

# Optum Care Medicare Advantage prior authorization requirements

Effective August 1, 2022

## General information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete and other plans listed in the following “included plans” section. Health plans excluded from the requirements are listed in the “excluded plans” section on page two.

To request prior authorization, please submit your request online or by fax:

- **Online:**  
Go to [providers.optumcaremw.com](https://providers.optumcaremw.com).
- **Intake department fax #:**  
1-844-206-5736 or 1-844-205-3551
- **Intake department phone (Only if online or fax is not an option):**  
1-888-685-8491, TTY 711
- **Prior authorization department email:**  
[colorado.medmgt@optum.com](mailto:colorado.medmgt@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.

The following listed plans require prior authorization for in-network services:

Included plans
<b>Subject to the UnitedHealthcare provider administrative guide and the UnitedHealthcare West Non-Capitated supplement</b>
Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage®, UnitedHealthcare® The Villages® Medicare Advantage®, UnitedHealthcare® Medicare Advantage® plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans and group retiree plans sold under UnitedHealthcare® Group Medicare Advantage (PPO)
UnitedHealthcare Dual Complete® (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)
UnitedHealthcare® Chronic Complete (CSNP)
UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)
UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan subject to an additional manual, as further described in the benefit plan section of the 2021 UnitedHealthcare Care Provider Administrative Guide at UHCprovider.com/guides. As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the administrative guide.

In some instances, we have delegated prior authorization services to a provider group. In these cases, the “For providers” section on the back of the member’s ID card will list the delegated group managing the prior authorization process. Delegated plans include:

Delegated plans
<b>Colorado:</b> The following groups are delegated to OptumCare: H0609-007 AARP® Medicare Advantage SecureHorizons Plan 1; H0609-012 AARP® Medicare Advantage SecureHorizons Plan 2; H0609-018 AARP® Medicare Advantage Patriot; H0609-034-001 AARP® Medicare Advantage SecureHorizons Plan 1; H0609-034-002 AARP® Medicare Advantage SecureHorizons Plan 1; H0609-036-001 AARP® Medicare Advantage SecureHorizons Plan 2; H0609-036-002 AARP® Medicare Advantage SecureHorizons Plan 2; H0609-041-000 AARP® Medicare Advantage Patriot; H0609-804/806 UnitedHealthcare Group Medicare Advantage (HMO)

Procedures and services	Additional information	CPT® or HCPCS codes																																																																																																				
<b>Behavioral health services</b> <b>Plan exclusions:</b> None Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.																																																																																																				
<b>Bone growth stimulator</b> <b>Plan exclusions:</b> None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974    20975    20979																																																																																																				
<b>Breast reconstruction (non-mastectomy)</b> <b>Plan exclusions:</b> None Reconstruction of the breast except when following mastectomy	Prior authorization required	<table border="0"> <tr> <td>11920</td> <td>19328</td> <td>19361</td> <td>19371</td> </tr> <tr> <td>11921</td> <td>19330</td> <td>19364</td> <td>19380</td> </tr> <tr> <td>11922</td> <td>19340</td> <td>19367</td> <td>19396</td> </tr> <tr> <td>19316</td> <td>19342</td> <td>19368</td> <td>L8600</td> </tr> <tr> <td>19318</td> <td>19350</td> <td>19369</td> <td></td> </tr> <tr> <td>19325</td> <td>19357</td> <td>19370</td> <td></td> </tr> </table> <p><b>Prior authorization is not required for the following diagnosis codes:</b></p> <table border="0"> <tr> <td>C50.019</td> <td>C50.612</td> <td>C50.329</td> <td>D05.01</td> </tr> <tr> <td>C50.011</td> <td>C50.619</td> <td>C50.421</td> <td>D05.02</td> </tr> <tr> <td>C50.012</td> <td>C50.811</td> <td>C50.422</td> <td>D05.10</td> </tr> <tr> <td>C50.111</td> <td>C50.812</td> <td>C50.429</td> <td>D05.11</td> </tr> <tr> <td>C50.112</td> <td>C50.819</td> <td>C50.521</td> <td>D05.12</td> </tr> <tr> <td>C50.119</td> <td>C50.911</td> <td>C50.522</td> <td>D05.80</td> </tr> <tr> <td>C50.211</td> <td>C50.912</td> <td>C50.529</td> <td>D05.81</td> </tr> <tr> <td>C50.212</td> <td>C50.919</td> <td>C50.621</td> <td>D05.82</td> </tr> <tr> <td>C50.219</td> <td>C50.029</td> <td>C50.622</td> <td>D05.91</td> </tr> <tr> <td>C50.311</td> <td>C50.021</td> <td>C50.629</td> <td>D05.92</td> </tr> <tr> <td>C50.312</td> <td>C50.022</td> <td>C50.821</td> <td>Z85.3</td> </tr> <tr> <td>C50.319</td> <td>C50.121</td> <td>C50.822</td> <td>Z90.10</td> </tr> <tr> <td>C50.411</td> <td>C50.122</td> <td>C50.829</td> <td>Z90.11</td> </tr> <tr> <td>C50.412</td> <td>C50.129</td> <td>C50.921</td> <td>Z90.12</td> </tr> <tr> <td>C50.419</td> <td>C50.221</td> <td>C50.922</td> <td>Z90.13</td> </tr> <tr> <td>C50.511</td> <td>C50.222</td> <td>C50.929</td> <td>Z42.1</td> </tr> <tr> <td>C50.512</td> <td>C50.229</td> <td>C79.81</td> <td></td> </tr> <tr> <td>C50.519</td> <td>C50.321</td> <td>D05.90</td> <td></td> </tr> <tr> <td>C50.611</td> <td>C50.322</td> <td>D05.00</td> <td></td> </tr> </table>	11920	19328	19361	19371	11921	19330	19364	19380	11922	19340	19367	19396	19316	19342	19368	L8600	19318	19350	19369		19325	19357	19370		C50.019	C50.612	C50.329	D05.01	C50.011	C50.619	C50.421	D05.02	C50.012	C50.811	C50.422	D05.10	C50.111	C50.812	C50.429	D05.11	C50.112	C50.819	C50.521	D05.12	C50.119	C50.911	C50.522	D05.80	C50.211	C50.912	C50.529	D05.81	C50.212	C50.919	C50.621	D05.82	C50.219	C50.029	C50.622	D05.91	C50.311	C50.021	C50.629	D05.92	C50.312	C50.022	C50.821	Z85.3	C50.319	C50.121	C50.822	Z90.10	C50.411	C50.122	C50.829	Z90.11	C50.412	C50.129	C50.921	Z90.12	C50.419	C50.221	C50.922	Z90.13	C50.511	C50.222	C50.929	Z42.1	C50.512	C50.229	C79.81		C50.519	C50.321	D05.90		C50.611	C50.322	D05.00	
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<b>Cancer supportive care plan exclusions:</b> <ul style="list-style-type: none"> <li>Institutional special needs plans (ISNP)</li> </ul>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis.	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p>Filgrastim (Neupogen®)            J1442*  <b>Filgrastim-aafi (Nivestym™)</b></p>																																																																																																				

