Prior authorization requirements for UnitedHealthcare Connected (Medicare-Medicaid Plan) Texas

Effective October 1, 2025

This list contains prior authorization review requirements for participating UnitedHealthcare Connected® (Medicare-Medicaid plan) Texas health care professionals providing inpatient and outpatient services. Please submit your requests 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 at 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**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page
- **Fax:** 877-940-1972. The prior authorization request form is available at **Prior Authorization Forms**.

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Behavioral Health Services					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call **888-887-9003** when referring for mental health and substance use services.
Bone Growth Stimulator		20974 20979 20975		Jan. 1, 2015	
BRCA Genetic Testing		81163 81164		Jan. 1, 2019	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19355 19318 L8600	Breast Reconstruction DX codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Cardiology		0571T	0614T		June 1, 2021	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 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**.
		33270			Oct. 1, 2016	
		33206 33208 33213 33221 33225 33228 33230 33240 33262 33264 93351 93453 93455 93457 93459 93461	33207 33212 33214 33224 33227 33229 33231 33249 33263 93350 93452 93454 93456 93458 93460		Jan. 1, 2015	
Cardiovascular	Cardiology	37230	37231		Feb 1, 2023	Prior authorization required for members age 18 and older
		93580			April 1, 2022	
		33285			Feb. 1, 2022	
		E0616			July 1, 2017	
Cartilage Implants		27415	27416		July 1, 2021	
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729	69730		Jan. 1, 2023	
		69710 69714 69930 92602 92604 L8619 L8691	69711 69799 92601 92603 L8614 L8690 L8692		Jan. 1, 2015	

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Continuous Glucose Monitor		E2102			Feb. 1, 2023	
		A4238 A4239	E2103	Type 2 Diabetes DX	Jan. 1, 2023	
		A9276 A9278	A9277		Oct. 1, 2021	
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020 14060 31299	14021 14061		July 1, 2021	
		31298			Oct. 1, 2018	
		21299 31296	31295 31297		July 1, 2017	
		11951 11954 11971 15776 15781 15783 15787 15789 15793 15820 15822 15824 15826 15829 15832 15834 15836 15838 15847 15878 17106 17108 17999 21172 21179 21181 21183 21230 21256 21261 21267 21270 21740 21743	11950 11952 11960 15775 15780 15782 15786 15788 15792 15821 15823 15825 15828 15830 15833 15835 15837 15839 15877 15879 17107 17380 19300 21175 21180 21182 21184 21235 21260 21263 21268 21275 21742 28344		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		30120	30540			
		30545	30560			
		30620	40500			
		67900	67901			
		67902	67903			
		67904	67906			
		67908	67909			
		67912	67950			
		67961	67966			
		69090	69300			
		69320	Q2026			
Durable Medical Equipment (DME) – Incontinence Supplies						Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call **866-295-2319**. To obtain incontinence supplies from a provider other than Tenderheart
Durable Medical Equipment (DME) 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		E0766	E2609		July 1, 2021	Prior authorization is required regardless of billed amount.
		E2617	E8001			
		E1239	K0813		July 1, 2017	
		K0814	K0815			
		K0816	K0820			
		K0828	K0829			
		K0835	K0837			
		K0838	K0839			
		K0841	K0842			
		K0843	K0857			
		K0859	K0869			
		K0870	K0871			
		K0877	K0878			
		K0879	K0880			
		K0884	K0885			
		K0886	K0890			
		K0891	K0898			
		K0899				
		E0466	E1230		Jan. 1, 2015	
		E2310	E2311			
		E2321	K0800			

