

# 2024 Optum Care Network: Utah Contracted provider prior authorization list

Effective Jan. 1, 2024

## General information

- Online: To submit a prior authorization notification, login to [optumportal.com](https://optumportal.com) and select the *Referrals & Prior Authorization* 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](mailto:lcd_um@optum.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 <b>1-800-579-5222</b>
Behavioral health admissions	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at <b>1-800-579-5222</b>
Behavioral health services	<ul style="list-style-type: none"> <li>Behavioral health services through a designated behavioral health network. Many benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</li> <li>Please call the number on the customer's health care ID card when referring for any mental health or substance abuse/substance use services.</li> </ul>
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"> <li>Investigational or experimental services, procedures, or devices</li> <li>New (unproven) services and technology</li> </ul> <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>	28890, 36514, 64405, 64722, 64744, 64555, 66180, 95965, 95966

**Surgical procedures (This includes inpatient or outpatient services)**

Service category	Codes/Additional notes
Bone growth stimulator	20974, 20975, 20979, E0747, E0748, E0749, E0760
<p><b>Breast reconstruction (non- mastectomy)</b></p> <p>Reconstruction of the breast except when following mastectomy</p>	<p>19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600</p> <p><b>Prior authorization is not required for the following diagnosis codes:</b></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>
Cochlear implants	69714, 69715, 69717, 69718, 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8690, L8691, L8692, L8693
Cardiac procedures	0517T, 0614T, 33206, 33212, 33213, 33214, 33221, 33224, 33227, 33228, 33230, 33231, 33240, 33262, 33263, 33264, 33270, 33285, 33289, 93350, 93351, C2624, E0616
Cartilage implants	27412, 27414, 27416
Gender dysphoria treatment	<p>55970, 55980 regardless of diagnosis</p> <p><b>Prior authorization is required for the following combination of diagnosis and procedure codes:</b> F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890,</p> <p>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</p>
Hysterectomies	58150, 58542, 58552, 58571, 58152, 58543, 58553, 58572, 58180, 58544, 58554, 58573, 58541, 58550, 58570, 58260, 58270, 58291, 58262, 58275, 58292, 58263, 58280, 58293, 58294, 58267, 58290
Implantable stimulators	61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63662, 63663, 63664, 63668, 63685, 64555, 64568, 64590, L8586, L8680, L8682, L8683, L8685, 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

Service category	Codes/Additional notes
<b>Orthopedic surgery</b>	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, 22854, 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, 27137, 27138, 27412, 27415, 27445, 27446, 27447, 27486, 27487, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29866, 29867, 29868, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 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
<b>Other surgery</b>	66821, Q4159, Q4197, Q4262
<b>Pain management/radiofrequency ablation</b>	62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494 64495, 64634, 64635, 64636
<b>Plastic, cosmetic and reconstructive procedures</b>	11920, 15877, 21181, 21263, 11921, 15878, 21182, 21267, 11922, 15879, 21183, 21268, 11960, 17106, 21184, 21275, 11971, 17107, 21208, 21280, 14040, 17108, 21209, 21282, 14060, 17999, 21230, 21295, 14301, 21137, 21235, 21296, 15820, 21138, 21248, 21299, 15821, 21139, 21249, 21740, 15822, 21172, 21255, 21742, 15823, 21175, 21256, 21743, 15830, 21179, 21260, 28344, 15847, 21180, 21261, 30465, 30540, 67900, 67911, 67923, 30545, 67901, 67912, 67924, 30560, 67902, 67914, 67950, 30620, 67903, 67915, 31295, 67904, 67916, 67961, 31296, 67906, 67917, 67966, 31297, 67908, 67921, Q2026, 31298, 67909, 67922, 31299
<b>Prostate procedures</b>	52441, 52442, 55874
<b>Rhinoplasty</b>	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
<b>Sleep apnea surgical procedures</b>	21685, 41512, 41530, 41599, 42145, 42299

