# 2025 Optum Health Networks, Inc. of Georgia contracted provider prior authorization list

## Effective Jan. 1, 2025

Log in to **optumproportal.com** and select the *Medical Management* section to submit a prior authorization notification.

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

**Plans with referral requirements**: If a member's health plan ID card displays "referral required, " certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician. Guidelines in this document are applicable to service providers and facilities with Optum Direct Contracts. All other providers should access the member's health plan website for Prior Authorization Requirement information.

**Items listed below require prior authorization**

### Out-of-network

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

Notify Optum of hospital admissions no later than 24 hours after admission and 24 hours post discharge. Notifications should be submitted electronically online to **optumproportal.com**.

**Prior authorization is not required for emergency or urgent care.**

| Inpatient/institutional services | Additional notes |
|---|---|
| Elective scheduled medical admissions | |
| Acute rehabilitation admissions sub-acute admissions | |
| Skilled nursing facility admissions | |
| Long-term acute care facility admissions | |
| Admissions for alcohol, drug and/or substance abuse | Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at **800-579-5222** |
| Behavioral health admissions | Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at **800-579-5222** |
| Behavioral health services | • Behavioral health services through a designated behavioral health network. Many benefit plans only provide coverage for behavioral health services through a designated behavioral health network.<br>• Please call the number on the customer's health care ID card when referring for any mental health or substance abuse/substance use services. |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Arthroplasty** | | 23470, 23472, 24360, 4361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486, 27487 |
| **Bone Growth Stimulator** | | 20974, 20975, 20979 |
| **Breast Reconstruction Non- Mastectomy** | Prior Authorization is not required for the following diagnosis codes: C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C79.81, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 | 11920, 11921, 11922, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600 |
| **Cancer Guidance Program- Chemotherapy** | Prior authorization requests for drug codes in this section with a cancer diagnosis should be submitted to our Cancer Guidance Program (CGP).<br>Online: **optumproportal.com**<br>Email: **optumcare_smgp@optum.com**<br>Phone: **877-454-8365**, TTY 711<br><br>Unclassified Drug codes, specific drug names:<br>C9399 Sarclisa<br>J3490 Amtagvi, Jaypirca, Pemetrexed, Rytelo, Stimufend, Valflyta<br>J3590 Adstiladrin, Anktiva, Columvi, Elrexfio, Epkinly, Imdelltra, Lunsumio, Tecelra, Tecentriq Hybdreza, Vegzelma, Zynyz<br>J8999 Augtryo, Fruzaqla, Iwilfin, Lazcluze, Ogsiveo, Ojemda, Truqap<br>J9999 Akeega, Calquence, Yonsa | A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9173, C9257, J0202, J0222, J0225, J0870, J0881, J0885, J1323, J1448, J1456, J1930, J1932, J1952, J2277, J2353, J2354, J2357, J2796, J2802, J2820, J2860, J3055, J3262, J3263, J3315, J7504, J8999, J9000, J9015, J9017, J9019, J9020, J9021, J9023, J9025, J9026, J9027, J9028, J9029, J9030, J9032, J9033, J9034, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9072, J9074, J9076, J9100, J9118, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9200, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9223, J9225, J9227, J9229, J9230, J9245, J9246, J9247, J9250, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9272, J9273, J9280, J9281, J9286, J9292, J9293, J9295, J9298, J9301, J9302, J9303, J9306, J9307, J9308, J9309, J9313, J9316, J9317, J9318, J9319, J9320, J9321, J9323, J9325, J9328, J9330, J9331, J9340, J9345, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9357, J9358, J9359, J9360, J9361, J9370, J9390, J9393, J9394, J9395, J9400, J9600, Q2043, Q2049, Q2050, J0185, J0640, J0641, J0642, J0897, J1442, J1447, J1449, J1453, J1454, J1627, J1950, J2506, J9022, J9035, J9119, J9198, J9201, J9217, J9228, 9271, J9294, J9296, J9297, J9299, J9304, J9305, J9311, J9312, J9314, J9355, J9356, Q5101, Q5107, Q5108, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123, 5125, Q5127, Q5129, Q5130, Q5146 |
| **Cancer Guidance Program- Chemotherapy (continued)** | For non-oncology conditions, see Part B Step Therapy | J0185, J0640, J0641, J0642, J0897, J1442, J1447, J1449, J1453, J1454, J1627, J1950, J2506, J9022, J9035, J9119, J9198, J9201, J9217, J9228, 9271, J9294, J9296, J9297, J9299, J9304, J9305, J9311, J9312, J9314, J9324, J9355, J9356, Q5101, Q5107, Q5108, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123, Q5125, Q5127, Q5129, Q5130 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Cardiology** | | 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33274, 93350, 93351, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93653, 93656, E0616 |
