



Optum Care Arizona Blue Cross Blue Shield prior authorization requirements

Effective Jan. 1, 2024

General information

- **Online:**

To submit a prior authorization notification, login to optumproportal.com and select the **Referrals & Prior Authorization** section.

- **Prior authorization Intake department fax#:** 1-888-992-2809
- **Prior authorization Intake department phone (Only if online or fax is not an option):** 1-877-370-2845, TTY711
- **Prior authorization department email:** lcd_um@optum.com

Prior authorization is not required for emergency or urgent care.

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

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 abuse¹
- Behavioral health admissions¹

Procedures and services	Additional information	CPT® or HCPCS codes
<p>Behavioral health services</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>Bariatric Surgery</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>Bone growth stimulator</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>20974 20975 20979 E0747 E0748 E0749 E0760</p>
<p>Breast reconstruction (non- mastectomy)</p> <p>Plan exclusions: None</p> <p>Reconstruction of the breast except when following mastectomy</p>	<p>Prior authorization required</p>	<p>11920 19328 19361 19371 11921 19330 19364 19380 11922 19340 19367 19396</p> <p>19316 19342 19368 L8600 19318 19350 19369 19325 19357 19370</p> <p>Prior authorization is not required for the following diagnosis codes:</p> <p>C50.019 C50.011 C50.012 C50.111 C50.112 C50.119 C50.211 C50.212 C50.219 C50.311 C50.312 C50.319 C50.411 C50.412 C50.419 C50.511 C50.512 C50.519 C50.611 C50.612 C50.619 C50.811 C50.812 C50.819 C50.911 C50.912 C50.919 C50.029 C50.021 C50.022 C50.121 C50.122 C50.129 C50.221 C50.222 C50.229 C50.321 C50.322 C50.329 C50.421 C50.422 C50.429 C50.521 C50.522 C50.529 C50.621 C50.622 C50.629 C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10</p>

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Cardiology Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	Prior authorization required for participating physicians for inpatient, outpatient and office-based procedures prior to performance	0517T 0614T33206332123321333214 33221 33224 3322733228 33230 33231 33240 3326233263332643327033285 33289 78428 78429 78430 7843178432 78433 93350 93351 93799 C2624 E0616																																																																																																																																																																																																																																																																																																						
Cardiovascular Plan exclusions: None	Prior authorization required	Cardiology 93656 Vascular *37230 *37231 <table border="1" data-bbox="621 579 1386 1738"> <thead> <tr> <th colspan="6">*Prior authorization NOT required with the following diagnosis codes:</th> </tr> </thead> <tbody> <tr><td>E08.52</td><td>I70.35</td><td>I70.561</td><td>I70.761</td><td>M86.169</td><td>M86.571</td></tr> <tr><td>E09.52</td><td>I70.361</td><td>I70.562</td><td>I70.762</td><td>M86.171</td><td>M86.572</td></tr> <tr><td>E10.52</td><td>I70.362</td><td>I70.563</td><td>I70.763</td><td>M86.172</td><td>M86.579</td></tr> <tr><td>E11.52</td><td>I70.363</td><td>I70.568</td><td>I70.768</td><td>M86.179</td><td>M86.58</td></tr> <tr><td>E13.52</td><td>I70.369</td><td>I70.569</td><td>I70.769</td><td>M86.18</td><td>M86.59</td></tr> <tr><td>I70.221</td><td>I70.421</td><td>I70.621</td><td>I72.3</td><td>M86.19</td><td>M86.60</td></tr> 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I70.322	I70.523	I70.723	M86.051	M86.451	S35.512A																																																																																																																																																																																																																																																																																																			
I70.323	I70.528	I70.728	M86.052	M86.452	S81.801A																																																																																																																																																																																																																																																																																																			
I70.329	I70.529	I70.729	M86.059	M86.459	S81.802A																																																																																																																																																																																																																																																																																																			
I70.331	I70.531	I70.731	M86.061	M86.461	S81.809A																																																																																																																																																																																																																																																																																																			
I70.332	I70.532	I70.732	M86.062	M86.462	S91.301A																																																																																																																																																																																																																																																																																																			
I70.333	I70.533	I70.733	M86.069	M86.469	S91.302A																																																																																																																																																																																																																																																																																																			
I70.334	I70.534	I70.734	M86.071	M86.471	S91.309A																																																																																																																																																																																																																																																																																																			
I70.335	I70.535	I70.735	M86.072	M86.472	T82.312A																																																																																																																																																																																																																																																																																																			
I70.338	I70.538	I70.738	M86.079	M86.479	T82.318A																																																																																																																																																																																																																																																																																																			
I70.339	I70.539	I70.739	M86.08	M86.48	T82.319A																																																																																																																																																																																																																																																																																																			
I70.341	I70.541	I70.741	M86.09	M86.49	T82.338A																																																																																																																																																																																																																																																																																																			
I70.342	I70.542	I70.742	M86.10	M86.50	T82.392A																																																																																																																																																																																																																																																																																																			
I70.343	I70.543	I70.743	M86.151	M86.551	T82.398A																																																																																																																																																																																																																																																																																																			
I70.344	I70.544	I70.744	M86.152	M86.552	T82.399A																																																																																																																																																																																																																																																																																																			
I70.345	I70.545	I70.745	M86.159	M86.559	T82.818A																																																																																																																																																																																																																																																																																																			
I70.348	I70.548	I70.748	M86.161	M86.561	T82.868A																																																																																																																																																																																																																																																																																																			
I70.349	I70.549	I70.749	M86.162	M86.562	T82.898A																																																																																																																																																																																																																																																																																																			

