

Optum UnitedHealthcare Medicare Advantage prior authorization requirements

Effective Jan. 1, 2024

General information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete and other plans listed in the following “included plans” section.

Health plans excluded from the requirements are listed in the “excluded plans” section on page two.

Prior authorization is not required for emergency or urgent care.

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

Plans with referral requirements: If a member’s health plan ID card says “referral required,” certain services may require a referral from the member’s primary care provider and prior authorization obtained by the treating physician.

Prior authorization contacts

Online

Log in to optumportal.com and select the Referrals & Prior Authorization section to submit a prior authorization notification.

Fax

Prior authorization intake department: 1-888-992-2809

Phone

Prior authorization intake department (only if online or fax is not an option): 1-888-685-8491, TTY 711

Email

Prior authorization department: colorado.medmgt@optum.com

Census Admin team

- Admit Fax 1-844-205-3551
- Admit Email ColoradoCensusAdminTeam@ds.uhc.com

Included Plans

The following listed plans require prior authorization for in-network services. They are subject to the UnitedHealthcare provider administrative guide and the UnitedHealthcare West Non-Capitated supplement.

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage®, UnitedHealthcare® The Villages® Medicare Advantage®, UnitedHealthcare® Medicare Advantage® plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans and group retiree plans sold under UnitedHealthcare® Group Medicare Advantage (PPO)

UnitedHealthcare Dual Complete® (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UnitedHealthcare® Chronic Complete (CSNP)

UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan subject to an additional manual, as further described in the benefit plan section of the 2021 UnitedHealthcare Care Provider Administrative Guide at UHCprovider.com/guides. As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the administrative guide.

Service category information	Codes
<p>Behavioral health services through a designated behavioral health network</p> <p>Plan exclusions: None</p> <p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.</p>
<p>Bariatric Surgery</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43844, 43845, 43846, 43847, 43848, 43860, 43865, 43882, 43886, 43887, 43888, 44799</p>
<p>Bone growth stimulator</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>20974, 20975, 20979</p>
<p>Breast reconstruction (non- mastectomy)</p> <p>Plan exclusions: None</p> <p>Reconstruction of the breast except when following mastectomy</p> <p>Prior authorization required</p>	<p>11920, 19328, 19361, 19371, 11921, 19330, 19364, 19380, 11922, 19340, 19367, 19396, 19316, 19342, 19368, L8600, 19318, 19350, 19369, 19325, 19357, 19370</p> <p>Prior authorization is not required for the following diagnosis codes: C50.019, C50.612, C50.329, D05.01, C50.011, C50.619, C50.421, D05.02, C50.012, C50.811, C50.422, D05.10, C50.111, C50.812, C50.429, D05.11, C50.112, C50.819, C50.521, D05.12, C50.119, C50.911, C50.522, D05.80, C50.211, C50.912, C50.529, D05.81, C50.212, C50.919, C50.621, D05.82, C50.219, C50.029, C50.622, D05.91, C50.311, C50.021, C50.629, D05.92, C50.312, C50.022, C50.821, Z85.3, C50.319, C50.121, C50.822, Z90.10, C50.411, C50.122, C50.829, Z90.11, C50.412, C50.129, C50.921, Z90.12, C50.419, C50.221, C50.922, Z90.13, C50.511, C50.222, C50.929, Z42.1, C50.512, C50.229, C79.81, C50.519, C50.321, D05.90, C50.611, C50.322, D05.00</p>
<p>Cardiology</p> <p>Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p> <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based procedures prior to performance</p>	<p>0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33285, 33289, 78428, 78429, 78430, 78431, 78432, 78433, 93350, 93351, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93799, E0616</p>

Service category information	Codes
<p>Cardiovascular</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>Cardiology 93653, 93656</p> <p>Vascular 37220*, 37225*, 37228*, 37231*, 37221*, 37226*, 37229*, 37224*, 37227*, 32730*</p> <p>Prior authorization is not required for the following diagnosis codes:</p> <p>E08.52, I70.461, I70.761, M86.369, E09.52, I70.462, I70.762, M86.371, E10.52, I70.463, I70.763, M86.372, E11.52, I70.468, I70.768, M86.379, E13.52, I70.469, I70.769, M86.38, I70.221, I70.521, I72.3, M86.39, I70.222, I70.522, I72.4, M86.40, I70.223, I70.523, I72.8, M86.451, I70.228, I70.528, I72.9, M86.452, I70.229, I70.529, I73.00, M86.459, I70.231, I70.531, I73.01, M86.461, I70.232, I70.532, I73.1, M86.462, I70.233, I70.533, I73.81, M86.469, I70.234, I70.534, I74.3, M86.471, I70.235, I70.535, I74.4, M86.472, I70.238, I70.538, I74.5, M86.479, I70.239, I70.539, I74.8, M86.48, I70.241, I70.541, I74.9, M86.49, I70.242, I70.542, I75.021, M86.50, I70.243, I70.543, I75.022, M86.551, I70.244, I70.544, I75.023, M86.552, I70.245, I70.545, I75.029, M86.559, I70.248, I70.548, I75.89, M86.561, I70.249, I70.549, I77.2, M86.562, I70.25, I70.561, I77.70, M86.571, I70.261, I70.562, I77.72, M86.572, I70.262, I70.563, I77.77, M86.579, I70.263, I70.568, I77.79, M86.58, I70.268, I70.269, I70.321, I70.322, I70.323, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.369, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.569, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.661, I70.662, I70.663, I70.668, I70.669, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I96., L03.115, L03.116, M86.051, M86.052, M86.059, M86.061, M86.062, M86.069, M86.071, M86.072, M86.079, M86.08, M86.09, M86.10, M86.151, M86.152, M86.159, M86.161, M86.162, M86.169, M86.171, M86.172, M86.179, M86.18, M86.19, M86.20, M86.251, M86.252, M86.259, M86.261, M86.262, M86.269, M86.271, M86.272, M86.279, M86.28, M86.29, M86.30, M86.351, M86.352, M86.359, M86.361, M86.362, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A</p>
<p>Cartilage implants</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>27412, 27415, 27416</p>

