

Prior authorization list 2022

Out-of-network services/referrals/treatments

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services and treatment require prior authorization.

Inpatient/institutional services

- Elective/scheduled medical admissions
- EEG, code 95726 (verify)
- Acute rehabilitation admissions (refer to NaviHealth)
- Subacute admissions (refer to Navi Health)
- Skilled nursing facility (SNF) admissions (refer to NaviHealth)

Transportation

- Nonurgent/emergency air transports

Treatment related to the following services

- Investigational or experimental services, procedures or devices
- New (unproved) services and technology²
- Transplants

Surgical procedures (inpatient or outpatient service)

- Bone growth stimulator
- Cochlear implants and other auditory implants
- Cranial/burr hole surgery
- Electrophysiology implants (pacemakers, cardioverter-defibrillators)
- Gender dysphoria treatment
- Hysterectomy
- Muscle flap procedures
- Neurostimulator electrode array, code 64590
- Ophthalmology/vision procedures, codes: 0191T, 66174-66175, 66821, 66982, 68520
- Orthognathic surgery
- Pain management/radiofrequency ablation, codes: 64490-64495 and 64634-64636
- Plastic, reconstructive, and cosmetic procedures³
 - Includes, but is not limited to eyelid surgery, codes: 15820-15823; 67900-67906; 67908-67909; 67912; 67950; 67961; 67966
- Septoplasty/rhinoplasty
- Spinal surgeries
- Spinal stimulator for pain
- Total joint replacements
- Vagus nerve stimulation
- Vein procedures
- Ventricular assist devices

Site of service program effective 6/1/2021

Authorization is waived if procedures are performed in an ambulatory surgery center

Authorization is required if procedures are performed in an outpatient hospital setting

Subcategory	Procedure code	Subcategory	Procedure code
Breast lesion/cyst/tumor removal	19125	Knee arthroscopy	29870
Carpal tunnel surgery	29848	Knee arthroscopy	29874
Corneal transplant	65756	Knee arthroscopy	29875
Cystoscopy	52000	Knee arthroscopy	29876
Cystoscopy	52001	Knee arthroscopy	29877
Cystoscopy	52005	Knee arthroscopy	29879
Cystoscopy	52007	Knee arthroscopy	29880
Cystoscopy	52204	Knee arthroscopy	29881
Cystoscopy	52214	Knee arthroscopy	29888
Deviated septum repair	30520	Other bladder surgeries	51720
Fractured arm	23615	Other bladder surgeries	51728
Fractured arm	23630	Other bladder surgeries	51729
Fractured arm	24515	Other bladder surgeries	52287
Fractured arm	24516	Other bladder surgeries	52300
Fractured arm	24665	Other bladder surgeries	52310
Fractured arm	24666	Other bladder surgeries	52315
Fractured arm	25545	Other bladder surgeries	52330
Fractured arm	25605	Other bladder surgeries	52332
Fractured arm	25606	Other bladder surgeries	52341
Fractured arm	25607	Other bladder surgeries	52344
Fractured arm	25608	Other bladder surgeries	52351
Fractured arm	25609	Other bladder surgeries	52354
Glaucoma procedures	65820	Other bladder surgeries	52356
Glaucoma procedures	66170	Other bladder surgeries	53445
Hernia repair	49505	Other female genital surgeries	57240
Hernia repair	49521	Other female genital surgeries	57260
Hernia repair	49525	Other female genital surgeries	57288
Hernia repair	49550	Other female genital surgeries	58558
Hernia repair	49553	Other foot/toe surgeries	28120
Hernia repair	49570	Other foot/toe surgeries	28285
Hernia repair	49572	Other foot/toe surgeries	28288
Hernia repair	49585	Other foot/toe surgeries	28291
Hernia repair	49587	Other foot/toe surgeries	28296
Hernia repair	49650	Other male genital surgeries	55040
Hernia repair	49651	Other nervous system surgeries	64718
Hernia repair	49652	Other nervous system surgeries	64721
Hernia repair	49653	Other prostate surgeries	52630
Hernia repair	49654	Other prostate surgeries	55700
Hernia repair	49655		
Hernia repair	49656		

