



# 2023 Optum Care Network–Utah Contracted provider prior authorization list

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
Investigational or experimental services, procedures, or devices New (unproven) services and technology  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.	28890 36514 64405 64722 64744 64555 66180 95965 95966

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

Service category	Codes
Bone growth stimulator	20974 20975 20979 E0747 E0748 E0749 E0760
Breast reconstruction (non- mastectomy)  Reconstruction of the breast except when following mastectomy	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600  <b>Prior authorization is not required for the following diagnosis codes:</b>  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
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	55970, 55980 regardless of diagnosis  Prior authorization is required for the following combination of diagnosis and procedure codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890  14000 14001 14041 15734 15738 15750 15757 15758 15775 15776 15780 15781 15782 15783 15788 15789 15792 15793 19303 21899 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805 57106 57110 57291 57292 57295 57296 57335 57426 58661 58720 58940 64856 64892 64896 92507 92508

Hysterectomies	58150, 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
Orthopedic surgery	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
Other surgery	66821
Pain management/radiofrequency ablation	62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494 64495, 64634, 64635, 64636
Plastic, cosmetic & reconstructive procedures	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

Plastic, cosmetic & reconstructive procedures continued	30540	67900	67911	67923
	30545	67901	67912	67924
	30560	67902	67914	67950
	30620	67903	67915	67961
	31295	67904	67916	67966
	31296	67906	67917	Q2026
	31297	67908	67921	
	31298	67909	67922	
	31299			
Prostate procedures	52441, 52442, 55874			
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462			
Sleep apnea surgical procedures	21685, 41512, 41530, 41599, 42145, 42299			
Vascular procedures	37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231			
	Prior authorization is not required for the following diagnosis codes:			
	E08.52	I70.332	I70.448	I70.629
	E09.52	I70.333	I70.449	I70.631
	E10.52	I70.334	I70.461	I70.632
	E11.52	I70.335	I70.462	I70.633
	E13.52	I70.338	I70.463	I70.634
	I70.221	I70.339	I70.468	I70.635
	I70.222	I70.341	I70.469	I70.638
	I70.223	I70.342	I70.521	I70.639
	I70.228	I70.343	I70.522	I70.641
	I70.229	I70.344	I70.523	I72.3
	I70.231	I70.345	I70.528	I72.4
	I70.232	I70.348	I70.529	I72.8
	I70.233	I70.349	I70.531	I72.9
	I70.234	I70.35	I70.532	I73.00
	I70.235	I70.361	I70.533	I73.01
	I70.238	I70.362	I70.534	I73.1
	I70.239	I70.363	I70.535	I73.81
	I70.241	I70.369	I70.538	I74.3
	I70.242	I70.421	I70.539	I74.4
	I70.243	I70.422	I70.541	I74.5
	I70.244	I70.423	I70.542	I74.8
	I70.245	I70.428	I70.543	I74.9
	I70.248	I70.429	I70.544	I75.021
	I70.249	I70.431	I70.545	I75.022
	I70.25	I70.432	I70.548	I75.023
	I70.261	I70.433	I70.549	I75.029
	I70.262	I70.434	I70.561	I75.89
	I70.263	I70.435	I70.562	I77.2
	I70.268	I70.438	I70.563	I77.70
	I70.269	I70.439	I70.568	I77.72

