

Optum Care UnitedHealthcare Medicare Advantage prior authorization requirements

Effective Jan. 1, 2024

General information

- Online: To submit a prior authorization notification, login to optumproportal.com and select the *Referrals & Prior Authorization* section
- Prior authorization Intake department fax # (Only if online is not available): **1-888-992-2809**
- Prior authorization Intake department phone (Only if online or fax are not available): **1-877-370-2845**, TTY711
- Prior authorization department email: lcd_um@optum.com

Prior authorization is not required for emergency or urgent care.

Note: If you are a network provider who is contracted directly with a delegated medical group/IPA, then you must follow the delegate's protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

Plans with referral requirements: If a member's health plan ID card displays "referral required," certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician.

Guidelines in this document are applicable to service providers and facilities with Optum Direct Contracts. All other providers should access the member's health plan website for Prior Authorization Requirement information.

Items listed below require prior authorization

Out-of-network

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services, and treatment require prior authorization. All out-of-network providers require prior authorization for any service rendered.

General guidelines

Inpatient/institutional services require prior authorization

- Elective/scheduled medical admissions
- Acute rehabilitation admissions
- Subacute admissions
- Skilled nursing facility (SNF) admissions
- Long-term acute care facility admissions
- Admissions for alcohol, drug and/or substance abuse¹
- Behavioral health admissions¹

Procedures and services	Additional information	CPT® or HCPCS codes
Behavioral health services Plan exclusions: None Behavioral health services through a Designated Behavioral health network	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 use services.
Bariatric Surgery Plan exclusions: None	Prior authorization required	43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43844, 43845, 43846, 43847, 43848, 43860, 43865, 43882, 43886, 43887, 43888, 44799
Bone growth stimulator Plan exclusions: None	Prior authorization required	20974, E0747, 20975, 20979, E0748, E0749, E0760
Breast reconstruction (non-mastectomy) Plan exclusions: None Reconstruction of the breast except when following mastectomy	Prior authorization required	19316, 19318, 19325, L8600 Prior authorization is 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, 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
Cardiology Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	Prior authorization required for Participating physicians for inpatient, outpatient and office-based procedures prior to performance	0517T, 0614T, 33206, 33212, 33213, 33214, 33221, 33224, 33227, 33228, 33230, 33231, 33240, 33262, 33263, 33264, 33270, 33285, 33289, 78428, 78429, 78430, 78431, 78432, 78433, 93350, 93351, 93799, C2624, E0616

Procedures and services	Additional information	CPT® or HCPCS codes
Cardiovascular Plan exclusions: None	Prior authorization required	Cardiology 93656 Vascular *37230 *37231 *Prior authorization not required for the following diagnosis codes: E08.52, E09.52, E10.52, E11.52, E13.52, I70.221-I70.229, I70.231-I70.239, I70.241-I70.25, I70.261-I70.269, I70.321-I70.329, I70.331-I70.339, I70.341-I70.35, I70.361-I70.369, I70.421-I70.429, I70.431-I70.439, I70.441-I70.449, I70.461-I70.469, I70.521-I70.529, I70.531-I70.539, I70.541-I70.549, I70.561-I70.569, I70.621-I70.629, I70.631-I70.639, I70.641-I70.649, I70.661-I70.669, I70.721-I70.729, I70.731-I70.739, I70.741-I70.749, I70.761-I70.769, I72.3-I72.4, I72.8-I72.9, I73.00-I73.1, I73.81, I74.3-I74.9, I75.021-I75.029, I75.89, I77.2, I77.70, I77.72, I77.77-I77.79, I96, L03.115-L03.116, M86.051-M86.059, M86.061-M86.069, M86.071-M86.079, M86.08-M86.09, M86.10, M86.151-M86.159, M86.161-M86.169, M86.171-M86.179, M86.18-M86.19, M86.20, M86.251-M86.259, M86.261-M86.269, M86.271-M86.279, M86.28-M86.29, M86.30, M86.351-M86.359, M86.361-M86.369, M86.371-M86.372, M86.379-M86.39, M86.40, M86.451-M86.459, M86.461-M86.462, M86.49, M86.471-M86.472, M86.479-M86.49, M86.50, M86.551-M86.559, M86.561-M86.562, M86.571-M86.572, M86.579-M86.59, M86.60, M86.651-M86.659, M86.661-M86.669, M86.671-M86.69, M86.8X0, M86.8X5-M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8-Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A
Cartilage implants Plan exclusions: None	Prior authorization required	27412, 27415, 27416