Service category	Codes/Additional notes
<b>Vascular procedures</b>	37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231 <b>Prior authorization is not required for the following diagnosis codes:</b> E08.52, I70.332, I70.448, I70.629, I70.744, E09.52, I70.333, I70.449, I70.631, I70.745, E10.52, I70.334, I70.461, I70.632, I70.748, E11.52, I70.335, I70.462, I70.633, I70.749, E13.52, I70.338, I70.463, I70.634, I70.761, I70.221, I70.339, I70.468, I70.635, I70.762, I70.222, I70.341, I70.469, I70.638, I70.763, I70.223, I70.342, I70.521, I70.639, I70.768, I70.228, I70.343, I70.522, I70.641, I70.769, I70.229, I70.344, I70.523, I70.642, I72.3, I70.231, I70.345, I70.528, I70.643, I72.4, I70.232, I70.348, I70.529, I70.644, I72.8, I70.233, I70.349, I70.531, I70.645, I72.9, I70.234, I70.35, I70.532, I70.648, I73.00, I70.235, I70.361, I70.533, I70.649, I73.01, I70.238, I70.362, I70.534, I70.661, I73.1, I70.239, I70.363, I70.535, I70.662, I73.81, I70.241, I70.369, I70.538, I70.663, I74.3, I70.242, I70.421, I70.539, I70.668, I74.4, I70.243, I70.422, I70.541, I70.669, I74.5, I70.244, I70.423, I70.542, I70.721, I74.8, I70.245, I70.428, I70.543, I70.722, I74.9, I70.248, I70.429, I70.544, I70.723, I75.021, I70.249, I70.431, I70.545, I70.728, I75.022, I70.25, I70.432, I70.548, I70.729, I75.023, I70.261, I70.433, I70.549, I70.731, I75.029, I70.262, I70.434, I70.561, I70.732, I75.89, I70.263, I70.435, I70.562, I70.733, I77.2, I70.268, I70.438, I70.563, I70.734, I77.70, I70.269, I70.439, I70.568, I70.735, I77.72, I70.321, I70.322, I70.323, I70.329, I70.331, I70.441, I70.442, I70.443, I70.444, I70.445, I70.569, I70.621, I70.622, I70.623, I70.628, I70.738, I70.739, I70.741, I70.742, I70.743, 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, M86.171, 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
<b>Vein procedures</b>	36468, 36470, 36471, 36473, 36475, 36478, 36479, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799
<b>Ventricular assist devices</b> For ventricular assist devices (VAD), call OptumHealth VAD intake directly at <b>1-888-936-7246</b>	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983

