

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

Effective Jan. 1, 2024

## General information

- Online: To submit a prior authorization notification, login to [optumproportal.com](https://optumproportal.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>

## Transportation

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

**Treatments related to the following services**

Service category	Codes
<ul style="list-style-type: none"> <li>• <b>Investigational or experimental services, procedures, or devices</b></li> <li>• <b>New (unproven) services and technology</b></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>	<p>28890, 36514, 64405, 64722, 64744, 64555, 66180, 95965, 95966</p>
<p><b>Transplants</b></p> <p>For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team 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> 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 *Prior authorization required only for an oncology diagnosis.</p> <p><b>CAR T-cell therapy</b> 0537T, 0538T, 0539T, 0540T, C9081, Q2041, Q2042, Q2055, Q2056</p> <p><b>Other injectables:</b> <b>Casgevy</b> (exagamglogene autotemcel)</p> <p><b>Zynteglo</b> (betibeglogene autotemcel) C9399/J3490/J3590</p>
<p><b>Ventricular assist devices</b></p> <p>For ventricular assist devices (VAD), call the OptumHealth VAD intake directly at <b>1-888-936-7246</b></p>	<p>33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983, 0051T, 0052T, 0053T</p>

**Surgical procedures (Includes inpatient or outpatient services)**

Service category	Codes/Additional notes
<b>Bone growth stimulator</b>	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>11920, 11921, 11922, 19304, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600</p> <p><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>
<b>Cardiac procedures</b>	0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33285, 33289, 93452, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93653, 93656, C2624, C9762, C9763
<b>Cartilage implants</b>	27415, 27416
<b>Cochlear implants</b>	69714, 69715, 69717, 69718, 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8690, L8691, L8692, L8693, L8695
<p><b>Cosmetic and reconstructive Procedures</b></p> <ul style="list-style-type: none"> <li>• Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</li> <li>• Reconstructive procedures that treat a medical condition or improve or restore physiologic function</li> </ul>	11960, 21182, 21299, 67906, 11971, 21183, 21740, 67908, 15820, 21184, 21742, 67909, 15821, 21230, 21743, 67911, 15822, 21235, 28344, 67912, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 42299, 66821, 67901, 67902, 67903, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67950, 67961, 67966, Q2026

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

Service category	Codes/Additional notes
<b>Spinal surgery</b>	20930, 20931, 20939, 21685, 21899, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22514, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22849, 22850, 22852, 22854, 22855, 22856, 22858, 22861, 22864, 22865, 22867, 22869, 22899, 62270, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 0200T, 0201T

