2025 OptumCare Network of Utah contracted provider prior authorization list

Effective Jan. 1, 2025 (Effective June 1, 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**, TTY 711
- 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.

Inpatient/institutional services

Service category	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
Ablation		51721, 55881, 55882
Arthroplasty		23470, 23472, 24360, 24361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486, 27487
Bone growth stimulator		20974, 20975, 20975
Breast reconstruction non-mastectomy	Reconstruction of the breast except when following 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
Cardiology		0571T, 0614T, 33206, 33212, 33213, 33214, 33221, 33224, 33227, 33228, 33230, 33231, 33240, 33262, 33263, 33264, 33270, 33285, 93350, 93351, 93656, E0616

Service Category	Special Instructions	CPT/HCPCS
Cardiovascular System	Prior Authorization is not required for the following diagnosis codes: E08.52, E09.52, E10.52, E11.52, E13.52, 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, I70.321, 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, I70.421, I70.422, I70.423, I70.428, I70.429, 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, I70.521, I70.522, I70.523, I70.528, I70.529, 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, I70.621, I70.622, I70.623, I70.628, I70.629, 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, I70.721, 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, I70.748, I70.749, I70.761, I70.762, I70.763, I70.768, I70.769, I72.3, I72.4, I72.8, I72.9, I73.00, I73.01, I73.1, I73.81, I74.3, I74.4, I74.5, I74.8, I74.9, I75.021, I75.022, I75.023, I75.029, I75.89, I77.2, I77.70, I77.72, I77.77, I77.79, I96., L03.115, L03.116, M86.051, M86.052, M86.059, M86.061, M86.062, M86.069, M86.071, M86.072, M86.079, M86.08, M86.09, M86.10, M86.151, M86.152, M86.159, M86.161, M86.162, M86.169, M86.171, M86.172, M86.179, M86.18, M86.19, M86.20, M86.251, M86.252, M86.259, M86.261, M86.262, M86.269, M86.271, M86.272, M86.279, M86.28, M86.29, M86.30, M86.351, M86.352, M86.359, M86.361, M86.362, M86.369, M86.371, M86.372, M86.379, M86.38, M86.39, M86.40, M86.451, M86.452, M86.459, M86.461, M86.462, M86.469, M86.471, M86.472, M86.479, M86.48, M86.49, M86.50, M86.551, M86.552, M86.559, M86.561, M86.562, M86.571, M86.572, M86.579, M86.58, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, 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, 27415, 27416, 29866, 29867, 29868, J7330
Chemotherapy	For non-oncology conditions, see Part B Step Therapy Section	J0641, J0642, J1950, J9035, J9198, J9228, J9271, J9299, J9304, J9324, J9355, J9356, J9999, Q5112, Q5113, Q5125, Q5126, Q5127, Q5129, Q5130

Service Category	Special Instructions	CPT/HCPCS
Chemotherapy	Injectable chemotherapy drugs requiring notification: • Injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code.	J0185, J1448, J1453, J1454, J1456, J1627, J1675, J1930, J1932, J1952, J2506, 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, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, 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, J9294, J9296, J9297, J9295, J9298, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9309, J9313, J9314, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J0640, J9325, J9328, J9330, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J1954, J9022, J9357, J9358, J9359, J9360, J9370, J9380, J9390, J9393, J9394, J9395, J9400, J9600, J9119, Q2043, Q2049, Q2050, Q5101, Q5107, Q5111, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120
Chemotherapy	For non-oncology conditions, see Part B Step Therapy Section	J0641, J0642, J1950, J9035, J9198, J9228, J9271, J9299, J9304, J9324, J9355, J9356, J9999, Q5112, Q5113, Q5125, Q5126, Q5127, Q5129, Q5130
Cochlear Implants		69714, 69715, 69717, 69718, 69930, L8614, L8615, L8616, L8617, L8619, L8627, L8628, L8690, L8691, L8692, L8693
Continuous Glucose Monitoring	Prior Authorization is not required for Type I Diabetes diagnoses: E10.10-E10.37X9, E10.39-E10.9	A4238, A4239, E2102, E2103
Cosmetic and Reconstructive Procedures		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, 11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 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, 28344, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 36468, 36470, 36471, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966, 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

