

# Optum 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.

**The following 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
- Alcohol, drug and/or substance abuse admissions
- Behavioral health admissions

**Submitting admit notification:**

**Hospital admissions:**

- Online: [secure.optumcare.com/provider/account/logon](https://secure.optumcare.com/provider/account/logon)
- Phone: **1-855-822-4325**
- Fax: **1-888-822-4325**

**Skilled Nursing Facility admissions:**

All skilled nursing facility (SNF) and post-acute care admissions can be submitted to Navi Health.

- **nH Access Portal:** To enroll in nH Access, please visit [partners.navihealth.com/partner/nh-access](https://partners.navihealth.com/partner/nh-access)
- Fax: **1-844-244-9482**
- Phone: **1-855-851-1127**

**Alcohol, drug, and/or substance abuse or mental illness admissions:**

Call Optum Behavioral Health at **1-800-579-5222**, TTY 711

| Procedures and services   | Additional information  | CPT® or HCPCS codes  |
|---|---|--|
| <p><b>Behavioral health services</b></p> <p>Plan exclusions: None</p> <p>Behavioral health services through a designated behavioral health network</p>                | <p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>       | <p>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.</p>   |
| <p><b>Bariatric Surgery</b></p> <p>Plan exclusions: None</p>  | <p>Prior authorization required</p>   | <p>43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43844, 43845, 43846, 43847, 43848, 43860, 43865, 43882, 43886, 43887, 43888, 44799</p>   |
| <p><b>Bone growth stimulator</b></p> <p>Plan exclusions: None</p>   | <p>Prior authorization required</p>   | <p>20974, 20975, 20979, E0747, E0748, E0749, E0760</p>   |
| <p><b>Breast reconstruction (non- mastectomy)</b></p> <p>Reconstruction of the breast except when following a mastectomy</p> <p>Plan exclusions: None</p>             | <p>Prior authorization required</p>   | <p>11920, 11921, 11922, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600</p> <p><b>Prior authorization is not required for the following diagnosis codes:</b></p> <p>C50.011, C50.312, C50.619, C50.012, C50.319, C50.621, C50.019, C50.321, C50.622, C50.021, C50.322, C50.629, C50.022, C50.329, C50.811, C50.029, C50.411, C50.812, C50.111, C50.412, C50.819, C50.112, C50.419, C50.821, C50.119, C50.421, C50.822, C50.121, C50.422, C50.829, C50.122, C50.429, C50.911, C50.129, C50.511, C50.912, C50.211, C50.512, C50.919, C50.212, C50.519, C50.921, C50.219, C50.521, C50.922, C50.221, C50.522, C50.929, C50.222, C50.529, C79.81, C50.229, C50.611, D05.00, C50.311, C50.612, D05.01</p> |
| <p><b>Cardiology</b></p> <p>Plan exclusions:</p> <p>UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMOSNP), (HMO-POS SNP), (PPO SNP)</p> | <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based procedures prior to performance</p> | <p>0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33230, 33231, 33240, 33262, 33263, 33264, 33270, 33285, 33289, 93350, 93351, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93799, C2624, E0616</p>   |
| <p><b>Cardiovascular</b></p> <p>Plan exclusions: None</p>   | <p>Prior authorization required</p>   | <p><b>Cardiology</b></p> <p>93653, 93656</p> <p><b>Vascular*</b></p> <p>37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231,</p> <p>*Prior authorization is not required for the following service codes:</p> <p>170.222, 170.521, 170.769, M86.379, 170.223, 170.522, 172.3, M86.38, 170.228, 170.523, 172.4,</p>  |