Procedures and services	Additional information	CPT® or HCPCS codes
Cartilage implants Plan exclusions: None	Prior authorization required	27412 27415 27416
Category III, Temporary “T” Codes Planexclusions: 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>Chemotherapy</p> <p>Plan exclusions:</p> <p>Institutional special needs plans (ISNP)</p>	<p>Injectable chemotherapy drugs that require notification:</p> <ul style="list-style-type: none"> • Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis <p>*For non-cancer diagnoses, see Injectable Medications/Step Therapy section</p> <p>Codes effective 5/1/2024: C9087, J1323, J2277, J3055, J9073, J9075</p>	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9155, C9163, C9165, C9257*, J0185*, J0202, J0222, J0640*, J0641*, J0642*, J0881, J0885*, J1442*, J1447*, J1448, J1453*, J1454*, J1456, J1627*, J1930, J1932, J1950*, J1952, J1954, J2353, J2354, J2357, J2506*, J2796, J2820, J2860, J3262, J3315, J7504, J8999, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9035*, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9051, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9064, J9065, J9070, J9071, J9072, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9172, 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, J9255, J9258, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9274, J9280, J9281, J9286, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9313, J9314, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9324, J9325, J9328, J9330, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355*, J9356*, J9357, J9358, J9359, J9360, J9370, J9371, J9380, J9390, J9393, J9394, J9395, J9400, J9600, Q2043, Q2049, Q2050, Q5101*, Q5107*, Q5108*, Q5110*, Q5111*, Q5112*, Q5114*, Q5115*, Q5116*, Q5117*, Q5118*, Q5119*, Q5122*, Q5123*, Q5126*, Q5127*, Q5129*, Q5130*</p>
<p>Cochlear and other auditory implants</p> <p>Plan exclusions:</p> <p>None</p> <p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior authorization required</p>	<p>69714, 69715, 69718, 69930, L8614, L8619, L8690, L8691, L8692</p>