Service category information	Codes
<p>Category III, Temporary “T” Codes</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>0019T, 0020T, 0021T, 0022T, 0023T, 0024T, 0025T, 0026T, 0027T, 0028T, 0029T, 0030T, 0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T, 0042T, 0043T, 0044T, 0045T, 0046T, 0047T, 0048T, 0049T, 0050T, 0051T, 0052T, 0053T, 0054T, 0055T, 0056T, 0057T, 0058T, 0059T, 0060T, 0061T, 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0074T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, 0088T, 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0110T, 0111T, 0112T, 0113T, 0114T, 0115T, 0116T, 0117T, 0118T, 0119T, 0120T, 0121T, 0122T, 0123T, 0124T, 0125T, 0126T, 0127T, 0128T, 0129T, 0130T, 0131T, 0132T, 0133T, 0134T, 0135T, 0136T, 0137T, 0138T, 0139T, 0140T, 0141T, 0142T, 0143T, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 0152T, 0153T, 0154T, 0155T, 0156T, 0157T, 0158T, 0159T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0173T, 0174T, 0175T, 0176T, 0177T, 0178T, 0179T, 0180T, 0181T, 0182T, 0183T, 0184T, 0185T, 0186T, 0187T, 0188T, 0189T, 0190T, 0192T, 0193T, 0194T, 0197T, 0198T, 0199T, 0202T, 0203T, 0204T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0239T, 0240T, 0241T, 0242T, 0243T, 0244T, 0245T, 0246T, 0247T, 0248T, 0250T, 0251T, 0252T, 0253T, 0254T, 0256T, 0257T, 0258T, 0259T, 0260T, 0261T, 0262T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0276T, 0277T, 0278T, 0279T, 0280T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T, 0297T, 0298T, 0308T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0362T, 0373T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0502T, 0503T, 0504T, 0505T, 0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, 0562T, 0609T, 0610T, 0611T, 0612T, 0634T, 0635T, 0636T, 0637T, 0638T, 0663T</p>

Chemotherapy

Plan exclusions: Institutional special needs plans (ISNP)

Prior authorization requests for drug codes in this section with a cancer diagnosis should be submitted to our Cancer Guidance Program (CGP).

Online: mbm.linkplatform.com

Via email: optumcare_smgp@optum.com

Phone: 1-877-454-8365, TTY 711

Injectable chemotherapy drugs that require notification:

- Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:

C9399	Sarclisa
J3490	Jaypirca, Pemetrexed, Stimufend, Vanflyta
J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz
J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap
J9999	Akeega, Calquence, Yonsa

90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9257, C9399*, J0185**, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, J1442, J1447, J1448, J1449**, J1453, J1454**, J1456, J1627**, J1930, J1932, J1950**, J1952, J2353, J2354, J2357, J2506, J2796, J2820, J2860, J3262, J3315, J3490*, J3590*, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9223, J9225, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J2959, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9280, J9281, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311**, J9312**, J9313, J9316, J9317, J9318, J9319, J9320, J9323, J9325, J9328, J9330, J9331, J9340, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5108**, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122**, Q5123**, Q5125**, Q5127, Q5130

New codes effective 2/1/2024:

C9155, C9163, C9165, J8999*, J9029, J9052, J9072, J9286, J9321, J9345, Q5129**

**Cancer diagnosis is managed by Cancer Guidance Program. For non-cancer diagnoses, See Part B Step Therapy Section.

Chemotherapy (Non-CGP)

Plan exclusions: Institutional special needs plans (ISNP)

See Page 1 for options to contact the Optum Care Prior Authorization Department*

Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis

J1954, J9051, J9064, J9072, J9172, J9255, J9258, J9324, Q5017

Service category information	Codes
<p>Cochlear and other auditory implants</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> <p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>69714, L8690, 69930, L8691, L8614, L8619, L8692</p>
<p>Cosmetic and reconstructive Procedures</p> <p>Plan exclusions: None</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> <p>Prior authorization required</p> <p>Advance notification required for services, whether scheduled as inpatient or outpatient</p>	<p>11952, 11960, 11970, 11971, 14020, 14021, 14061, 14302, 15732, 15736, 15819, 15820, 15821, 15822, 15823*, 15824, 15825, 15826, 15828, 15829, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17340, 17360, 17380, 17999, 19304, 19324, 19366, 19499, 20926, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 21299, 21740, 21742, 21743, 28280, 28344, 30540, 30545, 30560, 30620, 30999, 31295, 31296, 31297, 31298, 31299, 40700, 40701, 40702, 40720, 40761, 40799, 40840, 40842, 40843, 40844, 40845, 41870, 41872, 41874, 42200, 42205, 42210, 42215, 42220, 42225, 54406, 54410, 54415, 54416, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67930, 67950, 67961, 67966, 67971, 67973, 67974, 67975, 67999, 69300, 69715, 69718, 92700, Q2026</p>

Durable medical equipment (DME)

Plan exclusions: Institutional special needs plans (ISNP)

Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see prosthetics and orthotics.

Prior authorization is only required if the code is on the prior auth list AND the retail purchase cost or the cumulative rental cost is over \$1,000, unless otherwise specified.

*Power Mobility Devices/Accessories and other equipment require prior authorization regardless of the cost.