| **Cardiovascular System** | Prior Authorization is not required for the following diagnosis codes/ranges: E08.52, E09.52, E10.52, E11.52, E13.52, I70.221-I70.229, I70.231-I70.239, I70.241-I70.25, I70.261-I70.269, I70.321-I70.329, I70.331-I70.339, I70.341-I70.35, I70.361-I70.369, I70.421-I70.429, I70.431-I70.439, I70.441-I70.449, I70.461-I70.469, I70.521-I70.529, I70.531-I70.539, I70.541-I70.549, I70.561-I70.569, I70.621-I70.629, I70.631-I70.639, I70.641-I70.649, I70.661-I70.669, I70.721-I70.729, I70.731-I70.739, I70.741-I70.749, I70.761-I70.769, I72.3-I72.4, I72.8-I72.9, I73.00-I73.1, I73.81, I74.3-I74.9, I75.021-I75.029, I75.89, I77.2, I77.70, I77.72, I77.77-I77.79, I96, L03.115-L03.116, M86.051-M86.059, M86.061-M86.069, M86.071-M86.079, M86.08-M86.09, M86.10, M86.151-M86.159, M86.161-M86.169, M86.171-M86.179, M86.18-M86.19, M86.20, M86.251-M86.259, M86.261-M86.269, M86.271-M86.279, M86.28-M86.29, M86.30, M86.351-M86.359, M86.361-M86.369, M86.371-M86.372, M86.379-M86.39, M86.40, M86.451-M86.459, M86.461-M86.462, M86.49, M86.471-M86.472, M86.479-M86.49, M86.50, M86.551-M86.559, M86.561-M86.562, M86.571-M86.572, M86.579-M86.59, M86.60, M86.651-M86.659, M86.661-M86.669, M86.671-M86.69, M86.8X0, M86.8X5-M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8-Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A | 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Cardiovascular System (continued)** | Prior Authorization is required for the following diagnosis codes: E08.51, E08.52, E08.59, E08.621, E09.51, E09.52, E09.59, E09.621, E10.51, E10.52, E10.59, E10.621, E11.51, E11.52, E11.59, E11.621, E13.51, E13.52, E13.59, E13.621, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.369, I70.391, I70.392, I70.393, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.421, I70.422, I70.423, I70.428, 70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, 70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I 70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, 70.748, I70.749, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91, I70.92, I72.3, I72.4, I72.8, I72.9, I73.89, I73.9, I74.3, I74.4, I74.5, I74.8, I74.9, I75.021, I75.022, I75.023, I75.029, I75.89, I77.1, I77.2, I77.70, I77.72, I77.77, I77.79, I96, L03.115, L03.116, L97.319, L97.329, L97.419, L97.429, L97.511, L97.512, L97.513, L97.519, L97.521, L97.522, L97.529, L97.819, L97.828, L97.829, L97.909, L97.919, L97.929, L98.491, L98.499, M79.604, M79.605, M79.606, M79.609, M79.651, M79.652, M79.659, M79.661, M79.662, M79.669, M79.671, M79.672, M79.673, M79.674, M79.675, M79.676, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.8X7, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, R93.6, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.856A, T82.858A, T82.868A, T82.898A, Z95.820, Z98.62 | 75710, 75716 |
| **Cartilage Implants** | | 27412, 29866, 29867, 29868, J7330 |
| **Chemotherapy Services** | Prior authorization requests for drug codes in this section with a cancer diagnosis, should be submitted to our OptumCare Prior Authorization department, online: **optumproportal.com** | J9051, J9064, J9074, J9098, J9165, J9172, J9199, J9218, J9219, J9226, J9248, J9249, J9255, J9274, J9285, J9322, J9347, J9376, J9380 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Cochlear Implants and Other Auditory Implants** | | 69714, 69715, 69718, 69930, L8614, L8619, L8690, L8691, L8692 |
| **Continuous Glucose Monitoring** | Prior authorization is not required for Type I Diabetes, diagnosis range: E10.10-E10.9 | A4238, A4239, E2102, E2103 |
| **Cosmetic and Reconstructive Procedures** | | 11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 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, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67950, 67961, 67966, Q2026 |
| **Dialysis** | If members are referred to an out-of-network provider for dialysis services, advance notification is required for the purposes of steerage to a network dialysis center to avoid high cost-shares to our members even when they may have out-of-network benefits.<br>Advance notification is not required for end-stage renal disease when a Medicare customer travels outside of the service area. Note that your agreement with us may include restrictions on referring members outside the UnitedHealthcare® network. | |
| **Drug Tests** | | G0479, G0480, G0481, G0482, G0483 |
| **Durable Medical Equipment (DME) - regardless of billed charge** | | E0193, E0246, E0301, E0303, E0350, E0459, E0462, E0465, E0466, E0603, E0617, E0651, E0652, E0655, E0656, E0668, E0669, E0671, E0672, E0673, E0675, E0700, E0710, E0738, E0739, E0746, E0782, E0783, E0784, E0785, E0786, E0830, E0970, E0983, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1018, E1020, E1029, E1030, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1222, E1224, E1227, E1228, E1229, E1230, E1231, E1239, E1270, E1280, E1295, E1296, E1297, E1298, E1310, 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, E2298, E2310, E2311, E2321, E2330, E2373, E2376, K0005, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0606, K0609, K0730, K0743, K0744, K0745, K0746, K0800, K0801, K0802, K0806, 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, K1037 |
