

2025 OptumCare Network of Utah contracted provider prior authorization requirements

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

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.

General information: Outpatient

- **Online:** To submit a prior authorization notification, sign in to optumportal.com and select *Prior authorizations* from the navigation ribbon on your portal dashboard.
 - Prior authorization requests should be submitted online only unless online is not available. Note: Optum does not accept prior authorization requests via fax, except where required by law. Submit by phone only if online is not available.
- **Phone:** Outpatient authorizations **877-370-2845**, 8 a.m.-6 p.m. MT, Monday-Friday (only if online unavailable)

General information: Inpatient

- **Online:** To submit an inpatient notification, sign in to optumportal.com and select *Inpatient notifications* from the navigation ribbon on your portal dashboard.
 - **Notify Optum of hospital admissions no later than 24 hours after admission and 24 hours post discharge.**
 - Inpatient notifications should be submitted online only unless online is not available. Note: Optum does not accept inpatient admission/discharge notifications via fax, except where required by law. Submit by phone only if online is not available.
- **Phone:** Inpatient authorizations **877-778-4108**, 8 a.m.-6 p.m. MT, Monday-Sunday (only if online unavailable)

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. For members who are delegated to an Optum network, please refer to the following prior authorization requirements. (Note: To see if a member is delegated to an Optum network, check their member ID card. It will list LIFE1 as the payer ID.)

Out-of-network

- All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services and treatment require prior authorization except emergency or urgent care.
- Please use the information provided on the member ID card to obtain prior authorization as required.

Items listed below require prior authorization

General guidelines

Inpatient/institutional services require prior authorization:

Service category	Additional notes
Elective scheduled medical admissions	
Acute rehabilitation admissions sub-acute admissions	
Skilled nursing facility admissions	
Long-term acute care facility admissions	
Admissions for alcohol, drug and/or substance abuse	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at 800-579-5222
Behavioral health admissions	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at 800-579-5222
Behavioral health services	<ul style="list-style-type: none">• Behavioral health services through a designated behavioral health network. Many benefit plans only provide coverage for behavioral health services through a designated behavioral health network.• Please call the number on the customer's health care ID card when referring for any mental health or substance abuse/substance use services.

Service category	Special instructions	CPT®/HCPCS
Ablation		51721, 55881, 55882
Arthroplasty		23470, 23472, 24360, 24361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486, 27487
Bone growth stimulator		20974, 20975, 20979
Breast reconstruction non-mastectomy	<p>Reconstruction of the breast except when following mastectomy</p> <p>Prior Authorization is not required for the following diagnosis codes:</p> <p>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</p> <p><i>*Effective Nov. 1, 2025</i></p>	0970T*, 0971T*, 1920, 11921, 11922, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600
Cardiology		0571T, 0614T, 33206, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33285, 93350, 93351, 93454, 93656, 93458, 93459, 93460, 93653, C9762, C9763, E0616

Service category	Special instructions	CPT®/HCPCS
Cardiovascular System	<p>Prior Authorization is not required for the following diagnosis codes: E08.52, E09.52, E10.52, E11.52, E13.52, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.321, I70.322, I70.323, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.369, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.461, I70.462, I70.463, I70.468, I70.469, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.561, I70.562, I70.563, I70.568, I70.569, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.661, I70.662, I70.663, I70.668, I70.669, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.761, I70.762, I70.763, I70.768, I70.769, I72.3, I72.4, I72.8, I72.9, I73.00, I73.01, I73.1, I73.81, I74.3, I74.4, I74.5, I74.8, I74.9, I75.021, I75.022, I75.023, I75.029, I75.89, I77.2, I77.70, I77.72, I77.77, I77.79, I96., L03.115, L03.116, M86.051, M86.052, M86.059, M86.061, M86.062, M86.069, M86.071, M86.072, M86.079, M86.08, M86.09, M86.10, M86.151, M86.152, M86.159, M86.161, M86.162, M86.169, M86.171, M86.172, M86.179, M86.18, M86.19, M86.20, M86.251, M86.252, M86.259, M86.261, M86.262, M86.269, M86.271, M86.272, M86.279, M86.28, M86.29, M86.30, M86.351, M86.352, M86.359, M86.361, M86.362, M86.369, M86.371, M86.372, M86.379, M86.38, M86.39, M86.40, M86.451, M86.452, M86.459, M86.461, M86.462, M86.469, M86.471, M86.472, M86.479, M86.48, M86.49, M86.50, M86.551, M86.552, M86.559, M86.561, M86.562, M86.571, M86.572, M86.579, M86.58, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A</p>	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 93656

