

2024 Optum Care Network: Idaho Contracted provider prior authorization list

Effective Jan. 1, 2024

General information

- Online: To submit a prior authorization notification, login to optumportal.com and select the *Medical Management* section
- Prior authorization Intake department fax # (Only if online is not available): **1-888-992-2809**
- Prior authorization Intake department phone (Only if online or fax are not available): **1-877-370-2845**, TTY 711
- Prior authorization department email: lcd_um@optum.com

Notify Optum of hospital admissions no later than 24 hours after admission and 24 hours post discharge. Notifications should be submitted electronically online to optumportal.com.

Prior authorization is not required for emergency or urgent care.

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

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

Items listed below require prior authorization

Out-of-network

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

Inpatient/institutional services

Service category	Additional notes
Elective scheduled medical admissions	
Acute rehabilitation admissions sub-acute admissions	
Skilled nursing facility admissions	
Long-term acute care facility admissions	
Admissions for alcohol, drug and/or substance abuse	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at 1-800-579-5222
Behavioral health admissions	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at 1-800-579-5222
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.

Transportation

Service category	Codes
Non-urgent/emergency air and land transports	A0430, A0431, A0435, A0436

Treatments related to the following services

Service category	Codes
<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>	<p>28890, 36514, 64405, 64722, 64744, 64555, 66180, 95965, 95966</p>
<p>Transplants</p> <p>For transplant and CAR T-cell therapy services, including Abecma® (Idelcaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) 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</p> <p>*Prior authorization required only for an oncology diagnosis.</p> <p>CAR T-cell therapy 0537T, 0538T, 0539T, 0540T, C9081, Q2041, Q2042, Q2055, Q2056</p> <p>Other injectables: Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399, J3490, J3590</p>
<p>Ventricular assist devices</p> <p>For ventricular assist devices (VAD), call the OptumHealth VAD intake directly at 1-888-936-7246</p>	<p>33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983, 0051T, 0052T, 0053T</p>

Surgical procedures (Includes inpatient or outpatient services)

Service category	Codes/Additional notes
Bone growth stimulator	20974, 20975, 20979, E0747, E0748, E0749, E0760
<p>Breast reconstruction (non- mastectomy) Reconstruction of the breast except when following mastectomy</p>	<p>11920, 11921, 11922, 19304, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600</p> <p>Prior authorization is not required for the following diagnosis codes:</p> <p>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</p>
Cardiac procedures	0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33285, 33289, 93452, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93653, 93656, C2624, C9762, C9763
Cartilage implants	27415, 27416
Cochlear implants	69714, 69715, 69717, 69718, 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8690, L8691, L8692, L8693, L8695
Continuous Glucose Monitors	<p>A4238, A4239, E2102, E2103</p> <p>Prior Authorization is not required for Type I Diabetes diagnoses: E10.10-E10.37X9, E10.39-E10.9</p>
<p>Cosmetic and reconstructive Procedures</p> <ul style="list-style-type: none"> • Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function • Reconstructive procedures that treat a medical condition or improve or restore physiologic function 	<p>11960, 21182, 21299, 67906, 11971, 21183, 21740, 67908, 15820, 21184, 21742, 67909, 15821, 21230, 21743, 67911, 15822, 21235, 28344, 67912, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 42299, 66821, 67901, 67902, 67903, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67950, 67961, 67966, Q2026</p>