Subcategory	Procedure code	Subcategory	Procedure code
Other ther proc musc/tendon surgeries	23430	Upper GI endoscopy – esophagus/stomach/small intestine	43235
Other ther proc musc/tendon surgeries	26055	Upper GI endoscopy – esophagus/stomach/small intestine	43236
Other ther proc musc/tendon surgeries	26123	Upper GI endoscopy – esophagus/stomach/small intestine	43237
Other urethra surgeries	52275	Upper GI endoscopy – esophagus/stomach/small intestine	43238
Other urethra surgeries	52276	Upper GI endoscopy – esophagus/stomach/small intestine	43239
Other urethra surgeries	52281	Upper GI endoscopy – esophagus/stomach/small intestine	43240
Other urethra surgeries	52282	Upper GI endoscopy – esophagus/stomach/small intestine	43241
Other urethra surgeries	52285	Upper GI endoscopy – esophagus/stomach/small intestine	43242
Percutaneous vertebral augmentation	22514	Upper GI endoscopy – esophagus/stomach/small intestine	43245
Removal of bladder tumors	52224	Upper GI endoscopy – esophagus/stomach/small intestine	43247
Removal of bladder tumors	52234	Upper GI endoscopy – esophagus/stomach/small intestine	43248
Removal of bladder tumors	52235	Upper GI endoscopy – esophagus/stomach/small intestine	43249
Removal of kidney stones	50590	Upper GI endoscopy – esophagus/stomach/small intestine	43250
Shoulder arthroscopy	29823	Upper GI endoscopy – esophagus/stomach/small intestine	43251
Shoulder arthroscopy	29824	Upper GI endoscopy – esophagus/stomach/small intestine	43253
Shoulder arthroscopy	29827	Upper GI endoscopy – esophagus/stomach/small intestine	43254
Shoulder arthroscopy	29828	Upper GI endoscopy – esophagus/stomach/small intestine	43255
Treatment/removal of bladder stones	52320	Upper GI endoscopy – esophagus/stomach/small intestine	43259
Treatment/removal of bladder stones	52325		
Treatment/removal of bladder stones	52352		
Treatment/removal of bladder stones	52353		
Skin graft	14040		
Skin graft	14060		
Skin graft	14061		
Skin graft	15100		
Skin graft	15120		
Skin graft	15220		
Skin graft	15240		
Skin graft	15260		

Outpatient service/treatment (outpatient, office and related service)

- Durable medical equipment (DME): Greater than \$1,000 billed charge per item (excluding services obtained from Preferred Home Care)
- Sleep studies, unless done in the home, codes: G0398-G0400
- Stress echocardiograms
- Dialysis services
- Home health care
- Hyperbaric oxygen treatment
- IMRT, STS, SBRT
- Nuclear stress tests/myocardial perfusion
- Orthotics: any device greater than \$1,000 billed
- Prosthetics: any device greater than \$1,000 billed
- Prolotherapy, code M0076
- Respiratory therapy (only required for therapy delivered in home setting)
- Therapies: PT, OT, ST (only required for therapy delivered in home setting)
- Proton beam therapy

Laboratory testing

- Drug/genetic testing

Codes requiring prior authorization:

81105	81216	81251	81290	81327	81383	81437	81525	89240	0023U	0057U
81106	81217	81252	81291	81328	81400	81438	81535	89398	0024U	0058U
81107	81218	81253	81292	81330	81401	81439	81536	0001U	0025U	0059U
81108	81219	81254	81293	81331	81402	81440	81538	0002M	0026U	0061U
81109	81220	81255	81294	81332	81403	81442	81539	0002U	0027U	0062U
81110	81221	81256	81295	81334	81404	81445	81540	0003M	0029U	0063U
81111	81222	81257	81296	81335	81405	81448	81541	0003U	0030U	0067U
81112	81223	81258	81297	81340	81406	81450	81545	0004M	0031U	0069U
81120	81224	81259	81298	81341	81407	81455	81551	0005U	0032U	0070U
81121	81225	81260	81299	81342	81408	81460	81595	0006M	0033U	0071U
81161	81226	81261	81300	81346	81410	81465	81599	0006U	0034U	0072U
81162	81227	81262	81301	81350	81411	81470	81528	0007M	0035U	0073U
81170	81228	81263	81302	81355	81412	81471	84999	0007U	0036U	0074U
81175	81229	81264	81303	81361	81413	81479	85999	0008U	0037U	0075U
81176	81230	81265	81304	81362	81414	81490	86152	0009M	0038U	0076U
81200	81231	81266	81310	81363	81415	81493	86153	0009U	0039U	0077U
81201	81232	81267	81311	81364	81416	81495	86294	0010U	0040U	0078U
81202	81235	81268	81313	81370	81417	81500	86316	0011M	0041U	S0265
81203	81238	81269	81314	81371	81420	81503	86386	0011U	0042U	S3800
81205	81240	81270	81315	81372	81422	81504	86849	0012M	0043U	S3841
81206	81241	81272	81316	81373	81425	81506	88120	0012U	0044U	S3842
81207	81242	81273	81317	81374	81426	81507	88121	0013M	0045U	S3845
81208	81243	81275	81318	81375	81427	81508	88199	0013U	0046U	S3846
81209	81244	81276	81319	81376	81430	81509	88341*	0014U	0047U	S3849
81210	81245	81280	81321	81377	81431	81510	88342*	0016U	0048U	S3850
81211	81246	81281	81322	81378	81432	81511	88363	0017U	0049U	S3852
81212	81247	81282	81323	81379	81433	81512	88365	0018U	0050U	S3853
81213	81248	81283	81324	81380	81434	81519	88367	0019U	0053U	S3861
81214	81249	81287	81325	81381	81435	81520	88368	0021U	0055U	S3870
81215	81250	81288	81326	81382	81436	81521	88399	0022U	0056U*	