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|--|-------------------------------------|--|
| <p><b>Cardiovascular, continued</b></p>                    |                                     | <p>M86.39, I70.229, I70.528, I72.8, M86.40, I70.231, I70.529, I72.9, M86.451, I70.232, I70.531, I73.00, M86.452, I70.233, I70.532, I73.01, M86.459, I70.234, I70.533, I73.1, M86.461, I70.235, I70.534, I73.81, M86.462, I70.238, I70.535, I74.3, M86.469, I70.239, I70.538, I74.4, M86.471, I70.241, I70.539, I74.5, M86.472, I70.242, I70.541, I74.8, M86.479, I70.243, I70.542, I74.9, M86.48, I70.244, I70.543, I75.021, M86.49, I70.245, I70.544, I75.022, M86.50, I70.248, I70.545, I75.023, M86.551, I70.249, I70.548, I75.029, M86.552, I70.25, I70.549, I75.89, M86.559, I70.261, I70.561, I77.2, M86.561, I70.262, I70.562, I77.70, M86.562, I70.249, I70.563, I77.72, M86.571, I70.25, I70.568, I77.77, M86.572, I70.261, I70.761, I77.79, M86.579, I70.262, I70.762, M86.369, M86.58, I70.468, I70.763, M86.371, I70.469, I70.768, M86.372, I70.268, I70.269, I70.321, I70.322, I70.323, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.369, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.569, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.661, I70.662, I70.663, I70.668, I70.669, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I96., L03.115, L03.116, M86.051, M86.052, M86.059, M86.061, M86.062, M86.069, M86.071, M86.072, M86.079, M86.08, M86.09, M86.10, M86.151, M86.152, M86.159, M86.161, M86.162, M86.169, M86.171, M86.172, M86.179, M86.18, M86.19, M86.20, M86.251, M86.252, M86.259, M86.261, M86.262, M86.269, M86.271, M86.272, M86.279, M86.28, M86.29, M86.30, M86.351, M86.352, M86.359, M86.361, M86.362, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, M86.8X9, M86.9, 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</p> |
| <p><b>Cartilage implants</b><br/>Plan exclusions: None</p> | <p>Prior authorization required</p> | <p>27412, 27415, 27416</p>   |

**Category III, Temporary "T"  
Codes**

Prior authorization required

Plan exclusions: None

0019T, 0020T, 0021T, 0023T, 0024T, 0025T, 0026T, 0027T, 0028T, 0029T, 0030T, 0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T, 0042T, 0043T, 0044T, 0045T, 046T, 0047T, 0048T, 0049T, 0050T, 0051T, 0052T, 0053T, 0054T, 0055T, 0056T, 0057T, 0058T, 059T, 0060T, 0061T, 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0074T, 0075T, 0076T, 0077T, 078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, 0088T, 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0110T, 0111T, 0115T, 116T, 0117T, 0119T, 0120T, 0123T, 0124T, 0126T, 0130T, 0133T, 0135T, 0137T, 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, 177T, 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, 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

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| <p><b>Chemotherapy</b></p> <p>Plan exclusions:</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><br/>mbm.linkplatform.com</p> <p><b>Via email:</b><br/>optumcare_smgp@optum.com</p> <p><b>Phone: 1-877-454-8365</b>, TTY711</p> | <p>Prior authorization required</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> <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>**For non-cancer diagnoses, See Part B Step Therapy Section</p> <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <table border="1" data-bbox="565 940 971 1262"> <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> | 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:</p> <p>C9155, C9163, C9165, J8999*, J9029, J9052, J9072, J9286, J9321, J9345, Q5129**</p> <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   |       |          |       |   |       |  |       |                                    |       |                          |   |

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| <p><b>Chemotherapy (Non-CGP)</b></p> <p>Planexclusions: Institutional special needs plans (ISNP)</p> <p><b>Online:</b> Go to providers.optumcaremw.com.</p> <p><b>Prior authorization Intake department fax #:</b><br/><b>1-888-992-2809</b></p> <p><b>Prior authorization Intake department phone</b><br/>(Only if online or fax is not an option): <b>1-877-370-2845</b>, TTY 711</p> | <p>Prior authorization required</p> | <p><b>Injectable chemotherapy drugs that require notification:</b></p> <ul style="list-style-type: none"> <li>• Injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</li> </ul> <p>J1954, J9037, J9051, J9064, J9172, J9199, J9218, J9255, J9258, J9274, J9285, J9314, J9322, J9324, J9347, J9380</p> |
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| <p><b>Cochlear and other auditory implants</b></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>  |
| <p><b>Cosmetic and reconstructive Procedures</b></p> <p>Plan exclusions: None</p> <ul style="list-style-type: none"> <li>• Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</li> <li>• Reconstructive procedures that treat a medical condition or improve or restore physiologic function.</li> </ul> <p>Includes breast reconstruction (non-mastectomy) and septoplasty/rhinoplasty.</p> | <p>Prior authorization required</p> <p>Advance notification required for services, whether scheduled as inpatient or outpatient</p>  | <p>11920, 21172, 21267, 67900, 11921, 21175, 21268, 67901, 11922, 21179, 21275, 67902, 11960, 21180, 21299, 67903, 11971, 21181, 21740, 67904, 15820, 21182, 21742, 67906, 15821, 21183, 21743, 67908, 15822, 21184, 28344, 67909, 15823, 21230, 30465, 67912, 15830, 21235, 30540, 67914, 15847, 21248, 30545, 67917, 15877, 21249, 30560, 67950, 15878, 21255, 30620, 67961, 17106, 21256, 31295, 67966, 17107, 21260, 31296, Q2026, 17108, 21261, 31297, 17999, 21263, 31298</p>   |
| <p><b>Durable medical equipment (DME)</b></p> <p>Plan exclusions: Institutional/special needs plans (ISNP)</p>   | <p><b>Section one:</b><br/> 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> | <p>E0466, 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> |