E0170, E0193, E0194, E0203, E0246, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0350, E0373, E0450, E0459, E0461, E0462, E0465, E0466*, E0470*, E0471, E0472, E0486, E0483, E0601, E0603, E0616, E0617, E0618, E0620, E0635, E0636, E0639, E0640, E0650, E0651*, E0652, E0655, E0656, E0660, E0665, E0667*, E0668, E0669, E0671, E0672, E0673, E0675, E0691, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0766*, E0770, E0782, E0783, E0784, E0785, E0786, E0830, E0856, E0970, E0983, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1017, E1018, E1020, E1029, E1030, E1035, E1036, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1222, E1224, E1227, E1228, E1229, E1230*, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239*, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1399, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2227, E2228, E2300, E2301, E2310*, E2311, E2312, E2313, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2375, E2376, E2402, E2502, E2504, E2506, E2508, E2510*, E2609*, E2617*, K0005, K0009, K0010, K0011, K0012, K0014, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745, K0746, K0800*, K0801*, K0802*, K0806*, K0807, K0808*, K0812*, K0813*, K0814*, K0815*, K0816*, K0820*, K0821*, K0822*, K0823*, K0824*, K0825*, K0826*, K0827*, K0828*, K0829*, K0830*, K0831*, K0835*, K0836*, K0837*, K0838*, K0839*, K0840*, K0841*, K0842*, K0843*, K0848*, K0849*, K0850*, K0851*, K0852*, K0853*, K0854*, K0855*, K0856*, K0857*, K0858*, K0859*, K0860*, K0861*, K0862*, K0863*, K0864*, K0869*, K0870*, K0871*, K0877*, K0878*, K0879*, K0880*, K0884*, K0885*, K0886*, K0890*, K0891*, K0898*, K0899*

Service category information	Codes
<p>End-stage renal disease/dialysis services</p> <p>Plan exclusions: None</p> <p>Services for the treatment of end- stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p> <p>Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.</p> <p>Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels</p> <p>Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call 1-866-561-7518.</p>
<p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>55970 and 55980 (regardless of diagnosis)</p> <p>These surgical codes, when billed with one of the following diagnosis codes:</p> <p>F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890</p> <p>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, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508</p>

Service category information	Codes
<p>Genetic Testing</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81340, 81341, 81342, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406,</p>

<p>Genetic Testing (continued)</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81495, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 81528, 84999, 85999, 86152, 86153, 86294, 86316, 86386, 86849, 88120, 88121, 88199, 88363, 88365, 88367, 88368, 88399, 89240, 89398, 0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 0006M, 0007M, 0007U, 0008U, 0009U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, S0265, S3800, S3841, S3842, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3870</p>
<p>Home health care (nutritional)</p> <p>Plan exclusions: None</p> <p>Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p> <p>Prior authorization required</p>	<p>B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161</p>
<p>Hyperbaric Oxygen Treatment</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>99183, 99184</p>
<p>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>58150, 58542, 58552, 58571, 58152, 58543, 58553, 58572, 58180, 58544, 58554, 58573, 58541, 58550, 58570</p>
<p>Hysterectomy (vaginal) – inpatient only</p> <p>Plan exclusions: None</p> <p>No prior authorization required for outpatient vaginal hysterectomies</p>	<p>58260, 58270, 58291, 58262, 58275, 58292, 58263, 58280, 58293, 58294, 58267, 58290</p>