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Cancer supportive care (continued)</b>	*Codes J1442, J1447, Q5108, Q5110, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101 <b>Pegfilgrastim (Neulasta®)</b> J2505 <b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122* <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120* <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108* <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447*
		<b><u>Bone-modifying agent that requires prior authorization:</u></b> Denosumab (Xgeva®) J0897
<b>Cardiology</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> </ul>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress echocardiograms prior to performance	33206 33207 33208 33212 33213 33214 33221 33224 33225 33227 33228 33229 33230 33231 33240 33249 33262 33263 33264 33270 93350 93351 93452 93453 93454 93455 93456 93457 93458 93459 93460 93461 E0616 33285

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<b>Cardiology (continued)</b>	For more information, please see the cardiology prior authorization protocol for Medicare Advantage section in the administrative guide.																																																																																																					
<b>Cardiovascular</b> <b>Plan exclusions:</b> None	Prior authorization required	<p><b>Cardiology</b> 93653      93656</p> <p><b>Vascular</b> 37220      37225      37228      75716* 37221      37226      37229 37224      37227      75710*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>I70.211</td><td>I70.261</td><td>I70.332</td></tr> <tr><td>E08.52</td><td>I70.212</td><td>I70.262</td><td>I70.333</td></tr> <tr><td>E08.59</td><td>I70.213</td><td>I70.263</td><td>I70.334</td></tr> <tr><td>E08.621</td><td>I70.218</td><td>I70.268</td><td>I70.335</td></tr> <tr><td>E09.51</td><td>I70.219</td><td>I70.269</td><td>I70.338</td></tr> <tr><td>E09.52</td><td>I70.221</td><td>I70.291</td><td>I70.339</td></tr> <tr><td>E09.59</td><td>I70.222</td><td>I70.292</td><td>I70.341</td></tr> <tr><td>E09.621</td><td>I70.223</td><td>I70.293</td><td>I70.342</td></tr> <tr><td>E10.51</td><td>I70.228</td><td>I70.298</td><td>I70.343</td></tr> <tr><td>E10.52</td><td>I70.229</td><td>I70.299</td><td>I70.344</td></tr> <tr><td>E10.59</td><td>I70.231</td><td>I70.301</td><td>I70.345</td></tr> <tr><td>E10.621</td><td>I70.232</td><td>I70.302</td><td>I70.348</td></tr> <tr><td>E11.51</td><td>I70.233</td><td>I70.303</td><td>I70.349</td></tr> <tr><td>E11.52</td><td>I70.234</td><td>I70.308</td><td>I70.35</td></tr> <tr><td>E11.59</td><td>I70.235</td><td>I70.309</td><td>I70.361</td></tr> <tr><td>E11.621</td><td>I70.238</td><td>I70.311</td><td>I70.362</td></tr> <tr><td>E13.51</td><td>I70.239</td><td>I70.312</td><td>I70.363</td></tr> <tr><td>E13.52</td><td>I70.241</td><td>I70.313</td><td>I70.369</td></tr> <tr><td>E13.59</td><td>I70.242</td><td>I70.318</td><td>I70.391</td></tr> <tr><td>E13.621</td><td>I70.243</td><td>I70.319</td><td>I70.392</td></tr> <tr><td>I70.201</td><td>I70.244</td><td>I70.321</td><td>I70.393</td></tr> <tr><td>I70.202</td><td>I70.245</td><td>I70.322</td><td>I70.399</td></tr> <tr><td>I70.203</td><td>I70.248</td><td>I70.323</td><td>I70.401</td></tr> <tr><td>I70.208</td><td>I70.249</td><td>I70.329</td><td>I70.402</td></tr> <tr><td>I70.209</td><td>I70.25</td><td>I70.331</td><td>I70.403</td></tr> </table>	E08.51	I70.211	I70.261	I70.332	E08.52	I70.212	I70.262	I70.333	E08.59	I70.213	I70.263	I70.334	E08.621	I70.218	I70.268	I70.335	E09.51	I70.219	I70.269	I70.338	E09.52	I70.221	I70.291	I70.339	E09.59	I70.222	I70.292	I70.341	E09.621	I70.223	I70.293	I70.342	E10.51	I70.228	I70.298	I70.343	E10.52	I70.229	I70.299	I70.344	E10.59	I70.231	I70.301	I70.345	E10.621	I70.232	I70.302	I70.348	E11.51	I70.233	I70.303	I70.349	E11.52	I70.234	I70.308	I70.35	E11.59	I70.235	I70.309	I70.361	E11.621	I70.238	I70.311	I70.362	E13.51	I70.239	I70.312	I70.363	E13.52	I70.241	I70.313	I70.369	E13.59	I70.242	I70.318	I70.391	E13.621	I70.243	I70.319	I70.392	I70.201	I70.244	I70.321	I70.393	I70.202	I70.245	I70.322	I70.399	I70.203	I70.248	I70.323	I70.401	I70.208	I70.249	I70.329	I70.402	I70.209	I70.25	I70.331	I70.403
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (continued)		I70.408	I70.509	I70.609	I70.709
		I70.409	I70.511	I70.611	I70.711
		I70.411	I70.512	I70.612	I70.712
		I70.412	I70.513	I70.613	I70.713
		I70.413	I70.518	I70.618	I70.718
		I70.418	I70.519	I70.619	I70.719
		I70.421	I70.521	I70.621	I70.721
		I70.422	I70.522	I70.622	I70.722
		I70.423	I70.523	I70.623	I70.723
		I70.428	I70.528	I70.628	I70.728
		I70.429	I70.529	I70.629	I70.729
		I70.431	I70.531	I70.631	I70.731
		I70.432	I70.532	I70.632	I70.732
		I70.433	I70.533	I70.633	I70.733
		I70.434	I70.534	I70.634	I70.734
		I70.435	I70.535	I70.635	I70.735
		I70.438	I70.538	I70.638	I70.738
		I70.439	I70.539	I70.639	I70.739
		I70.441	I70.541	I70.641	I70.741
		I70.442	I70.542	I70.642	I70.742
		I70.443	I70.543	I70.643	I70.743
		I70.444	I70.544	I70.644	I70.744
		I70.445	I70.545	I70.645	I70.745
		I70.448	I70.548	I70.648	I70.748
		I70.449	I70.549	I70.649	I70.749
		I70.461	I70.561	I70.661	I70.761
		I70.462	I70.562	I70.662	I70.762
		I70.463	I70.563	I70.663	I70.763
		I70.468	I70.568	I70.668	I70.768
		I70.469	I70.569	I70.669	I70.769
		I70.491	I70.591	I70.691	I70.791
		I70.492	I70.592	I70.692	I70.792
		I70.493	I70.593	I70.693	I70.793
		I70.498	I70.598	I70.698	I70.798
		I70.499	I70.599	I70.699	I70.799
		I70.501	I70.601	I70.701	I70.8
		I70.502	I70.602	I70.702	I70.90
		I70.503	I70.603	I70.703	I70.91
		I70.508	I70.608	I70.708	I70.92