Service Category	Special Instructions	CPT/HCPCS
Dialysis services	• 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.	
Durable Medical Equipment (DME) - regardless of billed amount	**DME Section 1:** These DMEs require prior authorization/notification regardless of price: • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors	E0220, E0301, E0303, E0463, E0464, E0466, E0679, E0738, E0739, E0766, E1230, E1239, E2228, E2298, E2300, E2301, E2310, E2321, E2373, E2510, E2609, E2617, K0003, K0005, K0017, K0018, K0020, K0037, K0039, K0043, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0070, K0072, K0073, K0077, K0098, K0105, K0108, K0455, K0601, K0602, K0603, K0604, K0605, K0606, K0607, K0608, K0609, K0672, K0730, K0743, K0744, K0745, K0746, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, K1018, K1019, K1037

Durable Medical Equipment (DME)-less than $1000	**DME Section 2:** DME services greater than $1, 000 (billed charges, per item) • Certain DMEs with a retail purchase cost/cumulative rental cost over $1,000 • DME with a retail purchase cost or a cumulative rental cost greater than $1,000	A7025, E0112, E0113, E0116, E0117, E0140, E0144, E0147, E0153, E0155, E0158, E0159, E0161, E0162, E0167, E0170, E0171, E0175, E0182, E0186, E0187, E0191, E0193, E0194, E0198, E0200, E0202, E0203, E0205, E0210, E0225, E0236, E0239, E0246, E0249, E0251, E0256, E0275, E0276, E0277, E0280, E0290, E0291, E0292, E0293, E0300, E0302, E0304, E0316, E0325, E0326, E0328, E0329, E0350, E0352, E0370, E0373, E0443, E0459, E0462, E0465, E0467, E0481, E0483, E0486, E0572, E0574, E0580, E0585, E0602, E0603, E0604, E0605, E0606, E0610, E0617, E0618, E0619, E0635, E0636, E0639, E0640, E0657, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0784, E0785, E0786, E0830, E0840, E0850, E0870, E0880, E0890, E0900, E0920, E0930, E0941, E0942, E0944, E0945, E0946, E0947, E0948, E0952, E0957, E0958, E0959, E0966, E0967, E0968, E0969, E0970, E0974, E0980, E0983, E0984, E0985, E0986, E0988, E0994, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1014, E1015, E1016, E1017, E1018, E1020, E1029, E1030, E1035, E1036, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1221, E1222, E1223, 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, E1570, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2311, E2376, E2402
Emerging technology/new indications for existing technology		0935T
Gender Dysphoria Treatment	Prior Authorization is required for 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, 19304, 20926, 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/Related Codes	Authorization not required: Dermatology specialists, for any diagnosis Pathology specialists, for a dermatology-related diagnosis **Effective June 1, 2025*	0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 0006M, 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, 0532U*, 0533U*, 0534U*, 0536U*, 0537U*, 0538U*, 0539U*, 0540U*, 0543U*, 0544U*, 0548U*, 0549U*, 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, 81225, 81226, 81227, 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 Visits	All home health care services • Initial start of care requires portal-based notification within 72 hours of first visit • Subsequent episodes of home health care require authorization, regardless of code	