Service category information	Codes																																																																																																						
<p>Injectable medications</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> <p>For oncology DX, please see cancer supportive care and chemotherapy sections above.</p>	<table border="1"> <thead> <tr> <th data-bbox="829 243 886 264">Code</th> <th data-bbox="1008 243 1130 264">Drug Name</th> </tr> </thead> <tbody> <tr><td>90283</td><td>Immune Globulin (Igiv), Human, Iv Use</td></tr> <tr><td>90284</td><td>Immune globulin (SClg), human</td></tr> <tr><td>90378</td><td>Respiratory syncytial virus, monoclonal</td></tr> <tr><td>A9800</td><td>Gallium Ga-68 gozetotide, diagnostic</td></tr> <tr><td>C9036</td><td>Injection, patisiran, 0.1 mg</td></tr> <tr><td>C9038</td><td>Injection, mogamulizumab-kpkc, 1 mg</td></tr> <tr><td>C9149</td><td>Injection, teplizumab-mzww, 5 mcg</td></tr> <tr><td>J0129</td><td>Injection, abatacept, 10 mg</td></tr> <tr><td>J0135</td><td>Adalimumab injection</td></tr> <tr><td>J0172</td><td>Injection, aducanumab-avwa, 2 mg</td></tr> <tr><td>J0174</td><td>Injection, lecanemab-irmb</td></tr> <tr><td>J0223</td><td>Injection, givosiran, 0.5 mg</td></tr> <tr><td>J0224</td><td>Injection, lumasiran, 0.5 m</td></tr> <tr><td>J0225</td><td>Injection, vutrisiran, 1 mg</td></tr> <tr><td>J0256</td><td>Injection, alpha 1-proteinase inhibitor</td></tr> <tr><td>J0491</td><td>Injection, anifrolumab-fnia, 1 mg</td></tr> <tr><td>J0584</td><td>Injection, burosumab-twza 1 mg</td></tr> <tr><td>J0585</td><td>Injection, Onabotulinumtoxina, 1 Unit</td></tr> <tr><td>J0586</td><td>Injection, Abobotulinumtoxina, 5 Units</td></tr> <tr><td>J0587</td><td>Injection, Rimabotulinumtoxinb</td></tr> <tr><td>J0588</td><td>Injection, incobotulinumtoxinA, 1 unit</td></tr> <tr><td>J0775</td><td>Injection, clostridium histolyticum</td></tr> <tr><td>J0791</td><td>Injection, crizanlizumab-tmca, 5 mg</td></tr> <tr><td>J0879</td><td>Injection, difelikefalin, 0.1 microgram</td></tr> <tr><td>J0882</td><td>Injection, darbepoetin alfa, 1 mcg</td></tr> <tr><td>J0886</td><td>Epoetin alfa, esrd</td></tr> <tr><td>J0896</td><td>Injection, luspatercept-aamt, 0.25 mg</td></tr> <tr><td>J1300</td><td>Injection, eculizumab, 10 mg</td></tr> <tr><td>J1301</td><td>Injection, edaravone, 1 mg</td></tr> <tr><td>J1302</td><td>Injection, sutimlimab-jome, 10 mg</td></tr> <tr><td>J1303</td><td>Injection, ravulizumab-cwvz, 10 mg</td></tr> <tr><td>J1305</td><td>Injection, evinacumab-dgnb, 5 mg</td></tr> <tr><td>J1411</td><td>Injection, etranacogene dezaparvovec</td></tr> <tr><td>J1437</td><td>Injection, ferric derisomaltose, 10 mg</td></tr> <tr><td>J1439</td><td>Injection, ferric carboxymaltose, 1mg</td></tr> <tr><td>J1459</td><td>Injection, immune globulin (Privigen)</td></tr> <tr><td>J1551</td><td>Injection, immune globulin (cutaquig)</td></tr> <tr><td>J1554</td><td>Injection, immune globulin (asceniv)</td></tr> <tr><td>J1555</td><td>Injection, immune globulin (Cuvitru)</td></tr> <tr><td>J1556</td><td>Injection, immune globulin (bivigam)</td></tr> <tr><td>J1557</td><td>Injection, immune globulinGammplex</td></tr> <tr><td>J1558</td><td>Injection, immune globulin (xembify)</td></tr> <tr><td>J1559</td><td>Injection, immune globulin (hizentra)</td></tr> <tr><td>J1561</td><td>Injection, immune globulinGamunex</td></tr> <tr><td>J1566</td><td>Injection, immune globulin, intravenous</td></tr> <tr><td>J1568</td><td>Injection, immune globulin, (octagam)</td></tr> <tr><td>J1569</td><td>Injection, immune globulin, liquid</td></tr> <tr><td>J1572</td><td>Injection, immune globulin</td></tr> <tr><td>J1575</td><td>Injection, immune globulin</td></tr> <tr><td>J1599</td><td>Injection, immune globulin, intravenous</td></tr> </tbody> </table>	Code	Drug Name	90283	Immune Globulin (Igiv), Human, Iv Use	90284	Immune globulin (SClg), human	90378	Respiratory syncytial virus, monoclonal	A9800	Gallium Ga-68 gozetotide, diagnostic	C9036	Injection, patisiran, 0.1 mg	C9038	Injection, mogamulizumab-kpkc, 1 mg	C9149	Injection, teplizumab-mzww, 5 mcg	J0129	Injection, abatacept, 10 mg	J0135	Adalimumab injection	J0172	Injection, aducanumab-avwa, 2 mg	J0174	Injection, lecanemab-irmb	J0223	Injection, givosiran, 0.5 mg	J0224	Injection, lumasiran, 0.5 m	J0225	Injection, vutrisiran, 1 mg	J0256	Injection, alpha 1-proteinase inhibitor	J0491	Injection, anifrolumab-fnia, 1 mg	J0584	Injection, burosumab-twza 1 mg	J0585	Injection, Onabotulinumtoxina, 1 Unit	J0586	Injection, Abobotulinumtoxina, 5 Units	J0587	Injection, Rimabotulinumtoxinb	J0588	Injection, incobotulinumtoxinA, 1 unit	J0775	Injection, clostridium histolyticum	J0791	Injection, crizanlizumab-tmca, 5 mg	J0879	Injection, difelikefalin, 0.1 microgram	J0882	Injection, darbepoetin alfa, 1 mcg	J0886	Epoetin alfa, esrd	J0896	Injection, luspatercept-aamt, 0.25 mg	J1300	Injection, eculizumab, 10 mg	J1301	Injection, edaravone, 1 mg	J1302	Injection, sutimlimab-jome, 10 mg	J1303	Injection, ravulizumab-cwvz, 10 mg	J1305	Injection, evinacumab-dgnb, 5 mg	J1411	Injection, etranacogene dezaparvovec	J1437	Injection, ferric derisomaltose, 10 mg	J1439	Injection, ferric carboxymaltose, 1mg	J1459	Injection, immune globulin (Privigen)	J1551	Injection, immune globulin (cutaquig)	J1554	Injection, immune globulin (asceniv)	J1555	Injection, immune globulin (Cuvitru)	J1556	Injection, immune globulin (bivigam)	J1557	Injection, immune globulinGammplex	J1558	Injection, immune globulin (xembify)	J1559	Injection, immune globulin (hizentra)	J1561	Injection, immune globulinGamunex	J1566	Injection, immune globulin, intravenous	J1568	Injection, immune globulin, (octagam)	J1569	Injection, immune globulin, liquid	J1572	Injection, immune globulin	J1575	Injection, immune globulin	J1599	Injection, immune globulin, intravenous
Code	Drug Name																																																																																																						
90283	Immune Globulin (Igiv), Human, Iv Use																																																																																																						
90284	Immune globulin (SClg), human																																																																																																						
90378	Respiratory syncytial virus, monoclonal																																																																																																						
A9800	Gallium Ga-68 gozetotide, diagnostic																																																																																																						