## Outpatient services/treatment

Service category	Codes/Additional notes
<p><b>DME Section 1:</b>            These DMEs require prior authorization/notification regardless of price:</p> <ul style="list-style-type: none"> <li>• Power mobility devices/accessories</li> <li>• Lymphedema pumps</li> <li>• Pneumatic compressors</li> </ul>	E0466, E0766, E1230, E1239, E2228, E2300, E2301, E2310, E2311, E2321, E2373, E2376, E2510, E2609, E2617, K0606, K0800, K0801, K0802, K0806, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, K1018, K1019
<p><b>DME Section 2:</b>            DME services greater than \$1,000 (billed charges, per item)</p> <ul style="list-style-type: none"> <li>• Certain DMEs with a retail purchase cost/cumulative rental cost over \$1,000</li> <li>• DME with a retail purchase cost or a cumulative rental cost greater than \$1,000</li> </ul>	A7025, E0112, E0113, E0116, E0117, E0140, E0144, E0147, E0153, E0155, E0158, E0159, E0161, E0162, E0167, E0170, E0171, E0175, E0182, E0186, E0187, E0191, E0193, E0194, E0198, E0200, E0202, E0203, E0205, E0210, E0220, E0225, E0230, E0236, E0238, E0239, E0246, E0249, E0251, E0256, E0275, E0276, E0277, E0280, E0290, E0291, E0292, E0293, E0300, E0301, E0302, E0303, E0304, E0316, E0325, E0326, E0328, E0329, E0350, E0352, E0370, E0373, E0443, E0459, E0461, E0462, E0463, E0464, E0465, E0467, E0481, E0483, E0486, E0571, E0572, E0574, E0580, E0585, E0602, E0603, E0604, E0605, E0606, E0610, E0616, E0617, E0618, E0619, E0635, E0636, E0639, E0640, E0657, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0784, E0785, E0786, E0830, E0840, E0850, E0870, E0880, E0890, E0900, E0920, E0930, E0941, E0942, E0944, E0945, E0946, E0947, E0948, E0952, E0957, E0958, E0959, E0966, E0967, E0968, E0969, E0970, E0974, E0980, E0983, E0984, E0985, E0986, E0988, E0994, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1014, E1015, E1016, 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, E1221, E1222, E1223, 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, E1570, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2402, K0003, K0005, K0017, K0018, K0020, K0037, K0039, K0043, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0070, K0072, K0073, K0077, K0098, K0105, K0108, K0455, K0601, K0602, K0603, K0604, K0605, K0607, K0608, K0609, K0672, K0730, K0734, K0735, K0736, K0737, K0743, K0744, K0745, K0746, K0807, K0868, Q0506
<p><b>Dialysis services</b></p>	<ul style="list-style-type: none"> <li>• If members are referred to an out-of-network provider for dialysis services, advance notification is required for the purposes of steering to a network dialysis center to avoid high cost-shares to our members even when they may have out-of-network benefits.</li> <li>• 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.</li> </ul>

Service category	Codes/Additional notes
<b>Home health care (non-nutritional)</b>	<b>All home health care services</b> <ul style="list-style-type: none"> <li>• Initial start of care requires portal based notification within 72 hours of first visit</li> <li>• Subsequent episodes of home health care require authorization, regardless of code</li> </ul>
<b>Home health care (nutritional)</b> 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
<b>Hyperbaric oxygen treatment</b>	99183, 99184
<b>Orthotics (greater than \$1,000)</b>	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, L0859, L0861, L2526, L2530, L2540, L2550, L2570, L2580, 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, L3050, L3070, L3080, L3090, L3100, L3140, 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, L3360, L3370, L3380, L3400, L3410, L3420, 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, L3901, L3904, L3917, L3921, L3925, L3927, 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, 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, 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, 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
<b>Prosthetics (greater than \$1,000)</b>	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, 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, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5828, L5830, L5840, L5845, 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, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6639, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6675, L6676, L6677, L6680, L6682, L6684, L6687, L6688, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5624, 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, L7600, L8031, L8032, 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, L5785, L5790, L5795, L5810, L5811, L5988, L5990, L6000, L6010, L6020, L6025, 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, 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, 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, L8684, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L8695, L8699, L8701, L8702, V2627, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L8695, L8699, L8701, L8702, V2627
<b>Sleep studies</b> Prior authorization not required if done at home (billed with G codes)	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811