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| <p><b>Durable medical equipment (DME)</b></p> <p>Plan exclusions: Institutional special needs plans (ISNP)</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, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, 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> |
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| <p><b>End-stage renal disease/dialysis services</b></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.</p> <p>Advance notification/prior authorization isn't 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 <b>1-866-561-7518</b>.</p>   |
| <p><b>Gender dysphoria treatment</b></p> <p>Plan exclusions: None</p>   | <p>Prior authorization required</p>  | <p>55970and 55980 (regardless of diagnosis)</p> <p>These surgical codes, when billed with one of the following diagnosis codes:<br/>F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890</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>Plan exclusions: 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, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81450, 81455,</p> |

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|   |   | 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><br>Plan exclusions: None<br>Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home | Prior authorization required  | B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161   |
| <b>Hyperbaric Oxygen Treatment</b><br>Plan exclusions: None   | Prior authorization required  | 99183, 99184  |
| <b>Hysterectomy (abdominal and laparoscopic surgeries)- inpatient and outpatient procedures</b><br>Plan exclusions: None                                      | Prior authorization required  | 58150, 58542, 58552, 58571, 58152, 58543, 58553, 58572, 58180, 58544, 58554, 58573, 58541, 58550, 58570   |
| <b>Hysterectomy (vaginal) – inpatient only</b><br>Plan exclusions: None   | No prior authorization required for outpatient vaginal hysterectomies | 58260, 58270, 58280, 58293, 58291, 58294, 58262, 58267, 58275, 58290, 58292, 58263  |
| <b>Inpatient admission</b><br>Plan exclusions: None   | Notification required   |   |

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| <p><b>Inpatient admissions – post-acute services</b></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"> <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>UnitedHealthcare® nursing home plans are excluded from the skilled nursing facility prior authorization requirement:</p>  |  |
| <p><b>Out-of-network services</b></p> <p>Plan exclusions: 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>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> |  |
| <p><b>Non-emergency air transport</b></p> <p>Plan exclusions: None</p> <p>Non-urgent ambulance transportation by air between specified locations</p>  | <p>Prior authorization required</p>   | <p>A0430, A0431, A0435, A0436</p>  |
| <p><b>Ophthalmology Procedures</b></p> <p>Plan exclusions: None</p>   | <p>Prior authorization required</p>   | <p>66174, 66175, 66821</p>   |
| <p><b>Orthognathic surgery</b></p> <p>Plan exclusions: None</p> <p>Treatment of maxillofacial (jaw) functional impairment</p>   | <p>Prior authorization required</p>   | <p>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</p>  |
| <p><b>Orthotics</b></p> <p>Plan exclusions: None</p>  | <p>Prior authorization required for all foot orthotics, regardless of billed charge.</p> <p>Prior authorization required for other orthotics devices greater than \$1,000 billed charge per device.</p>   | <p>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,</p> |

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| <p>Orthotics, continued</p>  |                                     | <p>L0482, L2010, L3207, L3590, L0484, L2020, L3208, L3595, L0486, L0488, L0622, L0623, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1001, L1005, L1200, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1686, L1690, L1700, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2108, L2126, L2128, L2134, L2136, L2232, L2320, L2350, L2387, L2520, L2525, L2526, L2627, L2628, L2800, L2861, L2999, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3209, L3211, L3212, L3213, L3214, L3215, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3600, L3610, L3620, L3630, L3640, L3649, L3674, L3720, L3730, L3740, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3921, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4000, L4030, L4040, L4045, L4050, L4055, L4631</p>                                    |
| <p><b>Orthopedic surgeries</b></p> <p>Plan exclusions: None</p> <p>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, 63047, 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><b>Other Procedures</b></p> <p>Plan exclusions: None</p>                                      | <p>Prior authorization required</p> | <p>36903, 36904, 36905, 36906, 38999, 43999, 68520, C9762, C9763, G0235, M0076</p>  |