Service category	Codes/Additional notes
Vascular procedures	<p>37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p><b>Prior authorization is not required for the following diagnosis codes:</b></p> <p>E08.52, I70.461, I70.761, M86.369, E09.52, I70.462, I70.762, M86.371, E10.52, I70.463, I70.763, M86.372, E11.52, I70.468, I70.768, M86.379, E13.52, I70.469, I70.769, M86.38, I70.221, I70.521, I72.3, M86.39, I70.222, I70.522, I72.4, M86.40, I70.223, I70.523, I72.8, M86.451, I70.228, I70.528, I72.9, M86.452, I70.229, I70.529, I73.00, M86.459, I70.231, I70.531, I73.01, M86.461, I70.232, I70.532, I73.1, M86.462, I70.233, I70.533, I73.81, M86.469, I70.234, I70.534, I74.3, M86.471, I70.235, I70.535, I74.4, M86.472, I70.238, I70.538, I74.5, M86.479, I70.239, I70.539, I74.8, M86.48, I70.241, I70.541, I74.9, M86.49, I70.242, I70.542, I75.021, M86.50, I70.243, I70.543, I75.022, M86.551, I70.244, I70.544, I75.023, M86.552, I70.245, I70.545, I75.029, M86.559, I70.248, I70.548, I75.89, M86.561, I70.249, I70.549, I77.2, M86.562, I70.25, I70.561, I77.70, M86.571, I70.261, I70.562, I77.72, M86.572, I70.262, I70.563, I77.77, M86.579, I70.263, I70.568, I77.79, M86.58, I70.268, I70.569, I96., M86.59, I70.269, I70.321, I70.621, L03.115, M86.60, I70.322, I70.622, L03.116, M86.651, I70.323, I70.623, M86.051, M86.652, I70.329, I70.628, M86.052, M86.659, I70.331, I70.629, M86.059, M86.661, I70.332, I70.631, M86.061, M86.662, I70.333, I70.632, M86.062, M86.669, I70.334, I70.633, M86.069, M86.671, I70.335, I70.634, M86.071, M86.672, I70.338, I70.635, M86.072, M86.679, I70.339, I70.638, M86.079, M86.68, I70.341, I70.639, M86.08, M86.69, I70.342, I70.641, M86.09, M86.8X0, I70.343, I70.642, M86.10, M86.8X5, I70.344, I70.643, M86.151, M86.8X6, I70.345, I70.644, M86.152, M86.8X7, I70.348, I70.645, M86.159, M86.8X8, I70.349, I70.648, M86.161, M86.8X9, I70.35, I70.649, M86.162, M86.9, I70.361, I70.661, M86.169, Q27.30, I70.362, I70.662, M86.171, Q27.32, I70.363, I70.663, M86.172, Q27.39, I70.369, I70.668, M86.179, Q27.8, I70.421, I70.669, M86.18, Q27.9, I70.422, I70.721, M86.19, Q87.2, I70.423, I70.722, M86.20, S35.511A, I70.428, I70.723, M86.251, S35.512A, I70.429, I70.728, M86.252, S81.801A, I70.431, I70.729, M86.259, S81.802A, I70.432, I70.731, M86.261, S81.809A, I70.433, I70.434, I70.732, M86.262, S91.301A, I70.435, I70.733, M86.269, S91.302A, I70.438, I70.734, M86.271, S91.309A, I70.439, I70.735, M86.272, T82.312A, I70.441, I70.738, M86.279, T82.318A, I70.442, I70.739, M86.28, T82.319A, I70.443, I70.741, M86.29, T82.338A, I70.444, I70.742, M86.30, T82.392A, I70.445, I70.743, M86.351, T82.398A, I70.448, I70.744, M86.352, T82.399A, I70.449, I70.745, M86.359, T82.818A, I70.748, M86.361, T82.868A, I70.749, M86.362, T82.898A</p>

Service category	Codes/Additional notes
Vein procedures	36468, 36470, 36471, 36473, 36475, 36478, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799



## Outpatient services/treatment

Service category	Codes/Additional notes
<p><b>Chemotherapy (CGP)</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="https://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 that require notification:</p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable 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> <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>	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9155, C9163, C9165, C9257, C9399*, J0185**, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, 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, 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, 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, Q5108**, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122**, Q5123**, Q5125**, Q5127, Q5129**. Q5130</p> <p>New codes effective 5/1/2024:            C9087, J1323, J2277, J3055, J9073, J9075</p>
<p><b>Chemotherapy (Non-CGP)</b></p> <p>Prior authorization requests for drug codes in this section with a cancer diagnosis should be submitted to our Prior Authorization Department:</p> <p>Online: Go to <a href="https://providers.optumcaremw.com">providers.optumcaremw.com</a>.</p> <p>Prior authorization Intake department fax #: <b>1-888-992-2809</b>            Prior authorization Intake department phone (Only if online or fax is not an option): <b>1-877-370-2845</b>, TTY 711</p>	<p>J1954, J2469, J9051, J9064, J9098, J9165, J9172, J9218, J9226, J9255, J9258, J9274, J9324, Q2017, Q5126</p>

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> </ul> <p>Pneumatic compressors</p>	E0766, E1230, E1239, E2228, K0813, K0814, K0815, K0816, K0837, K0838, K0839, K0840, K0860, K0861, K0862, K0863, E2300, K0820, K0841, K0864, E2301, K0820, K0842, K0869, E2310, K0821, K0843, K0870, E2311, K0822, K0848, K0871, E2321, K0823, K0849, K0877, E2373, E2376, E2510, K0824, K0825, K0826, K0850, K0851, K0852, K0879, K0880, K0884, E2609, K0827, K0853, K0885, E2617, K0828, K0854, K0886, K0606, K0829, K0855, K0890, K0800, K0830, K0856, K0891, K0802, K0831, K0857, K0898, K0806, K0812, K0835, K0836, K0858, K0859, K0899, K1018, K1019
<p><b>DME Section two:</b></p> <ul style="list-style-type: none"> <li>• DME services greater than \$1,000 (billed charges, per item)</li> <li>• DMEs with a retail purchase cost/cumulative rental cost over \$1,000</li> </ul>	E0170, E0193, E0194, E0246, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0350, E0373, E0459, E0462, E0465, E0483, E0603, E0616, E0617, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0785, E0786, E0830, E0970, E0983, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1017, E1018, E1020, E1029, E1030, E1035, E1036, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1161, E1170, E1172, E1180, E1190, E1195, E1200, E1222, E1224, E1227, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1399, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745
<p><b>Dialysis services</b></p>	<p>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.</p> <p>Advance notification is not required for end-stage renal disease when a Medicare customer travels outside of the service area. Note that your agreement with us may include restrictions on referring members outside the UnitedHealthcare® network.</p>
<p><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</li> <li>• authorization, regardless of code</li> </ul>
<p><b>Home health care (nutritional)</b></p> <p>Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p>	B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162
<p><b>Hyperbaric oxygen treatment</b></p>	99183, 99184
<p><b>IMRT/SBRT/Radiation treatment</b></p> <p>Also see Radiation Treatment/Cancer Guidance Program</p>	77021, 77058, 77059, 77084