Procedures and services	Additional information	CPT® or HCPCS codes			
<p>Cosmetic and reconstructive Procedures: Plan exclusions: 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>Durable medical equipment (DME) Plan exclusions: Institutional special needs plans (ISNP) Preferred Home Care is our exclusive DME vendor: Phone: 1-480-446-9010 Fax: 1-480-446-7695</p>	<p>Section one: These items require prior authorization/notification regardless of price, including:</p> <ul style="list-style-type: none"> • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors 	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>Durable medical equipment (DME)</p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Preferred Home Care is our exclusive DME vendor: Phone: 1-480-446-9010 Fax: 1-480-446-7695</p>	<p>Section two:</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>End-stage renal disease/dialysis services</p> <p>Plan exclusions: None 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>Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call 1-866-561-7518.</p>



Procedures and services	Additional information	CPT® or HCPCS codes
<p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>55970 and 55980 (regardless of diagnosis)</p> <p>These surgical codes, when billed with one of the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890</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>Genetic Testing</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>81105811068110781108811098111081111 81112811208112181161811628117081175 81176812008120181202812038120581206 81207812088120981210812128121581216 81217812188121981220812218122281223 81224812258122681227812288122981230 81231812328123581238812408124181242 81243812448124581246812478124881249 81250812518125281253812548125581256 81257812588125981260812618126281263 81264812658126681267812688126981270 81272812738127581276812838128781288 81290812918129281293812948129581296 81297812988129981300813018130281303 81304813108131181313813148131581316 81317813188131981321813228132381324 81325813268132781328813308133181332 81334813358134081341813428134681350 81355813618136281363813648137081371 81372813738137481375813768137781378 81379813808138181382813838140081401 81402814038140481405814068140781408 81410814118141281413814148141581416 81417814228142581426814278143081431</p>

<p>Genetic Testing, continued</p>		<p>814328143381434 8143581436 81437 81438 814398144081442 8144581448 81450 81455 814608146581470 81471 81479 81490 81493 814958150081503 81504 81506 81507 81508 815098151081511 81512 81519 81520 81521 815258153581536 81538 81539 81540 81541 815458155181595 81599 81528 84999 85999 86152861538629486316 86386 86849 88120 8812188199883418834288363 88365 88367 8836888399 89240893980001U0002M 0002U 0003M0003U0004M 0005U0006M 0007M 0007U 0008U0009U0010U0011M 0011U0012M 0012U 0013M 0013U0014U0016U 0017U0018U 0019U 0021U0022U0023U0024U0025U0026U 0027U 0029U0030U0031U0032U0033U0034U 0035U 0036U0037U0038U0039U0040U0041U 0042U 0043U0044U0045U0046U0047U0048U 0049U 0050U0053U0055U0056U0058U0059U 0061U 0062U0063U0067U0069U0070U0071U 0072U 0073U0074U0075U0076U0077U0078US0265 S3800S3841 S3842S3845 S3846S3849 S3850 S3852S3853 S3861 S3870</p>
<p>Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>B4149,B4150,B4152,B4153,B4155,B4158, B4159, B4160, B4161</p>
<p>Hyperbaric Oxygen Treatment Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>99183 99184</p>
<p>Hysterectomy (abdominal and laparoscopic surgeries)—inpatient and outpatient procedures Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>58150 58152 58180 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573</p>
<p>Hysterectomy (vaginal)—inpatient only Plan exclusions: None</p>	<p>No prior authorization required for outpatient vaginal hysterectomies</p>	<p>58260 58270 58291 58262 58275 58292 58263 58280 58293 58294 58267 58290</p>