Vascular procedures, continued	I70.321	I70.441	I70.569	I70.738	I77.77	
	I70.322	I70.442	I70.621	I70.739	I77.79	
	I70.323	I70.443	I70.622	I70.741	I96.	
	I70.329	I70.444	I70.623	I70.742	L03.115	
	I70.331	I70.445	I70.628	I70.743	L03.116	
	I77.70	M86.172	M86.372	M86.572	Q27.30	
	I77.72	M86.179	M86.379	M86.579	Q27.32	
	I77.77	M86.18	M86.38	M86.58	Q27.39	
	I77.79	M86.19	M86.39	M86.59	Q27.8	
	I96.	M86.20	M86.40	M86.60	Q27.9	
	L03.115	M86.251	M86.451	M86.651	Q87.2	
	L03.116	M86.252	M86.452	M86.652	S35.511A	
	M86.051	M86.259	M86.459	M86.659	S35.512A	
	M86.052	M86.261	M86.461	M86.661	S81.801A	
	M86.059	M86.262	M86.462	M86.662	S81.802A	
	M86.061	M86.269	M86.469	M86.669	S81.809A	
	M86.062	M86.271	M86.471	M86.671	S91.301A	
	M86.069	M86.272	M86.472	M86.672	S91.302A	
	M86.071	M86.279	M86.479	M86.679	S91.309A	
	M86.072	M86.28	M86.48	M86.68	T82.312A	
	M86.079	M86.29	M86.49	M86.69	T82.318A	
	M86.08	M86.30	M86.50	M86.8X0	T82.319A	
	M86.09	M86.351	M86.551	M86.8X5	T82.338A	
	M86.10	M86.352	M86.552	M86.8X6	T82.392A	
	M86.151	M86.359	M86.559	M86.8X7	T82.398A	
	M86.152	M86.361	M86.561	M86.8X8	T82.399A	
	M86.159	M86.362	M86.562	M86.8X9	T82.818A	
	M86.161	M86.369	M86.571	M86.9	T82.868A	
	M86.171	M86.371			T82.898A	
	Vein procedures	36468, 36470, 36471, 36473, 36475, 36478, 36479, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799				
	Ventricular assist devices For ventricular assist devices (VAD), call the OptumHealth VAD intake directly at 1-888-936-7246	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982 33983				

### Outpatient services/treatment

Service category	Codes
DME Section one: These DMEs require prior authorization/ notification regardless of price <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

<p>Section two: 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>Dialysis services</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>Home health care (non-nutritional)</p>	<p>All home health care services</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>Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p>	<p>B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162</p>

Hyperbaric oxygen treatment	99183, 99184			
Orthotics (greater than \$1,000)	L0112	L0970	L1600	L2132
	L0113	L0972	L1610	L2134
	L0140	L0974	L1620	L2136
	L0150	L0976	L1630	L2180
	L0160	L0978	L1640	L2182
	L0170	L0980	L1650	L2184
	L0200	L0982	L1660	L2186
	L0220	L0984	L1680	L2188
	L0430	L0999	L1685	L2190
	L0452	L1000	L1690	L2192
	L0462	L1001	L1700	L2200
	L0464	L1005	L1710	L2210
	L0466	L1010	L1720	L2220
	L0468	L1020	L1730	L2230
	L0480	L1025	L1755	L2232
	L0482	L1030	L1834	L2240
	L0484	L1040	L1844	L2250
	L0486	L1050	L1847	L2260
	L0490	L1060	L1904	L2270
	L0491	L1070	L1910	L2300
	L0492	L1080	L1920	L2310
	L0621	L1085	L2000	L2320
	L0622	L1090	L2005	L2335
	L0623	L1100	L2010	L2370
	L0624	L1110	L2020	L2375
	L0629	L1120	L2030	L2380
	L0631	L1200	L2034	L2385
	L0632	L1210	L2035	L2387
	L0633	L1220	L2036	L2390
	L0634	L1230	L2037	L2395
	L0636	L1240	L2038	L2405
	L0638	L1250	L2040	L2415
	L0700	L1260	L2050	L2425
	L0710	L1270	L2060	L2430
	L0810	L1280	L2070	L2492
	L0820	L1290	L2080	L2500
	L0830	L1300	L2090	L2510
	L0859	L1310	L2126	L2520
	L0861	L1499	L2128	L2525
	L2526	L3050	L3360	L3901
	L2530	L3070	L3370	L3904
	L2540	L3080	L3380	L3917
	L2550	L3090	L3400	L3921
	L2570	L3100	L3410	L3925
	L2580	L3140	L3420	L3927

