2025 OptumCare Network of Arizona: UnitedHealthcare Medicare Advantage prior authorization requirements

Effective April1, 2025

General information

- Online: To submit a prior authorization notification, login to **optumproportal.com** and select the *Medical Management* section
- Prior authorization Intake department fax # (Only if online is not available): **888-992-2809**
- Prior authorization Intake department phone (Only if online or fax are not available): **877-370-2845**, TTY711
- Prior authorization department email: **lcd_um@optum.com**

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.

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.

General guidelines

Inpatient/institutional services require prior authorization

- Elective/scheduled medical admissions
- Acute rehabilitation admissions
- Subacute admissions
- Skilled nursing facility (SNF) admissions
- Long-term acute care facility admissions
- Admissions for alcohol, drug and/or substance abuse[1]
- Behavioral health admissions[1]

Procedures and services	Additional information	CPT®or HCPCS codes
Ablation	Effective April 1, 2025	51721, 55881, 55882
Arthroplasty		23470, 23472, 24360, 24361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486, 27487
Bariatric Surgery		43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43844, 43845, 43846, 43847, 43848, 43860, 43865, 43882, 43886, 43887, 43888, 44799
Bone growth stimulator		20974, E0747, 20975, 20979, E0748, E0749, E0760
Breast reconstruction (non-mastectomy) **Reconstruction of the breast except when following mastectomy**	**Prior authorization is not required for the following diagnosis codes:** C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121 C50.122, C50.129, C50.221, C50.222 C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10	11920, 11921, 11922, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600
Cardiology	Prior authorization required for Participating physicians for inpatient, outpatient and office-based procedures prior to performance	0571T, 0614T, 33206, 33212, 33213, 33214, 33221, 33224, 33227, 33228, 33230, 33231, 33240, 33262, 33263, 33264, 33270, 33285, 93350, 93351, 93454, 93656, 93799, E0616

Procedures and services	Additional information	CPT®or HCPCS codes
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	37230, 37231

Procedures and services	Additional information	CPT®or HCPCS codes
Cardiovascular System	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

Procedures and services	Additional information	CPT®or HCPCS codes
Cartilage implants		27412, 27415, 27416, 29866, 29867, 29868, J7330
Chemotherapy	Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	J1448, J1456, J1675, J1932, J1952, J2820, J9000, J9015, J9017, J9019, J9020, J9021, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9051, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9064, J9065, J9070, J9071, J9072, J9073, J9075, J9100, J9118, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9172, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9199, J9200, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9218, J9223, J9225, J9227, J9229, J9230, J9245, J9246, J9247, J9250, J9255, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9272, J9273, J9274, J9280, J9281, J9285, J9286, J9293, J9295, J9298, J9301, J9302, J9303, J9306, J9307, J9308, J9309, J9310, J9313, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9325, J9328, J9330, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9357, J9358, J9359, J9360, J9370, J9380, J9390, J9393, J9394, J9395, J9400, J9600, Q2043, Q2050
Chemotherapy **For non-cancer diagnoses, see Injectable Medications/Step Therapy section**	Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	J0185, J0640, J0641, J0642, J1453, J1454, J1627, J1950, J1954, J2506, J9022, J9035, J9119, J9198, J9201, J9217, J9228, J9271, J9294, J9296, J9297, J9299, J9304, J9305, J9314, J9324, J9355, J9356, Q5101, Q5107, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5125, Q5126, Q5127, Q5129, Q5130
Cochlear and other auditory implants	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714, 69715, 69718, 69930, L8614, L8619, L8690, L8691, L8692
Continuous Glucose Monitors	Prior Authorization is not required for Type I Diabetes diagnoses: E10.10-E10.37X9, E10.39-E10.9	A4238, A4239, E2102, E2103