Service category	Codes/Additional notes
Gender dysphoria treatment	55970, 55980 regardless of diagnosis Prior authorization is required for the following combination of diagnosis and procedure codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890, 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15775, 15776, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 19303, 21899, 31599, 31899, 53410, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54520, 54660, 54690, 55175, 55180, 55866, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508
Hysterectomies	58150, 58270, 58541, 58554, 58152, 58275, 58542, 58570, 58180, 58280, 58543, 58571, 58260, 58290, 58544, 58572, 58262, 58291, 58550, 58573, 58263, 58292, 58552, 58267, 58294, 58553
Implantable stimulators/neurosurgery	61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688
Orthognathic surgery	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247
Orthopedic surgery (joint replacement)	23470, 23472, 24360, 24361, 24362, 24363, 24365, 25441, 25442, 25444, 25446, 25449, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 27700
Orthopedic surgery (other)	29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29866, 29867, 29868, 29914, 29915, 29916
Other surgery	52441, 52442, 55874, 66821, Q4159, Q4197, Q4262
Pain management/radiofrequency ablation	62350, 62351, 62360, 62361, 62362, 64491, 64492, 64494, 64495, 64628, 64629, 64634, 64636
Prostate procedures	52441, 52442, 55874
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Sleep apnea surgical procedures	41512, 41530, 41599, 42145
Spinal surgery	20930, 20931, 20939, 21685, 21899, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22514, 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, 22867, 22869, 22899, 62270, 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, 0200T, 0201T

Service category	Codes/Additional notes
Vascular procedures	<p>37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</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, I70.569, I96., M86.59, I70.269, I70.321, I70.621, L03.115, M86.60, I70.322, I70.622, L03.116, M86.651, I70.323, I70.623, M86.051, M86.652, I70.329, I70.628, M86.052, M86.659, I70.331, I70.629, M86.059, M86.661, I70.332, I70.631, M86.061, M86.662, I70.333, I70.632, M86.062, M86.669, I70.334, I70.633, M86.069, M86.671, I70.335, I70.634, M86.071, M86.672, I70.338, I70.635, M86.072, M86.679, I70.339, I70.638, M86.079, M86.68, I70.341, I70.639, M86.08, M86.69, I70.342, I70.641, M86.09, M86.8X0, I70.343, I70.642, M86.10, M86.8X5, I70.344, I70.643, M86.151, M86.8X6, I70.345, I70.644, M86.152, M86.8X7, I70.348, I70.645, M86.159, M86.8X8, I70.349, I70.648, M86.161, M86.8X9, I70.35, I70.649, M86.162, M86.9, I70.361, I70.661, M86.169, Q27.30, I70.362, I70.662, M86.171, Q27.32, I70.363, I70.663, M86.172, Q27.39, I70.369, I70.668, M86.179, Q27.8, I70.421, I70.669, M86.18, Q27.9, I70.422, I70.721, M86.19, Q87.2, I70.423, I70.722, M86.20, S35.511A, I70.428, I70.723, M86.251, S35.512A, I70.429, I70.728, M86.252, S81.801A, I70.431, I70.729, M86.259, S81.802A, I70.432, I70.731, M86.261, S81.809A, I70.433, I70.434, I70.732, M86.262, S91.301A, I70.435, I70.733, M86.269, S91.302A, I70.438, I70.734, M86.271, S91.309A, I70.439, I70.735, M86.272, T82.312A, I70.441, I70.738, M86.279, T82.318A, I70.442, I70.739, M86.28, T82.319A, I70.443, I70.741, M86.29, T82.338A, I70.444, I70.742, M86.30, T82.392A, I70.445, I70.743, M86.351, T82.398A, I70.448, I70.744, M86.352, T82.399A, I70.449, I70.745, M86.359, T82.818A, I70.748, M86.361, T82.868A, I70.749, M86.362, T82.898A</p>
Vein procedures	<p>36468, 36470, 36471, 36473, 36475, 36478, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799</p>