Home Health Care- Nutrition	Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home	B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162
Hyperbaric Oxygen Treatment		99183, 99184
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	**Effective June 1, 2025*	90586, A4641, A9513, A9573*, A9590, A9601*, A9602*, A9603*, A9606, A9607, A9697*, A9699, A9800, C9149, C9151, C9155, C9157, C9162, C9167, C9169, C9170, C9172, C9173, C9257, C9302, C9303, C9304, C9399, J0129, J0139, J0172, J0174, J0175, J0202, J0222, J0223, J0224, J0225, J0584, J0585, J0586, J0587, J0588, J0589, J0604, J0775, J0791, J0879, J0881, J0885, J0896, J1072*, J1202, J1203, J1299, J1300, J1301, J1302, J1303, J1304, J1305, J1323, J1411, J1412, J1413, J1414, J1434, J1747, J1748, J1749, J1823, J1930, J2267, J2277, J2326, J2327, J2329, J2350, J2351, J2353, J2354, J2356, J2357, J2781, J2782, J2796, J2802, J2860, J3055, J3240, J3241, J3247, J3262, J3263, J3315, J3357, J3380, J3398, J3399, J3401, J7165, J7171, J7199, J7333, J7354, J7504, J7599, J7699, J7999, J8498, J8999, J9024, J9026, J9028, J9038, J9054, J9292, J9329, J9332, J9333, J9334, J9381, Q5133, Q5134, Q5135, Q5136, Q5138, Q5139, Q5140*, Q5141*, Q5142*, Q5143*, Q5144, Q5145, Q5146, Q5147, Q5148, Q5151, Q5152, Q9996*
Injectable Medications-Part B Step Therapy		90283, 90284, J0177, J0178, J0179, J0491, J0897, J1437, J1439, J1442, J1447, J1449, J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1566, J1568, J1575, J1576, J1599, J1745, J2507, J2777, J2778, J2779, J3032, J3111, J3490, J3590, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332, J9311, J9312, Q5104, Q5108, Q5110, Q5121, Q5122, Q5123, Q5124, Q5128
Neurostimulators		0908T, 0909T, 0910T, 0911T, 0912T
Non-Emergency Transportation		A0430, A0431, A0435, A0436
Ophthalmology		66821
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, 24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916

Orthotics & Prosthetics	**Effective June 1, 2025*	L0112, L0113, L0140, L0150, L0160, L0170, L0200, L0220, L0452 L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, 0490, L0491, L0492, L0621, L0622, L0623, L0624, L0629, L0631 L0632, L0633, L0634, L0636, L0638, L0700, L0710, L0810, L0820, 0830, L0859, L0861, L0970, L0972, L0974, L0976, L0978 L0980, L0982, L0984, L0999, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085 L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1499 L1600, L1610, L1620, L1630, L1640, L1650, L1660, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844 L1847, L1904, L1910, L1920, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060 L2070, L2080, L2090, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210 L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2300, L2310, L2320, L2335, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580 L2600, L2610, L2620, L2622, L2627, L2628, L2630, L2640, L2650, L2660, L2670, L2680, L2750, L2760, L2768, L2780, L2785 L2795, L2800, L2810, L2830, L2850, L2861, L3000, L3001, L3002, L3003, L3010, L3030, L3031, L3050, L3070, L3080, L3090 L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214 L3215, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3320, L3330, L3334, L3340, L3350, L3360, L3370 L3380, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3640 L3649, L3674, L3720, L3762, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3917, L3921, L3925, L3927, L3929, L3956 L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3995, L4000, L4010, L4020, L4030, L4040, L4045 L4050, L4055, L4060, L4070, L4080, L4090, L4110, L4130, L4392, L4394, L4398, L4631, L5000*, L5010, L5020, L5050, L5060, L5100 L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270 L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410 L5420, L5430, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600 L5610, L5611, L5613, L5614, L5615*, L5616, L5617, L5618, L5620, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636 L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5646, L5647, L5648, L5649, L5651, L5652, L5653, L5654, L5655, L5656 L5658, L5661, L5666, L5671*, L5673, L5674*, L5676, L5677, L5678, L5680, L5681, L5682, L5683, L5684, L5686, L5688, L5690, L5692, L5694 L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822 L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859*, L5910, L5920, L5925, L5930, L5940*, L5950*, L5960, L5961, L5962*, L5966, L5968, L5970*, L5970, L5971, L5972, L5973, L5974*, L5975, L5976*, L5978, L5979, L5980, L5981, L5982*, L5984*, 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, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588 L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635 L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6675, L6676, L6677 L6680, L6682, L6684, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6695, L6696, L6697, L6698, L6703, L6704, L6706 L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884 L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970 L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7362, L7364, L7366 L7367, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7600, L8031, L8032, L8035, L8039, L8040, L8041, L8042, L8043 L8044, L8045, L8046, L8047, L8048, L8049, L8310, L8320, L8330, L8410, L8415, L8435, L8465, L8480, L8485, L8499, L8505 L8507, L8511, L8512, L8514, L8515, L8603, L8604, L8609, L8610, L8612, L8613, L8630, L8641, L8642, L8658, L8670, L8679, L8684, L8695, L8699, L8701, L8702, L8720, Q0506, V2627

