



# 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 [optumproportal.com](https://optumproportal.com) and select the **Referrals & Prior Authorization** section.

• **Prior authorization Intake department fax #:**

1-888-992-2809

• **Prior authorization Intake department phone (Only if online or fax is not an option):**

1-877-370-2845, TTY 711

• **Prior authorization department email:**

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 says "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> .

## Transportation

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

Service category	Codes
<p><b>Investigational or experimental services, procedures, or devices</b></p> <p><b>New (unproven) services and technology</b></p> <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></p> <p>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>

<b>Hysterectomies</b>	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
<b>Implantable stimulators</b>	61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63662, 63663, 63664, 63668, 63685, 64555, 64568, 64590, L8586, L8680, L8682, L8683, L8685, L8687, L8688
<b>Orthognathic surgery</b>	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
<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
<b>Pain management/radiofrequency ablation</b>	62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494 64495, 64634, 64635, 64636
<b>Plastic, cosmetic &amp; 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
<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>

	<p>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,</p>
<p><b>Vascular procedures</b>, continued</p>	<p>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</p>
<p><b>Vein procedures</b></p>	<p>36468, 36470, 36471, 36473, 36475, 36478, 36479, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799</p>
<p><b>Ventricular assist devices</b> For ventricular assist devices (VAD), call OptumHealth VAD intake directly at <b>1-888-936-7246</b></p>	<p>33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983</p>

## Outpatient services/treatment

Service category	Codes/Additional notes
<p><b>DME Section one:</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>	<p>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>

<p><b>DME Section two:</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>	<p>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>
<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 steerage 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>
<p><b>Home health care (non-nutritional)</b></p>	<p><b>All home health care services</b></p> <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>
<p><b>Home health care (nutritional)</b> 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>

<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
<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,



Prosthetics, continued	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

**Chemotherapy (Cancer Guidance Program)**

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

**Online:** mbm.linkplatform.com

**Via email:** optumcare\_smgp@optum.com

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

Injectable chemotherapy drugs requiring notification:

- 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

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

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

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

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

New codes effective 2/1/2024:  
C9155, C9163, C9165, J8999\*, J9029, J9052, J9072, J9286, J9321, J9345, Q5129\*\*

**Chemotherapy (Non-Cancer Guidance Program)**

Prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information.

Prior authorization is required for drug codes submitted with a cancer diagnosis.

J9051, J9064, J9172, J9255, J9258, J9322, J9324, J9347, J9380

<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><b>Online:</b> <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a>  <b>Via email:</b> <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a>  <b>Phone:</b> 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

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 all indications)	J0897
Evenity (romosozumab-aqqg)	J3111
Colony stimulating factors	Codes/Additional notes (prior authorization is required for both oncology and non-oncology diagnoses)
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

<b>Colony stimulating factors</b>	<b>Codes/Additional notes (prior authorization is required for both oncology and non-oncology diagnoses)</b>
<b>Releuko</b> (filgrastim-ayow, biosimilar)	Q5125
<b>Stimufend</b> (pegfilgrastim-fpgk biosimilar)	Q5127
<b>Fylnetra</b> (pegfilgrastim-pbbk biosimilar)	Q5130
<b>Erythropoiesis-stimulating agents</b>	<b>Codes/Additional notes</b>
<b>Procrit</b> (epoetin alfa)	J0885
<b>Gemcitabine</b>	<b>Codes/Additional Notes</b>
<b>Infugem</b> (gemcitabine hydrochloride)	J9198
<b>Gonadotropin Releasing Hormone Analogs for Oncology</b>	<b>Codes/Additional notes</b>
<b>Lupron Depot</b> (leuprolide acetate (for depot suspension))	J1950
<b>Gout Agents</b>	<b>Codes/Additional notes</b>
<b>Krystexxa</b> (pegloticase)	J2507
<b>Hyaluronic acid 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>Immune Globulins</b>	<b>Codes/Additional notes</b>
<b>Cutaquig</b> (immune globulin)	J1551
<b>Asceniv</b> (immune globulin)	J1554
<b>Panzyla</b> (immune globulin intravenous, non-lyophilized)	J1576
<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>Monoferic</b> (ferric derisomaltose)	J1437
<b>Monoferic</b> (ferric carboxymaltose)	J1439

<b>Leucovorin/Levoleucovorin</b>	<b>Codes/Additional notes</b>
<b>Fusilev</b> (levoleucovorin, not otherwise specified)	J0641
<b>Khazory</b> (levoleucovorin)	J0642
<b>Lipid Modifying Agent</b>	<b>Codes/Additional notes</b>
<b>Leqvio</b> (inclisiran)	J1306
<b>Migraine Prophylaxis</b>	<b>Codes/Additional notes</b>
<b>Vyepti</b> (eptinezumab-jjmr)	J1306
<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>Trastuzumab</b>	<b>Codes/Additional notes</b>
<b>Herceptin</b> (trastuzumab, excludes biosimilar)	J9355
<b>Herceptin Hylecta</b> (trastuzumab and hyaluronidase-oysk)	J9356
<b>Ontruzant</b> (trastuzumab-dttb, biosimilar)	Q5112
<b>Herzuma</b> (trastuzumab-pkrb, biosimilar)	Q5113
<b>Ogivri</b> (trastuzumab-dkst, biosimilar)	Q5114
<b>Vascular endothelial growth factor (VEGF) inhibitor</b>	<b>Codes/Additional notes</b>
<b>Beovu</b> (brolucizumab-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

<b>Other Part B drugs</b>	<b>Codes/Additional notes</b>
<b>Adakveo</b> (crizanlizumab)	J0791
<b>Aduhelm</b> (aducanumab)	J0172
<b>Amvuttra</b> (vutrisiran)	J0225
<b>Aranesp</b> (darbepoetin alfa)	J0881
<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>Eylea</b> (aflibercept)	J0178
<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>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>Onpatro</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>Rylaze</b> (asparaginase erwinia Chrysanthemii (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>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>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>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>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)	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> • Head • Chest • Abdomen • Pelvis • Extremities • Heart	70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175, 75574, 75635
<b>EEG</b>	95726
<b>MRA</b> Procedures include: • Abdomen • Chest • Orbit • Face and neck • Head • Spine • Pelvis • Extremities	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



<p><b>MRI and MRI guidance Procedures include:</b></p> <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>	<p>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,</p>
<p><b>Nuclear radiology</b> For the following procedures:</p> <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>	<p>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</p>
<p><b>PET scan</b></p>	<p>78459, 78491, 78492, 76808, 76809, 78811, 78812, 78813, 78814, 78815, 78816, G0252, G0235</p>
<p><b>SPECT scan</b></p> <ul style="list-style-type: none"> <li>• Heart</li> <li>• Tumor imaging</li> <li>• Myocardial perfusion</li> </ul>	<p>78451, 78452, 78469, 78494, 78803, 78830, 78831, 78832</p>
<p><b>Stress echocardiograms</b></p>	<p>93350, 93351</p>
<p><b>Other</b></p>	<p>0571T, 0636T, 76830, 0609T, 0637T, 76497, 0610T, 0638T, 76498, 0611T, 0663T, G0297, 0612T, C9762, S8032, 0614T, C9763, S8037, 0634T, 75710, S8085, 0635T, 75716</p>

## Other services

Service category	Codes/Additional notes
<p><b>Behavioral health services</b></p>	<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

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® (Idecaptogene 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</p> <p>*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>Zynteglo (betibeglogene autotemcel)</b> C9399, J3490, J3590</p>



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

© 2024 Optum, Inc. All rights reserved. 8688201 224190-112022