Outpatient services/treatment

Service category	Codes/Additional notes
<p>Chemotherapy</p> <p>Injectable chemotherapy drugs that require authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable 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 <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <p>C9399 Sarclisa J3490 Amtatgvi, Jaypirca, Pemetrexed, Stimufend, Vanflyta J3590 Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Tyenne, Vegzelma, Zynyz J8999 Augtyro, Fruzaqla, Ogsiveo, Truqap J9999 Akeega, Calquence, Yonsa</p>	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9155, C9163, C9165, C9257, C9399*, J0185**, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, J1323, J1442, J1447, J1448, J1449**, J1453, J1454**, J1456, J1627**, J1930, J1932, J1950**, J1952, J1954, J2277, J2353, J2354, J2357, J2469, J2506, J2796, J2820, J2860, J3055, J3262, J3315, J3490*, J3590*, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9035, J9036, 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, J9098, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9172, 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, J9218, J9223, J9225, J9226, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J9255, J9258, J2959, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9274, J9273, J9280, J9281, J9286, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311**, J9312**, J9313, J9316, J9317, J9318, J9319, J9320, J9321, J9323, J934, J9325, J9328, J9330, J9331, J9340, J9345, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9390, J9393, J9394, J9395, J9400, J9600, J9999*, Q2017, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5108**, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122**, Q5123**, Q5125**, Q5126, Q5127, Q5129**, Q5130</p>
<p>DME Section one:</p> <p>These DMEs require prior authorization/notification regardless of price:</p> <ul style="list-style-type: none"> • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors 	<p>E0679, E0766, E1230, E1239, E2228, K0813, K0814, K0815, K0816, K0837, K0838, K0839, K0840, K0860, K0861, K0862, K0863, E2300, K0820, K0841, K0864, E2301, K0820, K0842, K0869, E2310, K0821, K0843, K0870, E2311, K0822, K0848, K0871, E2321, K0823, K0849, K0877, E2373, E2376, E2510, K0824, K0825, K0826, K0850, K0851, K0852, K0879, K0880, K0884, E2609, K0827, K0853, K0885, E2617, K0828, K0854, K0886, K0606, K0829, K0855, K0890, K0800, K0830, K0856, K0891, K0802, K0831, K0857, K0898, K0806, K0812, K0835, K0836, K0858, K0859, K0899, K1018, K1019</p>

Service category	Codes/Additional notes
<p>DME Section two:</p> <ul style="list-style-type: none"> • DME services greater than \$1,000 (billed charges, per item) • DMEs with a retail purchase cost/cumulative rental cost over \$1,000 	<p>E0170, E0193, E0194, E0246, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0350, E0373, E0459, E0462, E0465, E0483, E0603, E0616, E0617, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, 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, 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, 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</p>
<p>Dialysis services</p>	<p>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.</p> <p>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.</p>
<p>Home health care (non-nutritional)</p>	<p>All home health care services</p> <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
<p>Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p>	<p>B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162</p>
<p>Hyperbaric oxygen treatment</p>	<p>99183, 99184</p>
<p>IMRT/SBRT/Radiation treatment</p>	<p>77021, 77058, 77059, 77084</p>

Service category	Codes/Additional notes
Orthotics (greater than \$1,000)	L0112, L0113, L0140, L0150, L0160, L0170, L0200, L0220, L0430, 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, 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, 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, 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, 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, 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, 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, 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

Service category	Codes/Additional notes
Prosthetics (greater than \$1,000)	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, 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, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, 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, L6639, L6640, L6641, L6642, L6645, L6646, L6647, 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, L7260, L7261, L7266, L7362, L7364, L7366, L7367, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L5613, L5614, 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, L5673, L5676, L5677, L5678, L5680, L5681, L5848, L5850, L5855, L5856, L5857, L5858, L5910, L5920, L5925, L5930, L5960, L5961, L5966, L5968, L5970, L5971, L5972, L5973, L5975, L5978, L5979, L5980, L5981, L5985, L5987, L5988, L5990, L6000, L6010, L6020, L6025, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, 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, 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, L5682, L6300, L6883, L8670, L5683, L6310, L6884, L8679, L5684, L6320, L6885, L8699, L5686, L6350, L6895, L8701, L5688, L6360, L6900, L8702, L5690, L6370, L6905
Radiation Treatment Prior authorization required.	55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77424, 77425, 77470, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79445, 0394T, 0395T, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095