Service category	Special instructions	CPT®/HCPCS
Cardiovascular System (continued)	Prior Authorization is required for the following diagnosis codes: E08.51, E08.52, E08.59, E08.621, E09.51, E09.52, E09.59, E09.621, E10.51, E10.52, E10.59, E10.621, E11.51, E11.52, E11.59, E11.621, E13.51, E13.52, E13.59, E13.621, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.369, I70.391, I70.392, I70.393, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.421, I70.422, I70.423, I70.428, 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	75710, 75716
Cartilage Implants		27412, 27415, 27416, 29866, 29867, 29868, J7330

Service category	Special instructions	CPT®/HCPCS
Chemotherapy	Injectable chemotherapy drugs requiring notification: <ul style="list-style-type: none"> 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.	90586, A4641, A9699, A9800, C9257, C9399, J0202, J1448, J1456, J1930, J1932, J1952, J2353, J2354, J2357, J2820, J2860, J3262, 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, J9051, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9064, J9065, J9070, J9071, J9072, J9073, J9075, J9100, J9118, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9172, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9200, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9223, J9225, J9227, J9229, J9230, J9245, J9246, J9247, J9250, J9255, J9258, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9272, J9273, J9274, J9280, J9281, J9285, J9286, J9293, J9295, J9298, J9301, J9302, J9303, J9306, J9307, J9308, J9309, J9313, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9325, J9328, J9330, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9357, J9358, J9359, J9360, J9370, J9371, J9380, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2043, Q2049, Q2050
Chemotherapy with Part B Step Therapy	For non-oncology conditions, see Part B Step Therapy Section	J0185, J0640, J0641, J0642, J1453, J1454, J1627, J1950, J1954, J2506, J9022, J9035, J9119, J9198, J9201, J9217, J9228, J9271, J9294, J9296, J9297, J9299, J9304, J9305, J9314, J9324, J9355, J9356, Q5101, Q5107, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5125, Q5126, Q5127, Q5129, Q5130
Cochlear Implants		69714, 69715, 69717, 69718, 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8690, L8691, L8692, L8693, L8695
Continuous Glucose Monitoring	Prior Authorization is not required for Type I Diabetes diagnoses: E10.10-E10.37X9, E10.39-E10.9	A4238, A4239, E2102, E2103
Cosmetic and Reconstructive Procedures		11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 21299, 21740, 21742, 21743, 28344, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 36470, 36471, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67950, 67961, 67966, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A4100, A6010, C1762, C1763, C1768, C1781, C1832, C9352, C9353, C9355, C9356, C9358, C9360, C9361, C9363, C9364, Q2026, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333