Service category	Codes/Additional notes										
<p><b>Chemotherapy (Cancer Guidance Program)</b></p> <p>Prior authorization requests for drug codes in this section with a cancer diagnosis should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a>  Email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a>  Phone: 1-877-454-8365, TTY 711</p> <p>Injectable chemotherapy drugs requiring notification:</p> <ul style="list-style-type: none"> <li>Injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</li> <li>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</li> </ul> <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <table border="0"> <tr> <td>C9399</td> <td>Sarclisa</td> </tr> <tr> <td>J3490</td> <td>Jaypirca, Pemetrexed, Stimufend, Vanflyta</td> </tr> <tr> <td>J3590</td> <td>Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz</td> </tr> <tr> <td>J8999</td> <td>Augtyro, Fruzaqla, Ogsiveo, Truqap</td> </tr> <tr> <td>J9999</td> <td>Akeega, Calquence, Yonsa</td> </tr> </table>	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	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, 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, J2277, J2353, J2354, J2357, J2506, J2796, J2820, J2860, J3055, J3262, J3315, J3490*, J3590*, J7504, *J8999, 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, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9072, J9073, J9075, 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, 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, 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, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123**, Q5125, Q51274, Q5129**, Q5130</p> <p>**Cancer diagnosis is managed by Cancer Guidance Program For non-cancer diagnoses, See Part B Step Therapy Section</p>
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										
<p><b>Chemotherapy (Non-Cancer Guidance Program)</b></p> <p>Prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information.</p> <p>Prior authorization is required for drug codes submitted with a cancer diagnosis.</p>	<p>J9051, J9064, J9172, J9255, J9258, J9322, J9324, J9345, J9347, J9380</p>										
<p><b>IMRT/SBRT/Radiation Treatment</b></p> <p>Prior authorization requests for the codes below should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a>  Email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a>  Phone: 1-877-454-8365, TTY 711</p>	<p>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</p>										
<p><b>Stereotactic Radiosurgery</b></p> <p>Prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information</p>	<p>G0173, G0251</p>										

**Injectable medications: Part B step therapy drugs**

<b>BoneDensity Agents – Oncologyandosteoporosis</b>	<b>Codes/Additional notes</b>
<b>Prolia/Xgeva</b> (denosumab) (for all indications)	J0897
<b>Evenity</b> (romosozumab-aqqg)	J3111
<b>Colonystimulating factors</b>	<b>Codes/Additional notes</b> (prior authorization is Required for both oncology and non-oncology diagnoses)
<b>Nyvepria</b> (pegfilgrastim-apgf, biosimilar)	Q5122
<b>Releuko</b> (filgrastim-ayow, biosimilar)	Q5125
<b>Neupogen</b> (filgrastim (G-CSF))	J1442
<b>Granix</b> (tbo-filgrastim)	J1447
<b>Fulphila</b> (pegfilgrastim-jmdb, biosimilar)	J1449
<b>Nivestym</b> (filgrastim-aafi, biosimilar)	Q5108
<b>Udenyca</b> (pegfilgrastim-cbqv)	Q5110
<b>Erythropoiesis-stimulating agents</b>	<b>Codes/Additional notes</b>
<b>Procrit</b> (epoetin alfa)	J0885
<b>Hyaluronicacid polymers</b>	<b>Codes/Additional notes</b>
<b>Genvisc 850</b>	J7320
<b>Hyalgan, Supartz, Supartz FX, Visco-3</b>	J7321
<b>Hymovis</b>	J7322
<b>Euflexxa</b>	J7323
<b>Orthovisc</b>	J7324
<b>Gel-One</b>	J7326
<b>Monovisc</b>	J7327
<b>Trivisc</b>	J7329
<b>Synojynt</b>	J7331
<b>Triluron</b>	J7332
<b>Infliximab</b>	<b>Codes/Additional notes</b>
<b>Avsola</b> (infliximab-axxq)	J1745
<b>Renflexis</b> (infliximab-abda)	Q5104
<b>Intravenous iron products</b>	<b>Codes/Additional notes</b>
<b>Monoferric</b> (ferric derisomaltose)	J1437
<b>Monoferric</b> (ferric carboxymaltose)	J1439
<b>Rituximab</b>	<b>Codes/Additional notes</b>
<b>Rituxan Hycela</b> (rituximab 10 mg and hyaluronidase)	J9311
<b>Rituxan</b> (rituximab 10 mg)	J9312
<b>Riabni</b> (rituximab-arrx, biosimilar)	Q5123
<b>Vascularendothelial growthfactor (VEGF) inhibitor</b>	<b>Codes/Additional notes</b>
<b>Eylea HD</b> (aflibercept hd, 1 mg)	J0177
<b>Eylea</b> (aflibercept)	J0178
<b>Beovu</b> (brolocizumab-dbli)	J0179
<b>Vabysmo</b> (faricimab-svoa)	J2778
<b>Lucentis</b> (ranibizumab)	J2777
<b>Susvimo</b> (ranibizumab, via intravitreal implant)	J2779
<b>Byooviz</b> (ranibizumab-nuna, biosimilar)	Q5124