Injectable medications**Plan exclusions:**

None

Prior authorization required

Code	Drug Name
C9149	teplizumab-mzwv, 5 mcg
C9151	pegcetacoplan, 1 mg
C9161	aflibercept HD, 1 mg
C9167	ADAMTS13 Recombiant KRHN 10 IU
C9167	apadamtase alfa 10 units
C9168	mirikizumab-mrkz, 1 mg
C9168	mirikizumab-MRKZ 1 mg
J0129	abatacept, 10 mg
J0135	Adalimumab injection
J0172	aducanumab-avwa, 2 mg
J0174	lecanemab-IRMB, 1 mg
J0177	aflibercept HD, 1 mg
J0178	aflibercept, 1 mg
J0219	avalglucosidase alfa-ngpt, 4 mg
J0223	givosiran, 0.5 mg
J0224	lumasiran, 0.5 mg
J0256	alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
J0584	burosumab-twza 1 mg
J0585	Onabotulinumtoxina, 1 Unit
J0586	Abobotulinumtoxina, 5 Units
J0587	Rimabotulinumtoxib, 100 Units
J0588	incobotulinumtoxinA, 1 unit
J0589	daxibotulinumtoxina-lanm, 1 unit
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)
J0775	collagenase, clostridium histolyticum, 0.01 mg
J0791	crizanlizumab-tmca, 5 mg
J0879	difelikefalin, 0.1 microgram, (for ESRD on dialysis)
J0882	darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0886	Epoetin alfa, esrd
J0896	luspatercept-aamt, 0.25 mg
J1300	eculizumab, 10 mg
J1301	edaravone, 1 mg
J1302	sutimlimab-jome, 10 mg
J1303	ravulizumab-cwvz, 10 mg
J1304	tofersen, 1 mg
J1305	evinacumab-dgnb, 5 mg
J1411	etranacogene dezaparovec-drlb, per therapeutic dose
J1412	valoctocogene roxaparovec-rvox, per ml
J1413	delandistrogene moxeparovec-rokl, per therapeutic dose
J1459	immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid)
J1555	immune globulin (Cuvitru), 100 mg
J1556	immune globulin (bivigam), 500 mg
J1557	immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liq)
J1558	immune globulin (xembify), 100 mg
J1559	immune globulin (hizentra), 100 mg

Injectable medications, continued

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

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

Procedures and services	Additional information	CPT® or HCPCS codes
Lab Testing (Drug screens) Plan exclusions: None	Prior authorization required	80301,80305,80306,80307,81225,81226,81227,G0480,G0481,G0482,G0483,G0479,G0659
Non-emergency air transport Plan exclusions: None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 A0431 A0435 A0436
Ophthalmology Procedures Plan exclusions: None	Prior authorization required	66174 66175 66821
Orthognathic surgery Plan exclusions: None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120 21145 21188 21215 21121 21146 21193 21240 21122 21147 21194 21242 21123 21150 21195 21244 21125 21151 21196 21245 21127 21154 21198 21246 21141 21155 21199 21247 21142 21159 21206 21143 21160 21210
Orthotics⁴ Plan exclusions: None	Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000	L0112 L1710 L3050 L3455 L0140 L1720 L3060 L3460 L3070 L3465 L3080 L3470 L0170 L1755 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>Orthopedic surgeries</p> <p>Plan exclusions: None Spineandjoint 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>Other Procedures</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>36903,36904,36905,36906, 38999, 43999, C9762,C9763, G0235, M0076</p>
<p>Out-of-network services Plan exclusions: None</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 whose non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u></p> <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>Pain management</p> <p>Plan exclusions: 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>Potentially unproven services (including experimental/ investigational and/or linked services):</p> <p>Plan exclusions: 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"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	28890	36514	64405	64722
		64744	66180	95965	95966
<p>Prostate procedures</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	52441	52442	55874	
<p>Prosthetics</p> <p>Plan exclusions: None</p>	<p>Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000</p>	L5010	L5270		
		L5020	L5280		
		L5050	L5301		
		L5060	L5311		
		L5100	L5312		
		L5105	L5321		
		L5150	L5331		
		L5160	L5341		
		L5200	L5400		
		L5210	L5420		
		L5220	L5500		
		L5230	L5505		
		L5250	L5510		

Prosthetics, continued		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
Radiation therapy Plan exclusions: None	Prior authorization required Prior authorization requests should be submitted to our Cancer Guidance Program (CGP). Online: mbm.linkplatform.com Via email: optumcare_smgp@optum.com Phone: 1-877-454-8365, TTY 711	55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77399, 77401, 77470, 77520, 77522, 77523, 77525, 79445, 0394T, 0395T, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017