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Cardiovascular (continued)</b>		I72.3            L97.519            M86.672 I72.4            L97.521            M86.679 I72.8            L97.522            M86.8X7 I72.9            L97.529            Q27.30 I73.89           L97.819            Q27.32 I73.9            L97.828            Q27.39 I74.3            L97.829            Q27.8 I74.4            L97.909            Q27.9 I74.5            L97.919            Q87.2 I74.8            L97.929            R93.6 I74.9            L98.491            S35.511A I75.021           L98.499            S35.512A I75.022           M79.604            S81.801A I75.023           M79.605            S81.802A I75.029           M79.606            S81.809A I75.89            M79.609            S91.301A I77.1            M79.651            S91.302A I77.2            M79.652            S91.309A I77.70            M79.659            T82.312A I77.72            M79.661            T82.318A I77.77            M79.662            T82.319A I77.79            M79.669            T82.338A I96                M79.671            T82.392A L03.115           M79.672            T82.398A L03.116           M79.673            T82.399A L97.319           M79.674            T82.818A L97.329           M79.675            T82.856A L97.419           M79.676            T82.858A L97.429           M86.661            T82.868A L97.511           M86.662            T82.898A L97.512           M86.669            Z95.820 L97.513           M86.671            Z98.62
<b>Cartilage implants</b>	Prior authorization required	27415 27416
<b>Chemotherapy</b> <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Institutional special needs plans (ISNP)</li> </ul>	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require notification:</b> <ul style="list-style-type: none"> <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>

Procedures and services	Additional information	CPT® or HCPCS codes
		90586 J7504 J9150 J9246 J9331 A4641 J9000 J9151 J9247 J9332 A9513 J9015 J9153 J9250 J9340 A9590 J9017 J9155 J9260 J9348 A9606 J9019 J9160 J9261 J9349 A9699 J9020 J9171 J9262 J9351 C9096 J9021 J9173 J9263 J9352 C9098 J9022 J9175 J9264 J9353 C9257 J9023 J9176 J9266 J9354 C9399 J9025 J9177 J9267 J9355 J0185 J9027 J9178 J9268 J9356 J0202 J9030 J9179 J9269 J9357 J0222 J9032 J9181 J9270 J9358 J0640 J9033 J9185 J9271 J9359 J0641 J9034 J9190 J9272 J9360 J0642 J9035 J9198 J9273 J9370 J0881 J9036 J9200 J9280 J9371 J0885 J9037 J9201 J9281 J9390 J0897 J9039 J9202 J9293 J9395 J1442 J9040 J9203 J9295 J9400 J1447 J9041 J9204 J9299 J9600 J1448 J9042 J9205 J9301 Q2017 J1453 J9043 J9206 J9302 Q2043 J1454 J9044 J9207 J9303 Q2049 J1627 J9045 J9208 J9304 Q2050 J1930 J9047 J9209 J9305 Q5101 J1950 J9050 J9210 J9306 Q5107 J1952 J9055 J9211 J9307 Q5108 J2353 J9057 J9212 J9308 Q5110 J2354 J9060 J9213 J9309 Q5111 J2357 J9061 J9214 J9311 Q5112 J2506 J9065 J9215 J9312 Q5113 J2796 J9070 J9216 J9313 Q5114 J2820 J9071 J9217 J9316 Q5115 J2860 J9100 J9223 J9317 Q5116 J3262 J9118 J9225 J9318 Q5117 J3315 J9119 J9227 J9319 Q5118 J3490 J9120 J9228 J9320 Q5119 J3490 J9130 J9229 J9325 Q5120 J3590 J9144 J9230 J9328 Q5122 J3590 J9145 J9245 J9330 Q5123
		<p>Prior authorization requests for drugs with a cancer diagnosis, should be submitted to our Cancer Guidance Program.</p> <p><b>Online:</b> <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a>  <b>Via email:</b> <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a>  <b>Phone:</b> 1-877-454-8365, TTY 711</p>



