

# Optum Care UnitedHealthcare Medicare Advantage prior authorization requirements

Effective Jan. 1, 2024

## General information

- **Online:**

To submit a prior authorization notification, login to [optumportal.com](https://optumportal.com) and select the **Referrals & Prior Authorization** section.

- **Prior authorization Intake department fax #:**

1-888-992-2809

- **Prior authorization Intake department phone (Only if online or fax is not an option):**

1-877-370-2845, TTY 711

- **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 says "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 abuse<sup>1</sup>
- Behavioral health admissions<sup>1</sup>

Procedures and services	Additional information	CPT®or HCPCS codes
<b>Behavioral health services</b>  <b>Plan exclusions:</b> 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.
<b>Bariatric Surgery</b>  <b>Plan exclusions:</b> 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
<b>Bone growth stimulator</b>  <b>Plan exclusions:</b> None	Prior authorization required	20974    20975    20979 E0747    E0748    E0749    E0760
<b>Breast reconstruction (non- mastectomy)</b>  <b>Plan exclusions:</b> None Reconstruction of the breast except when following mastectomy	Prior authorization required	11920    19328    19361    19371 11921    19330    19364    19380 11922    19340    19367    19396 19316    19342    19368    L8600 19318    19350    19369 19325    19357    19370  <b>Prior authorization is not required for the following diagnosis codes:</b> C50.019    C50.612    C50.329    D05.01 C50.011    C50.619    C50.421    D05.02 C50.012    C50.811    C50.422    D05.10 C50.111    C50.812    C50.429    D05.11 C50.112    C50.819    C50.521    D05.12 C50.119    C50.911    C50.522    D05.80 C50.211    C50.912    C50.529    D05.81 C50.212    C50.919    C50.621    D05.82 C50.219    C50.029    C50.622    D05.91 C50.311    C50.021    C50.629    D05.92 C50.312    C50.022    C50.821    Z85.3 C50.319 C50.411    C50.121    C50.822 C50.412    C50.122    C50.829    Z90.10 C50.419    C50.129    C50.921    Z90.11 C50.511    C50.221    C50.922    Z90.12 C50.519    C50.222    C50.929    Z90.13 C50.611    C50.229    C79.81    Z42.1 C50.321    D05.90 C50.322    D05.00

Procedures and services	Additional information	CPT®or HCPCS codes
<b>Cardiology</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> </ul>	Prior authorization required for participating physicians for inpatient, outpatient and office-based procedures prior to performance	0517T0614T 33206 33212 33213 33214 3322133224 33227 33228 3323033231 33240 3326233263 33264 33270 33285 33289 7842878429 78430 78431 78432 78433 9335093351 93454 93799 C2624 E0616
<b>Cardiovascular</b> <b>Plan exclusions: None</b>	Prior authorization required	<b>Cardiology</b> 93656 <b>Vascular</b> *37230 *37231 *Prior authorization is not required for the following diagnosis codes: 170.222      170.521      170.769      M86.372 170.223      170.522      172.3      M86.379 170.228      170.523      172.4      M86.38 170.229      170.528      172.8      M86.39 170.231      170.529      172.9      M86.40 170.232      170.531      173.00      M86.451 170.233      170.532      173.01      M86.452 170.234      170.533      173.1      M86.459 170.235      170.534      173.81      M86.461 170.238      170.535      174.3      M86.462 170.239      170.538      174.4      M86.469 170.241      170.539      174.5      M86.471 170.242      170.541      174.8      M86.472 170.243      170.542      174.9      M86.479 170.244      170.543      175.021      M86.48 170.245      170.544      175.022      M86.49 170.248      170.545      175.023      M86.50 170.249      170.548      175.029      M86.551 170.25      170.549      175.89      M86.552 170.261      170.561      177.2      M86.559 170.262      170.562      177.70      M86.561 170.263      170.563      177.72      M86.562 170.461      170.568      177.77      M86.571 170.462      170.761      177.79      M86.572 170.468      170.762      M86.369      M86.579 170.763      M86.579      M86.58 170.469      170.768      M86.371