Pain Infusion Pump		C9804, C9806
Pain Management	**Effective June 1, 2025*	0627T, 0628T, 0629T, 0630T, 62350, 62351, 62360, 62361, 62362, 64490, 64491, 64492, 64493, 64494, 64495, 64628, 64629, 64633, 64634, 64635, 64636, C9807*
Part B Drugs	**Category Effective: June 1, 2025*	C9173*, C9302*, C9303*, J0870*, J0901*, J1299*, J1307*, J1552*, J1941*, J2351*, J3392*, J7601*, J9024*, J9038*, J9054*, J9076*, J9161*, J9292*, Q5139*, Q5146*, Q5147*, Q5149*, Q5150*, Q5151*, Q5152*, Q9997*, Q9998*, Q9999*
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, 64405, 64722, 64744, 66180, 95965, 95966, C2624
Prostate Procedures		52441, 52442
Radiation Oncology		0394T, 0395T, 55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 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, G6015, G6016, G6017, S2095
Radiation Oncology (Diagnosis exception)	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
Radiation Therapy	*New Category effective June 1, 2025**	G0563*

Radiology	**Effective June 1, 2025*	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, 72148, 72149, 72156, 72157, 72158, 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, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75574, 75635, 76380, 76497, 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, 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, 0609T, 0610T, 0611T, 0612T, 0634T, 0635T, 0636T, 0637T, 0638T, 0866T, A9592*, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C9762, C9763, C9791, G0235, G0252, S8037, S8085
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Sleep Disorder Tests/ Treatment		21685, 41512, 41530, 41599, 42145, 42299
Skin and tissue substitutes		Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353
Sleep Studies	Prior authorization not required if done at home (billed with G codes)	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811
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, 63685, 64555, 64568, 64582, 64590, A4593, A4594, E0747, E0748, E0749, E0760, L8680, L8682, L8683, L8685, L8686, L8687, L8688
Surgery	**New category effective June 1, 2025*	C8003*

T Codes/ Category III Codes	Authorization not required for dermatology specialists, for any diagnosis or pathology specialists, for a dermatology related diagnosis	0042T, 0054T, 0055T, 0058T, 0071T, 0072T, 0075T, 0076T, 0085T, 0095T, 0098T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0126T, 0163T, 0164T, 0165T, 0174T, 0175T, 0184T, 0198T, 0202T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0228T, 0229T, 0230T, 0231T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0253T, 0254T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0278T, 0290T, 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
Transplants	For transplant and CAR T-cell therapy 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 **Effective June 1, 2025*	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38225, 38226, 38227, 38228, 38230, 38232, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50340, 50360, 50365, 50370, 50380, 50547, 0537T, 0538T, 0539T, 0540T, C9301, J3392, J3394, Q2041, Q2042, Q2054, Q2055, Q2056, Q2057*, S2060, S2061, XW0338A, XW0438A For unclassified codes C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Casgevy, Lantidra, Lenmeldy
Vein Procedures		36473, 36475, 36478, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799
Ventricular Assist Devices (VAD)	For ventricular assist devices (VAD), call OptumHealth VAD intake directly at **888-936-7246**	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983
Video EEG		95726