Procedures and services	Additional information	CPT® or HCPCS codes																																																																			
<p><b>Cochlear and other auditory implants</b></p> <p><b>Plan exclusions:</b> None</p> <p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior authorization required</p>	<p>69714 L8690</p>	<p>69930 L8691</p>	<p>L8614 L8692</p>	<p>L8619</p>																																																																
<p><b>Cosmetic and reconstructive procedures</b></p> <p><b>Plan exclusions:</b> None</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required</p> <p>Advance notification required for services, whether scheduled as inpatient or outpatient</p> <div data-bbox="576 772 917 905" style="background-color: #e0f2f7; padding: 5px; margin-top: 10px;"> <p><b>*Note: If case is outpatient hospital, site of service (SOS) review is required</b></p> </div>	<p>11960 11971 15820 15821 15822 15823* 15830 15847 17106 17107 17108 17999 21172 21175 21179 21180</p>	<p>21181 21182 21183 21184 21230 21235 21248 21249 21255 21256 21260 21261 21263 21267 21268 21275</p>	<p>21299 21740 21742 21743 28344 30540 30545 30560 30620 31295 31296 31297 31298 67900* 67901 67902</p>	<p>67903 67904* 67906 67908 67909 67912 67950 67961 67966 Q2026 15877 15878 15879 31299</p>																																																																
<p><b>Durable medical equipment (DME)</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Institutional special needs plans (ISNP)</li> </ul>	<p>Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members - see prosthetics and orthotics.</p> <p>Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold - see home health care services.</p> <p>Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.</p>	<p>Prior authorization required <b>regardless of billed amount:</b></p> <table border="0" style="width: 100%;"> <tr> <td>E0466</td> <td>K0820</td> <td>K0839</td> <td>K0859</td> </tr> <tr> <td>E1230</td> <td>K0821</td> <td>K0840</td> <td>K0860</td> </tr> <tr> <td>E1239</td> <td>K0822</td> <td>K0841</td> <td>K0861</td> </tr> <tr> <td>E2310</td> <td>K0823</td> <td>K0842</td> <td>K0862</td> </tr> <tr> <td>E2311</td> <td>K0824</td> <td>K0843</td> <td>K0863</td> </tr> <tr> <td>E2321</td> <td>K0825</td> <td>K0848</td> <td>K0864</td> </tr> <tr> <td>K0800</td> <td>K0826</td> <td>K0849</td> <td>K0869</td> </tr> <tr> <td>K0801</td> <td>K0827</td> <td>K0850</td> <td>K0870</td> </tr> <tr> <td>K0802</td> <td>K0828</td> <td>K0851</td> <td>K0871</td> </tr> <tr> <td>K0806</td> <td>K0829</td> <td>K0852</td> <td>K0877</td> </tr> <tr> <td>K0808</td> <td>K0830</td> <td>K0853</td> <td>K0878</td> </tr> <tr> <td>K0812</td> <td>K0831</td> <td>K0854</td> <td>K0879</td> </tr> <tr> <td>K0813</td> <td>K0835</td> <td>K0855</td> <td>K0880</td> </tr> <tr> <td>K0814</td> <td>K0836</td> <td>K0856</td> <td>K0884</td> </tr> <tr> <td>K0815</td> <td>K0837</td> <td>K0857</td> <td>K0885</td> </tr> <tr> <td>K0816</td> <td>K0838</td> <td>K0858</td> <td>K0886</td> </tr> </table>				E0466	K0820	K0839	K0859	E1230	K0821	K0840	K0860	E1239	K0822	K0841	K0861	E2310	K0823	K0842	K0862	E2311	K0824	K0843	K0863	E2321	K0825	K0848	K0864	K0800	K0826	K0849	K0869	K0801	K0827	K0850	K0870	K0802	K0828	K0851	K0871	K0806	K0829	K0852	K0877	K0808	K0830	K0853	K0878	K0812	K0831	K0854	K0879	K0813	K0835	K0855	K0880	K0814	K0836	K0856	K0884	K0815	K0837	K0857	K0885	K0816	K0838	K0858	K0886
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Procedures and services	Additional information	CPT® or HCPCS codes			
Durable medical equipment (DME) (continued)	<p><b><u>For UnitedHealthcare Medicare Advantage plans:</u></b></p> <p>Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.</p>	K0890 K0891	K0898 K0899	E0766 E2510	E2609 E2617
		<p>Prior authorization required only for a <b>retail purchase or cumulative rental cost of more than \$1,000:</b></p>			
		E0170	E0782	E1089	E1530
		E0193	E0783	E1100	E1540
		E0194	E0784	E1110	E1550
		E0246	E0785	E1161	E1560
		E0277	E0786	E1170	E1575
		E0300	E0830	E1171	E1580
		E0302	E0970	E1172	E1590
		E0304	E0983	E1180	E1592
		E0316	E0984	E1190	E1594
		E0328	E0986	E1195	E1600
		E0329	E0988	E1200	E1615
		E0350	E1002	E1222	E1620
		E0373	E1003	E1224	E1625
		E0459	E1004	E1227	E1630
		E0462	E1005	E1228	E1632
		E0465	E1006	E1229	E1634
		E0483	E1007	E1231	E1635
		E0603	E1008	E1232	E1636
		E0616	E1009	E1233	E1637
		E0617	E1010	E1234	E1639
		E0618	E1011	E1235	E1699
		E0635	E1017	E1236	E1812
		E0636	E1018	E1237	K0020
		E0639	E1020	E1238	K0037
		E0640	E1029	E1270	K0039
		E0692	E1030	E1280	K0044
		E0693	E1035	E1295	K0046
		E0694	E1036	E1296	K0047
		E0700	E1037	E1297	K0050
		E0710	E1050	E1298	K0051
		E0740	E1070	E1310	K0056
		E0746	E1084	E1399	K0065
		E0761	E1085	E1500	K0072
		E0764	E1086	E1510	K0073
		E0770	E1087	E1520	K0098