Procedures and services	Additional information	CPT® or HCPCS codes			
Cardiovascular continued		I70.268	I70.569	I96.	M86.59
		I70.269	I70.621	L03.115	M86.60
		I70.321	I70.622	L03.116	M86.651
		I70.322	I70.623	M86.051	M86.652
		I70.323	I70.628	M86.052	M86.659
		I70.329	I70.629	M86.059	M86.661
		I70.331	I70.631	M86.061	M86.662
		I70.332	I70.632	M86.062	M86.669
		I70.333	I70.633	M86.069	M86.671
		I70.334	I70.634	M86.071	M86.672
		I70.335	I70.635	M86.072	M86.679
		I70.338	I70.638	M86.079	M86.68
		I70.339	I70.639	M86.08	M86.69
		I70.341	I70.641	M86.09	M86.8X0
		I70.342	I70.642	M86.10	M86.8X5
		I70.343	I70.643	M86.151	M86.8X6
		I70.344	I70.644	M86.152	M86.8X7
		I70.345	I70.645	M86.159	M86.8X8
		I70.348	I70.648	M86.161	M86.8X9
		I70.349	I70.649	M86.162	M86.9
		I70.35	I70.661	M86.169	Q27.30
		I70.361	I70.662	M86.171	Q27.32
		I70.362	I70.663	M86.172	Q27.39
		I70.363	I70.668	M86.179	Q27.8
		I70.369	I70.669	M86.18	Q27.9
		I70.421	I70.721	M86.19	Q87.2
		I70.422	I70.722	M86.20	S35.511A
		I70.423	I70.723	M86.251	S35.512A
		I70.428	I70.728	M86.252	S81.801A
		I70.429	I70.729	M86.259	S81.802A
		I70.431	I70.731	M86.261	S81.809A
		I70.432	I70.732	M86.262	S91.301A
		I70.433	I70.733	M86.269	S91.302A
		I70.434	I70.734	M86.271	S91.309A
		I70.435	I70.735	M86.272	T82.312A
		I70.438	I70.738	M86.279	T82.318A
		I70.439	I70.739	M86.28	T82.319A
		I70.441	I70.741	M86.29	T82.338A
		I70.442	I70.742	M86.30	T82.392A
		I70.443	I70.743	M86.351	T82.398A
		I70.444	I70.744	M86.352	T82.399A
		I70.445	I70.745	M86.359	T82.818A
		I70.448	I70.748	M86.361	T82.868A
		I70.449	I70.749	M86.362	T82.898A

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Cartilage implants</b> <b>Plan exclusions:</b> None	Prior authorization required	27412 27415 27416
<b>Category III, Temporary “T” Codes</b> <b>Plan exclusions:</b> None	Prior authorization required 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	

Procedures and services	Additional information	CPT®or HCPCS codes										
<p><b>Chemotherapy Plan</b></p> <p><b>exclusions:</b></p> <p>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><b>Online:</b></p> <p>mbm.linkplatform.com</p> <p><b>Via email:</b></p> <p>optumcare_smgp@optum.com</p> <p><b>Phone:</b> 1-877-454-8365, TTY 711</p> <p><b>Injectable chemotherapy drugs that require notification:</b></p> <ul style="list-style-type: none"> <li>• Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <table border="1" data-bbox="537 1073 976 1402"> <tr> <td>C9399</td> <td>Sarclisa</td> </tr> <tr> <td>J3490</td> <td>Jaypirca, Pemetrexed, Stimufend, Vanflyta</td> </tr> <tr> <td>J3590</td> <td>Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz</td> </tr> <tr> <td>J8999</td> <td>Augtyro, Fruzaqla, Ogsiveo, Truqap</td> </tr> <tr> <td>J9999</td> <td>Akeega, Calquence, Yonsa</td> </tr> </table> <p>**Cancer diagnosis is managed by Cancer Guidance Program. For non-cancer diagnoses, See Part B Step Therapy Section.</p>	C9399	Sarclisa	J3490	Jaypirca, Pemetrexed, Stimufend, Vanflyta	J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz	J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap	J9999	Akeega, Calquence, Yonsa	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9257, C9399*, J0185**, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, J1442, J1447, J1448, J1449**, J1453, J1454**, J1456, J1627**, J1930, J1932, J1950**, J1952, J2353, J2354, J2357, J2506, J2796, J2820, J2860, J3262, J3315, J3490*, J3590*, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, 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, J2959, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9280, J9281, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311**, J9312**, J9313, J9316, J9317, J9318, J9319, J9320, J9323, J9325, J9328, J9330, J9331, J9340, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5108**, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122**, Q5123**, Q5125**, Q5127, Q5130</p> <p>New codes effective 2/1/2024: C9155, C9163, C9165, J8999*, J9029, J9052, J9072, J9286, J9321, J9345, Q5129**</p>
C9399	Sarclisa											
J3490	Jaypirca, Pemetrexed, Stimufend, Vanflyta											
J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz											
J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap											
J9999	Akeega, Calquence, Yonsa											