| **Durable Medical Equipment (DME)- less than $1000** | Prior authorization is not required if billed charge is less than $1000 | E0170, E0194, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0373, E0483, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0740, E0761, E0764, E0770, E0984, E0986, E0988, E1017, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1399, K0108, K0455 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Gender Dysphoria Treatment** | Prior Authorization is required for the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890 | 14000, 14001, 14041, 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, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508 |
| **Genetic Testing** | | 81457, 81458, 81459, 81462, 81463, 81464, 81517, 0020M, 0420U, 0422U, 0423U, 0425U, 0426U, 0428U, 0434U, 0437U, 0438U, 0452U, 0453U, 0454U, 0456U, 0460U, 0461U, 0464U, 0465U, 0466U, 0467U, 0469U, 0470U, 0473U, 0474U, 0475U |
| **Home Health Care** | Prior Authorization is required for:<br>• Initial certification period on day 15-60<br>• Continuation of care<br>• Resumption of care (ROC)<br>• Additional visits<br>• Recertification for all subsequent 60-day episode | **All home health care services**<br>Prior authorization is required after the 1st 14 days of care.<br>**Nursing**<br>S9123, S9124, S9474, G0162, G0299, G0300, G0493, G0494, G0495, G0496, 99503, 99505, T1000<br>**Physical Therapy**<br>G0151, G0157, G0159, G2168, S9131<br>**Occupational Therapy**<br>G0152, G0158, G0160, G2169, S9129<br>**Speech Therapy**<br>G0153, G0161, S9128<br>**Social Work**<br>G0155, S9127<br>**Home Health Aide**<br>G0156, S9122<br>**Home Ventilator Management**<br>94005<br>**Wound Care**<br>97605, 97606 |
| **Home Health/Nutritional** | | B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4185 |
| **Hyperbaric Oxygen Treatment** | | G0277 |
| **Hysterectomy** | | 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Injectable Medications** | | 90283,90284,A9543, A9600, A9604, C9172, C9293, C9791,J0121, J0122, J0129, J0172, J0174, J0175, J0180, J0205, J0207, J0220, J0221, J0223, J0224, J0256, J0257, J0270, J0275, J0291, J0480, J0485, J0517, J0565, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0589, J0594, J0596, J0597, J0598, J0606, J0636, J0638, J0691, J0693, J0695, J0699, J0712, J0717, J0742, J0775, J0791, J0878, J0879, J0888, J0894, J0896, J1096, J1097, J1201, J1202, J1203, J1290, J1300, J1301, J1302, J1303, J1304, J1305, J1322, J1325, J1411, J1412, J1413, J1426, J1427, J1428, J1429, J1434, J1443, J1444, J1458, J1460, J1560, J1602, J1640, J1743, J1746, J1747, J1748, J1749, J1750, J1756, J1786, J1823, J1931, J2182, J2267, J2323, J2326, J2327, J2329, J2350, J2356, J2360, J2406, J2407, J2425, J2469, J2501, J2502, J2547, J2562, J2724, J2781, J2782, J2783, J2786, J2793, J2797, J2840, J2916, J2941, J3060, J3241, J3245, J3247, J3285, J3316, J3358, J3380, J3385, J3393, J3394, J3396, J3397, J3398, J3399, J3401, J3489, J7165, J7169, J7170, J7171, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7308, J7311, J7312, J7313, J7314, J7316, J7330, J7336, J7340, J7345, J7351, J7354, J7402, J7500, J7505, J7511, J7699, J7799, J7999, J9332, J9333, J9334, J9381, Q5133, Q5134 |
| **Non-Emergency Transportation** | Recertification for all subsequent 60-day episode | A0430, A0431, A0435, A0436 |
| **Orthognathic Surgery** | | 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 |
| **Orthopedic Surgeries** | | 22222, 22510, 22511, 22513, 29914, 29915, 29916 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Orthotics/ Prosthetics** | | L0112, L0140, L0150, L0170, L0200, L0220, L0452, L0456, L0457, L0460, L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, L0622, L0623, L0624, L0629, L0631, L0632, L0634, L0636, L0637, L0638, L0648, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1001, L1005, L1200, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844, L1846, L1851, L1852, L1904, L1907, L1920, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2136, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2275, L2280, L2320, L2340, L2350, L2387, L2415, L2425, L2520, L2525, L2526, L2530, L2550, L2627, L2628, L2755, L2780, L2795, L2800, L2810, L2820, L2830, L2840, L2861, L2999, 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, L3671, L3674, L3720, L3740, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3905, L3921, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4030, L4040, L4045, L4050, L4055, L4631, 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, L5620, L5629, L5637, L5639, L5643, L5649, L5651, L5655, L5668, L5670, L5671, L5672, L5673, L5678, L5679, L5680, L5681, L5683, L5684, L5686, L5688, L5690, L5699, L5700, L5701, L5702, L5703, L5704, L5706, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5795, L5812, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5856, L5857, L5858, L5859, L5925, L5930, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5972, L5973, L5974, L5978, L5979, L5980, L5981, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6646, L6648, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, L7510, L7520, L8035, L8039, L8041, L8042, L8043, L8044, L8049, L8499, L8505, L8604, L8609, L8699 |
| **Outpatient Therapy** | | 94005, 97605, 97606, G0166, G0129, G0177, G0237, G0238, G0239, G0422, G0423 |
| **Pain Management** | | 62362 |