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Category III, Temporary “T” Codes</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>0019T, 0020T, 0021T, 0022T, 0023T, 0024T, 0025T, 0026T, 0027T, 0028T, 0029T, 0030T, 0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T, 0042T, 0043T, 0044T, 0045T, 0046T, 0047T, 0048T, 0049T, 0050T, 0051T, 0052T, 0053T, 0054T, 0055T, 0056T, 0057T, 0058T, 0059T, 0060T, 0061T, 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0074T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, 0088T, 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0110T, 0111T, 0112T, 0113T, 0114T, 0115T, 0116T, 0117T, 0118T, 0119T, 0120T, 0121T, 0122T, 0123T, 0124T, 0125T, 0126T, 0127T, 0128T, 0129T, 0130T, 0131T, 0132T, 0133T, 0134T, 0135T, 0136T, 0137T, 0138T, 0139T, 0140T, 0141T, 0142T, 0143T, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 0152T, 0153T, 0154T, 0155T, 0156T, 0157T, 0158T, 0159T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0173T, 0174T, 0175T, 0176T, 0177T, 0178T, 0179T, 0180T, 0181T, 0182T, 0183T, 0184T, 0185T, 0186T, 0187T, 0188T, 0189T, 0190T, 0192T, 0193T, 0194T, 0197T, 0198T, 0199T, 0202T, 0203T, 0204T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0239T, 0240T, 0241T, 0242T, 0243T, 0244T, 0245T, 0246T, 0247T, 0248T, 0250T, 0251T, 0252T, 0253T, 0254T, 0256T, 0257T, 0258T, 0259T, 0260T, 0261T, 0262T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0276T, 0277T, 0278T, 0279T, 0280T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T, 0297T, 0298T, 0308T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0362T, 0373T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0505T, 0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, 0562T, 0609T, 0610T, 0611T, 0612T, 0634T, 0635T, 0636T, 0637T, 0638T, 0663T</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Chemotherapy Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Prior authorization requests for drug codes in this section with a cancer diagnosis, should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: mbm.linkplatform.com</p> <p>Email: optumcare_smgp@optum.com</p> <p>Phone: 1-877-454-8365, TTY 711</p>	<p>Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <p>C9399 Sarclisa</p> <p>J3490 Amtagvi, Jaypirca, Pemetrexed, Stimufend, Vanflyta</p> <p>J3590 Adstiladrin, Columvi, Elrexio, Epkinly, Loqtorzi, Lunsumio, Vegzelma, Zynyz</p> <p>J8999 Augtryo, Fruzaqla, Iwilfin, Ogsiveo, Truqap</p> <p>J9999 Akeega, Calquence, Yonsa</p> <p>*Cancer diagnoses are managed by Cancer Guidance Program. For non-cancer diagnoses, see Injectable Medications/Step Therapy section</p> <p>Codes effective 5/1/2024: C9087, J1323, J2277, J3055, J9073, J9075</p>	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9155, C9163, C9165, C9257*, J0185*, J0202, J0222, J0640*, J0641*, J0642*, J0881, J0885*, J1442*, J1447*, J1448, J1453*, J1454*, J1456, J1627*, J1930, J1932, J1950*, J1952, J2353, J2354, J2357, J2506*, J2796, J2820, J2860, J3262, J3315, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9035*, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9072, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9198*, J9200, J9201*, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217*, J9223, J9225, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J9258, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9280, J9281, J9286, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9313, J9314, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9325, J9328, J9330, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355*, J9356*, J9357, J9358, J9359, J9360, J9370, J9371, J9380, J9390, J9393, J9394, J9395, J9400, J9600, Q2043, Q2049, Q2050, Q5101*, Q5107*, Q5108*, Q5110*, Q5111*, Q5112*, Q5114*, Q5115*, Q5116*, Q5117*, Q5118*, Q5119*, Q5122*, Q5123*, Q5126*, Q5127*, Q5129*, Q5130*</p>