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Durable medical equipment (DME) (continued)</b>	<p><b><u>For UnitedHealthcare Medicare Advantage plans:</u></b></p> <p>Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.</p>	K0105    K0108    K0455    K0609 K0730    K0743    K0744    K0745 K0746
<p><b>End-stage renal disease/dialysis services</b></p> <p><b>Plan exclusions:</b> None</p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification - includes outpatient dialysis services</p>	<p>Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.</p> <p>Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels</p> <p><b>Note:</b> Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call <b>1-866-561-7518</b>.</p>
<p><b>Gender dysphoria treatment</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	55970    55980 <p>These <b>surgical codes, when billed</b> with one of the following <b>DX codes:</b></p> F64.0    15776    53425    56805 F64.1    15780    53430    57106 F64.2    15781    54125    57110 F64.8    15782    54400    57291 F64.9    15783    54401    57292 Z87.890    15788    54405    57295 14000    15789    54408    57296 14001    15792    54520    57335 14041    15793    54660    57426 15734    19303    54690    58661 15738    21899    55175    58720 15750    31599    55180    58940 15757    31899    55866    64856 15758    53410    56625 15775    53420    56800

Procedures and services	Additional information	CPT® or HCPCS codes			
<b>Gender dysphoria treatment (continued)</b>		64892	64896	92507	92508
<b>Home health</b>	Prior authorization is only required for members residing in and receiving services in Alabama, Arkansas, Colorado, Georgia, Kentucky, South Carolina and Texas	99503 99505 G0151 G0152 G0153 G0155 G0156 G0157	G0158 G0159 G0160 G0161 G0162 G0299 G0300 G0493	G0494 G0495 G0496 G2168 G2169 S9122 S9123 S9124	S9127 S9128 S9129 S9131 S9474
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b> <b>Plan exclusions:</b> 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> <b>Plan exclusions:</b> None	No prior authorization required for outpatient vaginal hysterectomies	58260 58270 58291	58262 58275 58292	58263 58280 58294	58267 58290
<b>Injectable medications</b> <b>Plan exclusions for therapeutic radiopharmaceuticals:</b> • Institutional special needs plans (ISNP)	Prior authorization required	<b>Adakveo®</b> J0791 <b>Crysvita®</b> J0584 <b>Givlaari®</b> J0223 <b>Luxturna™</b> J3398 <b>Onpattro™</b> J0222 <b>Radicava®</b> J1301 <b>Reblozyl®</b> J0896 <b>Scenesse®</b> J7352 <b>Soliris®</b> J1300 <b>Spinraza™</b> J2326 <b>Tepezza®</b> J3241	<b>Ultomiris™</b> J1303 <b>Uplizna®</b> J1823 <b>Zolgensma®</b> J3399 <b>Aduhelm™</b> J0172 <b>Entyvio™</b> J3380 <b>Evkeeza™</b> J1305 <b>Injectafer®</b> J1439 <b>Leqvio®</b> J1306 <b>Nexvazyme®</b> J0219 <b>Ocrevus™</b> J2350 <b>Orencia™</b> J0129	<b>Oxlumo™</b> J0224 <b>Releuko®</b> C9096 <b>Rylaze</b> J9021 <b>Ryplazim®</b> J2998 <b>Saphnelo™</b> J0491 <b>Vabysmo™</b> C9097 <b>Vyepti®</b> J3032 <b>Vyvgart™</b> J9332 <b>Korsuva®</b> J0879 <b>Enjaymo™</b> J1302 <b>Tezspire®</b> J2356	<b>Therapeutic radiopharmaceuticals</b> A9513 A9590 A9606 A9699
<b>Injectable medications (continued)</b>		For oncology DX, please see cancer supportive care and chemotherapy sections above.			

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Injectable medications – step therapy</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Private fee for service</li> <li>Erickson Advantage</li> <li>People’s Health in LA</li> <li>Employer group HMO plans</li> <li>Select employer group PPO plans: <ul style="list-style-type: none"> <li>- Navistar</li> <li>- Johnson&amp;Johnson</li> <li>- Bristol-MyersSquibb</li> <li>- Verizon</li> </ul> </li> <li>Plans offered in: <ul style="list-style-type: none"> <li>- California</li> </ul> </li> </ul>	<p>Prior authorization required</p>	<p><b>Colony-stimulating factors**</b>  J1442 J1447 Q5108 Q5110  Q5120 Q5122</p> <p><b>Erythropoiesis-stimulating agents</b>  J0885</p> <p><b>Hyaluronic acid polymers (FDA approved as medical devices)</b>  J7320 J7321 J7322 J7323  J7324 J7326 J7327 J7329  J7331 J7332</p> <p><b>Immunomodulators</b>  J1745 Q5121</p> <p><b>Rituximab</b>  J9311 J9312 Q5123</p> <p><b>Vascular endothelial growth factor (VEGF) inhibitors***</b>  J0178 J0179 C9093  J2778 Q5124 J2777</p> <p>**For codes J1442, J1447, Q5108, Q5110, Q5120 and Q5122 prior authorization is required for both oncology and non-oncology DX.</p> <p>***Prior authorization only required for VEGF codes with the following diagnosis codes:  H35.3210 H35.3211 H35.3212 H35.3213  H35.3220 H35.3221 H35.3222 H35.3223  H35.3230 H35.3231 H35.3232 H35.3233  H35.3290 H35.3291 H35.3292 H35.3293</p> <p>For oncology DX, please see cancer supportive care and chemotherapy sections above.</p>
<p>Inpatient admission</p>	<p>Notification required</p>	
<p><b>Inpatient admissions – post-acute services</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>	