Service category	Codes/Additional notes
Sleep studies Prior authorization not required if done at home (billed with G0398, G0400)	95726, 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811
Therapy, other	92507, 92508 Prior authorization is required for the following combination of diagnosis and procedure codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890
Brain imaging	78600, 78601, 78605, 78606, 78608, 78609, 78610
Cardiac/myocardial imaging	78429, 78430, 78431, 78432, 78433, 78459, 78466, 78468, 78491, 78492
CT angiography <ul style="list-style-type: none"> • Head • Chest • Abdomen • Pelvis • Extremities • Heart 	70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175, 75574, 75635
EEG	95726
MRA/MRI Procedures include: <ul style="list-style-type: none"> • Abdomen • Breast • Cardiac • Chest • Extremities • Face and neck • Head • Orbit • Pelvis • Spine • Temporomandibular joint 	70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 74712, 74713, 75557, 75559, 75561, 75563, 76376, 76377, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8037
Nuclear radiology For the following procedures: <ul style="list-style-type: none"> • Bone/joint/marrow • Brain/cerebrospinal fluid • Esophageal • Gastrointestinal • Heart and vascular • Hepatobiliary • Kidneys/bladder/testicular • Lacrimal system • Liver and spleen • Lymphatics and lymph node • Lungs • Salivary glands • Thyroid, parathyroid, adrenal • Unlisted endocrine 	78012, 78013, 78014, 78015, 78016, 78018, 78070, 78075, 78099, 78102, 78103, 78104, 78185, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78399, 78428, 78445, 78456, 78457, 78458, 78472, 78473, 78481, 78483, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78804, 78999, G0297, S8032, S8085
PET scan	78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252

Service category	Codes/Additional notes
SPECT scan <ul style="list-style-type: none"> • Heart • Tumor imaging • Cardiac imaging 	78071, 78072, 78451, 78452, 78453, 78454, 78469, 78494, 78803, 78830, 78831, 78832
Stress echocardiograms	93350, 93351
Other	C9762, C9763, 75710, 75716, 76376, 76377, 0634T, 0635T, 0636T, 0637T, 0638T, 0609T, 0610T, 0611T, 0612T

Injectable medications/Part B drugs

Botulinum toxins	Codes/Additional notes
Botox (onabotulinumtoxinA)	J0585
Dysport (abobotulinumtoxinA)	J0586
Myobloc (rimabotulinumtoxinB)	J0587
Xeomin (incobotulinumtoxinA)	J0588
Daxxify (daxibotulinumtoxina-lanm, 1 unit)	J0589
Immune globulins (IVIG, SCIG)	Codes/Additional notes
IVIG (Immune globulin, human)	90283
Hizentra (Immune globulin (SCIG), human)	90284
Privigen (Immune globulin, IV)	J1459
Cutaquig (Immune globulin)	J1551
Asceniv (Immune globulin)	J1554
Cuvitru (Immune globulin)	J1555
Gammplex (Immune globulin, IV)	J1557
Xembify (Immune globulin)	J1558
Hizentra (Immune globulin)	J1559
Gamunex-C (immune globulin)	J1561
Octogam (Immune globulin, IV)	J1568
Gammagard Liquid (immune globulin)	J1569
Flebogamma (immune globulin)	J1572
Hyqvia (Immune globulin/hyaluronidase)	J1575
Other Part B drugs	Codes/Additional notes
Adakveo (crizanlizumab)	J0791
Aduhelm (aducanumab)	J0172
Adzynma (ADAMTS13, recombinant-krhn)	J7171
Amvuttra (vutrisiran)	J1556
Bivigam (immune globulin)	J0225
Briumvi (ublituximab-xiyy)	J2329
Cosentyx (secukinumab)	J3247
Crysvita (burosumab-twza)	J0584
Eyelea (aflibercept)	J0178
Elevydis (delandistrogene moxeparovec-rokl)	J1413
Elrexio (elranatamab-bcmm, 1 mg)	C9165
Enjaymo (sutimlimab-jome)	J1302
Entyvio (vedolizumab)	J3380
Evkeeza (evinacumab-dgnb)	J1305
Fyarro (sirolimus protein-bound particles)	J9331
Gammagard (immune globulin)	J1566
Givlaari (givosiran)	J0223
Hemgenix (etranacogene dezaparovec-drlb)	J1411
Hemophilia clotting factor , not otherwise classified	J7199
Istodax (romedepsin)	J9315
Izervay (avacincaptad pegol)	C9162, J2782
Korsuva (difelikefalin, 0.1 mcg, (for ESRD on dialysis))	J0879