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p><b>Chemotherapy (Non-CGP)</b></p> <p><b>Plan exclusions:</b> Institutional special needs plans (ISNP)</p>	<p>See Page 1, General Information for options to contact the Optum Care Prior Authorization Department</p>	<p><b>Injectable chemotherapy drugs that require authorization:</b></p> <ul style="list-style-type: none"> <li>Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</li> </ul> <p>J1675, J1954, J9051, J9052, J9064, J9072, J9172, J9199, J9218, J9255, J9258, J9274, J9285, J9314, J9324</p>
<p><b>Cochlear and other auditory implants</b></p> <p><b>Plan exclusions:</b> 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><b>Cosmetic and reconstructive Procedures:</b>  <b>Plan exclusions:</b> None  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</p>	<p>Prior authorization required  Advance notification required for services, whether scheduled as inpatient or outpatient</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><b>Durable medical equipment (DME)</b>  <b>Plan exclusions:</b>  <b>Institutional special needs plans (ISNP)</b>    <b>Preferred Home Care is our exclusive DME vendor: Phone: 1-480-446-9010</b>  <b>Fax: 1-480-446-7695</b></p>	<p>Section one:  These items require prior authorization/notification regardless of price, including:</p> <ul style="list-style-type: none"> <li>• Power mobility devices/accessories</li> <li>• Lymphedema pumps</li> <li>• Pneumatic compressors</li> </ul>	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><b>Durable medical equipment (DME)</b></p> <p><b>Plan exclusions:</b></p> <p>Institutional special needs plans (ISNP)</p> <p><b>Preferred Home Care is our exclusive DME vendor: Phone: 1-480-446-9010 Fax: 1-480-446-7695</b></p>	<p><b>Section two:</b></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>
<p><b>End-stage renal disease/dialysis services</b></p> <p><b>Plan exclusions:</b> 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 isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels</p> <p><b>Note:</b> 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 <b>1-866-561-7518</b>.</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Gender dysphoria treatment</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p>55970 and 55980 (regardless of diagnosis)</p> <p>These <b>surgical codes, when billed</b> with one of the following <b>diagnosis codes:</b>  <b>F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890</b></p> <p>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>
<p><b>Genetic Testing</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p>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</p>

<b>Genetic Testing, continued</b>		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
<b>Home health care (nutritional)</b> Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home <b>Plan exclusions:</b> None	Prior authorization required	B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161
<b>Hyperbaric Oxygen Treatment</b> <b>Plan exclusions:</b> None	Prior authorization required	99183 99184
<b>Hysterectomy (abdominal and laparoscopic surgeries)– inpatient and outpatient procedures</b> <b>Plan exclusions:</b> None	Prior authorization required	58150      58152      58180      58541 58542      58543      58544      58550 58552      58553      58554      58570 58571      58572      58573
<b>Hysterectomy (vaginal) –inpatient only</b> <b>Plan exclusions:</b> None	No prior authorization required for outpatient vaginal hysterectomies	58260 58270 58291 58262 58275 58292 58263 58280 58293 58294 58267 58290
<b>Injectable medications</b> <b>Plan exclusions:</b> None	Prior authorization required	New codes as of 1/1/2024: C9162, J1304, J1412, J1413, J3401, J9333, J9334