## Other Part B drugs

Other Part B drugs	Codes/Additional notes
<b>Adakveo</b> (crizanlizumab)	J0791
<b>Aduhelm</b> (aducanumab)	J0172
<b>Alymsys</b> (bevacizumabmaly)	Q5126
<b>Amvuttra</b> (vutrisiran)	J0225
<b>Aranesp</b> (darbepoetin alfa)	J0881
<b>Avastin</b> (bevacizumab)	J9035 (prior authorization required for cancer diagnoses only)
<b>Avsola</b> (infliximab-axxq)	Q5121
<b>Bivigam</b> (immune globulin)	J1556
<b>Briumvi</b> (ublituximab-xiiy)	J2329
<b>Crysvita</b> (burosumab-twza)	J0584
<b>Elevydis</b> (delandistrogene moxeparvovec-rokl)	J1413
<b>Enjaymo</b> (sutimlimab-jome)	J1302
<b>Entyvio</b> (vedolizumab)	J3380
<b>Evkeeza</b> (evinacumab-dgnb)	J1305
<b>Fyarro</b> (sirolimus protein-bound particles)	J9331
<b>Gammagard</b> (immune globulin)	J1566
<b>Givlaari</b> (givosiran)	J0223
<b>Hemgenix</b> (etranacogene dezaparvovec-drlb)	J1411
<b>Istodax</b> (romedepsin)	J9315
<b>Izervay</b> (avacincaptad pegol)	C9162
<b>Korsuva</b> (difelikefalin, 0.1 mcg, (for ESRD on dialysis)	J0879
<b>Krystexxa</b> (pegloticase)	J2507
<b>Leqembi</b> (lecanemab-irmb)	J0174
<b>Leqvio</b> (inclisiran)	J1306
<b>Lupron</b> (leuprolide depot)	J1954
<b>Luxturna</b> (voretigene neparvovec)	J3398
<b>Nexviazyme</b> (avalglucosidase alfa-ngpt)	J0219
<b>Ocrevus</b> (ocrelizumab)	J2350
<b>Onpattro</b> (patisiran)	J0222
<b>Orencia</b> (abatacept)	J0129
<b>Oxlumo</b> (lumasiran)	J0224
<b>Pluvicto</b> (lutetium Lu 177)	A9607
<b>Qalsody</b> (tofersen)	J1304, C9157
<b>Radicava</b> (edaravone)	J1301
<b>Reblozyl</b> (luspatercept-aamt)	J0896
<b>Roctavian</b> (valoctocogene roxaparvovec-rvox)	J1412
<b>Rolvedon</b> (eflapegrastim-xnst)	J1449
<b>Rylaze</b> (asparaginase erwinia Chrysanthemi (recombinant-rywn)	J9021
<b>Saphnelo</b> (anifrolumab-fnia)	J0491
<b>Sensipar</b> (cincalcet)	J0604
<b>Suprelin LA; Vantas</b> (histrelin acetate)	J1675
<b>Skyrizi</b> (risankizuman-rzaa IV)	J2327
<b>Soliris</b> (eculizumab)	J1300
<b>Spevigo-</b> (spesolimabsbzo)	J1747
<b>Spinraza</b> (nusinersen)	J2326