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| <p><b>Pain management</b></p> <p>Plan exclusions: None</p>  | <p>Prior authorization required</p>   | <p>62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494, 64495, 64634, 64636</p>   |
| <p><b>Potentially unproven services</b><br/>(including experimental/ investigational and/or linked services)</p> <p>Plan exclusions: None</p> <p>Optum Care Network– Kansas/Missouri 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– Kansas/Missouri 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.</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</b></p> <p>Plan exclusions: None</p>  | <p>Prior authorization required</p>   | <p>52441, 52442</p>   |
| <p><b>Prosthetics</b></p> <p>Plan exclusions: None</p>  | <p>Prior authorization required for prosthetics 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, 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, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5930, L5960, L5961, L5964, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6025, L6026,</p> |

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| <p>Prosthetics, continued</p>  |   | <p>L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6648, L6693, L6696, L6697, L6707, L6708, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8049, L8499, L8505, L8604, L8609, L8681, L8689, L8699, L8701, L8702, V2623, V2624, V2625, V2626, V2627, V2628</p>   |
| <p><b>Radiology</b></p> <p>Plan exclusions:</p> <p>UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (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> <p>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, 78216, 78483, 78491, 70555, 74174, 78226, 78492, 71275, 74175, 78227, 78494, 71550, 74181, 78230, 78496, 71551, 74182, 78231, 78499, 71552, 74183, 78232, 78575, 71555, 74185, 78258, 78580, 72141, 74712, 78261, 78582, 72142, 74713, 78262, 78597, 72146, 75557, 78264, 78598, 72147, 75559, 78265, 78599, 72148, 75561, 78266, 78600, 72149, 75563, 78278, 78601, 72156, 75574, 78282, 78605, 72157, 75635, 78290, 78606, 72158, 76380, 78291, 78608, 72159, 76498, 78299, 78609, 72191, 77021, 78300, 78610, 72195, 77058, 78305, 78630, 72196, 77059, 78306, 78635, 72197, 77084, 78315, 78645, 72198, 78012, 78399, 78650, 73206, 78013, 78428, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78999, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8037, S8042, S8080, S8085, S8092, 76376, 76377</p> |
| <p><b>Rhinoplasty</b></p> <p>Plan exclusions: None</p> <p>Treatment of nasal functional impairment and septal deviation</p>  | <p>Prior authorization required</p>   | <p>30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465</p>   |

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| <p><b>Sleep apnea procedures and surgeries</b></p> <p>Plan exclusions: None</p> <p>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea</p>                                     | <p>Prior authorization required Applies to inpatient or outpatient procedures and surgeries. Applies only for surgical sleep apnea procedures and not sleep studies.</p>   | <p>21685, 42145, 41512, 41530, 41599</p>  |
| <p><b>Sleep Studies</b></p> <p>Plan exclusions: None</p>  | <p>Prior authorization required</p>  | <p>95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811</p>   |
| <p><b>Stimulators</b></p> <p>Plan exclusions: None</p> <p>Implantation of a device that sends electrical impulses.</p> <ul style="list-style-type: none"> <li>• Bone growth stimulators</li> <li>• Spinal/neurostimulators</li> </ul> | <p>Prior authorization required</p>  | <p>61850, 61886, 63668, L8680, 61863, 63650, 63685, L8683, 61864, 63655, 64555, L8685, 61867, 63662, 64568, L8687, 61868, 63663, 64590, L8688, 61885, 63664, L8586</p>  |
| <p><b>Therapeutic Radiology Treatment/Radiation Oncology</b></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><b>Online:</b><br/>mbm.linkplatform.com</p> <p><b>Via email:</b><br/>optumcare_smgp@optum.com</p> <p><b>Phone:</b><br/><b>1-877-454-8365</b>, TTY 711</p> | <p>55874, 77401, G0340, G6010, 77014, 77470, G6001, G6011, 77331, 77520, G6002, G6012, 77370, 77522, G6003, G6013, 77371, 77523, G6004, G6014, 77372, 77525, G6005, G6015, 77373, 79445, G6006, G6016, 77385, 0394T, G6007, G6017, 77386, 0395T, G6008, 77399, G0339, G6009</p> |
|   | <p>Prior authorization required</p> <p>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><b>Stereotactic Radiosurgery (SRS)</b><br/>G0173, G0251</p> <p><b>Intensity-modulated radiation therapy (IMRT)</b><br/>77418</p>   |