<p><b>Injectable medications</b></p> <p><b>Plan exclusions:</b></p> <p>None</p>	<p>Prior authorization required</p>	<table border="1"> <thead> <tr> <th>Code</th> <th>Drug Name</th> </tr> </thead> <tbody> <tr><td>90283</td><td>Immune Globulin (Igiv), Human,</td></tr> <tr><td>90284</td><td>Immune globulin (SClg), human</td></tr> <tr><td>90378</td><td>Respiratory syncytial virus</td></tr> <tr><td>A9800</td><td>Gallium Ga-68 gozetotide</td></tr> <tr><td>C9036</td><td>Injection, patisiran, 0.1 mg</td></tr> <tr><td>C9038</td><td>Injection, mogamulizumab-kpkc,</td></tr> <tr><td>C9149</td><td>Injection, teplizumab-mzww, 5 mcg</td></tr> <tr><td>J0129</td><td>Injection, abatacept, 10 mg</td></tr> <tr><td>J0135</td><td>Adalimumab injection</td></tr> <tr><td>J0172</td><td>Injection, aducanumab-ava</td></tr> <tr><td>J0174</td><td>Injection, lecanemab-irmb</td></tr> <tr><td>J0223</td><td>Injection, givosiran</td></tr> <tr><td>J0224</td><td>Injection, lumasiran</td></tr> <tr><td>J0225</td><td>Injection, vutrisiran, 1 mg</td></tr> <tr><td>J0256</td><td>Injection, alpha 1-proteinase inh</td></tr> <tr><td>J0584</td><td>Injection, burosumab-twza 1 mg</td></tr> <tr><td>J0585</td><td>Injection, onabotulinumtoxina</td></tr> <tr><td>J0586</td><td>Injection, abobotulinumtoxina</td></tr> <tr><td>J0587</td><td>Injection, rimabotulinumtoxinb</td></tr> <tr><td>J0588</td><td>Injection, incobotulinumtoxinA,</td></tr> <tr><td>J0604</td><td>Cinacalcet, oral 1 mg (for ESRD/DIAL)</td></tr> <tr><td>J0775</td><td>Injection, clostridium histolyticum</td></tr> <tr><td>J0791</td><td>Injection, crizanlizumab-tmca, 5 mg</td></tr> <tr><td>J0879</td><td>Injection, difelikefalin</td></tr> <tr><td>J0882</td><td>Injection, darbepoetin alfa, 1 mcg</td></tr> <tr><td>J0886</td><td>Epoetin alfa, esrd</td></tr> <tr><td>J0896</td><td>Injection, luspatercept-aamt</td></tr> <tr><td>J1300</td><td>Injection, eculizumab, 10 mg</td></tr> <tr><td>J1301</td><td>Injection, edaravone, 1 mg</td></tr> <tr><td>J1303</td><td>Injection, ravulizumab-cwvz, 10 mg</td></tr> <tr><td>J1305</td><td>Injection, evinacumab-dgnb, 5 mg</td></tr> <tr><td>J1411</td><td>Injection, etranacogene</td></tr> <tr><td>J1459</td><td>Injection, immune globulin (Privigen)</td></tr> <tr><td>J1555</td><td>Injection, immune globulin (Cuvitru)</td></tr> <tr><td>J1556</td><td>Injection, immune globulin (bivigam)</td></tr> <tr><td>J1557</td><td>Injection, immune globulinGammalex</td></tr> <tr><td>J1558</td><td>Injection, immune globulin (xembify)</td></tr> <tr><td>J1559</td><td>Injection, immune globulin (hizentra)</td></tr> <tr><td>J1561</td><td>Injection, immune globulinGamunex</td></tr> </tbody> </table>	Code	Drug Name	90283	Immune Globulin (Igiv), Human,	90284	Immune globulin (SClg), human	90378	Respiratory syncytial virus	A9800	Gallium Ga-68 gozetotide	C9036	Injection, patisiran, 0.1 mg	C9038	Injection, mogamulizumab-kpkc,	C9149	Injection, teplizumab-mzww, 5 mcg	J0129	Injection, abatacept, 10 mg	J0135	Adalimumab injection	J0172	Injection, aducanumab-ava	J0174	Injection, lecanemab-irmb	J0223	Injection, givosiran	J0224	Injection, lumasiran	J0225	Injection, vutrisiran, 1 mg	J0256	Injection, alpha 1-proteinase inh	J0584	Injection, burosumab-twza 1 mg	J0585	Injection, onabotulinumtoxina	J0586	Injection, abobotulinumtoxina	J0587	Injection, rimabotulinumtoxinb	J0588	Injection, incobotulinumtoxinA,	J0604	Cinacalcet, oral 1 mg (for ESRD/DIAL)	J0775	Injection, clostridium histolyticum	J0791	Injection, crizanlizumab-tmca, 5 mg	J0879	Injection, difelikefalin	J0882	Injection, darbepoetin alfa, 1 mcg	J0886	Epoetin alfa, esrd	J0896	Injection, luspatercept-aamt	J1300	Injection, eculizumab, 10 mg	J1301	Injection, edaravone, 1 mg	J1303	Injection, ravulizumab-cwvz, 10 mg	J1305	Injection, evinacumab-dgnb, 5 mg	J1411	Injection, etranacogene	J1459	Injection, immune globulin (Privigen)	J1555	Injection, immune globulin (Cuvitru)	J1556	Injection, immune globulin (bivigam)	J1557	Injection, immune globulinGammalex	J1558	Injection, immune globulin (xembify)	J1559	Injection, immune globulin (hizentra)	J1561	Injection, immune globulinGamunex
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<p><b>Injectable medications, continued</b></p>		<p>J1566 Injection, immune globulin, intravenous  J1568 Injection, immune globulin, (octagam)  J1569 Injection, immune globulin, liquid  J1572 Injection, immune globulin  J1575 Injection, immune globulin  J1599 Injection, immune globulin, intravenous  J1747 Injection, spesolimab-sbzo  J1823 Injection, inebilizumab-cdon, 1 mg  J2323 Injection, natalizumab, 1 mg  J2326 Injection, nusinersen, 0.1 mg  J2327 Injection, risankizuman-rzaa  J2350 Injection, ocrelizumab, 1 mg  J2356 Injection, tezepelumab-ekko, 1 mg  J2503 Injection, pegaptanib sodium, 0.3 mg  J3241 Injection, teprotumumab-trbw, 10 mg  J3300 Triamcinolone A inj PRS-free  J3357 Ustekinumab, for subcutaneous  J3380 Injection, vedolizumab, 1 mg  J3398 Injection, voretigene neparvovec-rzyl  J3399 Injection, onasemnogene abeparvovec  J7189 Factor VIIa (antihemophilic Factor)  Injection, efgartigimod alfa-fcab, 2mg  J9332  Q0138 Injection, Ferumoxytol  Q2017 Injection, teniposide 50 mg  Q2026 Injection, Radiesse, 0.1ml  Q5121 Injection, infliximab-axxq, biosimilar  Q5127 Injection, pegfilgrastim-fpgk  S0122 Injection, Menotropins, 75 lu  S0132 Injection, Ganirelix Acetate, 250 Mcg</p>
<p><b>Injectable medications</b></p> <p><b>Plan exclusions:</b> None</p> <p><b>Unclassified/Not Otherwise Classified Codes</b></p>	<p>Prior authorization required</p>	<p>C9399, J3490 and J3590 require prior authorization for the following drug names:  Izervay, Roctavian, Rystiggo, Skysona, Vyvgart, Vyvgart-Hytrulo</p>