<b>Other Part B drugs</b>	<b>Codes/Additional notes</b>
<b>Stelara</b> (ustekinumab)	J3557
<b>Syfovre</b> (pegcetacoplan)	J2781
<b>Tepezza</b> (teprotumumab)	J3241
<b>Tezspire</b> (tezepelumab-ekko)	J2356
<b>Tzield</b> (teplizumab-mzwv)	J9381
<b>Ultomiris</b> (ravulizumab-cwyz)	J1303
<b>Uplizna</b> (inebilizumab-cdon)	J1823
<b>Vegzelma</b> (bevacizumab-adcd)	Q5129
<b>Vyjuvek</b> (beremagene-geperpavec-svdt)	J3401
<b>Vyvgart</b> (efgartigimod alfa-fca)	J9332
<b>Vyvgart-Hytrulo</b> (efgartigimod alfa, 2 mg and hyaluronidase- qvfc)	J9334
<b>Xiaflex</b> (collagenase clostridium histolyticum)	J0775
<b>Ziextenzo</b> (pegfilgrastim-bmez)	Q5120
<b>Xarxio</b> (filgrastim)	J1441
<b>Yvepti</b> (eptinezumab-jjmr)	J3032
<b>Zolgensma</b> (onasemnogene abeparvovec)	J3399
<b>Botulinum toxins</b>	<b>Codes/Additional notes</b>
<b>Botox</b> (onabotulinumtoxinA)	J0585
<b>Dysport</b> (abobotulinumtoxinA)	J0586
<b>Myobloc</b> (rimabotulinumtoxinB)	J0587
<b>Xeomin</b> (incobotulinumtoxinA)	J0588
<b>Immune globulins (IVIG, SCIG)</b>	<b>Codes/Additional notes</b>
<b>IVIG</b> (Immune globulin, human)	90283
<b>Hizentra</b> (Immune globulin (SCIg), human)	90284
<b>Privigen</b> (Immune globulin, IV)	J1459
<b>Cutaquig</b> (Immune globulin)	J1551
<b>Asceniv</b> (Immune globulin)	J1554
<b>Cuvitru</b> (Immune globulin)	J1555
<b>Gammplex</b> (Immune globulin, IV)	J1557
<b>Xembify</b> (Immune globulin)	J1558
<b>Hizentra</b> (Immune globulin)	J1559
<b>Octogam</b> (Immune globulin, IV)	J1568
<b>Hyqvia</b> (Immune globulin/hyaluronidase)	J1575
<b>Panzyga</b> (Immune globulin, intravenous, nonlyophilized)	J1576, J1599
<b>Part B drugs (unspecified/unclassified codes)</b>	<b>Codes/Additional notes</b>
Prior authorization is required for the following drug names: Izervay, Roctavian, Rystiggo, Skysona, Vyvgart, Vyvgart-Hytrulo	C9399/J3490/J3590