Other Part B drugs (Continued)	Codes/Additional notes
Legembi (lecanemab-irmb)	J0174
Lupron (leuprolide depot)	J1954
Luxturna (voretigene neparovec)	J3398
Nexviazyme (avalglucosidase alfa-ngpt)	J0219
Ocrevus (ocrelizumab)	J2350
Omvoh (mirikizumab-mrkz, 1 mg)	J2267
Onpattro (patisiran)	J0222
Orencia (abatacept)	J0129
Oxlumo (lumasiran)	J0224
Panzyga (immune globulin)	J1576
Plasminogen (plasminogen, tvmh)	J2998
Qalsody (tofersen)	J1304
Radicava (edaravone)	J1301
Reblozyl (luspatercept-aamt)	J0896
Renflexis (infliximab-abda, biosimilar)	Q5104
Roctavian (valoctocogene roxaparovec-rvox)	J1412
Rolvedon (eflapegrastim-xnst)	J1449
Rylaze (asparaginase erwinia Chrysanthemi (recombinant)- rywn)	J9021
Rystiggo (rozanolixizumab-noli)	J9333
Saphnelo (anifrolumab-fnia)	J0491
Sensipar (cincalcet)	J0604
Skyrizi (risankizuman-rzaa IV)	J2327
Soliris (eculizumab)	J1300
Spevigo (spesolimabsbzo)	J1747
Spinraza (nusinersen)	J2326
Stelara (ustekinumab)	J3557
Suprelin LA; Vantas (histrelin acetate)	J1675
Syfovre (pegcetacoplan)	J2781
Talvey (Injection, talquetamab-tgvs, 0.25 mg)	C9163
Tepezza (teprotumumab)	J3241
Tezspire (tezepelumab-ekko)	J2356
Tyruko (natalizumab-sztn)	Q5134
Tzield (teplizumab-mzwv)	J9381
Ultomiris (ravulizumab-cwyz)	J1303
Uplizna (inebilizumab-cdon)	J1823
Vegzelma (bevacizumab-adcd)	Q5129
Vyjuvek (beremagene-geperpavec-svdt)	J3401
Vyvgart (efgartigimod alfa-fca)	J9332
Vyvgart-Hytrulo (efgartigimod alfa, 2 mg and hyaluronidase- qvfc)	J9334
Xiaflex (collagenase clostridium histolyticum)	J0775
Yvepti (eptinezumab-jjmr)	J3032
Zolgensma (onasemnogene abeparovec)	J3399
Drugs with Unclassified Codes	Codes/Additional notes
Prior authorization is required for the following drug names: Adzynma, Lyfgenia, Cimerli, Lantidra, Luxturna, Omvoh, Roctavian, Rystiggo, Skysona, Spevigo, Stimufend, Vyvgart_Hytrulo	C9399, J3490, J3590