<p>Chemotherapy (Non-CGP)</p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p>	<p>See Page 1, General Information for options to contact the Optum Care Prior Authorization Department</p>	<p>Injectable chemotherapy drugs that require authorization:</p> <p>Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>J1675, J1954, J9051, J9064, J9172, J9199, J9218, J9255, J9258, J9274, J9285, J9324</p>
<p>Cochlear and other auditory implants</p> <p>Plan exclusions: None</p> <p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior authorization required</p>	<p>69714, 69715, 69718, 69930, L8614, L8619, L8690, L8691, L8692</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Cosmetic and reconstructive Procedures³</p> <p>Plan exclusions: None</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required</p> <p>Advance notification required for services, whether scheduled as inpatient or outpatient</p>	<p>11920, 11921, 11922, 11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21299, 21740, 21742, 21743, 28344, 30465, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67914, 67917, 67950, 67961, 67966, Q2026</p>
<p>Durable medical equipment (DME) Section 1:</p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Preferred Home Care is our exclusive DME vendor:</p> <p>Phone: 1-480-446-9010</p> <p>Fax: 1-480-446-7695</p>	<p>These items require prior authorization/notification regardless of price, including:</p> <ul style="list-style-type: none"> • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors 	<p>E0466, E0467, E0470, E0651, E0667, E0766, E1230, E1239, E2310, E2510, E2609, E2617, K0800, K0801, K0802, K0806, K0807, 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, K1018, K1019</p>
<p>Durable medical equipment (DME) Section 2:</p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Preferred Home Care is our exclusive DME vendor:</p> <p>Phone: 1-480-446-9010</p> <p>Fax: 1-480-446-7695</p>	<p>Prior authorization is only required if the retail purchase cost or the cumulative rental cost is over \$1,000</p>	<p>E0170, E0193, E0194, E0203, E0246, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0350, E0373, E0450, E0459, E0461, E0462, E0465, E0471, E0472, E0486, E0483, E0601, E0603, E0616, E0617, E0618, E0620, E0635, E0636, E0639, E0640, E0650, E0652, E0655, E0656, E0660, E0665, E0668, E0669, E0671, E0672, E0673, E0675, E0691, E0692, E0746, E0693, E0761, E0764, E0694, E0770, E0700, E0782, E0710, E0783, E0740, E0784, E0785, E0786, E0830, E0856, E0970, E0983, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1017, E1018, E1020, E1029, E1030, E1035, E1036, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1222, E1224, E1227, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1399, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2227, E2228, E2300, E2301, E2311, E2312, E2313, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2375, E2376, E2402, E2502, E2504, E2506, E2508, K0005, K0009, K0010, K0011, K0012, K0014, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745, K0746</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p>End-stage renal disease/dialysis services</p> <p>Plan exclusions: None</p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification –includes outpatient dialysis services</p>	<p>Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits. Advance notification/prior authorization is not required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels.</p> <p>Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call 1-866-561-7518.</p>
<p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>55970 and 55980 (regardless of diagnosis)</p> <p>These surgical codes, when billed with one of the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890, 15734, 15738, 15750, 15757, 15758, 15775, 15776, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 19303, 21899, 31599, 31899, 53410, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54520, 54660, 54690, 55175, 55180, 55866, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508</p>