Procedures and services		
<p><b>Injectable medications – step therapy</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Private fee for service</li> <li>Erickson Advantage</li> <li>People’s Health in LA</li> <li>Employer group HMO plans</li> <li>Select employer group PPO plans: <ul style="list-style-type: none"> <li>- Navistar</li> <li>- Johnson &amp; Johnson</li> <li>- Bristol-Myers Squibb</li> <li>- Verizon</li> </ul> </li> <li>Plans offered in: <ul style="list-style-type: none"> <li>- California</li> </ul> </li> </ul> <p>Prior authorization required For oncology DX, please see cancer supportive care and chemotherapy sections above</p>	<p><b>Anti-emetics**</b> J0185 J1454 J1627  <b>Bevacizumab**</b> J9035 Q5126 Q5129  <b>Bone Density Agents</b> J3111 J0897**  <b>Colony-Stimulating Factors**</b> J1442 J1447 J1449Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130  <b>Erythropoiesis-Stimulating Agents</b> J0885  <b>Gemcitabine</b> J9198  <b>Gonadotropin Releasing Hormone Analogs for Oncology**</b> J1950  <b>Gout Agents</b> J2507  <b>Hyaluronic Acid Polymers</b> (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332  <b>Immune Globulins</b> J1551 J1554 J1576  <b>Immunomodulators</b> J1745 Q5104  <b>Intravenous Iron Products</b> J1437 J1439  <b>Leucovorin/Levoleucovorin</b> J0641 J0642  <b>Lipid Modifying Agent</b> J1306  <b>Migraine Prophylaxis</b> J3032  <b>Rituximab**</b> J9311 J9312 Q5123  <b>Systemic Lupus Erythematosus Agents</b> J0491  <b>Trastuzumab</b> J9355 J9356 Q5112 Q5113 Q5114  <b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>  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><b>Inpatient admission</b> <b>Plan exclusions:</b> None</p>	<p>Notification required</p>	
<p><b>Inpatient admissions – post-acute services</b></p> <p><b>Plan exclusions:</b> 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"> <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>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare® nursing home</li> </ul>	

