Orthotics</b>	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L1846	L3020	
<b>Pain Management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<b>Prosthetics</b>	Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5301	L5856	L5968	L5976
		L5981	L5987	L8629	L8631
		L8659	V2627		
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Provider Portal dashboard. Or, call **866-889-8054**.  
 For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/OHcommunityplan** > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

<b>Respite care</b>	Prior authorization required	S5150	S5151		
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299	S2080		
<b>Spinal surgery</b>	Prior authorization required	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	22515
		22526	22527	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22590	22595	22600	22610
		22612	22614	22630	22632
		22633	22634	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22850	22852	22854
		22855	22856	22857	22858
		22861	22862	22899	62287
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		63090	63091	63101	63102
		63103	63170	63172	63173
		63185	63190	63191	63197
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		64633	64634	0098T	0165T
		0202T	0219T	0220T	0221T
	0222T	0232T	S2348		
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61863	61864	61867	61868
		61886	64595	64555	63650
		63655	63685	64553	64570
		61885	64568	61850	64590
		L8682	L8683		
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		C9399**	J3490**	J3590**	Q2041
		Q2042	Q2053	Q2054	Q2055

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis **For codes C9399, J3490 and J3590 prior authorization is required for Casgevy, Lantidra, Skysona & Zynteglo.			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61888 L8681	64569 L8689	C1767	C1778
<b>Vein procedures</b> 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 36479 37735 37785	36475 37700 37765 37799	36476 37718 37766	36478 37722 37780
<b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b> . 33927 33976 33983			