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Durable Medical Equipment (DME) (cont.)		K0801	K0802			
		K0806	K0808			
		K0821	K0822			
		K0823	K0824			
		K0825	K0826			
		K0827	K0836			
		K0840	K0848			
		K0849	K0850			
		K0851	K0852			
		K0853	K0854			
		K0855	K0856			
		K0858	K0860			
		K0861	K0862			
		K0863	K0864			
		E0787			May 1, 2020	Prior authorization is required only for a retail purchase or cumulative rental cost of more than $1,000.
		E0170	E0316		July 1, 2017	
		E0328	E0329			
		E0635	E0373			
		E0639	E0462			
		E0642	E0618			
		E0983	E0636			
		E1017	E0640			
		E1029	E0740			
		E1036	E0970			
		E1050	E0988			
		E1084	E1020			
		E1086	E1035			
		E1089	E1037			
		E1110	E1070			
		E1171	E1085			
		E1180	E1087			
		E1195	E1100			
		E1222	E1170			
		E1227	E1172			
		E1229	E1190			
		E1270	E1200			
		E1295	E1224			
		E1297	E1228			
		K0037	E1231			
		K0044	E1280			
		K0047	E1296			
		K0051	E1298			
		K0065	K0020			
		K0073	K0039			
			K0046			
			K0050			
			K0056			
			K0072			
			K0098			
			K0455			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		A9900	A9999		Jan. 1, 2015	
		B9999	E0194			
		E0277	E0300			
		E0302	E0304			
		E0486	E0483			
		E0670	E0638			
		E0693	E0692			
		E0745	E0694			
		E0764	E0762			
		E0986	E0784			
		E1003	E0984			
		E1005	E1002			
		E1007	E1004			
		E1009	E1006			
		E1011	E1008			
		E1030	E1010			
		E1232	E1018			
		E1234	E1161			
		E1236	E1233			
		E1238	E1235			
		E1399	E1237			
		E1801	E1800			
		E1805	E1802			
		E1811	E1810			
		E1815	E1818			
		E1825	E1830			
		E1840	E2227			
		E2312	E2322			
		E2325	E2327			
		E2328	E2329			
		E2330	E2376			
		E2402	E2500			
		E2502	E2504			
		E2506	E2508			
		E2510	E2511			
		E2512	K0005			
		K0007	K0108			
		K0730	L5000			
		L3999	Q0480			
		L5999	Q0482			
		Q0479	Q0484			
		Q0481	Q0495			
		Q0483	Q0503			
		Q0489	T1999			
		Q0496				
		S1040				
		V2786				

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Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4100 B4104	B4103		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		A4226			May 1, 2020	
		22867	22869		Jan. 1, 2017	
		33477			March 1, 2016	
		0054T 0100T 0102T 0107T 0109T 0174T 0191T 0200T 0207T 0214T 0216T 0218T 0263T 0265T 0267T 0269T 0271T 0273T 0275T 22505 27275 28446 31634 53855 54240 58353 58563 62264 62291 64566 64744 65767 78351 85547	0055T 0101T 0106T 0108T 0110T 0175T 0198T 0201T 0213T 0215T 0217T 0253T 0264T 0266T 0268T 0270T 0272T 0274T 20985 25259 27860 29880 43257 53860 55840 58356 62263 62290 62292 64722 65765 66180 82523 90867		Jan. 1, 2015	

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Experimental & Investigational (and/or Linked Services) (cont.)		90868	90869			
		91117	91132			
		91133	93668			
		94011	94012			
		94013	95250			
		95251	95905			
		95965	95966			
		95967	96000			
		96001	96902			
		96004	A4575			
		99174	A9274			
		A4638	G0295			
		E1831	G0341			
		G0329	G0343			
		G0342	P2033			
		G9147	S2325			
		P2038				
Femoroacetabular Impingement Syndrome (FAI)		29914	29915		July 1, 2017	
		29916				
Gender Dysphoria Treatment		55970	55980		Jan. 1, 2017	Prior authorization is required for these codes with any DX.

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		14000	14001	Gender Dysphoria Treatment DX Codes	Jan. 1, 2017	Prior authorization is only required for these codes with these DX codes.
		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				
Hysterectomy – Inpatient Only Vaginal hysterectomies		58260	58262		July 1, 2017	
		58263	58267			
		58270	58290			
		58291	58292			
		58294				
Hysterectomy – Inpatient and Outpatient Procedures Abdominal and laparoscopic surgeries		58150	58152		July 1, 2017	
		58180	58541			
		58542	58543			
		58544	58550			
		58552	58553			
		58554	58570			
		58571	58572			
		58573				
Injectable Medications	Bkemv	Q5152			Oct. 1, 2025	
	Encelto	J3403				
	Epysqli	Q5151				
	Jubbonti	Q5136				

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	Hympavzi	J7172		July 1, 2025	
	Niktimvo	J9038			
	Nypozi	Q5148			
	PiaSky	J1307		Apr. 1, 2025	
	Ocrevus Zunovo	J2351			
	Niktimvo	J9038			
	Pavblu	Q5147			
	Soliris	J1299			
	Tremfya IV	J1628		Feb. 1, 2025	
Injectable Medications (cont.)	Alyglo	J1552		Jan. 1, 2025	
	Beqvez	J1414			
	Zymfentra	J1748		Oct. 1, 2024	
	Cosentyx IV	J3247		July 1, 2024	
	Omvoh	J2267			
	Daxxify®	J0589		April 1, 2024	
	Izervay®	J2782			
	Elevidys®	J1413		Jan. 1, 2024	
	Qalsody®	J1304			
	Rystiggo®	J9333			
	Vyjuvek®	J3401			
	Vyvgart Hytrulo®	J9334			
	Syfovre®	J2781		Oct. 1, 2023	
	Vyepti®	J3032			
	Leqembi®	J0174		July 25, 2023	
	Panzyga®	J1576		July 1, 2023	
	Hemgenix®	J1411		April 1, 2023	
	Spevigo®	J1747			
	Cutaquig®	J1551		Aug 1, 2022	