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Lab Testing (Drug screens)</b> <b>Plan exclusions:</b> None	Prior authorization required	80301, 80305, 80306, 80307, 81225, 81226, 81227, G0480, G0481, G0482, G0483, G0479, G0659
<b>Non-emergency air transport</b> <b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 A0431 A0435 A0436
<b>Ophthalmology Procedures</b> <b>Plan exclusions:</b> None	Prior authorization required	66174 66175 66821
<b>Orthognathic surgery</b> <b>Plan exclusions:</b> 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
<b>Orthotics<sup>4</sup></b> <b>Plan exclusions:</b> None	Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000	L0112 L1710 L3050 L3455 L0140 L1720 L3060 L3460 L0150 L1730 L3070 L3465 L0170 L1755 L3080 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



Orthotics, continued

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><b>Orthopedic surgeries</b></p> <p><b>Plan exclusions:</b> 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>

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Other Procedures</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p>36903, 36904, 36905, 36906, 38999, 43999, C9762, C9763, G0235, M0076</p>
<p><b>Out-of-network services Plan exclusions:</b> None</p> <p>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><b><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u></b></p> <p>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.</p> <p>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.</p> <p>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>	
<p><b>Pain management</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p>62350 62351 62360 62361 62362</p> <p>64491 64492 64493 64494 64495 64628</p> <p>64629 64634 64636</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Potentially unproven services (including experimental/ investigational and/or linked services)<sup>2</sup></b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required Services, including medications, determined not to be effective for treatment of a medical condition. Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> <li>• Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>• Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>	<p>28890 36514 64405 64722 64744 66180 95965 95966</p>
<p><b>Prostate procedures Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p>52441 52442 55874</p>
<p><b>Prosthetics</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000</p>	<p>L4020 L5705 L6205 L6935 L5010 L5706 L6250 L6940 L5020 L5707 L6300 L6945 L5050 L5718 L6310 L6950 L5060 L5722 L6320 L6955</p> <p>L5100 L5724 L6350 L6960 L5105 L5726 L6360 L6965 L5150 L5728 L6370 L6970 L5160 L5780 L6380 L6975 L5200 L5781 L6382 L7007 L5210 L5782 L6384 L7008 L5220 L5795 L6400 L7009 L5230 L5811 L6450 L7040 L5250 L5814 L6500 L7045 L5270 L5816 L6550 L7170 L5280 L5818 L6570 L7180 L5301 L5822 L6580 L7181 L5311 L5824 L6582 L7185 L5312 L5826 L6584 L7186 L5321 L5828 L6586 L7190 L5331 L5830 L6588 L7191 L5341 L5840 L6590 L7260 L5400 L5845 L6621 L7261 L5420 L5848 L6624 L7266 L5500 L5856 L6638 L7272 L5505 L5857 L6639 L7274 L5510 L5858 L6646 L7499</p>

<b>Prosthetics, continued</b>		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
<b>Radiation therapy</b> <b>Plan exclusions: None</b>	Prior authorization required Prior authorization requests should be submitted to our Cancer Guidance Program (CGP). Online: <a href="https://mbm.linkplatform.com">mbm.linkplatform.com</a> Via email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a> Phone: <b>1-877-454-8365, TTY 711</b>	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