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| <p><b>Transplant of tissue or organs</b></p> <p>Plan exclusions: None</p> <ul style="list-style-type: none"> <li>• Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation</li> <li>• Request for transplant or transplant-related services prior to pre-treatment or evaluation</li> </ul> | <p>Prior authorization required</p> <p>For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel), Abecma® (Idecaptagene 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.</p> <p>*Code 38232: Prior authorization only required for an oncology diagnosis.</p> | <p><b>Bone marrow harvest</b><br/>38240, 38241, 38242</p> <p><b>Heart/lung</b><br/>33930, 33935</p> <p><b>Heart</b><br/>33940, 33944, 33945</p> <p><b>Lung</b><br/>32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p><b>Kidney</b><br/>50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p><b>Pancreas</b><br/>48551, 48552, 48554</p> <p><b>Liver</b><br/>47135, 47143, 47147</p> <p><b>Intestine</b><br/>44132, 44133, 44135, 44136, 38210, 38212, 38213, 38214, 38215, 38232*, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152, C9076</p> <p>*Prior authorization required only for an oncology diagnosis.</p> <p><b>CART-cell therapy</b><br/>0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2053, Q2054, Q2055</p> <p><b>Zynteglo (betibeglogene autotemcel)</b><br/>C9399, J3490, J3590</p> |
| <p><b>Vein procedures</b></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>  |
| <p><b>Ventricular assist devices (VAD)</b></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>Prior authorization required</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>  |



| Injectable medications   | Codes/Additional notes |
|--|------------------------|
| <b>Injectable medications</b><br>For oncology DX, please see cancer supportive care and chemotherapy sections above. |                        |
| Immune Globulin (Igiv), Human, Iv Use  | 90283                  |
| Immune globulin (SClg), human  | 90284                  |
| Respiratory syncytial virus, monoclonal  | 90378                  |
| Gallium Ga-68 gozetotide, diagnostic   | A9800                  |
| Injection, patisiran, 0.1 mg   | C9036                  |
| Injection, mogamulizumab-kpkc, 1 mg  | C9038                  |
| Injection, teplizumab-mzww, 5 mcg  | C9149                  |
| Injection, tofersen  | C9157                  |
| Injection, avacincaptad pegol  | C9162                  |
| Injection, abatacept, 10 mg  | J0129                  |
| Adalimumab injection   | J0135                  |
| Injection, aducanumab-avwa, 2mg  | J0172                  |
| Injection, lecanemab-irmb  | J0174                  |
| Injection, aflibercept, 1 mg   | J0178                  |
| Injection, avalglucosidase alfangpt  | J0219                  |
| Injection, givosiran, 0.5 mg   | J0223                  |
| Injection, lumasiran, 0.5 m  | J0224                  |
| Injection, vutrisiran, 1 mg  | J0225                  |
| Injection, alpha 1-proteinase inhibitor  | J0256                  |
| Injection, burosumab-twza 1 mg   | J0584                  |
| Injection, onabotulinumtoxina, 1 Unit  | J0585                  |
| Injection, abobotulinumtoxina, 5 Units   | J0586                  |
| Injection, rimabotulinumtoxinb   | J0587                  |
| Injection, incobotulinumtoxinA, 1 unit   | J0588                  |
| Cinacalcet, oral 1 mg (for ESRD/DIAL)  | J0604                  |
| Injection, clostridium histolyticum  | J0775                  |
| Injection, crizanlizumab-tmca, 5 mg  | J0791                  |
| Injection, difelikefalin, 0.1 microgram  | J0879                  |
| Injection, darbepoetin alfa, 1 mcg   | J0882                  |
| Epoetin alfa, esrd   | J0886                  |