Orthotics (greater than \$1,000), continued	L2600	L3150	L3430	L3929
	L2610	L3160	L3440	L3956
	L2620	L3170	L3450	L3961
	L2622	L3201	L3455	L3962
	L2627	L3202	L3460	L3967
	L2628	L3203	L3465	L3971
	L2630	L3204	L3470	L3973
	L2640	L3206	L3480	L3975
	L2650	L3207	L3485	L3976
	L2660	L3208	L3500	L3977
	L2670	L3209	L3510	L3978
	L2680	L3211	L3520	L3980
	L2750	L3212	L3530	L3995
	L2760	L3213	L3540	L4000
	L2768	L3214	L3550	L4010
	L2780	L3215	L3560	L4020
	L2785	L3225	L3570	L4030
	L2795	L3250	L3580	L4040
	L2800	L3251	L3590	L4045
	L2810	L3252	L3595	L4050
	L2830	L3253	L3640	L4055
	L2850	L3254	L3649	L4060
	L2861	L3255	L3674	L4070
	L3000	L3257	L3720	L4080
	L3001	L3265	L3762	L4090
	L3002	L3320	L3764	L4110
	L3003	L3330	L3765	L4130
	L3010	L3334	L3766	L4392
	L3030	L3340	L3891	L4394
	L3031	L3350	L3900	L4398
				L4631



Prosthetics (greater than \$1,000)	L5010	L5250	L5460	L5590
	L5020	L5270	L5500	L5595
	L5050	L5280	L5505	L5600
	L5060	L5301	L5510	L5610
	L5100	L5312	L5520	L5611
	L5105	L5321	L5530	L5613
	L5150	L5331	L5535	L5614
	L5160	L5341	L5540	L5616
	L5200	L5400	L5560	L5617
	L5210	L5410	L5570	L5618
	L5220	L5420	L5580	L5620
	L5230	L5430	L5585	L5624
	L5626	L5828	L6625	L7008
	L5628	L5830	L6628	L7009
	L5629	L5840	L6629	L7040
	L5630	L5845	L6630	L7045
	L5631	L5848	L6632	L7170
	L5632	L5850	L6635	L7180
	L5634	L5855	L6637	L7181
	L5636	L5856	L6638	L7185
	L5637	L5857	L6639	L7186
	L5638	L5858	L6640	L7190
	L5639	L5910	L6641	L7191
	L5640	L5920	L6642	L7259
	L5642	L5925	L6645	L7260
	L5643	L5930	L6646	L7261
	L5644	L5960	L6647	L7266
	L5646	L5961	L6648	L7362
	L5647	L5966	L6650	L7364
	L5648	L5968	L6655	L7366
	L5649	L5970	L6660	L7367
	L5651	L5971	L6665	L7400
	L5652	L5972	L6670	L7401
	L5653	L5973	L6675	L7402
	L5654	L5975	L6676	L7403
	L5655	L5978	L6677	L7404
	L5656	L5979	L6680	L7405
	L5658	L5980	L6682	L7499
	L5661	L5981	L6684	L7600
	L5666	L5985	L6687	L8031
	L5673	L5987	L6688	L8032