Service category	Codes/Additional notes
Orthotics (greater than \$1,000)	L0112, L0113, L0140, L0150, L0160, L0170, L0200, L0220, L0430, L0452, L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0629, L0631, L0632, L0633, L0634, L0636, L0638, L0700, L0710, L0810, L0820, L0830, L1310, L1499, L1600, L1610, L1620, L1630, L1640, L1650, L1660, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844, L1847, L1904, L1910, L1920, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2627, L2628, L2630, L2640, L2650, L2660, L2670, L2680, L2750, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2830, L2850, L2861, L3000, L3001, L3002, L3003, L3360, L3370, L3380, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3640, L3649, L3674, L3720, L3762, L3764, L3765, L3766, L3891, L3900, L3901, L0859, L0861, L0970, L0972, L0974, L0976, L0978, L0980, L0982, L0984, L0999, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L2080, L2090, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2300, L2310, L2320, L2335, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2405, L2415, L2425, L2430, L2492, L3010, L3030, L3031, L3050, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3320, L3330, L3334, L3340, L3350, L3904, L3917, L3921, L3925, L3927, L3929, L3956, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3995, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4110, L4130, L4392, L4394, L4398, L4631

Service category	Codes/Additional notes
Prosthetics (greater than \$1,000)	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5692, L5694, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6639, L6640, L6641, L6642, L6645, L6646, L6647, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7260, L7261, L7266, L7362, L7364, L7366, L7367, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L5613, L5614, L5616, L5617, L5618, L5620, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5646, L5647, L5648, L5649, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5666, L5673, L5676, L5677, L5678, L5680, L5681, L5848, L5850, L5855, L5856, L5857, L5858, L5910, L5920, L5925, L5930, L5960, L5961, L5966, L5968, L5970, L5971, L5972, L5973, L5975, L5978, L5979, L5980, L5981, L5985, L5987, L5988, L5990, L6000, L6010, L6020, L6025, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6648, L6650, L6655, L6660, L6665, L6670, L6675, L6676, L6677, L6680, L6682, L6684, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L7600, L8031, L8032, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8310, L8320, L8330, L8410, L8415, L8435, L8465, L8480, L8485, L8499, L8505, L8507, L8511, L8512, L8514, L8515, L8603, L8604, L8609, L8610, L8612, L8613, L8630, L8641, L8642, L8658, L5682, L6300, L6883, L8670, L5683, L6310, L6884, L8679, L5684, L6320, L6885, L8699, L5686, L6350, L6895, L8701, L5688, L6360, L6900, L8702, L5690, L6370, L6905

Service category	Codes/Additional notes
<p><b>Radiation Treatment/Cancer Guidance Program</b></p> <p>Prior authorization required. Prior authorization requests 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>Sleep studies</b></p> <p>Prior authorization not required if done at home (billed with G0398, G0400)</p>	<p>95726, 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811</p>
<p><b>Therapy, other</b></p>	<p>Prior authorization is required for the following combination of diagnosis and procedure codes:</p> <p>F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890 92507, 92508</p>
<p><b>Brain imaging</b></p>	<p>78600, 78601, 78605, 78606, 78608, 78609, 78610</p>
<p><b>Cardiac/myocardial imaging</b></p>	<p>78429, 78430, 78431, 78432, 78433, 78459, 78466, 78468, 78491, 78492</p>
<p><b>CT angiography</b></p> <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>	<p>70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175, 75574, 75635</p>
<p><b>EEG</b></p>	<p>95726</p>
<p><b>MRA/MRI</b></p> <p>Procedures include:</p> <ul style="list-style-type: none"> <li>• Abdomen</li> <li>• Breast</li> <li>• Cardiac</li> <li>• Chest</li> <li>• Extremities</li> <li>• Face and neck</li> <li>• Head</li> <li>• Orbit</li> <li>• Pelvis</li> <li>• Spine</li> <li>• Temporomandibular joint</li> </ul>	<p>70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 74712, 74713, 75557, 75559, 75561, 75563, 76376, 76377, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8037</p>