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

Radiology services:

- Brain imaging
 - **Applicable procedures**
 - 78606-78608
- CT angiography: head, chest, abdomen, pelvis, extremities and heart; including coronary fractional reserve derived from CTA to assess severity of coronary artery disease, extremity angiography, unilateral and bilateral, codes: 75710, 75716
- MRA: abdomen, chest, orbit, face and neck, head, spine, pelvis, extremities
- MRI and MRI guidance: breast, abdomen, cardiac, chest, temporomandibular joint, computer-aided detection
- MRI: brain, spine, joints
- PET scans
- Nuclear radiology
 - **Applicable procedures**
 - 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
- SPECT scan (heart, myocardial perfusion, tumor imaging):
 - **Codes requiring prior authorization**
 - 78429
 - 78430
 - 78431
 - 78432
 - 78433
 - 78451
 - 78452
 - 78453
 - 78454
 - 78830
 - 78831
 - 78832
- Unlisted: 78999
- Temporary/Category III codes
- Specialty medications – Part B:

Codes requiring prior authorization

- C9257
- C9399
- J0222
- J0223
- J0256 effective 8/1/2020
- J0584
- J0604 effective 5/1/2021
- J0775
- J0881
- J0896
- J0791
- J0897 effective 8/1/2020 for all indications
(Proliva and Xgeva)
- J1301
- J1442
- J1447 effective 8/1/2020
- J1459
- J1556
- J1557
- J1561
- J1566
- J1568
- J1569
- J1572
- J1599
- J2323 effective 8/1/2020
- J2326
- J2353
- J2505
- J2778 effective 8/1/2020
- J3315 effective 8/1/2020
- J3357 effective 5/1/2021
- J3398
- J3399
- J3421
- J3489
- J3490 and J3590
(for Provenge, Zolgensma, Ultomiris)
- J7320
- J7321
- J7322
- J7323
- J7324
- J7326
- J7327
- J9000
- J9025
- J9035
- J9041
- J9047
- J9055
- J9201
- J9202
- J9212
- J9213
- J9214
- J9216
- J9218
- J0223
- J9228
- J9264
- J9303
- J9305
- J9310
- J9190
- J9217
- J9267
- J9306
- J9351
- J9355
- J9395
- J9400
- Q2043
- Q2050
- Q5107
- Q5108 effective 8/1/2020
- Q5110 effective 8/1/2020
- Q5118

- Part B step therapy drugs:

J0178, J0179, J2503, J2778, J7333, Q5120, Q5121, J1453, J1626, J2405, Q0162, Q0166, J0185, J1454, J1627, Q5107, Q5118, J9035, Q5106, J0885, J9201, J9198, Q5103, Q5121, Q5104, J1745, J0640, J0641, J0642, J7318, J7328, J7325, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332, Q5101, J1447, J1442, J2469, J2506, Q5110, J2505, J9311, J9312, Q5120, Q5111, Q5108, Q5122, C9257, J9035, J0178, J0179, J2503, J2778, J7999, Q5115, Q5119, J9331, Q5123, Q5116, Q5117, J9355, J9356, Q5112, Q5113, Q5114

1. Admissions for alcohol, drug, and/or substance abuse or mental illness: Call Optum[®] Behavioral Health at: 1-800-579-5222, TTY 711.
2. Includes breast reconstruction (nonmastectomy) and septoplasty/rhinoplasty.
3. All foot orthotics regardless of billed charge, other orthotic device greater than \$1,000 billed charge per device.

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