C9036	Injection, patisiran, 0.1 mg																																																																																																						
C9038	Injection, mogamulizumab-kpkc, 1 mg																																																																																																						
C9149	Injection, teplizumab-mzww, 5 mcg																																																																																																						
J0129	Injection, abatacept, 10 mg																																																																																																						
J0135	Adalimumab injection																																																																																																						
J0172	Injection, aducanumab-avwa, 2 mg																																																																																																						
J0174	Injection, lecanemab-irmb																																																																																																						
J0223	Injection, givosiran, 0.5 mg																																																																																																						
J0224	Injection, lumasiran, 0.5 m																																																																																																						
J0225	Injection, vutrisiran, 1 mg																																																																																																						
J0256	Injection, alpha 1-proteinase inhibitor																																																																																																						
J0491	Injection, anifrolumab-fnia, 1 mg																																																																																																						
J0584	Injection, burosumab-twza 1 mg																																																																																																						
J0585	Injection, Onabotulinumtoxina, 1 Unit																																																																																																						
J0586	Injection, Abobotulinumtoxina, 5 Units																																																																																																						
J0587	Injection, Rimabotulinumtoxinb																																																																																																						
J0588	Injection, incobotulinumtoxinA, 1 unit																																																																																																						
J0775	Injection, clostridium histolyticum																																																																																																						
J0791	Injection, crizanlizumab-tmca, 5 mg																																																																																																						
J0879	Injection, difelikefalin, 0.1 microgram																																																																																																						
J0882	Injection, darbepoetin alfa, 1 mcg																																																																																																						
J0886	Epoetin alfa, esrd																																																																																																						
J0896	Injection, luspatercept-aamt, 0.25 mg																																																																																																						
J1300	Injection, eculizumab, 10 mg																																																																																																						
J1301	Injection, edaravone, 1 mg																																																																																																						
J1302	Injection, sutimlimab-jome, 10 mg																																																																																																						
J1303	Injection, ravulizumab-cwvz, 10 mg																																																																																																						
J1305	Injection, evinacumab-dgnb, 5 mg																																																																																																						
J1411	Injection, etranacogene dezaparvovec																																																																																																						
J1437	Injection, ferric derisomaltose, 10 mg																																																																																																						
J1439	Injection, ferric carboxymaltose, 1mg																																																																																																						
J1459	Injection, immune globulin (Privigen)																																																																																																						
J1551	Injection, immune globulin (cutaquig)																																																																																																						
J1554	Injection, immune globulin (asceniv)																																																																																																						
J1555	Injection, immune globulin (Cuvitru)																																																																																																						
J1556	Injection, immune globulin (bivigam)																																																																																																						
J1557	Injection, immune globulinGammplex																																																																																																						
J1558	Injection, immune globulin (xembify)																																																																																																						
J1559	Injection, immune globulin (hizentra)																																																																																																						
J1561	Injection, immune globulinGamunex																																																																																																						
J1566	Injection, immune globulin, intravenous																																																																																																						
J1568	Injection, immune globulin, (octagam)																																																																																																						
J1569	Injection, immune globulin, liquid																																																																																																						
J1572	Injection, immune globulin																																																																																																						
J1575	Injection, immune globulin																																																																																																						
J1599	Injection, immune globulin, intravenous																																																																																																						