Procedures and services	Additional information	CPT® or HCPCS codes
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<p><b>Radiology</b></p> <p><b>Plan exclusions:</b></p> <p>UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POSSNP), (PPOSNP)</p>	<p>Prior authorization required for advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain PET scans</li> <li>• CT Angiography</li> <li>• MRI, MRA</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure.</p> <table border="1"> <tr><td>70336</td><td>73218</td><td>78014</td><td>78445</td></tr> <tr><td>70496</td><td>73219</td><td>78015</td><td>78451</td></tr> <tr><td>70498</td><td>73220</td><td>78016</td><td>78452</td></tr> <tr><td>70540</td><td>73221</td><td>78070</td><td>78453</td></tr> <tr><td>70542</td><td>73222</td><td>78075</td><td>78454</td></tr> <tr><td>70543</td><td>73223</td><td>78099</td><td>78456</td></tr> <tr><td>70544</td><td>73225</td><td>78102</td><td>78457</td></tr> <tr><td>70545</td><td>73706</td><td>78103</td><td>78458</td></tr> <tr><td>70546</td><td>73718</td><td>78104</td><td>78459</td></tr> <tr><td>70547</td><td>73719</td><td>78185</td><td>78466</td></tr> <tr><td>70548</td><td>73720</td><td>78195</td><td>78468</td></tr> <tr><td>70549</td><td>73721</td><td>78199</td><td>78469</td></tr> <tr><td>70551</td><td>73722</td><td>78201</td><td>78472</td></tr> <tr><td>70552</td><td>73723</td><td>78202</td><td>78473</td></tr> <tr><td>70553</td><td>73725</td><td>78215</td><td>78481</td></tr> <tr><td>70554</td><td>73774</td><td>78216</td><td>78483</td></tr> <tr><td>70555</td><td>74174</td><td>78226</td><td>78491</td></tr> <tr><td>71275</td><td>74175</td><td>78227</td><td>78492</td></tr> <tr><td>71550</td><td>74181</td><td>78230</td><td>78494</td></tr> <tr><td>71551</td><td>74182</td><td>78231</td><td>78496</td></tr> <tr><td>71552</td><td>74183</td><td>78232</td><td>78499</td></tr> <tr><td>71555</td><td>74185</td><td>78258</td><td>78575</td></tr> <tr><td>72141</td><td>74712</td><td>78261</td><td>78580</td></tr> <tr><td>72142</td><td>74713</td><td>78262</td><td>78582</td></tr> <tr><td>72146</td><td>75557</td><td>78264</td><td>78597</td></tr> <tr><td>72147</td><td>75559</td><td>78265</td><td>78598</td></tr> <tr><td>72148</td><td>75561</td><td>78266</td><td>78599</td></tr> <tr><td>72149</td><td>75563</td><td>78278</td><td>78600</td></tr> <tr><td>72156</td><td>75574</td><td>78282</td><td>78601</td></tr> <tr><td>72157</td><td>75635</td><td>78290</td><td>78605</td></tr> <tr><td>72158</td><td>76380</td><td>78291</td><td>78606</td></tr> <tr><td>72159</td><td>76498</td><td>78299</td><td>78608</td></tr> <tr><td>72191</td><td>77021</td><td>78300</td><td>78609</td></tr> <tr><td>72195</td><td>77058</td><td>78305</td><td>78610</td></tr> <tr><td>72196</td><td>77059</td><td>78306</td><td>78630</td></tr> <tr><td>72197</td><td>77084</td><td>78315</td><td>78635</td></tr> <tr><td>72198</td><td>78012</td><td>78399</td><td>78645</td></tr> <tr><td>73206</td><td>78013</td><td>78428</td><td>78650</td></tr> </table>	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
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Procedures and services	Additional information	CPT® or HCPCS codes			
<b>Radiology, continued</b>		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	
<b>Rhinoplasty</b> <b>Plan exclusions:</b> None  Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465			
<b>Sleep apnea procedures and surgeries</b> <b>Plan exclusions:</b> 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.	21685 42145	41512	41530	41599