Injectable medications: Part B step therapy drugs

Anti-Emetics	Codes/Additional notes
Emend (aprepitant)	J0185
Akynzeo (fosnetupitant and palonosetron)	J1454
Kytril (granisetron)	J1627
Bevacizumab (Authorization required for cancer diagnoses only)	Codes/Additional notes
Avastin (bevacizumab)	J9035
Alymsys (bevacizumab-maly, biosimilar)	Q5126
Vegzelma (bevacizumab-adcd biosimilar)	Q5129
Bone Density Agents – Oncology and osteoporosis	Codes/Additional notes
Prolia/Xgeva (denosumab) For cancer diagnosis, see Chemotherapy section	J0897
Evenity (romosozumab-aqqg)	J3111
Colony stimulating factors	Codes/Additional notes
Neupogen (filgrastim (G-CSF))	J1442
Granix (tbo-filgrastim)	J1447
Rolvedon (eflapegrastim-xnst)	J1449
Fulphila (pegfilgrastim-jmdb, biosimilar)	Q5108
Nivestym (filgrastim-aafi, biosimilar)	Q5110
Ziextenzo (pegfilgrastim-bmez biosimilar)	Q5120
Nyvepria (pegfilgrastim-apgf, biosimilar)	Q5122
Releuko (filgrastim-ayow, biosimilar)	Q5125
Stimufend (pegfilgrastim-fpgk biosimilar)	Q5127
Fylnetra (pegfilgrastim-pbbk biosimilar)	Q5130
Erythropoiesis-stimulating agents	Codes/Additional notes
Procrit (epoetin alfa)	J0885
Gemcitabine	Codes/Additional Notes
Infugem (gemcitabine hydrochloride)	J9198
Gonadotropin Releasing Hormone Analogs for Oncology	Codes/Additional notes
Lupron Depot (leuprolide acetate (for depot suspension))	J1950
Gout Agents	Codes/Additional notes
Krystexxa (pegloticase)	J2507

Hyaluronic acid polymers	Codes/Additional notes
Genvisc 850	J7320
Hyalgan, Supartz, Supartz FX, Visco-3	J7321
Hymovis	J7322
Euflexxa	J7323
Orthovisc	J7324
Gel-One	J7326
Monovisc	J7327
Trivisc	J7329
Synojynt	J7331
Triluron	J7332
Immune Globulins	Codes/Additional notes
Cutaquig (immune globulin)	J1551
Asceniv (immune globulin)	J1554
Panzyga (immune globulin intravenous, non-lyophilized)	J1576
Immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified	J1599
Infliximab	Codes/Additional notes
Avsola (infliximab-axxq)	J1745
Intravenous iron products	Codes/Additional notes
Monoferric (ferric derisomaltose)	J1437
Monoferric (ferric carboxymaltose)	J1439
Leucovorin/Levoleucovorin	Codes/Additional notes
Fusilev (levoleucovorin, not otherwise specified)	J0641
Khapzory (levoleucovorin)	J0642
Lipid Modifying Agent	Codes/Additional notes
Leqvio (inclisiran)	J1306
Migraine Prophylaxis	Codes/Additional notes
Vyepti (eptinezumab-jjmr)	J3032
Rituximab	Codes/Additional notes
For cancer diagnosis, see Chemotherapy section	
Rituxan Hycela (rituximab 10 mg and hyaluronidase)	J9311
Rituxan (rituximab 10 mg)	J9312
Riabni (rituximab-arrx, biosimilar)	Q5123

Systemic Lupus Erythematosus Agents	Codes/Additional notes
Saphnelo (anifrolumab-fnia)	J0491
Trastuzumab	Codes/Additional notes
Herceptin (trastuzumab, excludes biosimilar)	J9355
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	J9356
Ontruzant (trastuzumab-dttb, biosimilar)	Q5112
Herzuma (trastuzumab-pkrb, biosimilar)	Q5113
Vascular endothelial growth factor (VEGF) inhibitor	Codes/Additional notes
Eylea HD (aflibercept hd)	J0177
Beovu (brolocizumab-dbll)	J0179
Vabysmo (faricimab-svoa)	J2777
Lucentis (ranibizumab)	J2778
Susvimo (ranibizumab, via intravitreal implant)	J2779
Byooviz (ranibizumab-nuna, biosimilar)	Q5124
Cimerli (ranibizumab-eqrn)	Q5128