Procedures and services	Additional information	CPT®or HCPCS codes
Cosmetic and reconstructive Procedures[3]	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function Advance notification required for services, whether scheduled as inpatient or outpatient	A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A4100, A6010, C1762, C1763, C1768, C1781, C1832, C9352, C9353, C9355, C9356, C9358, C9360, C9361, C9363, C9364, 11952, 11960, 11970, 11971, 15732, 15736, 15819, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17340, 17360, 17380, 17999, 19499, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 21299, 21740, 21742, 21743, 28280, 28344, 30540, 30545, 30560, 30620, 30999, 31295, 31296, 31297, 31298, 31299, 36469, 36470, 36471, 40700, 40701, 40702, 40720, 40761, 40799, 40840, 40842, 40843, 40844, 40845, 41870, 41872, 41874, 42200, 42205, 42210, 42215, 42220, 42225, 54406, 54410, 54415, 54416, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67930, 67950, 67961, 67966, 67971, 67973, 67974, 67975, 69300, 92700, Q2026, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333
Dental Services		D9230, D9248
Durable medical equipment (DME) Section 1: Preferred Home Care is our exclusive DME vendor: Phone: **480-446-9010** Fax: **480-446-7695**	These items require prior authorization/notification regardless of price, including: • Power mobility devices/accessories • Lymphedema pumps Pneumatic compressors	E0301, E0303, E0466, E0467, E0470, E0471, E0472, E0486, E0601, E0650, E0651, E0652, E0655, E0656, E0660, E0665, E0667, E0668, E0669, E0671, E0672, E0673, E0675, E0679, E0738, E0739, E0766, E1029, E1030, E1230, E1239, E2298, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2609, E2617, K0020, 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, K1018, K1019, K1037

Procedures and services	Additional information	CPT®or HCPCS codes
Durable medical equipment (DME) Section 2: Preferred Home Care is our exclusive DME vendor: Phone: **480-446-9010** Fax: **480-446-7695**	Prior authorization is only required if the retail purchase cost or the cumulative rental cost is over $1,000	E0170, E0193, E0194, E0203, E0246, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0350, E0373, E0459, E0462, E0465, E0483, E0603, E0617, E0618, E0620, E0635, E0636, E0639, E0640, E0691, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0784, E0785, E0786, E0830, E0856, E0970, E0983, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1017, E1018, E1020, E1035, E1036, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1222, E1224, E1227, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1399, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2227, E2228, E2300, E2301, E2375, E2376, E2402, E2502, E2504, E2506, E2508, E2510, K0005, K0009, K0010, K0011, K0012, K0014, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745, K0746, K0807
End-stage renal disease/dialysis services **Services for the treatment of end-stage renal disease (ESRD) require advance notification –includes outpatient dialysis services**	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits. Advance notification/prior authorization is not required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels. **Note:** Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call **866-561-7518.**
Emerging technology/new indications for existing technology	Effective April 1, 2025	0935T
Gender dysphoria treatment		These surgical codes, when billed with one of the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890, 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, 55970, 55980, 55866, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508

Procedures and services	Additional information	CPT®or HCPCS codes
Genetic Testing/Related Codes	*Authorization is not required for: • Dermatology specialists, for any diagnosis • Pathology specialists, for a dermatology related diagnosis Codes with 3/31/2025 termination date: 81433 81436 81438 0428U	0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 006M, 0007M, 0007U, 0008U, 0009U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0020M, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, 0420U, 0422U, 0423U, 0425U, 0426U, 0434U, 0437U, 0438U, 0452U, 0453U, 0454U, 0456U, 0460U, 0461U, 0464U, 0465U, 0466U, 0467U, 0469U, 0470U, 0473U, 0474U, 0475U, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81517, 81518, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 84999, 85999, 86152, 86153, 86294, 86316, 86386, 86849, 88120, 88121, 88199, 88341*, 88342*, 88363, 88365, 88367, 88368, 88399, 89240, 89398, S0265, S3800, S3841, S3842, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3870
Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home		B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161
Hyperbaric Oxygen Treatment		99183, 99184