Service category information	Codes																																																						
<p>Injectable medications (continued)</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> <p>For oncology DX, please see cancer supportive care and chemotherapy sections above.</p>	<table border="1"> <thead> <tr> <th>Code</th> <th>Drug Name</th> </tr> </thead> <tbody> <tr><td>J1747</td><td>Injection, spesolimab-sbzo</td></tr> <tr><td>J1823</td><td>Injection, inebilizumab-cdon, 1 mg</td></tr> <tr><td>J2323</td><td>Injection, natalizumab, 1 mg</td></tr> <tr><td>J2326</td><td>Injection, nusinersen, 0.1 mg</td></tr> <tr><td>J2327</td><td>Injection, risankizuman-rzaa</td></tr> <tr><td>J2350</td><td>Injection, ocrelizumab, 1 mg</td></tr> <tr><td>J2356</td><td>Injection, tezepelumab-ekko, 1 mg</td></tr> <tr><td>J2503</td><td>Injection, pegaptanib sodium, 0.3 mg</td></tr> <tr><td>J2507</td><td>Injection, pegloticase, 1 mg</td></tr> <tr><td>J3032</td><td>Injection, eptinezumab-jjmr, 1 mg</td></tr> <tr><td>J3241</td><td>Injection, teprotumumab-trbw, 10 mg</td></tr> <tr><td>J3357</td><td>Ustekinumab, for subcutaneous inj</td></tr> <tr><td>J3380</td><td>Injection, vedolizumab, 1 mg</td></tr> <tr><td>J3398</td><td>Injection, voretigene neparovec-rzyl</td></tr> <tr><td>J3399</td><td>Injection, onasemnogene abeparovec</td></tr> <tr><td>J7189</td><td>Factor VIIa (antihemophilic Factor)</td></tr> <tr><td>J9218</td><td>Injection, leuprolide acetate</td></tr> <tr><td>J9332</td><td>Injection, efgartigimod alfa-fcab, 2mg</td></tr> <tr><td>Q0138</td><td>Injection, Ferumoxytol</td></tr> <tr><td>Q2026</td><td>Injection, Radiesse, 0.1ml</td></tr> <tr><td>Q5121</td><td>Injection, infliximab-axxq, biosimilar</td></tr> <tr><td>Q5126</td><td>Injection, bevacizumab-maly, biosimilar,</td></tr> <tr><td>Q5127</td><td>Injection, pegfilgrastim-fpgk</td></tr> <tr><td>Q5128</td><td>Injection, ranibizumab-eqrn</td></tr> <tr><td>S0122</td><td>Injection, Menotropins, 75 lu</td></tr> <tr><td>S0132</td><td>Injection, Ganirelix Acetate, 250 Mcg</td></tr> </tbody> </table>	Code	Drug Name	J1747	Injection, spesolimab-sbzo	J1823	Injection, inebilizumab-cdon, 1 mg	J2323	Injection, natalizumab, 1 mg	J2326	Injection, nusinersen, 0.1 mg	J2327	Injection, risankizuman-rzaa	J2350	Injection, ocrelizumab, 1 mg	J2356	Injection, tezepelumab-ekko, 1 mg	J2503	Injection, pegaptanib sodium, 0.3 mg	J2507	Injection, pegloticase, 1 mg	J3032	Injection, eptinezumab-jjmr, 1 mg	J3241	Injection, teprotumumab-trbw, 10 mg	J3357	Ustekinumab, for subcutaneous inj	J3380	Injection, vedolizumab, 1 mg	J3398	Injection, voretigene neparovec-rzyl	J3399	Injection, onasemnogene abeparovec	J7189	Factor VIIa (antihemophilic Factor)	J9218	Injection, leuprolide acetate	J9332	Injection, efgartigimod alfa-fcab, 2mg	Q0138	Injection, Ferumoxytol	Q2026	Injection, Radiesse, 0.1ml	Q5121	Injection, infliximab-axxq, biosimilar	Q5126	Injection, bevacizumab-maly, biosimilar,	Q5127	Injection, pegfilgrastim-fpgk	Q5128	Injection, ranibizumab-eqrn	S0122	Injection, Menotropins, 75 lu	S0132	Injection, Ganirelix Acetate, 250 Mcg
Code	Drug Name																																																						
J1747	Injection, spesolimab-sbzo																																																						
J1823	Injection, inebilizumab-cdon, 1 mg																																																						
J2323	Injection, natalizumab, 1 mg																																																						
J2326	Injection, nusinersen, 0.1 mg																																																						
J2327	Injection, risankizuman-rzaa																																																						
J2350	Injection, ocrelizumab, 1 mg																																																						
J2356	Injection, tezepelumab-ekko, 1 mg																																																						
J2503	Injection, pegaptanib sodium, 0.3 mg																																																						
J2507	Injection, pegloticase, 1 mg																																																						
J3032	Injection, eptinezumab-jjmr, 1 mg																																																						
J3241	Injection, teprotumumab-trbw, 10 mg																																																						
J3357	Ustekinumab, for subcutaneous inj																																																						
J3380	Injection, vedolizumab, 1 mg																																																						
J3398	Injection, voretigene neparovec-rzyl																																																						
J3399	Injection, onasemnogene abeparovec																																																						
J7189	Factor VIIa (antihemophilic Factor)																																																						
J9218	Injection, leuprolide acetate																																																						
J9332	Injection, efgartigimod alfa-fcab, 2mg																																																						
Q0138	Injection, Ferumoxytol																																																						
Q2026	Injection, Radiesse, 0.1ml																																																						
Q5121	Injection, infliximab-axxq, biosimilar																																																						
Q5126	Injection, bevacizumab-maly, biosimilar,																																																						
Q5127	Injection, pegfilgrastim-fpgk																																																						
Q5128	Injection, ranibizumab-eqrn																																																						
S0122	Injection, Menotropins, 75 lu																																																						
S0132	Injection, Ganirelix Acetate, 250 Mcg																																																						
<p>Injectable medications - Unclassified/Not Otherwise Classified Codes</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>C9399, J3490 and J3590 require prior authorization for the following drug names:</p> <p>Izervay, Roctavian, Rystiggo, Skysona, Vyvgart, Vyvgart-Hytrulo Zynteglo (betibeglogene autotemcel)</p>																																																						
<p>Injectable medications – step therapy</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Private fee for service • Erickson Advantage • People’s Health in LA • Employer group HMO plans • Select employer group PPO plans: <ul style="list-style-type: none"> – Navistar – Johnson&Johnson – Bristol-MyersSquibb – Verizon • Plans offered in California <p>Prior authorization required</p> <p>**Prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Chemotherapy or Cancer supportive care sections above.</p>	<p>Anti-emetics** J0185 J1454 J1627</p> <p>Bevacizumab** J9035 Q5126 Q5129</p> <p>Bone Density Agents J3111 J0897**</p> <p>Colony-Stimulating Factors** J1442 J1447 J1449Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130</p> <p>Erythropoiesis-Stimulating Agents J0885</p> <p>Gemcitabine J9198</p> <p>Gonadotropin Releasing Hormone Analogs for Oncology** J1950</p> <p>Gout Agents J2507</p> <p>Hyaluronic Acid Polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332</p> <p>Immune Globulins J1551 J1554 J1576</p> <p>Immunomodulators J1745 Q5104</p> <p>Intravenous Iron Products J1437 J1439</p> <p>Leucovorin/Levoleucovorin J0641 J0642</p> <p>Lipid Modifying Agent J1306</p>																																																						

