AHN Target Holdings, LLC, d.b.a., Optum Care Networks of Indiana, LLC
CareMount Value Partners IPA, LLC, dba Optum IPA of New York ("OCNY")
Optum Care Networks, Inc., d.b.a., OptumCare Network of Ohio

2025 Optum Care Networks of Indiana, LLC, Optum IPA of New York and OptumCare Network of Ohio 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.

Out-of-network

Items listed below require prior authorization

- 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. 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). Online: **optumproportal.com** Email: **optumcare_smgp@optum.com** Phone: **877-454-8365**, TTY 711 Unclassified Drug codes, specific drug names: C9399 Sarclisa J3490 Amtagvi, Itovebi, Jaypirca, Pemetrexed, Rytelo, Stimufend, Vanflyta J3590 Adstiladrin, Anktiva, Columvi, Elrexfio, Epkinly, Imdelltra, Lunsumio, Tecelra, Tecentriq Hybdreza, Vegzelma, Zynyz J8999 Augtryo, Fruzaqla, Iwilfin, Lazcluze, Ogsiveo, Ojemda, Truqap J9999 Akeega, Calquence, Yonsa	90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9087, C9155, J0202, J0870, J1323, J1448, J1456, J1930, J1932, J1952, J2277, J2353, J2354, J2357, 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, J9060, J9061, J9063, J9065, J9070, J9071, J9072, J9073, J9074, J9076, J9075, 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, 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, J9329, 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, Q2056, Q5146
	For non-oncology conditions, see Part B Step Therapy	J0185, J0640, J0641, J0642, J1453, J1454, J1627, J1950, J9022, J9119, J9198, J9201, J9217, J9228, J9271, J9294, J9296, J9297, J9299, J9304, J9305, J9314, J9324, J9355, J9356, Q5107, Q5112, Q5113, Q5114, Q5116, Q5117, Q5118
	For non-oncology conditions, see Specialty Guidance Program	C9173, C9257, J0222, J0225, J0881, J0885, J0897, J1442, J1447, J1449, J2506, J9035, J9311, J9312, Q5101, Q5108, Q5110, Q5111, Q5115, Q5119, Q5120, Q5122, Q5123, Q5125, Q5127, 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**	J2469, J9051, J9064, J9074, J9098, J9165, J9172, J9199, J9218, J9219, J9226, J9248, J9249, J9255, J9274, J9285, J9322, J9347, J9376, J9380, J9999, Q2017

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. 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, E0785, E0786, E0830, E0970, E0983, 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, K0609, 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, E0784, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1017, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1399, K0108, K0455, K0606, K0730

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	**Home health care services** (applicable for Indiana and Ohio members only) Prior Authorization is required for: Initial certification period on day 15-60 Continuation of care Resumption of care (ROC) Additional visits Recertification for all subsequent 60-day episode	**All home health care services** Prior authorization is required after the 1st 14 days of care. **Nursing** S9123, S9124, S9474, G0162, G0299, G0300, G0493, G0494, G0495, G0496, 99503, 99505, T1000 **Physical Therapy** G0151, G0157, G0159, G2168, S9131 **Occupational Therapy** G0152, G0158, G0160, G2169, S9129 **Speech Therapy** G0153, G0161, S9128 **Social Work** G0155, S9127 **Home Health Aide** G0156, S9122 **Home Ventilator Management** 94005 **Wound Care** 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
Injectable Medications		A9543, A9600, A9604, C9293, C9399, J0121, J0122, J0180, J0205, J0207, J0220, J0221, J0256, J0257, J0270, J0275, J0291, J0480, J0485, J0565, J0567, J0570, J0594, J0596, J0597, J0598, J0606, J0636, J0638, J0691, J0693, J0695, J0699, J0712, J0717, J0742, J0775, J0878, J0879, J0894, J1096, J1097, J1201, J1202, J1203, J1290, J1322, J1325, J1426, J1427, J1428, J1429, J1434, J1443, J1444, J1458, J1460, J1560, J1602, J1640, J1743, J1746, J1749, J1786, J1931, J2323, J2360, J2406, J2407, J2425, J2501, J2502, J2547, J2562, J2724, J2783, J2793, J2797, J2840, J2941, J3060, J3245, J3285, J3316, J3358, J3385, J3396, J3397, J3490, J3590, J7165, J7169, J7170, 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, J7336, J7340, J7345, J7351, J7354, J7402, J7500, J7505, J7511, J7599, J7699, J7799, J8498, L8605, Q4074, Q133, Q5134, Q5135
Non-Emergency		A0430, A0431, A0435, A0436

Service Category	Special Instructions	CPT/HCPCS
Transportation		
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
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

Service Category	Special Instructions	CPT/HCPCS
Outpatient Therapy		94005, 97605, 97606, G0166, G0129, G0177, G0237, G0238, G0239, G0422, G0423
Pain Management		62362
Part B Step Therapy		J1954, J9324, Q5126
Potentially Unproven Services	Investigational or experimental services, procedures, or devices • New (unproven) services and technology 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 requests for procedures in this section should be submitted to our Cancer Guidance Program (CGP). Online: **optumproportal.com** Email: **optumcare_smgp@optum.com** Phone: **877-454-8365**, TTY 711 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
Specialty Guidance Program	Specialty Guidance Program (SGP) Part B Medications (non-oncology related) For oncology related services, see Cancer Guidance Program/Chemotherapy Submit Prior Authorization requests to SGP Online: **optumproportal.com** > Medical Management > Specialty Rx Prior Auth Phone: **877-454-8365** Email: **optumcare_smgp@optum.com**	90283, 90284, C9257, C9399, J0129, J0172, J0174, J0175, J0177, J0178, J0179, J0222, J0223, J0224, J0225, J0491, J0517, J0584, J0585, J0586, J0587, J0588, J0589, J0791, J0881, J0885, J0888, J0896, J0897, J1300, J1301, J1302, J1303, J1304, J1305, J1411, J1412, J1413, J1437, J1439, J1442, J1447, J1449, J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599, J1628, J1745, J1747, J1748, J1750, J1756, J1823, J2182, J2267, J2326, J2327, J2329, J2350, J2356, J2506, J2507, J2777, J2778, J2779, J2781, J2782, J2786, J2916, J3032, J3111, J3241, J3247, J3380, J3398, J3399, J3401, J3489, J3490, J3590, J7171, J7999, J9035, J9311, J9312, J9332, J9333, J9334, J9381, Q5101, Q5108, Q5110, Q5111, Q5115, Q5119, Q5120, Q5122, Q5123, Q5124, Q5125, Q5127, Q5128, Q5130
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 Unclassified drug codes, specific drug names: C9399/J3490/J3590 Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel)

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