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	Apretude™	J0739		July 1, 2022	
	Leqvio®	J1306			
	Entyvio™	J3380			
	Ocrevus™	J2350			
	Orencia™	J0129			
	Ryplazim™	J2998			
	Vyvgart™	J9332			
	Saphnelo™	C9086		Jan. 1, 2022	
	Evkeeza™	J1305		Oct. 1, 2021	
	Oxlumo™	J0224		July 1,2021	
				Jan. 1, 2021	
	Uplizna™	J1823			
	Tepezza®	J3241		Oct. 1, 2020	
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Zolgensma®	J3399			
	Onpattro™	J0222		Oct. 1, 2019	
	Ultomiris™	J1303			
	Crysvita®	J0584		Jan. 1, 2019	
	Luxturna™	J3398			
	Radicava®	J1301			
	Spinraza™	J2326		April 1, 2018	
Injectable Medications Temporary and Unclassified					
	Yimmugo	C9399	J3490 J3590	Oct. 1, 2024	

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	Winrevair	C9399 J3590	J3490	June 1, 2024	
	Tzield	C9149		April 1, 2023	
	Amvuttra	C9399 J3590	J3490	Aug 1, 2022	
Inpatient Admissions					Notification required
Inpatient Admissions Post-Acute Services:					Prior authorization and notification of admission date is required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities Submit prior authorization requests through naviHealth as part of the Continued Care program.

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					Phone: **855-851-1127** Fax: **844-244-9482** 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. **Note:** These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home
Joint Replacement Joint, total hip and knee replacement procedures		23470 24360 24362 26340 27122 27130 27134 27138 27445 27447 27487 29867 G0428	23472 24361 24363 27120 27125 27132 27137 27412 27446 27486 29866 29868 J7330	Jan. 1, 2015	
Non-Emergent Air Transport		A0430 A0435	A0431 A0436	Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0424		Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0398 A0422 A0425 A0428 A0434	A0420 A0424 A0426 A0433	April 1, 2016	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		A0382			Jan. 1, 2015	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21120 21122 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21210 21240 21243 21245 21247	21121 21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21215 21242 21244 21246 21248		Jan. 1, 2015	
Orthopedic Surgeries		24365 25442 25446 27700 29837 29840 29845 29847 29892 29895	25441 25444 25449 29834 29838 29844 29846 29891 29894 29897		July 1, 2021	
Orthotics		L3020	L1846		Jan. 1, 2015	Prior authorization is required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000.
Outpatient Therapy		S9128			Jan. 1, 2018	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization. Prior authorization should be submitted online using the Prior Authorization and Notification tool at **UHCprovider.com** >
		70371 92508 92627 92633 97024 97035 97139 97164* 97530 97535	92507 92626 92630 96105 97032 97036 97150 97168* 97533 97537		July 1, 2017	

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		97542 97546 97755 97761 G0152 S9129 S9152	97545 97750 97760 G0151 G0283 S9131			UnitedHealthcare Provider Portal > Prior Authorization and Notification. *Prior authorization is not required for nursing facilities.
		92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	97012 97016 97022 97028 97034 97110 97113 97124 97799 G0281		Jan. 1, 2015	
	OR billed with these revenue codes:	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977			** Prior authorization is required for nursing facilities only.
Pain Management		62350 62360 62362	62351 62361		July 1, 2021	
Potentially Unproven Services (and/or Linked Services)		33289	C2624		April 1, 2023	
		28890 64405	36514		Jan. 1, 2015	
Prostate Procedures		53850 55873	53852		April 1, 2022	
		37243 52442	52441 55874		July 1, 2021	
		55866			Jan. 1, 2017	