<p>Injectable medications – step therapy (continued)</p>	<p>Migraine Prophylaxis J3032 Rituximab** J9311 J9312 Q5123 Systemic Lupus Erythematosus Agents J0491 Trastuzumab J9355 J9356 Q5112 Q5113 Q5114 Vascular Endothelial Growth Factor (VEGF) Inhibitors J0179 J2777 J2778 J2779 Q5124 Q5128 **Prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Chemotherapy or Cancer supportive care sections above.</p>
<p>Inpatient admission Plan exclusions: None</p>	<p>Notification required</p>
<p>Inpatient admissions – post-acute services Plan exclusions: None</p>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> • UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP) • UnitedHealthcare® nursing home
<p>Lab Testing (Drug screens) Plan exclusions: None Prior authorization required</p>	<p>80301, 80305, 80306, 80307, 81225, 81226, 81227, G0480, G0481, G0482, G0483, G0479, G0659</p>
<p>Non-emergency air transport Plan exclusions: None Non-urgent ambulance transportation by air between specified locations Prior authorization required</p>	<p>A0430, A0431, A0435, A0436</p>

Service category information	Codes
<p>Ophthalmology Procedures</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>66174, 66175, 66821, 68520</p>
<p>Orthognathic surgery</p> <p>Plan exclusions: None</p> <p>Treatment of maxillofacial (jaw) functional impairment</p> <p>Prior authorization required</p>	<p>21120, 21145, 21188, 21215, 21121, 21146, 21193, 21240, 21122, 21147, 21194, 21242, 21123, 21150, 21195, 21244, 21125, 21151, 21196, 21245, 21127, 21154, 21198, 21246, 21141, 21155, 21199, 21247, 21142, 21159, 21206, 21143, 21160, 21210</p>
<p>Orthotics</p> <p>Plan exclusions: None</p> <p>Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000</p>	<p>L0112, L1710, L3050, L3455, L0140, L1720, L3060, L3460, L0150, L1730, L3070, L3465, L0170, L1755, L3080, L3470, L0200, L1834, L3090, L3480, L0220, L1840, L3100, L3485, L0430, L1844, L3140, L3500, L0452, L1846, L3150, L3510, L0456, L1860, L3160, L3520, L0460, L1904, L3170, L3530, L0462, L1920, L3201, L3540, L0464, L1932, L3202, L3550, L0466, L1945, L3203, L3560, L0468, L2000, L3204, L3570, L0480, L2005, L3206, L3580, L0482, L2010, L3207, L3590, L0484, L2020, L3208, L3595, L0486, L0488, L0622, L0623, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1001, L1005, L1200, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1686, L1690, L1700, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2108, L2126, L2128, L2134, L2136, L2232, L2320, L2350, L2387, L2520, L2525, L2526, L2627, L2628, L2800, L2861, L2999, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3209, L3211, L3212, L3213, L3214, L3215, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3600, L3610, L3620, L3630, L3640, L3649, L3674, L3720, L3730, L3740, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3921, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4000, L4030, L4040, L4045, L4050, L4055, L4631</p>
<p>Orthopedic surgeries</p> <p>Plan exclusions: None</p> <p>Spine and joint surgeries</p> <p>Prior authorization required</p>	<p>20930, 20931, 20939, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22849, 22850, 22852, 22855, 22856, 22858, 22858, 22861, 22864, 22865, 22867, 22869, 22899, 23470, 23472, 24360, 24361, 24362, 24363, 24365, 25441, 25442, 25444, 25446, 25449, 27120, 27122, 27125, 27130, 27132, 27134,</p>

Service category information	Codes
<p>Orthopedic surgeries (continued)</p> <p>Plan exclusions: None</p> <p>Spine and joint surgeries</p> <p>Prior authorization required</p>	<p>27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29866, 29867, 29868, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916, 62264, 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, 63661, 63101, 63102, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 0200T, 0201T, J7330</p>
<p>Other Procedures</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>36903, 36904, 36905, 36906, 38999, 43999, C9762, C9763, G0235, M0076</p>
<p>Out-of-network services</p> <p>Plan exclusions: None</p> <p>A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with Optum</p>	<p>Please note that your agreement with Optum may include restrictions on directing plan members outside of the Optum Network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</p> <p>A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services.</p> <p>A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services, but there are no available in-network care providers for the type of specialty services needed.</p> <p>A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in-network care providers for the type of specialty services needed.</p>
<p>Pain management</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494, 64495, 64628, 64629, 64634, 64636</p>

Service category information	Codes
<p>Potentially unproven services (including experimental/investigational and/or linked services)</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	<p>28890, 36514, 64405, 64722, 64744, 66180, 95965, 95966</p>
<p>Prostate procedures</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>52441, 52442, 55874</p>
<p>Prosthetics</p> <p>Plan exclusions: None</p> <p>Prior authorization required for orthotics codes listed with a retail purchase cost of more than \$1,000</p>	<p>L4020, L5705, L6205, L6935, L5010, L5706, L6250, L6940, L5020, L5707, L6300, L6945, L5050, L5718, L6310, L6950, L5060, L5722, L6320, L6955, L5100, L5724, L6350, L6960, L5105, L5726, L6360, L6965, L5150, L5728, L6370, L6970, L5160, L5780, L6380, L6975, L5200, L5781, L6382, L7007, L5210, L5782, L6384, L7008, L5220, L5795, L6400, L7009, L5230, L5811, L6450, L7040, L5250, L5814, L6500, L7045, L5270, L5816, L6550, L7170, L5280, L5818, L6570, L7180, L5301, L5822, L6580, L7181, L5311, L5824, L6582, L7185, L5312, L5826, L6584, L7186, L5321, L5828, L6586, L7190, L5331, L5830, L6588, L7191, L5341, L5840, L6590, L7260, L5400, L5845, L6621, L7261, L5420, L5848, L6624, L7266, L5500, L5856, L6638, L7272, L5505, L5857, L6639, L7274, L5510, L5858, L6646, L7499, L5520, L5930, L6648, L8035, L5530, L5960, L6693, L8039, L5535, L5961, L6696, L8040, L5540, L5964, L6697, L8041, L5560, L5966, L6707, L8042, L5570, L5968, L6708, L8043, L5580, L5973, L6709, L8044, L5585, L5979, L6712, L8045, L5590, L5980, L6713, L8046, L5595, L5981, L6714, L8047, L5600, L5987, L6715, L8049, L5610, L5988, L6721, L8499, L5611, L5990, L6722, L8505, L5613, L5999, L6880, L8604, L5614, L6000, L6881, L8609, L5616, L6010, L6882, L8681, L5639, L6020, L6883, L8689, L5643, L6025, L6884, L8699, L5649, L6026, L6885, L8701, L5651, L6050, L6895, L8702, L5681, L6055, L6900, V2623, L5683, L6100, L6905, V2624, L5700, L6110, L6910, V2625, L5701, L6120, L6920, V2626, L5702, L6130, L6925, V2627, L5703, L6200, L6930, V2628</p>