Procedures and services	Additional information	CPT®or HCPCS codes
Hysterectomy (abdominal and laparoscopic surgeries)		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		90378, A9513, A9590, A9606, A9607, C9151, C9167, C9168, C9169, C9170, C9172, C9173, C9399, J0129, J0135, J0172, J0174, J0175, J0222, J0223, J0224, J0225, J0256, J0584, J0585, J0586, J0587, J0588, J0589, J0775, J0791, J0879, J0881, J0882, J0885, J0886, J0896, J1202, J1203, J1300, J1301, J1302, J1303, J1304, J1411, J1412, J1413, J1434, J1747, J1748, J1749, J1823, J2267, J2323, J2326, J2327, J2329, J2350, J2356, J2781, J2782, J3241, J3247, J3263, J3300, J3357, J3380, J3398, J3399, J3401, J3490, J3590, J7165, J7171, J7189, J7199, J7333, J7354, J7599, J7699, J7999, J8498, J9329, J9332, J9333, J9334, J9381, Q5133, Q5134, Q5135, Q5136, S0122, S0132
Injectable Medications	Prior authorization is required for diagnosis code E74.02	J0219
Injectable Medications	Prior authorization is required for diagnosis code E78.01	J1305
Injectable Medications	Effective April 1, 2025	J1414, J9026, J9028, J9292, Q5138, Q5146
Lab Testing (Drug Screens)		80301, 80305, 80306, 80307, 81225, 81226, 81227, G0479, G0480, G0481, G0482, G0483, G0659
Neurostimulators	Effective April 1, 2025	0908T, 0909T, 0910T, 0911T, 0912T
Non-Emergency Transportation	Non-urgent ambulance transportation by air between specified locations	A0430, A0431, A0435, A0436
Ophthalmology		66174, 66175, 66821
Orthognathic Surgery	Treatment of maxillofacial (jaw) functional impairment	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	Spine & joint surgeries	22222, 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
Orthotics[4] & Prosthetics		L0112, L0140, L0150, L0170, L0200, L0220, L0452, L0456, L0460, L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, L0488, L0622, L0623, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1001, L1005, L1200, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1846, L1860, L1904, L1920, L1932, L1945, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2108, L2126, L2128, L2134, L2136, L2232, L2320, L2350, L2387, L2520, L2525, L2526, L2627, L2628, L2800, L2861, L2999, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649, L3674, L3720, L3730, L3740, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3921, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4000, L4020, 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, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5705, L5706, L5707, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5795, L5811, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5856, L5857, L5858, L5930, L5960, L5961, L5964, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L5999, 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, L6708, 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, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8049, L8499, L8505, L8604, L8609, L8681, L8689, L8699, L8701, L8702, L8720, V2623, V2624, V2625, V2626, V2627, V2628
Pain Infusion Pump	Effective April 1, 2025	C9804, C9806
Pain Management		0627T, 0628T, 0629T, 0630T, 62350, 62351, 62360, 62361, 62362, 62264, 64491, 64492, 64494, 64495, 64628, 64629, 64634, 64636

Procedures and services	Additional information	CPT®or HCPCS codes
Part B Step Therapy	For oncology conditions, see Chemotherapy Section	90283, 90284, J0177, J0179, J0491, J0897, J1437, J1439, J1442, J1447, J1449, J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599, J1745, J2507, J2777, J2778, J2779, J3032, J3111, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332, J9311, J9312, Q5104, Q5108, Q5110, Q5121, Q5122, Q5123, Q5124, Q5128, J0178
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.	0171T, 0200T, 0201T, 22867, 22869, 28890, 33289, 36514, 43999, 64405, 64722, 64744, 66180, 67999, 95965, 95966, C2624
Prolotherapy		M0076
Prostate Procedures		52441, 52442
Radiation Oncology		0073T, 0394T, 0395T, 55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77418, 77424, 77425, 77470, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79445, G0339, G0340, G6001, G6002
Radiation Oncology with diagnosis rule	Prior authorization is not required for the following diagnosis codes: C50.011, C50.312, C50.619, D05.02, C50.012, C50.319, C50.621, D05.10, C50.019, C50.321, C50.622, D05.11, C50.021, C50.322, C50.629, D05.12, C50.022, C50.329, C50.811, D05.80, C50.029, C50.411, C50.812, D05.81, C50.111, C50.412, C50.819, D05.82, C50.112, C50.419, C50.821, D05.90, C50.119, C50.421, C50.822, D05.91, C50.121, C50.422, C50.829, D05.92, C50.122, C50.429, C50.911, Z42.1, C50.129, C50.511, C50.912, Z85.3, C50.211, C50.512, C50.919, Z90.10, C50.212, C50.519, C50.921, Z90.11, C50.219, C50.521, C50.922, Z90.12, C50.221, C50.522, C50.929, Z90.13, C50.222, C50.529, C79.81, C50.229, C50.611, D05.00, C50.311, C50.612, D05.01	77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014