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Prosthetics		L5795 L5960 L6895 L8039 L8505 L8699	L5818 L7499 L8049 L8604		July 1, 2017	Prior authorization is required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000.
		L5010 L5050 L5100 L5150 L5200 L5220 L5250 L5280 L5312 L5331 L5500 L5510 L5530 L5560 L5580 L5595 L5610 L5613 L5616 L5643 L5651 L5683 L5701 L5703 L5724 L5728 L5781 L5814 L5824 L5828 L5840 L5848 L5857 L5930 L5966 L5973 L5979 L5981 L5988 L6000 L6020 L6055 L6110 L6130 L6205 L6300	L5020 L5060 L5105 L5160 L5210 L5230 L5270 L5301 L5321 L5341 L5505 L5520 L5540 L5570 L5590 L5600 L5611 L5614 L5639 L5649 L5681 L5700 L5702 L5707 L5726 L5780 L5782 L5822 L5826 L5830 L5845 L5856 L5858 L5961 L5968 L5976 L5980 L5987 L5990 L6010 L6050 L6100 L6120 L6200 L6250 L6310		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Prosthetics (cont.)		L6320 L6360 L6400 L6500 L6570 L6582 L6586 L6590 L6624 L6646 L6693 L6697 L6709 L6713 L6715 L6722 L6881 L6883 L6885 L6905 L6920 L6930 L6940 L6950 L6960 L6970 L7007 L7009 L7045 L7180 L7185 L7190 L8035 L8042 L8044 L8609 L8631 V2627	L6350 L6370 L6450 L6550 L6580 L6584 L6588 L6621 L6638 L6648 L6696 L6707 L6712 L6714 L6721 L6880 L6882 L6884 L6900 L6910 L6925 L6935 L6945 L6955 L6965 L6975 L7008 L7040 L7170 L7181 L7186 L7191 L8041 L8043 L8499 L8629 L8659			
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		78429 78431 78433	78430 78432		Jan. 1, 2021	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests
		78830 78832	78831		Jan. 1, 2020	
		76376 78012 78014	76377 78013 78015		Jan. 1, 2015	

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		78016 78070 78072 78099 78199 78227 78492 78579 78582 78598 78608 78699 78799 78801 78803 78811 78813 78815 78999	78018 78071 78075 78226 78299 78399 78459 78491 78499 78580 78597 78599 78609 78800 78802 78804 78812 78814 78816			online by using the 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.** For more details, please visit UHCprovider.com **/TX >** CommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and		30400 30420 30435 30460 30465	30410 30430 30450 30462 30520		Jan. 1, 2015	
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep		21685 41599 42299	41512 42145		Jan. 1, 2015	
Spinal Surgery		22510 22512 22514	22511 22513 22515		April 1, 2022	
		20930 20939 22858	20931 22854		July 1, 2021	
		0163T 0165T 0219T	0098T 0202T 0220T		Jan. 1, 2015	

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		0221T	0222T			
		0232T	22100			
		22101	22102			
		22103	22110			
		22112	22114			
		22116	22206			
		22207	22208			
		22210	22212			
		22214	22216			
		22220	22222			
		22224	22226			
		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	22855			
		22856	22857			
		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			

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Spinal Surgery (cont.)		63085 63087 63090 63101 63103 63172 63185 63191 63197 63250 63252 63267 63270 63272 63300 63302 63304 63306 63308 64634	63086 63088 63091 63102 63170 63173 63190 63200 63251 63265 63268 63271 63286 63301 63303 63305 63307 64633			
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0749	E0748 E0760		Jan. 1, 2015	
	Neurostimulator	L8682	L8683		July 1, 2021	
		64590			July 1, 2019	
		61850			July 1, 2018	
		61863 61867 61885 63650 63685 64555 64570	61864 61868 61886 63655 64553 64568 64595		Jan. 1, 2015	
Transplants		J3402			Oct. 1, 2025	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Aucatzyl, Breyanzi® (Lisocabtagene Maraluecel), Kymriah™
		J3391	Q2058		July 1, 2025	
		Q2057			Apr. 1, 2025	
		J3392			Jan. 1, 2025	
	Temporary and Unclassified	J3393 Amtagvi	C9399 J3590	J3490	July 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Transplants (cont.)	Temporary and Unclassified	Casgevy® C9399 Lantidra® J3590	J3490	April 1, 2024	(tisagenlecleucel), Lenmeldy, Ryoncil, Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel), and Zynteglo® 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.
	CAR T-Cell Therapy	Q2055		Jan. 1, 2022	
		Q2054		Oct 1, 2021	
		Q2053		May 1, 2021	
		Q2042		Jan. 1, 2019	
		Q2041		April 1, 2018	
	Transplant Services	32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 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 S2060 50547		Jan. 1, 2015	
		38232	Oncology DX codes		
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses		61888 64569 C1767 C1778 L8681 L8689		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
into one of the cranial nerves						
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		37766 37765	37799		July 1, 2021	
		36473 36478	36475		Oct. 1, 2018	
		36476 37735	36479 37785		Jan. 1, 2015	
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33929	33928		Jan. 1, 2018	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**.
		33975 33979 33982	33976 33981 33983		Jan. 1, 2015	