Service category information	Codes
<p>Radiation therapy</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> <p>Prior authorization request should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: mbm.linkplatform.com</p> <p>Via email: optumcare_smgp@optum.com</p> <p>Phone:</p> <p>1-877-454-8365, TTY 711</p>	<p>55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77399, 77401, 77470, 77520, 77522, 77523, 77525, 79445, 0394T, 0395T, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017</p>
<p>Radiology</p> <p>Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p> <p>Prior authorization required for advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain PET scans • CT Angiography • MRI, MRA • Nuclear medicine and nuclear cardiology procedures <p>Care providers ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure.</p>	<p>70336, 72198, 76380, 78265, 70496, 73206, 76498, 78266, 70498, 73218, 77021, 78278, 70540, 73219, 77058, 78282, 70542, 73220, 77059, 78290, 70543, 73221, 77084, 78291, 70544, 73222, 78012, 78299, 70545, 73223, 78013, 78300, 70546, 73225, 78014, 78305, 70547, 73706, 78015, 78306, 70548, 73718, 78016, 78315, 70549, 73719, 78018, 78399, 70551, 73720, 78070, 78428, 70552, 73721, 78071, 78445, 70553, 73722, 78072, 78451, 70554, 73723, 78075, 78452, 70555, 73725, 78099, 78453, 71275, 73774, 78102, 78454, 71550, 74174, 78103, 78456, 71551, 74175, 78104, 78457, 71552, 74181, 78185, 78458, 71555, 74182, 78195, 78459, 72141, 74183, 78199, 78466, 72142, 74185, 78201, 78468, 72146, 74712, 78202, 78469, 72147, 74713, 78215, 78472, 72148, 75557, 78216, 78473, 72149, 75559, 78226, 78481, 72156, 75561, 78227, 78483, 72157, 75563, 78230, 78491, 72158, 75574, 78231, 78492, 72159, 75635, 78232, 78494, 72191, 75710, 78258, 78496, 72195, 75716, 78261, 78499, 72196, 76376, 78262, 78579, 72197, 76377, 78264, 78580, 78582, 78700, 78815, C8911, 78597, 78701, 78816, C8912, 78598, 78707, 78830, C8913, 78599, 78708, 78831, C8914, 78600, 78709, 78832, C8918, 78601, 78740, 78999, C8919, 78605, 78761, C8900, C8920, 78606, 78799, C8901, C8931, 78608, 78800, C8902, C8932, 78609, 78801, C8903, C8933, 78610, 78802, C8904, C8934, 78630, 78803, C8905, C8935, 78635, 78804, C8906, C8936, 78645, 78811, C8907, S8037, 78650, 78812, C8908, S8042, 78660, 78813, C8909, S8085, 78699, 78814, C8910</p>
<p>Rhinoplasty</p> <p>Plan exclusions: None</p> <p>Treatment of nasal functional impairment and septal deviation</p> <p>Prior authorization required</p>	<p>30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465</p>

Service category information	Codes
<p>Sleep apnea procedures and surgeries</p> <p>Plan exclusions: None</p> <p>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea</p> <p>Prior authorization required</p> <p>Applies to inpatient or outpatient procedures and surgeries including, but not limited to: palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.</p>	<p>21685, 42145, 41512, 41530, 41599</p>
<p>Sleep Studies</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p>	<p>95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811</p>
<p>Stimulators</p> <p>Plan exclusions: None</p> <p>Implantation of a device that sends electrical impulses</p> <p>Prior authorization required</p>	<p>Bone growth stimulator E0747, E0748, E0749, E0760</p> <p>Spinal/neurostimulator 61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 63662, 63663, 63664, 63668, 64555, 64568, 64590, L8680, L8683, L8685, L8586, L8687, L8688</p>
<p>Therapeutic Radiology Treatment/Radiation Oncology</p> <p>Plan exclusions: None</p> <p>Prior authorization required.</p> <p>For codes in this section, prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information.</p>	<p>Stereotactic Radiosurgery (SRS) G0173, G0251</p> <p>Intensity-modulated radiation therapy (IMRT) 77418</p>

<p>Transplant of tissue or organs</p> <p>Plan exclusions: None</p> <p>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Request for transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Prior authorization required</p> <p>For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel), Abecma® (Idecaptogene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum transplant case management team at 1-888-936-7246 or the notification number on the back of the member's health plan ID card.</p>	<p>Bone marrow harvest 38240, 38241, 38242</p> <p>Heart/lung 33930, 33935</p> <p>Heart 33940, 33944, 33945</p> <p>Lung 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p>Kidney 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>Pancreas 48551, 48552, 48554</p> <p>Liver 47135, 47143, 47147</p> <p>Intestine 44132, 44133, 44135, 44136</p> <p>Services related to transplants 32855, 33933, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232*, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152, C9076</p> <p>*Code 38232 will only require prior authorization for an oncology diagnosis.</p> <p>CAR T-cell therapy 0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2053, Q2054, Q2055</p> <p>Zynteglo (betibeglogene autotemcel) C9399/J3490/J3590</p>
<p>Vein procedures</p> <p>Plan exclusions: None</p> <p>Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities</p> <p>Prior authorization required</p>	<p>36468, 36469, 36470, 36471, 36473, 36475, 36476, 36478, 36482, 37243, 37700, 37718, 37722, 37780, 37799</p>
<p>Ventricular assist devices (VAD)</p> <p>Plan exclusions: None</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p> <p>Please call the Optum VAD case management team at 1-888-936-7246 or the notification number on the back of the member's health plan ID card.</p>	<p>33927, 33928, 33929, 33975, 33983, 33976, 33979, 33981, 33982</p>

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

© 2023 Optum, Inc. All rights reserved. 8688201 224190-112022