<p>Radiology</p> <p>Plan exclusions:</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"> • Certain PET scans • CT Angiography • MRI, MRA • Nuclear medicine and nuclear cardiology procedures 	<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
Radiology, continued		78660 78804 C8903 C8920 78699 78811 C8904 C8931 78700 78812 C8905 C8932 78701 78813 C8906 C8933 78707 78814 C8907 C8934 78708 78815 C8908 C8935 78709 78816 C8909 C8936 78740 78830 C8910 S8037 78761 78831 C8911 S8042 78799 78832 C8912 S8080 78800 78999 C8913 S8085 78801 C8900 C8914 S8092 78802 C8901 C8918 78803 C8902 C8919
Rhinoplasty Plan exclusions: None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
Skin substitutes Plan exclusions: None	Prior authorization required	Q4159, Q4197, Q4262
Sleep apnea procedures and surgeries Plan exclusions: None Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries. Applies only for surgical sleep apnea procedures and not sleep studies.	41512 41530 41599 21685 42145

Procedures and services	Additional information	CPT® or HCPCS codes																								
Sleep Studies Plan exclusions: None	Prior authorization required	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811																								
Stimulators Plan exclusions: None Implantation of a device that sends electrical impulses Bone growth stimulators Spinal/neurostimulators	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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64590	L8680	L8683	L8685																							
L8586	L8687	L8688																								
Therapeutic Radiology Treatment/ Radiation Oncology Plan exclusions: 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>Transplant of tissue or organs</p> <p>Plan exclusions: None</p> <p>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation. Request for transplant or transplant-related services prior to pre-treatment or evaluation.</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services, including Kymriah[™] (tisagenlecleucel), Axicelta[™] (axicabtagene ciloleucel), Breynzi[™], Carvykti[™] (ciltacabtagene autoleucel), Tecartus[™] (brexucabtagene autoleucel) and Yescarta[™] (axicabtagene ciloleucel), please call the Optum transplant case management team at 1-888-936-7246 or the notification number on the back of the member's health plan ID card. Bone marrow harvest</p> <table border="0"> <tr> <td>38240</td> <td>38241</td> <td>38242</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Heart/lung</td> </tr> <tr> <td>33930</td> <td>33935</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Heart</td> </tr> <tr> <td>33940</td> <td>33944</td> <td>33945</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Lung</td> </tr> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> <td></td> </tr> <tr> <td>32854</td> <td>32856</td> <td>S2060</td> <td>S2061</td> <td></td> </tr> <tr> <td colspan="5">Kidney</td> </tr> <tr> <td>50300</td> <td>50320</td> <td>50323</td> <td>50340</td> <td></td> </tr> <tr> <td>50360</td> <td>50365</td> <td>50370</td> <td>50380</td> <td></td> </tr> <tr> <td>50547</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Pancreas</td> </tr> <tr> <td>48551</td> <td>48552</td> <td>48554</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Liver</td> </tr> <tr> <td>47135</td> <td>47143</td> <td>47147</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Intestine</td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> <td></td> </tr> </table>	38240	38241	38242			Heart/lung					33930	33935				Heart					33940	33944	33945			Lung					32850	32851	32852	32853		32854	32856	S2060	S2061		Kidney					50300	50320	50323	50340		50360	50365	50370	50380		50547					Pancreas					48551	48552	48554			Liver					47135	47143	47147			Intestine					44132	44133	44135	44136	
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Transplant of tissue or organs (continued)	Prior authorization required	Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152 C9076 CART-celltherapy 0537T 0538T 0539T 0540T Q2041 Q2042 Q2053 Q2054 Q2055 *Code38232 will only require priorauthorization For an oncology diagnosis. Other Injectables: Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399/J3490/J3590
Vein procedures Planexclusions: 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
Ventricular assist devices (VAD) Plan exclusions: 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 1-888-936-7246 or the notification number on the back of the member's health plan ID card. 33975 33976 33979 33981 33982 33983



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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.