Procedures and services	Additional information	CPT® or HCPCS codes			
<b>Inpatient admissions – post-acute services (continued)</b>	<b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement: <ul style="list-style-type: none"> <li>• UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>• UnitedHealthcare® nursing home</li> </ul>				
<b>Non-emergency air transport</b> <b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> <b>Plan exclusions:</b> None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120 21121 21122 21123 21125 21127 21141 21142 21143	21145 21146 21147 21150 21151 21154 21155 21159 21160	21188 21193 21194 21195 21196 21198 21199 21206 21210	21215 21240 21242 21244 21245 21246 21247
<b>Orthotics</b> <b>Plan exclusions:</b> None	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0140 L0150 L0170 L0200 L0220 L0452 L0462 L0464 L0466 L0468 L0480 L0482 L0484 L0486 L0622	L0623 L0624 L0629 L0631 L0632 L0634 L0636 L0638 L0700 L0710 L0810 L0820 L0830 L0859 L0999 L1000	L1001 L1005 L1200 L1300 L1310 L1499 L1630 L1640 L1680 L1685 L1700 L1710 L1720 L1730 L1755 L1834	L1844 L1904 L1920 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2040 L2050 L2060 L2070

Procedures and services	Additional information	CPT® or HCPCS codes			
<b>Orthotics (continued)</b>		L2080 L2090 L2126 L2136 L2232 L2320 L2387 L2520 L2525 L2526 L2627 L2628 L2800 L2861 L3160 L3201 L3202	L3203 L3204 L3206 L3207 L3208 L3209 L3211 L3212 L3213 L3214 L3215 L3250 L3251 L3252 L3253 L3254 L3255	L3257 L3265 L3320 L3485 L3649 L3674 L3720 L3764 L3765 L3766 L3891 L3900 L3901 L3904 L3921 L3956 L3961	L3967 L3971 L3973 L3975 L3976 L3977 L3978 L4000 L4030 L4040 L4045 L4050 L4055 L4631
<b>Orthopedic surgeries</b> <b>Plan exclusions:</b> None Spine and joint surgeries	Prior authorization required	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 22861 22864 22865 22867 22869 22899 23470 23472 24360 24361 24362 24363 27120 27122 27125 27130 27132 27134 27137 27138	27412 27445 27446 27447 27486 27487 29866 29867 29868 29914 29915 29916 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 24365 25441 25442 25444 25446 25449 27700 29834 29837 29838 29840 29844 29845 29846 29847 29891 29892 29894 29895 29897 29898 29899

Procedures and services	Additional information	CPT® or HCPCS codes				
<b>Orthopedic surgeries (continued)</b>		63101 63102 63170 63172 63173	63185 63190 63191 63197 63200		0200T 0201T J7330	
<b>Out-of-network services</b> <b>Plan exclusions:</b> None A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with Optum Care	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. <u><b>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</b></u> A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services. A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services - but there are no available in-network care providers for the type of specialty services needed. A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in network care providers for the type of specialty services needed.					
<b>Pain management</b>	Prior authorization required	62350	62351	62360	62361	62362



Procedures and services	Additional information	CPT® or HCPCS codes			
<p><b>Potentially unproven services (including experimental/ investigational and/or linked services)</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> <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>	28890 64744	36514 66180*	64405* 95965	64722 95966
<p><b>*Note: If case is outpatient hospital, site of service (SOS) review is required</b></p>					
<p><b>Prostate procedures</b></p>	<p>Prior authorization required</p>	52441	52442	55874	
<p><b>Prosthetics</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000</p>	L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5312 L5321 L5331 L5341 L5400 L5420	L5500 L5505 L5510 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 L5707 L5724 L5726 L5728 L5780 L5781 L5782 L5795 L5814 L5818 L5822 L5824 L5826 L5828 L5830	L5840 L5845 L5848 L5856 L5857 L5858 L5930 L5960 L5961 L5966 L5968 L5973 L5979 L5980 L5981 L5987 L5988 L5990 L6000 L6010 L6020 L6026