Service category	Special instructions	CPT®/HCPCS
Dialysis services	<ul style="list-style-type: none"> If members are referred to an out-of-network provider for dialysis services, advance notification is required for the purposes of steerage to a network dialysis center to avoid high cost-shares to our members even when they may have out-of-network benefits. Advance notification is not required for end-stage renal disease when a Medicare customer travels outside of the service area. Note that your agreement with us may include restrictions on referring members outside the UnitedHealthcare® network. 	
Drug Tests		80307
Durable Medical Equipment (DME) - regardless of billed amount	DME Section 1: These DMEs require prior authorization/notification regardless of price: <ul style="list-style-type: none"> Power mobility devices/accessories Lymphedema pumps Pneumatic compressors 	A7025, E0112, E0113, E0116, E0117, E0140, E0144, E0147, E0153, E0155, E0158, E0159, E0161, E0162, E0167, E0171, E0175, E0182, E0186, E0187, E0191, E0198, E0200, E0202, E0203, E0205, E0210, E0220, E0225, E0236, E0239, E0249, E0251, E0256, E0275, E0276, E0280, E0290, E0291, E0292, E0293, E0301, E0303, E0325, E0326, E0352, E0370, E0443, E0463, E0464, E0466, E0467, E0481, E0572, E0574, E0580, E0585, E0601*, E0602, E0604, E0605, E0606, E0610, E0619, E0651*, E0657, E0667*, E0679, E0738, E0739, E0766, E0840, E0850, E0870, E0880, E0890, E0900, E0920, E0930, E0941, E0942, E0944, E0945, E0946, E0947, E0948, E0952, E0957, E0958, E0959, E0966, E0967, E0968, E0969, E0974, E0980, E0985, E0994, E1014, E1015, E1016, E1221, E1223, E1230, E1239, E1570, E2228, E2298, E2300, E2301, E2310, E2311, E2313*, E2321, E2373, E2376, E2402, E2510, E2609, E2617, K0003, K0005, K0017, K0018, K0043, K0070, K0077, K0601, K0602, K0603, K0604, K0605, K0606, K0607, K0608, K0672, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, K1018, K1019, K1037, Q0506
Durable Medical Equipment (DME)-less than \$1000	DME Section 2: DME services greater than \$1,000 (billed charges, per item) <ul style="list-style-type: none"> Certain DMEs with a retail purchase cost/cumulative rental cost over \$1,000 DME with a retail purchase cost or a cumulative rental cost greater than \$1,000	E0170, E0193, E0194, E0246, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0350, E0373, E0459, E0462, E0465, E0483, E0603, E0617, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0784, E0785, E0786, E0830, 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, E1222, E1224, E1227, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1399, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745, K0746
Emerging technology/new indications for existing technology		0935T, 53865, 53866
Gender Dysphoria Treatment	Prior Authorization is required for the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	15734, 15738, 15750, 15757, 15758, 15775, 15776, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 19303, 19304, 20926, 21899, 31599, 31899, 53410, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54520, 54660, 54690, 55175, 55180, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508

Service category	Special instructions	CPT®/HCPCS
Genetic Testing/Related Codes	Authorization not required: <ul style="list-style-type: none"> • Dermatology specialists, for any diagnosis • Pathology specialists, for a dermatology-related diagnosis 	88341, 88342 ----- 0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 0006M, 0007M, 0007U, 0008U, 0009U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0020M, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, 0420U, 0422U, 0423U, 0425U, 0426U, 0428U, 0434U, 0437U, 0438U, 0452U, 0453U, 0454U, 0456U, 0460U, 0461U, 0464U, 0465U, 0466U, 0467U, 0469U, 0470U, 0473U, 0474U, 0475U, 0532U, 0533U, 0534U, 0536U, 0537U, 0538U, 0539U, 0540U, 0543U, 0544U, 0548U, 0549U, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81334, 81335, 81336, 81337, 81340, 81341, 81342, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81517, 81518, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 84999, 85999, 86152, 86153, 86294, 86316, 86386, 86849, 88120, 88121, 88199, 88363, 88365, 88367, 88368, 88399, 89240, 89398, S0265, S3800, S3841, S3842, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3870
Home Health Care Visits	All home health care services <ul style="list-style-type: none"> • Initial start of care requires portal-based notification within 72 hours of first visit Subsequent episodes of home health care require authorization, regardless of code	99503, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0299, G0300, S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9474, T1000
Home Health Care- Nutrition	Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home	B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162
Hyperbaric Oxygen Treatment		99183, 99184