Prosthetics (greater than \$1,000), continued	L5676	L5988	L6689	L8035
	L5677	L5990	L6690	L8039
	L5678	L6000	L6691	L8040
	L5680	L6010	L6692	L8041
	L5681	L6020	L6693	L8042
	L5682	L6025	L6695	L8043
	L5683	L6026	L6696	L8044
	L5684	L6050	L6697	L8045
	L5686	L6055	L6698	L8046
	L5688	L6100	L6703	L8047
	L5690	L6110	L6704	L8048
	L5692	L6120	L6706	L8049
	L5694	L6130	L6707	L8310
	L5696	L6200	L6708	L8320
	L5697	L6205	L6709	L8330
	L5698	L6250	L6711	L8410
	L5699	L6300	L6712	L8415
	L5700	L6310	L6713	L8435
	L5701	L6320	L6714	L8465
	L5702	L6350	L6715	L8480
	L5703	L6360	L6721	L8485
	L5706	L6370	L6722	L8499
	L5707	L6380	L6805	L8505
	L5710	L6382	L6810	L8507
	L5711	L6384	L6880	L8511
	L5712	L6386	L6881	L8512
	L5714	L6388	L6882	L8514
	L5716	L6400	L6883	L8515
	L5718	L6450	L6884	L8603
	L5722	L6500	L6885	L8604
	L5724	L6550	L6895	L8609
	L5726	L6570	L6900	L8610
	L5728	L6580	L6905	L8612
	L5780	L6582	L6910	L8613
	L5781	L6584	L6915	L8630
	L5782	L6586	L6920	L8641
	L5785	L6588	L6925	L8642
	L5790	L6590	L6930	L8658
	L5795	L6600	L6935	L8670
	L5810	L6605	L6940	L8679
L5811	L6610	L6945	L8684	

Prosthetics (greater than \$1,000), continued	L5812	L6611	L6950	L8695
	L5814	L6615	L6955	L8699
	L5816	L6616	L6960	L8701
	L5818	L6620	L6965	L8702
	L5822	L6621	L6970	V2627
	L5824	L6623	L6975	
	L5826	L6624	L7007	
Sleep studies Prior authorization not required if done at home (billed with G codes)	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811			

Chemotherapy	
<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><b>Online:</b>mbm.linkplatform.com <b>Via email:</b> optumcare_smgp@optum.com</p> <p><b>Phone:</b>1-877-454-8365, TTY 711</p> <p><b>Injectable chemotherapy drugs that require notification:</b></p> <ul style="list-style-type: none"> <li>• Authorization is required for 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>**Cancer diagnosis is managed by Cancer Guidance Program For non-cancer diagnoses, See Part B Step Therapy Section</p>	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9257, <b>C9399*</b>, 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, <b>J3490*</b>, <b>J3590*</b>, 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, J9057, J9060, J9061, 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, 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, J9325, J9328, J9330, J9331, J9340, J9348, J9349, 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, Q5125, Q5123**, Q5130</p> <p>*C9399, J3490 and J3590 require prior authorization for the following chemotherapy drug code names:</p> <p>C9399 Isatuximab-irfc J3490 Pirtobrutinib  J3490 Premetrexed (Sandoz) J3490 Pegfilgrastim-FPGK  J3590 Mosunetuzumab-AXGB (CHO) J3590 Bevacizumab-ADCD  J3590 Retifanlimab-DLWR (CHO)</p>

IMRT/SBRT/Radiation Treatment	
<p>Prior to July 12, 2023, prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information.</p>	<p>77014, 77331, 77370, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 77520, 77522, 77523, 77525, 79445, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017</p>
<p>As of July 12, 2023:</p> <p>Prior authorization requests should be submitted to our Cancer Guidance Program (CGP).</p> <p>Prior authorization required Online: <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a> Via email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a></p> <p>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>