Procedures and services	Additional information	CPT® or HCPCS codes
Genetic Testing Plan exclusions: None	Prior authorization required	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81340, 81341, 81342, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81495, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 81528, 84999, 85999, 86152, 86153, 86294, 86316, 86386, 86849, 88120, 88121, 88199, 88341, 88342, 88363, 88365, 88367, 88368, 88399, 89240, 89398, 0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 0006M, 0007M, 0007U, 0008U, 0009U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, S0265, S3800, S3841, S3842, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3870
Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home Plan exclusions: None	Prior authorization required	B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161

Procedures and services	Additional information	CPT® or HCPCS codes
Hyperbaric Oxygen Treatment Plan exclusions: None	Prior authorization required	99183, 99184
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures Plan exclusions: None	Prior authorization required	58150, 58542, 58552, 58571, 58152, 58543, 58553, 58572, 58180, 58544, 58554, 5857, 58541, 58550, 58570
Hysterectomy (vaginal)–inpatient only Plan exclusions: None	No prior authorization required for outpatient vaginal hysterectomies	58260, 58270, 58280, 58293, 58291, 58294, 58262, 58267, 58275, 58290, 58292, 58263

Procedures and services	Additional information	CPT® or HCPCS codes
Injectable medications Plan exclusions: None	Prior authorization required	90283 immune globulin (IGIV), Human 90284 immune globulin (SCIG), Human 90378 respiratory syncytial virus A9800 Gallium Ga-68 gozetotide C9149teplizumab-mzwv, 5 mcg C9151pegcetacoplan, 1 mg C9161 aflibercept HD, 1 mg C9167ADAMTS13 Recombiant KRHN 10 IU C9167 apadamtase alfa 10 units C9168 mirikizumab-mrkz, 1 mg C9168 mirikizumab-MRKZ 1 mg J0129 abatacept, 10 mg J0135 Adalimumab injection J0172 aducanumab-avwa, 2 mg J0174 lecanemab-IRMB, 1 mg J0178 aflibercept, 1 mg J0219 avalglucosidase alfa-ngpt, 4 mg J0223 givosiran, 0.5 mg J0224 lumasiran, 0.5 mg J0225 vutrisiran, 1 mg J0256 alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg J0584 burosumab-twza 1 mg J0585 Onabotulinumtoxina, 1 Unit J0586 Abobotulinumtoxina, 5 Units J0587 Rimabotulinumtoxinb, 100 Units J0588 incobotulinumtoxinaA, 1 unit J0589 daxibotulinumtoxina-lanm, 1 unit J0604 Cinacalcet, oral, 1 mg, (for ESRD on dialysis) J0775 collagenase, clostridium histolyticum, 0.01 mg J0791 crizanlizumab-tmca, 5 mg J0879 difelikefalin, 0.1 microgram, (for ESRD on dialysis) J0882 darbepoetin alfa, 1 mcg (for ESRD on dialysis) J0886 Epoetin alfa, esrd J0896 luspatercept-aamt, 0.25 mg J1300 eculizumab, 10 mg J1301 edaravone, 1 mg J1302 sutimlimab-jome, 10 mg J1303 ravulizumab-cwvz, 10 mg J1304 tofersen, 1 mg J1305 evinacumab-dgnb, 5 mg J1411 etranacogene dezaparvovec-drlb, per therapeutic dose J1412 valoctocogene roxaparvovec-rvox, per ml J1413 delandistrogene moxeparvovec-rokl, per therapeutic dose J1459 immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid) J1555 immune globulin (Cuvitru), 100 mg J1556 immune globulin (bivigam), 500 mg J1557 immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liq) J1558 immune globulin (xembify), 100 mg J1559 immune globulin (hizentra), 100 mg