Service category	Codes/Additional notes
<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>	78012, 78013, 78014, 78015, 78016, 78018, 78070, 78075, 78099, 78102, 78103, 78104, 78185, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78399, 78428, 78445, 78456, 78457, 78458, 78472, 78473, 78481, 78483, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78804, 78999, G0297, S8032, S8085
<p><b>PET scan</b></p>	78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252
<p><b>SPECT scan</b></p> <ul style="list-style-type: none"> <li>• Heart</li> <li>• Tumor imaging</li> <li>• Cardiac imaging</li> </ul>	78071, 78072, 78451, 78452, 78453, 78454, 78469, 78494, 78803, 78830, 78831, 78832
<p><b>Stress echocardiograms</b></p>	93350, 93351
<p><b>Other</b></p>	C9762, C9763, 75710, 75716, 76376, 76377, 0634T, 0635T, 0636T, 0637T, 0638T, 0609T, 0610T, 0611T, 0612T

**Injectable medications/Part B drugs**

<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>Daxxify</b> (daxibotulinumtoxina-lanm, 1 unit)	J0589
<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>Gamunex-C</b> (immune globulin)	J1561
<b>Octogam</b> (Immune globulin, IV)	J1568
<b>Gammagard Liquid</b> (immune globulin)	J1569
<b>Flebogamma</b> (immune globulin)	J1572
<b>Hyqvia</b> (Immune globulin/hyaluronidase)	J1575
<b>Panzyga</b> (immune globulin)	J1599
<b>Other Part B drugs</b>	<b>Codes/Additional notes</b>
<b>Adakveo</b> (crizanlizumab)	J0791
<b>Aduhelm</b> (aducanumab)	J0172
<b>Adzynma</b> (ADAMTS13, recombinant-krhn)	C9167
<b>Amvuttra</b> (vutrisiran)	J1556
<b>Bivigam</b> (immune globulin)	J0225
<b>Briumvi</b> (ublituximab-xiiy)	J2329
<b>Crysvita</b> (burosumab-twza)	J0584
<b>Elevydis</b> (delandistrogene moxeparvovec-rokl)	J1413
<b>Elrexio</b> (elranatamab-bcmm, 1 mg)	C9165
<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, J2782
<b>Korsuva</b> (difelikefalin, 0.1 mcg, (for ESRD on dialysis))	J0879
<b>Krystexxa</b> (pegloticase)	J2507

Other Part B drugs (Continued)	Codes/Additional notes
<b>Legembi</b> (lecanemab-irmb)	J0174
<b>Legvio</b> (inclisiran)	J1306
<b>Lupron</b> (leuprolide depot)	J1954
<b>Luxturna</b> (voretigene neparovec)	J3398
<b>Nexviazyme</b> (avalglucosidase alfa-ngpt)	J0219
<b>Ocrevus</b> (ocrelizumab)	J2350
<b>Omvoh</b> (mirikizumab-mrkz, 1 mg)	C9168
<b>Onpattro</b> (patisiran)	J0222
<b>Orencia</b> (abatacept)	J0129
<b>Oxlumo</b> (lumasiran)	J0224
<b>Panzyga</b> (immune globulin)	J1576
<b>Plasminogen</b> (plasminogen, tvmh)	J2998
<b>Qalsody</b> (tofersen)	J1304
<b>Radicava</b> (edaravone)	J1301
<b>Reblozyl</b> (luspatercept-aamt)	J0896
<b>Roctavian</b> (valoctocogene roxaparovec-rvox)	J1412
<b>Rolvedon</b> (eflapegrastim-xnst)	J1449
<b>Rylaze</b> (asparaginase erwinia Chrysanthemi (recombinant)- rywn)	J9021
<b>Rystiggo</b> (rozanolixizumab-noli)	J9333
<b>Saphnelo</b> (anifrolumab-fnia)	J0491
<b>Sensipar</b> (cincalcet)	J0604
<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>Suprelin LA; Vantas</b> (histrelin acetate)	J1675
<b>Syfovre</b> (pegcetacoplan)	J2781
<b>Talvey</b> (Injection, talquetamab-tgvs, 0.25 mg)	C9163
<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>Yvepti</b> (eptinezumab-jjmr)	J3032
<b>Zolgensma</b> (onasemnogene abeparovec)	J3399
<b>Drugs with Unclassified Codes</b>	<b>Codes/Additional notes</b>
Prior authorization is required for the following drug names: Adzynma, Lyfgenia, Cimerli, Lantidra, Luxturna, Omvoh, Roctavian, Rystiggo, Skysona, Spevigo, Stimufend, Vyvgart_Hytrulo	C9399/J3490/J3590



