

# 2025 IPN Optum Care Network, LLC, contracted provider prior authorization list

Effective Jan. 1, 2025 (Updated June 1, 2025)

Log in to [optumproportal.com](https://optumproportal.com) and select the *Medical Management* section to submit a prior authorization notification.

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

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

## Items listed below require prior authorization

### Out-of-network

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

Notify Optum of hospital admissions no later than 24 hours after admission and 24 hours post discharge. Notifications should be submitted electronically online to [optumproportal.com](https://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 <b>800-579-5222</b>                                                                                                                                                                                                                                                                                          |
| Behavioral health admissions                         | Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at <b>800-579-5222</b>                                                                                                                                                                                                                                                                                          |
| Behavioral health services                           | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Please call the number on the customer's health care ID card when referring for any mental health or substance abuse/substance use services.</li> </ul> |

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

| Service Category      | Special Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CPT/HCPCS                                                                                                                                                                                                                                                         |
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| 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                                                                                                                           |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cardiovascular System (continued)</b> | <p>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, 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, I70.491, 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, 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, I70.591, 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, 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, I70.691, 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, I70.748, 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</p> | 75710, 75716                                                                                                                        |
| <b>Cartilage Implants</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27412, 29866, 29867, 29868, J7330                                                                                                   |
| <b>Chemotherapy Services</b>             | <p>Prior authorization requests for drug codes in this section with a cancer diagnosis, should be submitted to our OptumCare Prior Authorization department, online: <a href="https://optumproportal.com">optumproportal.com</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | J9051, J9064, J9074, J9098, J9165, J9172, J9199, J9218, J9219, J9226, J9248, J9249, J9255, J9274, J9285, J9322, J9347, J9376, J9380 |

| Service Category                                                     | Special Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CPT/HCPCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cochlear Implants and Other Auditory Implants</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 69714, 69715, 69718, 69930, L8614, L8619, L8690, L8691, L8692                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Continuous Glucose Monitoring</b>                                 | Prior authorization is not required for Type I Diabetes, diagnosis range: E10.10-E10.9                                                                                                                                                                                                                                                                                                                                                                                                                                    | A4238, A4239, E2102, E2103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Cosmetic and Reconstructive Procedures</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Dialysis</b>                                                      | If members are referred to an out-of-network provider for dialysis services, advance notification is required for the purposes of steerage to a network dialysis center to avoid high cost-shares to our members even when they may have out-of-network benefits.<br>Advance notification is not required for end-stage renal disease when a Medicare customer travels outside of the service area. Note that your agreement with us may include restrictions on referring members outside the UnitedHealthcare® network. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Drug Tests</b>                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G0479, G0480, G0481, G0482, G0483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Durable Medical Equipment (DME) - regardless of billed charge</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E0193, E0246, E0301, E0303, E0350, E0459, E0462, E0465, E0466, E0603, E0617, E0651, E0652, E0655, E0656, E0668, E0669, E0671, E0672, E0673, E0675, E0700, E0710, E0738, E0739, E0746, E0782, E0783, E0784, E0785, E0786, E0830, E0970, E0983, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1018, E1020, E1029, E1030, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1222, E1224, E1227, E1228, E1229, E1230, E1231, E1239, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2298, E2310, E2311, E2321, E2330, E2373, E2376, K0005, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0606, K0609, K0730, K0743, K0744, K0745, K0746, K0800, K0801, K0802, K0806, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, K1037 |
| <b>Durable Medical Equipment (DME)- less than \$1000</b>             | Prior authorization is not required if billed charge is less than \$1000                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E0170, E0194, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0373, E0483, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0740, E0761, E0764, E0770, E0984, E0986, E0988, E1017, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1399, K0108, K0455                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Service Category            | Special Instructions                                                                                                                                                                                                                                                                                        | CPT/HCPCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 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            | <ul style="list-style-type: none"> <li>• Prior Authorization is required for:</li> <li>• Initial certification period on day 15-60</li> <li>• Continuation of care</li> <li>• Resumption of care (ROC)</li> <li>• Additional visits</li> <li>• Recertification for all subsequent 60-day episode</li> </ul> | <b>All home health care services</b><br>Prior authorization is required after the 1st 14 days of care.<br><b>Nursing</b><br>S9123, S9124, S9474, G0162, G0299, G0300, G0493, G0494, G0495, G0496, 99503, 99505, T1000<br><b>Physical Therapy</b><br>G0151, G0157, G0159, G2168, S9131<br><b>Occupational Therapy</b><br>G0152, G0158, G0160, G2169, S9129<br><b>Speech Therapy</b><br>G0153, G0161, S9128<br><b>Social Work</b><br>G0155, S9127<br><b>Home Health Aide</b><br>G0156, S9122<br><b>Home Ventilator Management</b><br>94005<br><b>Wound Care</b><br>97605, 97606 |
| Home Health/Nutritional     |                                                                                                                                                                                                                                                                                                             | B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4185                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hyperbaric Oxygen Treatment |                                                                                                                                                                                                                                                                                                             | G0277                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Hysterectomy                |                                                                                                                                                                                                                                                                                                             | 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573                                                                                                                                                                                                                                                                                                                                                                                   |