Procedures and services	Additional information	CPT® or HCPCS codes
Injectable medications , continued		<p>J1561, J1566 immune globulin, (Gamunex/ Gamunex-C/Gammaked), nonlyophilized immune globulin, intravenous, lyophilized (e.g., powder), 500 mg</p> <p>J1568 immune globulin, (octagam), intravenous, non-lyophilized (e.g.</p> <p>J1569, J1572 immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liq), 500 mg; immune globulin, (Flebogamma/Flebogamma Dif), intravenous, 500 mg</p> <p>J1575 immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin</p> <p>J1599 immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg</p> <p>J1675 histrelin acetate, 10 mcg</p> <p>J1747 spesolimab-sbzo, 1 mg</p> <p>J1823 inebilizumab-cdon, 1 mg</p> <p>J2323 natalizumab, 1 mg</p> <p>J2326 nusinersen, 0.1 mg</p> <p>J2327, J2329, J2350 risankizumab-rzaa, intravenous, 1 mg ublituximab-xiiy, 1mg ocrelizumab, 1 mg</p> <p>J2356 tezepelumab-ekko, 1 mg</p> <p>J2781 pegcetacoplan, intravitreal, 1 mg</p> <p>J2782 avacincaptad pegol, 0.1 mg</p> <p>J3241, J3300 teprotumumab-trbw, 10 mg triamcinolone acetonide, preservative free, 1 mg</p> <p>J3357, J3380 Ustekinumab, for subcutaneous injection, 1 mg; vedolizumab, 1 mg</p> <p>J3398 voretigene neparvovec-rzyl, 1 billion vector genomes</p> <p>J3399 onasemnogene abeparvovec-xioi, per treatment</p> <p>J3401 Beremagene geperpavec-svdt for topical administration</p> <p>J7189, J7330 Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg; Cultured Chondrocytes Implnt</p> <p>J7333 Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose</p> <p>J9199, J9218 gemcitabine HCl (Infugem), 200 mg; Leuprolide Acetate Injeciton</p> <p>J9285 olaratumab, 10 mg</p> <p>J9310 Rituximab, 100 mg</p> <p>J9332 efgartigimod alfa-fcab, 2mg</p> <p>J9333 rozanolixizumab-noli, 1 mg</p> <p>J9334 efgartigimod alfa, 2 mg and hyaluronidase-qvfc</p> <p>J9381 teplizumab-mzww, 5 mcg</p> <p>Q5121, Q5127 infliximab-axxq, biosimilar, (AVSOLA), 10 mg; pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg</p> <p>S0122, S0132 menotropins, 75 lu ganirelix Acetate, 250 Mcg</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Injectable medications – step therapy</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Private fee for service • Erickson Advantage • People’s Health in LA • Employer group HMO plans • Select employer group PPO plans: <ul style="list-style-type: none"> – Navistar – Johnson & Johnson – Bristol-Myers Squibb – Verizon • Plans offered in: <ul style="list-style-type: none"> – California 	<p>Prior authorization required</p> <p>For oncology DX, please see cancer supportive care and chemotherapy sections above</p>	<p>Anti-emetics** J0185 J1454 J1627</p> <p>Bevacizumab** J9035 Q5126 Q5129</p> <p>Bone Density Agents J3111 J0897**</p> <p>Colony-Stimulating Factors** J1442 J1447 J1449Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130</p> <p>Erythropoiesis-Stimulating Agents J0885</p> <p>Gemcitabine J9198</p> <p>Gonadotropin Releasing Hormone Analogs for Oncology** J1950</p> <p>Gout Agents J2507</p> <p>Hyaluronic Acid Polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332</p> <p>Immune Globulins J1551 J1554 J1576</p> <p>Immunomodulators J1745 Q5104 Intravenous Iron Products J1437 J1439</p> <p>Leucovorin/Levoleucovorin J0641 J0642 Lipid Modifying Agent J1306</p> <p>Migraine Prophylaxis J3032</p> <p>Rituximab** J9311 J9312 Q5123</p> <p>Systemic Lupus Erythematosus Agents J0491</p> <p>Trastuzumab J9355 J9356 Q5112 Q5113 Q5114</p> <p>Vascular Endothelial Growth Factor (VEGF) Inhibitors</p> <p>J0177 J0179 J2777 J2778 J2779 Q5124 Q5128</p> <p>**Prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Chemotherapy or Cancer supportive care sections above.</p>
<p>Injectable medications</p> <p>Plan exclusions: None</p> <p>Unclassified/Not Otherwise Classified Codes</p>	<p>Prior authorization required</p>	<p>C9399, J3490 and J3590 require prior authorization for the following drug names: Adzynma, Lyfgenia, Cimerli, Lantidra, Luxturna, Omvoh, Roctavian, Rystiggo, Skysona, Spevigo, Stimufend, Vyvgart Hytrulo</p>
<p>Inpatient admissions–post- acute services</p> <p>Plan exclusions: None</p>	<p>Prior authorization and notification of admission date required for these facilities providing post- acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare® nursing home</p>	