Genetic testing

Codes

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*Authorization not required for dermatology specialists, for any diagnosis or pathology specialists, for a dermatology related diagnosis

Temporary "T"/Category III procedures

Codes

0042T, 0126T, 0215T, 0263T, 0312T, 0350T, 0384T, 0413T, 0433T, 0454T, 0474T, 0494T, 0518T, 0542T, 0054T, 0163T, 0216T, 0264T, 0313T, 0351T, 0385T, 0414T, 0434T, 0455T, 0475T, 0495T, 0519T, 0543T, 0055T, 0164T, 0217T, 0265T, 0314T, 0352T, 0386T, 0415T, 0435T, 0456T, 0476T, 0496T, 0520T, 0544T, 0058T, 0165T, 0218T, 0266T, 0315T, 0353T, 0394T, 0416T, 0436T, 0457T, 0477T, 0497T, 0521T, 0545T, 0071T, 0174T, 0219T, 0267T, 0316T, 0354T, 0395T, 0417T, 0437T, 0458T, 0478T, 0498T, 0522T, 0546T, 0072T, 0175T, 0220T, 0268T, 0317T, 0355T, 0396T, 0418T, 0439T, 0459T, 0479T, 0499T, 0523T, 0547T, 0075T, 0184T, 0221T, 0269T, 0329T, 0356T, 0397T, 0419T, 0440T, 0460T, 0480T, 0500T, 0524T, 0548T, 0076T, 0222T, 0270T, 0330T, 0357T, 0398T, 0420T, 0441T, 0461T, 0481T, 0505T, 0525T, 0549T, 0085T, 0198T, 0228T, 0271T, 0331T, 0358T, 0399T, 0421T, 0442T, 0462T, 0482T, 0506T, 0526T, 0550T, 0095T, 0202T, 0229T, 0272T, 0332T, 0362T, 0400T, 0422T, 0443T, 0463T, 0483T, 0507T, 0527T, 0551T, 0098T, 0205T, 0230T, 0273T, 0333T, 0373T, 0401T, 0423T, 0444T, 0464T, 0484T, 0508T, 0528T, 0552T, 0100T, 0206T, 0231T, 0274T, 0335T, 0375T, 0402T, 0424T, 0445T, 0465T, 0485T, 0509T, 0529T, 0553T, 0101T, 0207T, 0232T, 0275T, 0338T, 0376T, 0403T, 0425T, 0446T, 0466T, 0486T, 0510T, 0530T, 0554T, 0102T, 0208T, 0234T, 0278T, 0339T, 0377T, 0404T, 0426T, 0447T, 0467T, 0487T, 0511T, 0531T, 0555T, 0106T, 0209T, 0235T, 0290T, 0341T, 0378T, 0405T, 0427T, 0448T, 0468T, 0488T, 0512T, 0532T, 0556T, 0107T, 0210T, 0236T, 0295T, 0342T, 0379T, 0408T, 0428T, 0449T, 0469T, 0489T, 0513T, 0533T, 0557T, 0108T, 0211T, 0237T, 0296T, 0345T, 0380T, 0409T, 0429T, 0450T, 0470T, 0490T, 0514T, 0534T, 0558T, 0109T, 0212T, 0238T, 0297T, 0347T, 0381T, 0410T, 0430T, 0451T, 0471T, 0491T, 0515T, 0535T, 0559T, 0110T, 0213T, 0253T, 0298T, 0348T, 0382T, 0411T, 0431T, 0452T, 0472T, 0492T, 0516T, 0536T, 0560T, 0111T, 0214T, 0254T, 0308T, 0349T, 0383T, 0412T, 0432T, 0453T, 0473T, 0493T, 0517T, 0541T, 0561T, 0562T

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