**Radiology/other**

Service category	Codes/Additional notes
<b>Brain imaging</b>	78600, 78601, 78605, 78606, 78608, 78609, 78610
<b>Cardiac/myocardial imaging</b>	78428, 78429, 78430, 78431, 78432, 78433, 78452, 78453, 78454, 78466, 78468, 78469, 93656
<b>CT angiography</b> <ul style="list-style-type: none"><li>• Head</li><li>• Chest</li><li>• Abdomen</li><li>• Pelvis</li><li>• Extremities</li><li>• Heart</li></ul>	70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175, 75574, 75635
<b>EEG</b>	95726
<b>MRA</b> Procedures include: <ul style="list-style-type: none"><li>• Abdomen</li><li>• Chest</li><li>• Orbit</li><li>• Face and neck</li><li>• Head</li><li>• Spine</li><li>• Pelvis</li><li>• Extremities</li></ul>	70544, 74185, C8918, 70545, C8900, C8919, 70546, C8901, C8920, 70547, C8902, C8931, 70548, C8909, C8932, 70549, C8910, C8933, 72159, C8911, C8934, 72198, C8912, C8935, 73225, C8913, C8936, 73725, C8914
<b>MRI and MRI guidance Procedures include:</b> <ul style="list-style-type: none"><li>• Breast</li><li>• Cardiac</li><li>• Temporomandibular joint</li><li>• Abdomen</li><li>• Chest</li><li>• Computer-aided detection</li></ul>	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 74713, 75557, 75559, 75561, 75563, 77021, 77058, 77059, C8903, C8904, C8905, C8906, C8907, C8908
<b>Nuclear radiology</b> For the following procedures: <ul style="list-style-type: none"><li>• Bone/joint/marrow</li><li>• Brain/cerebrospinal fluid</li><li>• Esophageal</li><li>• Gastrointestinal</li><li>• Heart and vascular</li><li>• Hepatobiliary</li><li>• Kidneys/bladder/testicular</li><li>• Lacrimal system</li><li>• Liver and spleen</li><li>• Lymphatics and lymph node</li><li>• Lungs</li><li>• Salivary glands</li><li>• Thyroid, parathyroid, adrenal</li><li>• Unlisted endocrine</li></ul>	78012, 78231, 78457, 78650, 78013, 78232, 78458, 78660, 78014, 78258, 78466, 78699, 78015, 78261, 78468, 78700, 78016, 78262, 78469, 78701, 78070, 78264, 78472, 78707, 78075, 78265, 78473, 78708, 78099, 78266, 78481, 78709, 78102, 78278, 78483, 78740, 78103, 78282, 78494, 78761, 78104, 78290, 78496, 78799, 78185, 78291, 78499, 78800, 78195, 78299, 78579, 78801, 78199, 78300, 78580, 78802, 78201, 78305, 78582, 78803, 78202, 78597, 78804, 78215, 78315, 78598, 78830, 78216, 78399, 78599, 78831, 78226, 78428, 78630, 78832, 78227, 78445, 78635, 78999, 78230, 78456, 78645
<b>PET scan</b>	78459, 78491, 78492, 76808, 76809, 78811, 78812, 78813, 78814, 78815, 78816, G0252, G0235
<b>SPECT scan</b> <ul style="list-style-type: none"><li>• Heart</li><li>• Tumor imaging</li><li>• Myocardial perfusion</li></ul>	78451, 78452, 78469, 78494, 78803, 78830, 78831, 78832

Service category	Codes/Additional notes
Stress echocardiograms	93350, 93351
Other	0571T, 0636T, 76830, 0609T, 0637T, 76497, 0610T, 0638T, 76498, 0611T, 0663T, G0297, 0612T, C9762, S8032, 0614T, C9763, S8037, 0634T, 75710, S8085, 0635T, 75716

#### Other services

Service category	Codes/Additional notes
Behavioral health services	<ul style="list-style-type: none"> <li>Behavioral health services through a designated behavioral health network. Many benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</li> <li>Please call the number on the customer's healthcare ID card when referring for any mental health or substance abuse/substance use services.</li> </ul>

#### Genetic testing

Codes
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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, 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, 88341\*, 88342\*, 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

\*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, 0191T, 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

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

## Transplants

Details	Codes/Additional notes
<p>For transplant and CAR T-cell therapy services, including Abecma® (Idelcaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel),</p> <p>please call the <b>Optum Transplant Case Management Team</b> at <b>1-888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p>	<p><b>Bone marrow harvest</b> 38240, 38241, 38242</p> <p><b>Heart/lung</b> 33930, 33935</p> <p><b>Heart</b> 0051T, 0052T, 0053T, 33940, 33944, 33945</p> <p><b>Lung</b> 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p><b>Kidney</b> 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p><b>Pancreas</b> 48551, 48552, 48554</p> <p><b>Liver</b> 47135, 47143, 47147</p> <p><b>Intestine</b> 44132, 44133, 44135, 44136</p> <p><b>Services related to transplants</b> 32855, 33933, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232*, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152 *Code 38232 will only require prior authorization for an oncology diagnosis</p> <p><b>CAR T-cell therapy</b> 0537T, 0538T, 0539T, 0540T, C9081, Q2041, Q2042, Q2053, Q2054, Q2055</p> <p><b>Other Injectables</b> Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399, J3490, J3590</p>

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