Procedures and services	Additional information	CPT® or HCPCS codes
Lab Testing (Drug screens) Plan exclusions: None	Prior authorization required	80301, 80305, 80306, 80307, 81225, 81226, 81227, G0480, G0481, G0482, G0483, G0479, G0659
Non-emergency air transport Plan exclusions: None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430, A0431, A0435, A0436
Ophthalmology Procedures Plan exclusions: None	Prior authorization required	66174, 66175, 66821
Orthognathic surgery Plan exclusions: None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120, 21145, 21188, 21215, 21121, 21146, 21193, 21240, 21122, 21147, 21194, 21242, 21123, 21150, 21195, 21244, 21125, 21151, 21196, 21245, 21127, 21154, 21198, 21246, 21141, 21155, 21199, 21247, 21142, 21159, 21206, 21143, 21160, 21210
Orthotics⁴ Plan exclusions: None	Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000	L0112, L1710, L3050, L3455, L0140, L1720, L0150, L1730, L0170, L1755, L3060, L3070, L3080, L3460, L3465, L3470, L0200, L1834, L3090, L3480, L0220, L1840, L3100, L3485, L0430, L1844, L3140, L3500, L0452, L1846, L3150, L3510, L0456, L1860, L3160, L3520, L0460, L1904, L3170, L3530, L0462, L1920, L3201, L3540, L0464, L1932, L3202, L3550, L0466, L1945, L3203, L3560, L0468, L2000, L3204, L3570, L0480, L2005, L3206, L3580, L0482, L2010, L3207, L3590, L0484, L2020, L3208, L3595, L0486, L2030, L3209, L3600, L0488, L2034, L3211, L3610, L0622, L2036, L3212, L3620, L0623, L2037, L3213, L3630, L0624, L2038, L3214, L3640, L0629, L2040, L3215, L3649, L0631, L2050, L3224, L3674, L0632, L2060, L3225, L3720, L0634, L2070, L3230, L3730, L0635, L2080, L3250, L3740, L0636, L2090, L3251, L3764, L0637, L2108, L3252, L3765, L0638, L2126, L3253, L3766, L0639, L2128, L3254, L3891, L0640, L2134, L3255, L3900, L0700, L2136, L3257, L3901, L0710, L2232, L3260, L3904, L0810, L2320, L3265, L3921, L0820, L2350, L3300, L3956, L0830, L2387, L3310, L3961, L0859, L2520, L3320, L3967, L0999, L2525, L3330, L3971, L1000, L2526, L3332, L3973, L1001, L2627, L3334, L3975, L1005, L2628, L3340, L3976, L1200, L2800, L3350, L3977, L1300, L2861, L3360, L3978, L1310, L2999, L3370, L3999, L1499, L3000, L3380, L4000, L1630, L3001, L3390, L4030, L1640, L3002, L3400, L4040, L1680, L3003, L3410, L4045, L1685, L3010, L3420, L4050, L1686, L3020, L3430, L4055, L1690, L3030, L3440, L4631, L1700, L3040, L3450