Part B Drugs	Codes
Adakveo (crizanlizumab)	J0791
Aduhelm (aducanumab)	J0172
Alymsys (bevacizumabmaly)	Q5126
Amvuttra (vutrisiran)	J0225
Aranesp (darbepoetin alfa)	J0881
Avastin (bevacizumab)*	J9035*
*(Authorization required for cancer diagnoses only) Avsola (infliximab-axxq)	Q5121
Bivigam (immune globulin)	J1556
Crysvita (burosumab-twza)	J0584
Enjaymo (sutimlimab-jome)	J1302
Entyvio (vedolizumab)	J3380
Evkeeza (evinacumab-dgnb)	J1305
Fyarro (sirolimus protein-bound particles)	J9331
Gammagard (immune globulin)	J1566
Givlaari (givosiran)	J0223
Istodax (romedepsin)	J9315
Korsuva (difelikefalin, 0.1 mcg, (for ESRD on dialysis) Krystexxa (pegloticase)	J0879
Luxturna (voretigene neparvovec)	J2507
Ocrevus (ocrelizumab)	J3398
Onpattro (patisiran)	J2350
Orencia (abatacept)	J0222
Oxlumo (lumasiran)	J0129
Pluvicto (lutetium Lu 177)	J0224
Radicava (edaravone)	A9607
Reblozyl (luspatercept-aamt)	J1301
Rolvedon (eflapegrastim-xnst)	J0896
Rylaze (asparaginase erwinia Chrysanthemi (recombinant)-rywn)	J1449
Saphnelo (anifrolumab-fnia)	J9021
Sensipar (cincalcet)	J0491
Skyrizi (risankizuman-rzaa IV)	J0604
	J2327

Soliris (eculizumab) Spevigo- (spesolimabsbzo) Spinraza (nusinersen) Stelara (ustekinumab) Tepezza (teprotumumab) Tezspire (tezepelumab-ekko) Tzield (teplizumab-mzww) Ultomiris (ravulizumab-cwyz) Uplizna (inebilizumab-cdon) Vyvgart (efgartigimod alfa-fca) Xiaflex (collagenase clostridium histolyticum) Ziextenzo (pegfilgrastim-bmez) Xarxio (filgrastim) Yvepti (eptinezumab-jjmr) Zolgensma (onasemnogene abeparvovec)	J1300 J1747 J2326 J3557 J3241 J2356 C9149 J1303 J1823 J9332 J0775 Q5120 J1441 J3032 J3399
<b>Botulinum toxins</b> Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobloc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA)	J0585 J0586 J0587 J0588
<b>Immune globulins (IVIG, SCIG) IVIG</b> (Immune globulin, human) Hizentra (Immune globulin (SCIG), human) Privigen (Immune globulin, IV) Cutaquig (Immune globulin) Asceniv (Immune globulin) Cuvitru (Immune globulin) Gammplex (Immune globulin, IV) Xembify (Immune globulin) Hizentra (Immune globulin) Octogam (Immune globulin, IV) Hyqvia (Immune globulin/hyaluronidase) Panzyga (Immune globulin, intravenous, nonlyophilized)	90283 90284 J1459 J1551 J1554 J1555 J1557 J1558 J1559 J1568 J1575 J1599
<b>Part B drugs (unspecified/unclassified codes)</b> Cimerli (ranibizumab-eqrn)* Skysona (eivaldogene autotemcel) Zynteglo (betibeglogene autotemcel)	C9399 J3490 J3590 *Cimerli code Q5128 effective 4/1/2023
<b>Part B drugs Effective 7/1/2023:</b> Fynestra (pegfilgrastim-pbbk) Lupron (leuprolide depot) Stimufend (pegfilgrastim-fpgk) Vegzelma ( bevacizumab-adcd)	Q5130 J1954 Q5127 Q5129