Procedures and services	Additional information	CPT® or HCPCS codes																																																																																												
<b>Prosthetics (continued)</b>	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	<table border="0"> <tr><td>L6050</td><td>L6580</td><td>L6881</td><td>L7009</td></tr> <tr><td>L6055</td><td>L6582</td><td>L6882</td><td>L7040</td></tr> <tr><td>L6100</td><td>L6584</td><td>L6883</td><td>L7045</td></tr> <tr><td>L6110</td><td>L6586</td><td>L6884</td><td>L7170</td></tr> <tr><td>L6120</td><td>L6588</td><td>L6885</td><td>L7180</td></tr> <tr><td>L6130</td><td>L6590</td><td>L6895</td><td>L7181</td></tr> <tr><td>L6200</td><td>L6621</td><td>L6900</td><td>L7185</td></tr> <tr><td>L6205</td><td>L6624</td><td>L6905</td><td>L7186</td></tr> <tr><td>L6250</td><td>L6638</td><td>L6910</td><td>L7190</td></tr> <tr><td>L6300</td><td>L6646</td><td>L6920</td><td>L7191</td></tr> <tr><td>L6310</td><td>L6648</td><td>L6925</td><td>L7499</td></tr> <tr><td>L6320</td><td>L6693</td><td>L6930</td><td>L8035</td></tr> <tr><td>L6350</td><td>L6696</td><td>L6935</td><td>L8039</td></tr> <tr><td>L6360</td><td>L6697</td><td>L6940</td><td>L8041</td></tr> <tr><td>L6370</td><td>L6707</td><td>L6945</td><td>L8042</td></tr> <tr><td>L6380</td><td>L6709</td><td>L6950</td><td>L8043</td></tr> <tr><td>L6382</td><td>L6712</td><td>L6955</td><td>L8044</td></tr> <tr><td>L6384</td><td>L6713</td><td>L6960</td><td>L8049</td></tr> <tr><td>L6400</td><td>L6714</td><td>L6965</td><td>L8499</td></tr> <tr><td>L6450</td><td>L6715</td><td>L6970</td><td>L8505</td></tr> <tr><td>L6500</td><td>L6721</td><td>L6975</td><td>L8604</td></tr> <tr><td>L6550</td><td>L6722</td><td>L7007</td><td>L8609</td></tr> <tr><td>L6570</td><td>L6880</td><td>L7008</td><td>L8699</td></tr> </table>	L6050	L6580	L6881	L7009	L6055	L6582	L6882	L7040	L6100	L6584	L6883	L7045	L6110	L6586	L6884	L7170	L6120	L6588	L6885	L7180	L6130	L6590	L6895	L7181	L6200	L6621	L6900	L7185	L6205	L6624	L6905	L7186	L6250	L6638	L6910	L7190	L6300	L6646	L6920	L7191	L6310	L6648	L6925	L7499	L6320	L6693	L6930	L8035	L6350	L6696	L6935	L8039	L6360	L6697	L6940	L8041	L6370	L6707	L6945	L8042	L6380	L6709	L6950	L8043	L6382	L6712	L6955	L8044	L6384	L6713	L6960	L8049	L6400	L6714	L6965	L8499	L6450	L6715	L6970	L8505	L6500	L6721	L6975	L8604	L6550	L6722	L7007	L8609	L6570	L6880	L7008	L8699
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<b>Radiation therapy</b>	Prior authorization required	<p><b>Image guided radiation therapy (IGRT)</b> 77014 77387 G6001 G6002 G6017</p> <p><b>Proton beam therapy (PBT)</b> 77520 77522 77523 77525</p> <p><b>Special/associated services</b> 77331 77370 77399 77470</p> <p><b>Standard radiation therapy (2D/3D)</b> 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014</p> <p><b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b> 79445</p>																																																																																												

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<p><b>Radiology</b></p> <p><b>Plan exclusions:</b></p> <p>UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> <p>For more information, please see the outpatient radiology prior authorization protocol for Medicare Advantage section in the administrative guide.</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <table border="0"> <tr><td>76376</td><td>78232</td><td>78466</td><td>78645</td></tr> <tr><td>76377</td><td>78258</td><td>78468</td><td>78650</td></tr> <tr><td>78012</td><td>78261</td><td>78469</td><td>78660</td></tr> <tr><td>78013</td><td>78262</td><td>78472</td><td>78699</td></tr> <tr><td>78014</td><td>78264</td><td>78473</td><td>78700</td></tr> <tr><td>78015</td><td>78265</td><td>78481</td><td>78701</td></tr> <tr><td>78016</td><td>78266</td><td>78483</td><td>78707</td></tr> <tr><td>78018</td><td>78278</td><td>78491</td><td>78708</td></tr> <tr><td>78070</td><td>78282</td><td>78492</td><td>78709</td></tr> <tr><td>78071</td><td>78290</td><td>78494</td><td>78740</td></tr> <tr><td>78072</td><td>78291</td><td>78496</td><td>78761</td></tr> <tr><td>78075</td><td>78299</td><td>78499</td><td>78799</td></tr> <tr><td>78099</td><td>78300</td><td>78579</td><td>78800</td></tr> <tr><td>78102</td><td>78305</td><td>78580</td><td>78801</td></tr> <tr><td>78103</td><td>78306</td><td>78582</td><td>78802</td></tr> <tr><td>78104</td><td>78315</td><td>78597</td><td>78803</td></tr> <tr><td>78185</td><td>78399</td><td>78598</td><td>78804</td></tr> <tr><td>78195</td><td>78428</td><td>78599</td><td>78811</td></tr> <tr><td>78199</td><td>78445</td><td>78600</td><td>78812</td></tr> <tr><td>78201</td><td>78451</td><td>78601</td><td>78813</td></tr> <tr><td>78202</td><td>78452</td><td>78605</td><td>78814</td></tr> <tr><td>78215</td><td>78453</td><td>78606</td><td>78815</td></tr> <tr><td>78216</td><td>78454</td><td>78608</td><td>78816</td></tr> <tr><td>78226</td><td>78456</td><td>78609</td><td>78830</td></tr> <tr><td>78227</td><td>78457</td><td>78610</td><td>78831</td></tr> <tr><td>78230</td><td>78458</td><td>78630</td><td>78832</td></tr> <tr><td>78231</td><td>78459</td><td>78635</td><td>78999</td></tr> </table>	76376	78232	78466	78645	76377	78258	78468	78650	78012	78261	78469	78660	78013	78262	78472	78699	78014	78264	78473	78700	78015	78265	78481	78701	78016	78266	78483	78707	78018	78278	78491	78708	78070	78282	78492	78709	78071	78290	78494	78740	78072	78291	78496	78761	78075	78299	78499	78799	78099	78300	78579	78800	78102	78305	78580	78801	78103	78306	78582	78802	78104	78315	78597	78803	78185	78399	78598	78804	78195	78428	78599	78811	78199	78445	78600	78812	78201	78451	78601	78813	78202	78452	78605	78814	78215	78453	78606	78815	78216	78454	78608	78816	78226	78456	78609	78830	78227	78457	78610	78831	78230	78458	78630	78832	78231	78459	78635	78999
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<p><b>Rhinoplasty plan exclusions:</b></p> <p>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>																																																																																																												