| Service Category             | Special Instructions                              | CPT/HCPCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Injectable Medications       | <i>*Effective June 1, 2025</i>                    | 90283, 90284, A9543, A9573*, A9600, A9601*, A9602*, A9603*, A9604, A9697* C9172, C9293, C9791, J0121, J0122, J0129, J0172, J0174, J0175, J0180, J0205, J0207, J0220, J0221, J0223, J0224, J0256, J0257, J0270, J0275, J0291, J0480, J0485, J0517, J0565, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0589, J0594, J0596, J0597, J0598, J0606, J0636, J0638, J0691, J0693, J0695, J0699, J0712, J0717, J0742, J0775, J0791, J0878, J0879, J0888, J0894, J0896, J1072*, J1096, J1097, J1201, J1202, J1203, J1290, J1300, J1301, J1302, J1303, J1304, J1305, J1322, J1325, J1411, J1412, J1413, J1426, J1427, J1428, J1429, J1434, J1443, J1444, J1458, J1460, J1560, J1602, J1640, J1743, J1746, J1747, J1748, J1749, J1750, J1756, J1786, J1823, J1931, J2182, J2267, J2323, J2326, J2327, J2329, J2350, J2356, J2360, J2406, J2407, J2425, J2469, J2501, J2502, J2547, J2562, J2724, J2781, J2782, J2783, J2786, J2793, J2797, J2840, J2916, J2941, J3060, J3241, J3245, J3247, J3285, J3316, J3358, J3380, J3385, J3393, J3394, J3396, J3397, J3398, J3399, J3401, J3489, J7165, J7169, J7170, J7171, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7308, J7311, J7312, J7313, J7314, J7316, J7330, J7336, J7340, J7345, J7351, J7354, J7402, J7500, J7505, J7511, J7699, J7799, J7999, J9161*, J9332, J9333, J9334, J9381, Q5133, Q5134, Q5147, Q5149*, Q5150* |
| Non-Emergency Transportation | Recertification for all subsequent 60-day episode | A0430, A0431, A0435, A0436                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Orthognathic Surgery         |                                                   | 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Orthopedic Surgeries         |                                                   | 22222, 22510, 22511, 22513, 29914, 29915, 29916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Service Category          | Special Instructions           | CPT/HCPCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Orthotics/<br>Prosthetics | <i>*Effective June 1, 2025</i> | 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, L5674*, L5678, L5679, L5680, L5681, L5683, L5684, L5686, L5688, L5690, L5699, L5700, L5701, L5702, L5703, L5704, L5706, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5795, L5812, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5856, L5857, L5858, L5859, L5925, L5930, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5972, L5973, L5974, L5978, L5979, L5980, L5981, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6646, L6648, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, L7510, L7520, L8035, L8039, L8041, L8042, L8043, L8044, L8049, L8499, L8505, L8604, L8609, L8699 |
| Outpatient Therapy        |                                | 94005, 97605, 97606, G0166, G0129, G0177, G0237, G0238, G0239, G0422, G0423                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Pain Management           |                                | 62362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Service Category               | Special Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CPT/HCPCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Part B Step Therapy            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | J0177, J0178, J0179, J0185, J0491, 0640, J0641, J0642, J0897, J1437, J1439, J1442, J1447, J1449, J1453, J1454, J1459, J1551, 1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, 1599, J1627, J1745, J1950, J1954, J2506, J2507, J2777, J2778, J2779, J3032, J3111, J3490, 3590, J9022, J9035, J9119, J9198, J9201, J9217, J9228, J9271, J9294, J9296, J9297, J9299, 9304, J9305, J9311, J9312, J9314, J9324, J9355, J9356, J9999, Q5101, Q5107, Q5108, Q5110, 5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123, Q5124, 5125, Q5126, Q5127, Q5128, Q5129, Q5130                                                                                                                                                                          |
| Potentially Unproven Services  | <ul style="list-style-type: none"> <li>Investigational or experimental services, procedures, or devices</li> <li>New (unproven) services and technology</li> </ul> Optum Care assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: a) Optum Care has found the new technology meets requirements for coverage under the member's plan of coverage, and b) prior authorization is requested and provided for the treatment or services utilizing the new technology.                                                                                                                                                                                                                                                                              | 22867, 22869, 28890, 33289, 36514, 64405, 64722, 64744, 66180, 95965, 95966, 0200T, 0201T, C2624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Radiation Oncology             | Prior Authorization is required for the following diagnosis codes: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C61, C79.51, C79.52, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92 | 55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77470, 77520, 77522, 77523, 77525, 79445, G0339, G0340, G6001, G6002, G6015, G6016, G6017, 77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Radiology                      | <i>*Effective June 1, 2025</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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, A9592*, C9791, G0252 |
| Rhinoplasty                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Sleep Disorder Tests/Treatment |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 21685, 41512, 41530, 41599, 42145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Service Category                                       | Special Instructions                                                                                                                                                                                                                                                                                                                                                                                   | CPT/HCPCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spine Surgery                                          |                                                                                                                                                                                                                                                                                                                                                                                                        | 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22216, 22220, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22842, 22849, 22850, 22852, 22855, 22856, 22861, 22864, 22865, 22899, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63266, 63267, 63272, 63277, 63281, 63663, 64561, 64575, 64585 |
| Stimulators                                            |                                                                                                                                                                                                                                                                                                                                                                                                        | 61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64582, 64590, A4593, A4594, E0747, E0748, E0749, E0760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Vein Procedures                                        |                                                                                                                                                                                                                                                                                                                                                                                                        | 36473, 36475, 36478, 37700, 37718, 37722, 37780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Transplants/<br>CAR-T<br>Ventricular Assist<br>Devices | For transplant, CAR T-cell therapy and ventricular assist device services, including Abecma® (Idelcaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at <b>888-936-7246</b> 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, Q2057, S2060, S2061, S2152<br><br>For unclassified codes C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Casgevy, Lantidra, Lenmeldy                                    |

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