Procedures and services	Additional information	CPT® or HCPCS codes																								
<b>Sleep Studies</b> <b>Plan exclusions:</b> None	Prior authorization required	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811																								
<b>Stimulators</b> <b>Plan exclusions:</b> None Implantation of a device that sends electrical impulses  <b>Bone growth stimulators</b> <b>Spinal/neurostimulators</b>	Prior authorization required	<table border="0"> <tr> <td>61850</td> <td>61863</td> <td>61864</td> <td>61867</td> </tr> <tr> <td>61868</td> <td>61885</td> <td>61886</td> <td>63650</td> </tr> <tr> <td>63655</td> <td>63685</td> <td>63662</td> <td>63663</td> </tr> <tr> <td>63664</td> <td>63668</td> <td>64555</td> <td>64568</td> </tr> <tr> <td>64590</td> <td>L8680</td> <td>L8683</td> <td>L8685</td> </tr> <tr> <td>L8586</td> <td>L8687</td> <td>L8688</td> <td></td> </tr> </table>	61850	61863	61864	61867	61868	61885	61886	63650	63655	63685	63662	63663	63664	63668	64555	64568	64590	L8680	L8683	L8685	L8586	L8687	L8688	
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61868	61885	61886	63650																							
63655	63685	63662	63663																							
63664	63668	64555	64568																							
64590	L8680	L8683	L8685																							
L8586	L8687	L8688																								
<b>Therapeutic Radiology Treatment/ Radiation Oncology</b>  <b>Plan exclusions:</b> None	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	Stereotactic Radiosurgery (SRS) G0173, G0251 Intensity-modulated radiation therapy (IMRT) 77418																								

<p><b>Transplant of tissue or organs</b></p> <p><b>Plan exclusions:</b> 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), Abecma® (Idecaptogene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum transplant case management team at <b>1-888-936-7246</b> or the notification number on the back of the member's health plan ID card. <b>Bone marrow harvest</b></p> <table border="0"> <tr> <td>38240</td> <td>38241</td> <td>38242</td> <td></td> </tr> <tr> <td colspan="4"><b>Heart/lung</b></td> </tr> <tr> <td>33930</td> <td>33935</td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>Heart</b></td> </tr> <tr> <td>33940</td> <td>33944</td> <td>33945</td> <td></td> </tr> <tr> <td colspan="4"><b>Lung</b></td> </tr> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32856</td> <td>S2060</td> <td>S2061</td> </tr> <tr> <td colspan="4"><b>Kidney</b></td> </tr> <tr> <td>50300</td> <td>50320</td> <td>50323</td> <td>50340</td> </tr> <tr> <td>50360</td> <td>50365</td> <td>50370</td> <td>50380</td> </tr> <tr> <td>50547</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>Pancreas</b></td> </tr> <tr> <td>48551</td> <td>48552</td> <td>48554</td> <td></td> </tr> <tr> <td colspan="4"><b>Liver</b></td> </tr> <tr> <td>47135</td> <td>47143</td> <td>47147</td> <td></td> </tr> <tr> <td colspan="4"><b>Intestine</b></td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> </tr> </table>	38240	38241	38242		<b>Heart/lung</b>				33930	33935			<b>Heart</b>				33940	33944	33945		<b>Lung</b>				32850	32851	32852	32853	32854	32856	S2060	S2061	<b>Kidney</b>				50300	50320	50323	50340	50360	50365	50370	50380	50547				<b>Pancreas</b>				48551	48552	48554		<b>Liver</b>				47135	47143	47147		<b>Intestine</b>				44132	44133	44135	44136
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Transplant of tissue or organs (continued)</b>	Prior authorization required	<b>Services related to transplants</b> 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152 C9076 <b>CART-cell therapy</b> 0537T 0538T 0539T 0540T Q2041 Q2042 Q2053 Q2054 Q2055 *Code 38232 will only require prior authorization for an oncology diagnosis. <b>Zynteglo (betibeglogene autotemcel)</b> C9399/J3490/J3590
<b>Vein procedures</b> <b>Plan exclusions:</b> None 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	36468, 36469, 36470, 36471, 36473, 36475, 36476, 36478, 36479, 36482, 37243, 37700, 37718, 37722, 37780, 37799
<b>Ventricular assist devices (VAD)</b> <b>Plan exclusions:</b> None A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Please call the Optum VAD case management team at <b>1-888-936-7246</b> or the notification number on the back of the member's health plan ID card. 33975 33976 33979 33981 33982 <b>33983</b>



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1. Admissions for alcohol, drug, and/or substance abuse or mental illness: Call Optum® Behavioral Health at: 1-800-579-5222, TTY 711.
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.