## Injectable medications

Part B Step Therapy Drugs	Codes
<b>Bone Density Agents – Oncology and Osteoporosis</b> Prolia/Xgeva (denosumab) (for all indications) Evenity (romosozumab-aqqg)	J0897 J3111
<b>Colony stimulating factors</b> Nyvepria (pegfilgrastim-apgf, biosimilar) Releuko (filgrastim-ayow, biosimilar) Neupogen (filgrastim (G-CSF) Granix (tbo-filgrastim) Fulphila (pegfilgrastim-jmdb, biosimilar) Nivestym (filgrastim-aafi, biosimilar) Udenyca (pegfilgrastim-cbqv)	Q5122 Q5125 J1442 J1447 J1449 Q5108 Q5110 Q5111
<b>Erythropoiesis-stimulating agents</b> Procrit (epoetin alfa)	J0885
<b>Hyaluronic acid polymers</b> Genvisc 850 Hyalgan, Supartz, Supartz FX, Visco-3 Hymovis Euflexxa Orthovisc Gel-One Monovisc Trivisc Synojoynt Triluron	J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332
<b>Infliximab</b> Avsola (infliximab-axxq) Renflexis (infliximab-abda)	J1745 Q5104
<b>Intravenous Iron Products</b> Monoferric (ferric derisomaltose) Monoferric (ferric carboxymaltose)	J1437 J1439
<b>Rituximab</b> Rituxan Hycela (rituximab 10 mg and hyaluronidase) Rituxan (rituximab 10 mg) Riabni (rituximab-arrx, biosimilar)	J9311 J9312 Q5123
<b>Vascular endothelial growth factor (VEGF) inhibitor</b> Eylea (aflibercept) Beovu (brolucizumab-dbli) Vabysmo (faricimab-svoa) Lucentis (ranibizumab) Susvimo (ranibizumab, via intravitreal implant ) Byooviz (ranibizumab-nuna, biosimilar)	J0178 J0179 J2778 J2777 J2779 Q5124

## Radiology/other

Service category	Codes
Brain imaging	78600, 78601, 78605, 78606, 78608, 78609, 78610
Cardiac/myocardial imaging	78428, 78429, 78430, 78431, 78432, 78433 78452, 78453, 78454 78466, 78468, 78469 93656
CT angiography <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
EEG	95726
MRA 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
MRI and MRI guidance Procedures include: <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

<p>Nuclear radiology 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>PET scan</p>	<p>78459, 78491, 78492, 76808, 76809 78811, 78812, 78813, 78814, 78815, 78816, G0252, G0235</p>																								
<p>SPECT scan</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>Stress echocardiograms</p>	<p>93350, 93351</p>																								
<p>Other</p>	<table border="0"> <tr> <td>0571T</td> <td>0636T</td> <td>76830</td> </tr> <tr> <td>0609T</td> <td>0637T</td> <td>76497</td> </tr> <tr> <td>0610T</td> <td>0638T</td> <td>76498</td> </tr> <tr> <td>0611T</td> <td>0663T</td> <td>G0297</td> </tr> <tr> <td>0612T</td> <td>C9762</td> <td>S8032</td> </tr> <tr> <td>0614T</td> <td>C9763</td> <td>S8037</td> </tr> <tr> <td>0634T</td> <td>75710</td> <td>S8085</td> </tr> <tr> <td>0635T</td> <td>75716</td> <td></td> </tr> </table>	0571T	0636T	76830	0609T	0637T	76497	0610T	0638T	76498	0611T	0663T	G0297	0612T	C9762	S8032	0614T	C9763	S8037	0634T	75710	S8085	0635T	75716	
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0611T	0663T	G0297																							
0612T	C9762	S8032																							
0614T	C9763	S8037																							
0634T	75710	S8085																							
0635T	75716																								

**Other services**

Service category	Additional notes
<p>Behavioral health services</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 health care 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					

Service category	Codes
Transplants For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 1-888-936-7246 or the notification number on the back of the member’s health plan ID card.	<b>Bone marrow harvest</b> 38240 38241 38242 <b>Heart/lung</b> 33930 33935 <b>Heart</b> 0051T 0052T 0053T 33940 33944 33945 <b>Lung</b> 32850 32851 32852 32853 32854 32856 S2060 S2061 <b>Kidney</b> 50300 50320 50323 50340 50360 50365 50370 50380 50547 <b>Pancreas</b> 48551 48552 48554 <b>Liver</b> 47135 47143 47147 <b>Intestine</b> 44132 44133 44135 44136 <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 <b>CAR T-cell therapy</b> 0537T 0538T 0539T 0540T C9081 Q2041 Q2042 Q2053 Q2054 Q2055 *Code 38232 will only require prior authorization for an oncology diagnosis.



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