Procedures and services	Additional information	CPT® or HCPCS codes			
<p><b>Site of service (SOS) – Outpatient hospital plan exclusions:</b></p> <ul style="list-style-type: none"> <li>• AZ DSNP</li> <li>• FL DSNP</li> <li>• HI DSNP</li> <li>• KY DSNP</li> <li>• MA DSNP</li> <li>• NJ DSNP</li> <li>• NY DSNP</li> <li>• TX DSNP</li> <li>• WI DSNP</li> </ul>	<p>Prior authorization is only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)</p>	<p><b>Breast lesion/cyst/tumor removal</b> 19125</p> <p><b>Carpal tunnel surgery</b> 29848</p> <p><b>Corneal transplant</b> 65756</p> <p><b>Colonoscopy and biopsy</b> 44388    45378    45384    45390 44389    45379    45385    45393 44391    45380    45386    G0105 44408    45381    45388    G0121 45330    45382    45389</p> <p><b>Cystoscopy</b> 52000    52005    52204 52001    52007    52214</p> <p><b>Deviated septum repair</b> 30520</p> <p><b>Eye surgery</b> 0191T    66984    67042    67210 65855    67036    67108    67228 66183    67040    67113    67917 66982    67041    67145</p> <p><b>Fractured arm</b> 23615    24516    25545    25607 23630    24665    25605    25608 24515    24666    25606    25609</p> <p><b>Glaucoma procedures</b> 65820    66170</p> <p><b>Hernia repair</b> 49505    49553    49587    49653 49521    49570    49650    49654 49525    49572    49651    49655 49550    49585    49652    49656</p> <p><b>Knee arthroscopy</b> 29870    29876    29880 29874    29877    29881 29875    29879    29888</p> <p><b>Other bladder surgeries</b> 51720    52287    52315    52341 51728    52300    52330    52344 51729    52310    52332    52351</p> <p><b>Other female genital surgeries</b> 57240    57260    57288    58558</p> <p><b>Other foot/toe surgeries</b> 28120    28288    28296 28285    28291</p> <p><b>Other male genital surgeries</b> 55040</p> <p><b>Other nervous system surgeries</b> 64718    64721</p>			

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<p><b>Other prostate surgeries</b> 52630 55700</p> <p><b>Other therapeutic procedures of the muscle/tendon</b> 23430 26055 26123</p> <p><b>Other urethra surgeries</b> 52275 52276 52281 52282 52285</p> <p><b>Pain management</b> 62270 62321 62322 62323 64418 64483 64490 64493 64510 64633 64635</p> <p><b>Percutaneous vertebral augmentation</b> 22514</p> <p><b>Removal of bladder tumors</b> 52224 52234 52235</p> <p><b>Removal of kidney stones</b> 50590</p> <p><b>Shoulder arthroscopy</b> 29823 29824 29827 29828</p> <p><b>Skin graft</b> 14040 14060 14301 15100 15120 15220 15240 15260</p> <p><b>Treatment/removal of bladder stones</b> 52320 52325 52352 52353</p> <p><b>Upper GI endoscopy - esophagus/stomach/small intestine</b> 43235 43236 43237 43238 43239 43240 43241 43242 43245 43247 43248 43249 43250 43251 43253 43254 43255 43259</p>
<p><b>Sleep apnea procedures and surgeries</b></p> <p><b>Plan exclusions:</b> None</p> <p>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea</p>	<p>Prior authorization required</p> <p>Applies to inpatient or outpatient procedures and surgeries, including, but not limited to: palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.</p> <p>Applies only for surgical sleep apnea procedures and not sleep studies.</p>	<p>21685 41512 41530 41599 42145</p>
<p><b>Spine surgery</b></p>	<p>Prior authorization required</p>	<p>20930 20931 20939 22854 22858</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Stimulators</b></p> <p><b>Plan exclusions:</b> None</p> <p>Implantation of a device that sends electrical impulses</p>	<p>Prior authorization required</p>	<p><b>Bone growth stimulator</b></p> <p>E0747    E0748    E0749    E0760</p> <p><b>Neurostimulator</b></p> <p>61850    61863    61864    61867</p> <p>61868    61885    61886    63650</p> <p>63655    63685    64555    64568</p> <p>64590    L8682    L8683</p>
<p><b>Therapeutic radiology services</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p><b>Intensity-modulated radiation therapy (IMRT)</b></p> <p>77385    77386    G6015    G6016</p> <p><b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b></p> <p>77371    77372    77373    G0339</p> <p>G0340</p>
<p><b>Transplant of tissue or organs</b></p> <p><b>Plan exclusions:</b> None</p> <p>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel), Abecma® (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><b>Bone marrow harvest</b></p> <p>38240    38241    38242</p> <p><b>Heart/lung</b></p> <p>33930    33935</p> <p><b>Heart</b></p> <p>33940    33944    33945</p> <p><b>Lung</b></p> <p>32850    32851    32852    32853</p> <p>32854    32856    S2060    S2061</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p><b>Transplant of tissue or organs (continued)</b></p>	<p>Prior authorization required</p>	<p><b>Kidney</b>  50300    50320    50323    50340  50360    50365    50370    50380  50547</p> <p><b>Pancreas</b>  48551    48552    48554</p> <p><b>Liver</b>  47135    47143    47147</p> <p><b>Intestine</b>  44132    44133    44135    44136</p> <p><b>Services related to transplants</b>  32855    33933    38208    38209  38210    38212    38213    38214  38215    38232*    44137    44715  44720    44721    47133    47140  47141    47142    47144    47145  47146    50325    S2152    C9076</p> <p><b>CAR T-cell therapy</b>  0537T    0538T    0539T    0540T  C9098**    J9999**    Q2041    Q2042  Q2053    Q2054    Q2055</p> <p>*Code 38232 will only require prior authorization for an oncology diagnosis.  **For unclassified code J9999 prior authorization is only required for Tecartus™</p>
<p><b>Vein procedures</b></p> <p><b>Plan exclusions:</b> 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>37243    37799    37700    37718    37722  37780</p>
<p><b>Ventricular assist devices (VAD)</b></p> <p><b>Plan exclusions:</b> None</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>		<p>Please call the Optum VAD case management team at <b>1-888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p> <p>33927    33928    33929    33975    33983  33976    33979    33981    33982</p>