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Orthopedic surgeries Plan exclusions: None Spine and joint surgeries</p>	<p>Prior authorization required</p>	<p>20930, 20931,20939, 22100, 22101, 22102, 22110,22112,22114, 22206, 22207, 22210, 22212,22214,22220, 22222, 22224, 22532, 22533,22548,22551, 22554, 22556, 22558, 22590,22595,22600, 22610, 22612, 22630, 22633,22800,22802, 22804, 22808, 22810, 22812,22818,22819, 22830, 22849, 22850, 22852,22855,22856, 22858, 22858, 22861, 22864,22865,22867, 22869, 22899, 23470, 23472,24360,24361, 24362, 24363, 24365, 25441,25442,25444, 25446, 25449, 27120, 27122,27125,27130, 27132, 27134, 27137, 27138,27412,27445, 27446, 27447, 27486, 27487,27700,29834, 29837, 29838, 29840, 29844,29845,29846, 29847, 29866, 29867, 29868,29891,29892, 29894, 29895, 29897, 29898,29899,62264, 63001,63003, 63005, 63011,63012,63015, 63016, 63017, 63020, 63030,63040,63042, 63045, 63046, 63050, 63051,63055,63056, 63064,63075, 63077, 63081,63085,63087, 63090,63101, 63102, 63170,63172,63173, 63180,63182, 63185, 63190,63191,63194, 63195,63196, 63197, 63198,63199,63200, 63661, 63101, 63102, 63170,63172, 63173, 63185, 63190, 63191, 63197,63200,0200T,0201T, J7330</p>
<p>Other Procedures Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>36903,36904,36905,36906, 38999, 43999, C9762, C9763, G0235, M0076</p>
<p>Out-of-network services Plan exclusions: None A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with Optum Care</p>	<p>Please note that your agreement with Optum Care may include restrictions on directing plan members outside of the Optum Care Network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u></p> <ul style="list-style-type: none"> • A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services. • A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed. • A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in-network care providers for the type of specialty services needed. 	
<p>Pain management Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494, 64495, 64628, 64629, 64634, 64636</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Potentially unproven services (including experimental/ investigational and/or linked services)²</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	<p>28890, 36514, 64405, 64722, 64744, 66180, 95965, 95966</p>
<p>Prostate procedures</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>52441, 52442, 55874</p>
<p>Prosthetics</p> <p>Plan exclusions: None</p>	<p>Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000</p>	<p>L5010, L5270, L5020, L5280, L5050, L5301, L5060, L5311, L5100, L5312, L5105, L5321, L5150, L5331, L5160, L5341, L5200, L5400, L5210, L5420, L5220, L5500, L5230, L5505, L5250, L5510, L5520, L5930, L6648, L8035, L5530, L5960, L6693, L8039, L5535, L5961, L6696, L8040, L5540, L5964, L6697, L8041, L5560, L5966, L6707, L8042, L5570, L5968, L6708, L8043, L5580, L5973, L6709, L8044, L5585, L5979, L6712, L8045, L5590, L5980, L6713, L8046, L5595, L5981, L6714, L8047, L5600, L5987, L6715, L8049, L5610, L5988, L6721, L8499, L5611, L5990, L6722, L8505, L5613, L5999, L6880, L8604, L5614, L6000, L6881, L8609, L5616, L6010, L6882, L8681, L5639, L6020, L6883, L8689, L5643, L6025, L6884, L8699, L5649, L6026, L6885, L8701, L5651, L6050, L6895, L8702, L5681, L6055, L6900, V2623, L5683, L6100, L6905, V2624, L5700, L6110, L6910, V2625, L5701, L6120, L6920, V2626, L5702, L6130, L6925, V2627, L5703, L6200, L6930, V2628</p>
<p>Radiation therapy</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Prior authorization requests should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: mbm.linkplatform.com</p> <p>Email: optumcare_smgp@optum.com</p> <p>Phone: 1-877-454-8365, TTY 711</p>	<p>55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77399, 77401, 77470, 77520, 77522, 77523, 77525, 79445, 0394T, 0395T, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017</p>