Service category	Special instructions	CPT®/HCPCS
Hysterectomy (abdominal and laparoscopic surgeries)		58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
Injectable Medications	<i>*Effective Nov. 1, 2025</i>	A9513, A9573, A9590, A9601, A9602, A9603, A9606, A9607, A9611, A9697, A9800, C9149, C9151, C9155, C9157, C9162, C9167, C9168, C9169, C9170, C9172, C9173, C9302, C9303, C9304, J0129, J0139, J0172, J0174, J0175, J0222, J0223, J0224, J0225, J0584, J0585, J0586, J0587, J0588, J0589, J0604, J0775, J0791, J0879, J0881, J0885, J0896, J1072, J1202, J1203, J1300, J1301, J1302, J1303, J1304, J1306, J1323, J1326, J1411, J1412, J1413, J1414, J1434, J1675, J1747, J1748, J1749, J1823, J2267, J2277, J2326, J2327, J2329, J2350, J2356, J2469, J2781, J2782, J2796, J2802, J3055, J3240, J3241, J3247, J3263, J3357, J3380, J3398, J3399, J3401, J3403*, J3490*, J7165, J7171, J7172, J7199, J7325, J7333, J7354, J7514, J7599, J7699, J7999, J8498, J9026, J9028, J9174, J9275, J9276, J9289, J9329, J9332, J9333, J9334, J9341, J9342, J9381, J9382, L5827, Q5098, Q5099, Q5100, Q5133, Q5134, Q5135, Q5136, Q5138, Q5139, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5148, Q5149, Q5150, Q5153, Q9996
Injectable Medications	Prior authorization required for diagnosis code: E78.01	J1305
Neurostimulators		0908T, 0909T, 0910T, 0911T, 0912T
Non-Emergency Transportation		A0430, A0431, A0435, A0436
Ophthalmology		66821, 67917
Orthognathic Surgery		21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247
Orthopedic Surgeries		22222, 24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916, C8003

Service category	Special instructions	CPT®/HCPCS
Orthotics & Prosthetics		L0112, L0113, L0140, L0150, L0160, L0170, L0200, L0220, L0452, L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0629, L0631, L0632, L0633, L0634, L0636, L0638, L0700, L0710, L0810, L0820, L0830, L0859, L0861, L0970, L0972, L0974, L0976, L0978, L0980, L0982, L0984, L0999, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1499, L1600, L1610, L1620, L1630, L1640, L1650, L1660, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844, L1847, L1904, L1910, L1920, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2300, L2310, L2320, L2335, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2627, L2628, L2630, L2640, L2650, L2660, L2670, L2680, L2750, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2830, L2850, L2861, L3000, L3001, L3002, L3003, L3010, L3030, L3031, L3050, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3320, L3330, L3334, L3340, L3350, L3360, L3370, L3380, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3640, L3649, L3674, L3720, L3762, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3917, L3921, L3925, L3927, L3929, L3956, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3995, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4110, L4130, L4392, L4394, L4398, L4631, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5610, L5611, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5646, L5647, L5648, L5649, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5666, L5671, L5673, L5674, L5676, L5677, L5678, L5680, L5681, L5682, L5683, L5684, L5686, L5688, L5690, L5692, L5694, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6675, L6676, L6677, L6680, L6682, L6684, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7362, L7364, L7366, L7367, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7600, L8031, L8032, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8310, L8320, L8330, L8410, L8415, L8435, L8465, L8480, L8485, L8499, L8505, L8507, L8511, L8512, L8514, L8515, L8603, L8604, L8609, L8610, L8612, L8613, L8630, L8641, L8642, L8658, L8670, L8679, L8699, L8701, L8702, L8720, V2627
Pain Infusion Pump		C9804, C9806

Service category	Special instructions	CPT®/HCPCS
Pain Management		0627T, 0628T, 0629T, 0630T, 62350, 62351, 62360, 62361, 62362, 64490, 64491, 64492, 64493, 64494, 64495, 64628, 64629, 64633, 64634, 64635, 64636, C9807
Part B Drugs		C9301, J0870, J0901, J1299, J1307, J1552, J1941, J2351, J3392, J7601, J9024, J9038, J9054, J9076, J9161, J9292, Q0155, Q5146, Q5147, Q5151, Q5152, Q9997, Q9998, Q9999
Part B Step Therapy		90283, 90284, J0177, J0178, J0179, J0491, J0897, J1437, J1439, J1442, J1447, J1449, J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1566, J1568, J1575, J1576, J1599, J1745, J2507, J2777, J2778, J2779, J3032, J3111, J3490, J3590, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332, J9311, J9312, Q5104, Q5108, Q5110, Q5121, Q5122, Q5123, Q5124, Q5128
Physical Therapy		92526, 97012, 97016, 97032, 97033, 97035, 97110, 97113, 97116, 97150, 97168, 97530, 97535, 97542, 97750, 97760, 98941, G0283
Potentially Unproven Services	<ul style="list-style-type: none"> Investigational or experimental services, procedures, or devices New (unproven) services and technology <p>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.</p>	0171T, 0200T, 0201T, 22867, 22869, 28890, 33289, 36514, 64405, 64722, 64744, 66180, 95965, 95966, C2624
Prostate Procedures		52441, 52442
Radiation Oncology		0394T, 0395T, 55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77424, 77425, 77470, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79445, G0339, G0340, G6001, G6002, G6015, G6016, G6017, S2095
Radiation Oncology (Diagnosis exception)	<p>Prior authorization is not required for the following diagnosis codes:</p> <ul style="list-style-type: none"> C50.011, C50.312, C50.619, D05.02, C50.012, C50.319, C50.621, D05.10, C50.019, C50.321, C50.622, D05.11, C50.021, C50.322, C50.629, D05.12, C50.022, C50.329, C50.811, D05.80, C50.029, C50.411, C50.812, D05.81, C50.111, C50.412, C50.819, D05.82, C50.112, C50.419, C50.821, D05.90, C50.119, C50.421, C50.822, D05.91, C50.121, C50.422, C50.829, D05.92, C50.122, C50.429, C50.911, Z42.1, C50.129, C50.511, C50.912, Z85.3, C50.211, C50.512, C50.919, Z90.10, C50.212, C50.519, C50.921, Z90.11, C50.219, C50.521, C50.922, Z90.12, C50.221, C50.522, C50.929, Z90.13, C50.222, C50.529, C79.81, C50.229, C50.611, D05.00, C50.311, C50.612, D05.01 	77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014
Radiation Therapy		G0563