| Service Category | Special Instructions | CPT/HCPCS |
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| **Part B Step Therapy** | | J0177, J0178, J0179, J0185, J0491, 0640, J0641, J0642, J0897, J1437, J1439, J1442, J1447, J1449, J1453, J1454, J1459, J1551, 1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, 1599, J1627, J1745, J1950, J1954, J2506, J2507, J2777, J2778, J2779, J3032, J3111, J3490, 3590, J9022, J9035, J9119, J9198, J9201, J9217, J9228, J9271, J9294, J9296, J9297, J9299, J9304, J9305, J9311, J9312, J9314, J9324, J9355, J9356, J9999, Q5101, Q5107, Q5108, Q5110, 5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123, Q5124, 5125, Q5126, Q5127, Q5128, Q5129, Q5130 |
| **Potentially Unproven Services** | • Investigational or experimental services, procedures, or devices<br>• New (unproven) services and technology<br><br>Optum Care assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: a) Optum Care has found the new technology meets requirements for coverage under the member's plan of coverage, and b) prior authorization is requested and provided for the treatment or services utilizing the new technology. | 22867, 22869, 28890, 33289, 36514, 64405, 64722, 64744, 66180, 95965, 95966, 0200T, 0201T, C2624 |
| **Radiation Oncology** | Prior Authorization is required for the following diagnosis codes: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C61, C79.51, C79.52, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92 | 55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77470, 77520, 77522, 77523, 77525, 79445, G0339, G0340, G6001, G6002, G6015, G6016, G6017, 77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014 |
| **Radiology** | | 76376, 76377, 78012, 78013, 78014, 78015, 78016, 78018, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78185, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78399, 78428, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78999, 0866T, C9791, G0252 |
| **Rhinoplasty** | | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465 |
| **Sleep Disorder Tests/Treatment** | | 21685, 41512, 41530, 41599, 42145 |

| Service Category | Special Instructions | CPT/HCPCS |
|---|---|---|
| **Spine Surgery** | | 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22216, 22220, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22842, 22849, 22850, 22852, 22855, 22856, 22861, 22864, 22865, 22899, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63266, 63267, 63272, 63277, 63281, 63663, 64561, 64575, 64585 |
| **Stimulators** | | 61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64582, 64590, A4593, A4594, E0747, E0748, E0749, E0760 |
| **Vein Procedures** | | 36473, 36475, 36478, 37700, 37718, 37722, 37780 |
| **Transplants/ CAR-T Ventricular Assist Devices** | For transplant, CAR T-cell therapy and ventricular assist device services, including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at **888-936-7246** or the notification number on the back of the member's health plan ID card. | 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 33975, 33976, 33979, 33981, 33982, 33983, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 50300, 50320, 50323, 50325, 50340, 50360, 50365, 50370, 50380, 50547, 0537T, 0538T, 0539T, 0540T, C9098, Q2041, Q2042, Q2055, S2060, S2061, S2152<br><br>Unclassified drug codes, specific drug names:<br>C9399/J3490/J3590<br>Casgevy (exagamglogene autotemcel)<br>Zynteglo (betibeglogene autotemcel ) |

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