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| Injection, luspatercept-aamt, 0.25 mg        | J0896        |
| Injection, eculizumab, 10 mg                 | J1300        |
| Injection, edaravone, 1 mg                   | J1301        |
| Injection, sutimlimab-jome                   | J1302        |
| Injection, ravulizumab-cwvz, 10 mg           | J1303        |
| Injection, tofersen                          | J1304        |
| Injection, evinacumab-dgnb, 5 mg             | J1305        |
| Injection, valoctocogene roxaparvovec-rvox   | J1412        |
| Injection, delandistrogene moxeparvovec-rokl | J1413        |
| Injection, etranacogene dezaparvovec         | J1411        |
| Injection, immune globulin (Privigen)        | J1459        |
| Injection, immune globulin (Cuvitru)         | J1555        |
| Injection, immune globulin (bivigam)         | J1556        |
| Injection, immune globulin (Gammaplex)       | J1557        |
| Injection, immune globulin (xembify)         | J1558        |
| Injection, immune globulin (hizentra)        | J1559        |
| Injection, immune globulin (Gamunex)         | J1561        |
| Injection, immune globulin, intravenous      | J1566        |
| Injection, immune globulin, (octagam)        | J1568        |
| Injection, immune globulin, liquid           | J1569        |
| Injection, immune globulin                   | J1572        |
| Injection, immune globulin                   | J1575        |
| Injection, immune globulin, intravenous      | J1599        |
| Injection, spesolimab-sbzo                   | J1747        |
| Injection, histrelin acetate                 | J1675        |
| Injection, inebilizumab-cdon, 1 mg           | J1823        |
| Injection, natalizumab, 1 mg                 | J2323        |
| Injection, nusinersen, 0.1 mg                | J2326        |
| Injection, risankizuman-rzaa                 | J2327        |
| Injection, ublituximab-xiiy                  | J2329        |
| Injection, ocrelizumab, 1 mg                 | J2350        |
| Injection, tezepelumab-ekk                   | J2356        |
| Injection, palonosetron HCl                  | J2469        |
| Injection, pegcetacoplan, 1mg                | C9151, J2781 |

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| Injection, plasminogen tvmh 1mg           | J2998 |
| Injection, pegaptanib sodium, 0.3 mg      | J2503 |
| Injection, pegfilgrastim, 6 mg            | J2505 |
| Injection, teprotumumab-trbw, 10 mg       | J3241 |
| Triamcinolone A inj PRS-free              | J3300 |
| Ustekinumab, for subcutaneous inj         | J3357 |
| Injection, vedolizumab, 1 mg              | J3380 |
| Injection, voretigene neparvovec-rzyl     | J3398 |
| Injection, onasemnogene abeparvovec       | J3399 |
| Injection, beremagene-geperpavec-svdt     | J3401 |
| Factor VIIa (antihemophilic Factor)       | J7189 |
| Injection, cytarabine liposome            | J9098 |
| Injection, diethylstilbestrol diphosphate | J9165 |

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| Injection, efgartigimod alfa-fcab, 2mg   | J9332   |
| Injection, rozanolixizumab-noli  | J9333   |
| Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc  | J9334   |
| Injection, teplizumab mzwv   | J9381   |
| Injection, teniposide 50 mg  | Q2017   |
| Injection, infliximab-axxq, biosimilar   | Q5121   |
| Injection, menotropins, 75 lu  | S0122   |
| Injection, ganirelix acetate, 250 Mcg  | S0132   |
| <b>Unclassified/Not Otherwise Classified Injectables</b>   | C9399, J3490 and J3590 require prior authorization for the following drug names:<br><br>Izervay, Roctavian, Rystiggo, Skysona, Vyvgart, Vyvgart-Hytrulo   |
| <b>Injectable medications – step therapy</b>   | <p><b>Anti-emetics**</b> J0185 J1454 J1627</p> <p><b>Bevacizumab**</b> J9035 Q5126 Q5129</p> <p><b>Bone Density Agents</b> J3111 J0897**</p> <p><b>Colony-Stimulating Factors**</b> J1442 J1447 J1449Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130</p> <p><b>Erythropoiesis-Stimulating Agents</b> J0885</p> <p><b>Gemcitabine</b> J9198</p> <p><b>Gonadotropin Releasing Hormone Analogs for Oncology**</b> J1950</p> <p><b>Gout Agents</b> J2507</p> <p><b>Hyaluronic Acid Polymers</b> (FDA approved as medical devices)<br/>J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332</p> <p><b>Immune Globulins</b> J1551 J1554 J1576</p> <p><b>Immunomodulators</b> J1745 Q5104</p> <p><b>Intravenous Iron Products</b> J1437 J1439</p> <p><b>Leucovorin/Levoleucovorin</b> J0641 J0642</p> <p><b>Lipid Modifying Agent</b> J1306</p> <p><b>Migraine Prophylaxis</b> J3032</p> <p><b>Rituximab**</b> J9311 J9312 Q5123</p> <p><b>Systemic Lupus Erythematosus Agents</b> J0491</p> <p><b>Trastuzumab</b> J9355 J9356 Q5112 Q5113 Q5114</p> <p><b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b><br/>J0179 J2777 J2778 J2779 Q5124 Q5128</p> <p><b>**Prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Chemotherapy or Cancer supportive care sections above.</b></p> |
| <b>Plan exclusions:</b> <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-MyersSquibb</li> <li>Verizon</li> </ul> </li> <li>Plans offered in California</li> </ul> |   |



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