Service category	Special instructions	CPT®/HCPCS
Radiology		0866T, 70336, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71275, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72195, 72196, 72197, 72198, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74174, 74175, 74181, 74182, 74183, 74185, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75574, 75635, 76376, 76377, 76380, 76497, 76498, 77021, 77058, 77059, 77084, 78012, 78013, 78014, 78015, 78016, 78070, 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, 78429, 78430, 78431, 78432, 78433, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78999, A9592, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C9791, G0235, G0252, G0297, S8032, S8037, S8085
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Sleep Disorder Tests/ Treatment		21685, 41512, 41530, 41599, 42145, 42299
Skin and tissue substitutes	<i>*Effective Nov. 1, 2025</i>	C8002, Q2058*, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4373*
Sleep Studies	Prior authorization not required if done at home (billed with G codes)	95726, 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811
Spine Surgery		20930, 20931, 20939, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22849, 22850, 22852, 22854, 22855, 22856, 22858, 22861, 22864, 22865, 22899, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Stimulators		61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64582, 64590, A4593, A4594, E0747, E0748, E0749, E0760, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688

Service category	Special instructions	CPT®/HCPCS
T Codes/ Category III Codes	Authorization not required for dermatology specialists, for any diagnosis or pathology specialists, for a dermatology related diagnosis	0042T, 0054T, 0055T, 0058T, 0071T, 0072T, 0075T, 0076T, 0085T, 0095T, 0098T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0126T, 0163T, 0164T, 0165T, 0174T, 0175T, 0184T, 0198T, 0202T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0228T, 0229T, 0230T, 0231T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0253T, 0254T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0278T, 0290T, 0295T, 0296T, 0297T, 0298T, 0308T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0362T, 0373T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0505T, 0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, 0562T, 0609T, 0610T, 0611T, 0612T, 0634T, 0635T, 0636T, 0637T, 0638T, 0663T
Transplants	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card For unclassified codes C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Casgevy, Lantidra, Lenmeldy <i>*Effective Nov. 1, 2025</i>	0537T, 0538T, 0539T, 0540T, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38225, 38226, 38227, 38228, 38230, 38232, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50340, 50360, 50365, 50370, 50380, 50547, C9399*, J3392, J3394, J3402*, J3590*, Q2041, Q2042, Q2054, Q2055, Q2056, Q2057, S2060, S2061, XW0338A, XW0438A
Vein Procedures		36468, 36473, 36475, 36478, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799
Ventricular Assist Devices (VAD)	For ventricular assist devices (VAD), call OptumHealth VAD intake directly at 888-936-7246	0051T, 0552T, 0053T, 33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983
Wound Care	<i>*All codes in this category are effective Sept. 1, 2025</i>	14041, 14061, 14302, A2030, A2031, A2032, A2033, A2034, A2035, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367

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