Procedures and services	Additional information	CPT® or HCPCS codes
Radiology Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POSSNP), (PPOSNP)	Prior authorization required for advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain PET scans • CT Angiography • MRI, MRA • Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advance outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. 70336, 73218, 78014, 78445, 70496, 73219, 78015, 78451, 70498, 73220, 78016, 78452, 70540, 73221, 78070, 78453, 70542, 73222, 78075, 78454, 70543, 73223, 78099, 78456, 70544, 73225, 78102, 78457, 70545, 73706, 78103, 78458, 70546, 73718, 78104, 78459, 70547, 73719, 78185, 78466, 70548, 73720, 78195, 78468, 70549, 73721, 78199, 78469, 70551, 73722, 78201, 78472, 70552, 73723, 78202, 78473, 70553, 73725, 78215, 78481, 70554, 73774, 78216, 78483, 70555, 74174, 78226, 78491, 71275, 74175, 78227, 78492, 71550, 74181, 78230, 78494, 71551, 74182, 78231, 78496, 71552, 74183, 78232, 78499, 71555, 74185, 78258, 78575, 72141, 74712, 78261, 78580, 72142, 74713, 78262, 78582, 72146, 75557, 78264, 78597, 72147, 75559, 78265, 78598, 72148, 75561, 78266, 78599, 72149, 75563, 78278, 78600, 72156, 75574, 78282, 78601, 72157, 75635, 78290, 78605, 72158, 76380, 78291, 78606, 72159, 76498, 78299, 78608, 72191, 77021, 78300, 78609, 72195, 77058, 78305, 78610, 72196, 77059, 78306, 78630, 72197, 77084, 78315, 78635, 72198, 78012, 78399, 78645, 73206, 78013, 78428, 78650, 78660, 78804, C8903, C8920, 78699, 78811, C8904, C8931, 78700, 78812, C8905, C8932, 78701, 78813, C8906, C8933, 78707, 78814, C8907, C8934, 78708, 78815, C8908, C8935, 78709, 78816, C8909, C8936, 78740, 78830, C8910, S8037, 78761, 78831, C8911, S8042, 78799, 78832, C8912, S8080, 78800, 78999, C8913, S8085, 78801, C8900, C8914, S8092, 78802, C8901, C8918, 78803, C8902, C8919
Rhinoplasty Plan exclusions: None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Skin substitutes Plan exclusions: None	Prior authorization required	Q4159, Q4197, Q4262
Sleep apnea procedures and surgeries Plan exclusions: None Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries. Applies only for surgical sleep apnea procedures and not sleep studies.	41512, 41530, 41599, 21685, 42145
Sleep Studies Plan exclusions: None	Prior authorization required	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Stimulators</p> <p>Plan exclusions: None Implantation of a device that sends electrical impulses</p> <p>Bone growth stimulators</p> <p>Spinal/neurostimulators</p>	<p>Prior authorization required</p>	<p>61850, 61868, 63655, 61863, 61885, 63685, 61864, 61886, 63662, 61867, 63650, 63663, 63664, 63668, 64555, 64568, 64590, L8680, L8683, L8685, L8586, L8687, L8688</p>
<p>Therapeutic Radiology</p> <p>Treatment/Radiation Oncology</p> <p>Plan exclusions: None</p>	<p>Prior authorization required for codes in this section, prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information</p>	<p>Stereotactic Radiosurgery (SRS) G0173, G0251 Intensity-modulated radiation therapy (IMRT) 77418</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Transplant of tissue or organs</p> <p>Plan exclusions: None</p> <p>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation request for transplant or transplant-related services prior to pre- treatment or evaluation</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services, including Kymriah®™ (tisagenlecleucel), A®becma (Idecaptagene Cicleucel), Breyanzi , Carvykti™ (Ciltacabtagene Autoleucel), Tecartus™ (brexucabtageneautoleucel)and Yescarta™ (axicabtagene ciloleucel), please call the Optum transplant case management team at 1-888-936-7246 or the notification number on the back of the member’s health plan ID card.</p> <p>Bone marrow harvest 38240, 38241, 38242</p> <p>Heart/lung 33930, 33935</p> <p>Heart 33940, 33944, 33945</p> <p>Lung 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p>Kidney 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>Pancreas 48551, 48552, 48554</p> <p>Liver 47135, 47143, 47147</p> <p>Intestine 44132, 44133, 44135, 44136</p> <p>Services related to transplants 32855, 33933, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232*, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152, C9076</p> <p>CART-cell therapy 0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2053, Q2054, Q2055</p> <p>*Code 38232 only requires prior authorization for an oncology diagnosis.</p> <p>Other Injectables: Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399/J3490/J3590</p>
<p>Vein procedures</p> <p>Plan exclusions: None</p> <p>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</p>	<p>Prior authorization required</p>	<p>36468,36469,36470,36471,36473, 36475,36476, 36478,36479,36482,37243,37700,37718,37722, 37780, 37799</p>

Procedures and services	Additional information	CPT [®] or HCPCS codes
<p>Ventricular assist devices (VAD)</p> <p>Plan exclusions: None</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Please call the Optum VAD case management team at 1-888-936-7246 or the notification number on the back of the member's health plan ID card.</p>	<p>33975, 33976, 33979, 33981, 33982, 33983</p>

1. Admissions for alcohol, drug, and/or substance abuse or mental illness: Call Optum[®] Behavioral Health at: 1-800-579-5222, TTY711.
2. Optum Care Network–Arizona assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: Optum Care Network–Arizona has found the new technology meets requirements for coverage under the member's plan of coverage, and prior authorization is requested and provided for the treatment or services utilizing the new technology.
3. Includes breast reconstruction (non-mastectomy) and septoplasty/rhinoplasty.
4. All foot orthotics regardless of billed charge, other orthotic device greater than \$1,000 billed charge per device.

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