Procedures and services	Additional information	CPT®or HCPCS codes
Radiology	Prior authorization required for advanced outpatient imaging procedures: • Certain PET scans • CT Angiography • MRI, MRA • Nuclear medicine and nuclear cardiology procedures	0609T, 0610T, 0611T, 0612T, 0634T, 0635T, 0636T, 0637T, 0638T, 0866T, 70336, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71275, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72156, 72157, 72159, 72191, 72195, 72196, 72197, 72198, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74174, 74175, 74181, 74182, 74183, 74185, 74712, 74713, 75557, 75559, 75561, 75563, 75574, 75635, 76498, 77021, 77058, 77059, 77084, 78012, 78013, 78014, 78015, 78016, 78070, 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, 78429, 78430, 78431, 78432, 78433, 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, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C9762, C9763, C9791, G0235, G0252, S8037, S8042, S8080, S8085
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Skin and tissue substitutes	Effective April 1, 2025	Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353
Sleep Disorder Tests/Treatment		21685, 41512, 41530, 41599, 42145
Sleep Studies		95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808
Spine Surgery		20930, 20931, 20939, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 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, 22854, 22855, 22856, 22858, 22861, 22864, 22865, 22899, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Stimulators		61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64555, 64568, 64582, 64590, A4593, A4594, C1767, C1778, E0747, E0748, E0749, E0760, L8680, L8682, L8683, L8685, L8686, L8687, L8688

Procedures and services	Additional information	CPT®or HCPCS codes
T Codes/ Category III Codes		0019T, 0020T, 0021T, 0023T, 0024T, 0025T, 0026T, 0027T, 0028T, 0029T, 0030T, 0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T, 0042T, 0043T, 0044T, 0045T, 0046T, 0047T, 0048T, 0049T, 0050T, 0054T, 0055T, 0056T, 0057T, 0058T, 0059T, 0060T, 0061T, 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0074T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, 0088T, 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0115T, 0116T, 0117T, 0120T, 0123T, 0124T, 0126T, 0130T, 0133T, 0135T, 0137T, 0140T, 0141T, 0142T, 0143T, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 0152T, 0153T, 0154T, 0155T, 0156T, 0157T, 0158T, 0159T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0172T, 0173T, 0174T, 0175T, 0176T, 0177T, 0178T, 0179T, 0180T, 0181T, 0182T, 0183T, 0184T, 0185T, 0186T, 0187T, 0188T, 0189T, 0190T, 0192T, 0193T, 0194T, 0197T, 0198T, 0199T, 0202T, 0203T, 0204T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0239T, 0240T, 0241T, 0242T, 0243T, 0244T, 0245T, 0246T, 0247T, 0248T, 0250T, 0251T, 0252T, 0253T, 0254T, 0256T, 0257T, 0258T, 0259T, 0260T, 0261T, 0262T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0276T, 0277T, 0278T, 0279T, 0280T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T, 0297T, 0298T, 0308T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0362T, 0373T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0505T, 0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, 0562T, 0663T

Procedures and services	Additional information	CPT®or HCPCS codes
Transplant of tissue or organs	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	0537T, 0538T, 0539T, 0540T, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232, 38240, 38241, 38242, 38999, 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, Q2041, Q2042, Q2054, Q2055, Q2056, S2060, S2061, S2152 For unclassified codes C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Casgevy, Lantidra, Lenmeldy
Vein Procedures	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	36468, 36473, 36475, 36476, 36478, 36479, 36482, 37243, 37700, 37718, 37722, 37780, 37799
Ventricular Assist Devices (VAD)	Please call the Optum VAD case management team at **888-936-7246** or the notification number on the back of the member's health plan ID card.	0051T, 0052T, 0053T, 33975, 33976, 33979, 33981, 33982, 33983
Video EEG		95726

1. Admissions for alcohol, drug, and/or substance abuse or mental illness: Call Optum® Behavioral Health at: 800-579-5222, TTY711.
2. Optum Care Network–Arizona assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: Optum Care Network–Arizona has found the new technology meets requirements for coverage under the member's plan of coverage, and prior authorization is requested and provided for the treatment or services utilizing the new technology.
3. Includes breast reconstruction (non-mastectomy) and septoplasty/rhinoplasty.
4. All foot orthotics regardless of billed charge, other orthotic device greater than $1, 000 billed charge per device.

Confidential and proprietary. Use pursuant to company instructions.

Optum® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

©2025 Optum, Inc. All rights reserved.

Optum