## Injectable medications: Part B step therapy drugs

<b>Anti-Emetics</b>	<b>Codes/Additional notes</b>
Emend (aprepitant)	J0185
Akynzeo (fosnetupitant and palonosetron)	J1454
Kytril (granisetron)	J1627
<b>Bevacizumab</b> (Authorization required for cancer diagnoses only)	<b>Codes/Additional notes</b>
Avastin (bevacizumab)	J9035
Almysys (bevacizumab-maly, biosimilar)	Q5126
Vegzelma (bevacizumab-adcd biosimilar)	Q5129
<b>Bone Density Agents – Oncology and osteoporosis</b>	<b>Codes/Additional notes</b>
Prolia/Xgeva (denosumab) For cancer diagnosis, see Cancer Guidance Program section	J0897
Evenity (romosozumab-aqqg)	J3111
<b>Colony stimulating factors (require authorization regardless of diagnosis)</b>	<b>Codes/Additional notes</b>
Neupogen (filgrastim (G-CSF))	J1442
Granix (tbo-filgrastim)	J1447
Rolvedon (eflapegrastim-xnst)	J1449
Fulphila (pegfilgrastim-jmdb, biosimilar)	Q5108
Nivestym (filgrastim-aafi, biosimilar)	Q5110
Ziextenzo (pegfilgrastim-bmez biosimilar)	Q5120
Nyvepria (pegfilgrastim-apgf, biosimilar)	Q5122
Releuko (filgrastim-ayow, biosimilar)	Q5125
Stimufend (pegfilgrastim-fpgk biosimilar)	Q5127
Fylnetra (pegfilgrastim-pbbk biosimilar)	Q5130
<b>Erythropoiesis-stimulating agents</b>	<b>Codes/Additional notes</b>
Procrit (epoetin alfa)	J0885
<b>Gemcitabine</b>	<b>Codes/Additional Notes</b>
Infugem (gemcitabine hydrochloride)	J9198
<b>Gonadotropin Releasing Hormone Analogs for Oncology</b>	<b>Codes/Additional notes</b>
Lupron Depot (leuprolide acetate (for depot suspension))	J1950
<b>Gout Agents</b>	<b>Codes/Additional notes</b>
Krystexxa(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>Panzyga</b> (immune globulin intravenous, non-lyophilized)	J1576
<b>Immunodilators</b>	<b>Codes/Additional notes</b>
<b>Avsola</b> (infliximab-axxq)	J1745
<b>Renflexis</b> (infliximab-abda, biosimilar)	Q5104
<b>Intravenous iron products</b>	<b>Codes/Additional notes</b>
<b>Monoferric</b> (ferric derisomaltose)	J1437
<b>Monoferric</b> (ferric carboxymaltose)	J1439
<b>Leucovorin/Levoleucovorin</b>	<b>Codes/Additional notes</b>
<b>Fusilev</b> (levoleucovorin, not otherwise specified)	J0641
<b>Khapzory</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>For cancer diagnosis, see Cancer Guidance Program section</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>Systemic Lupus Erythematosus Agents</b>	<b>Codes/Additional notes</b>
<b>Saphnelo</b> (anifrolumab-fnia)	J0178
<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>Eylea HD</b> (aflibercept hd)	J0177
<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
<b>Cimerli</b> (ranibizumab-eqrn)	Q5128

## 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, 0222T, 0270T, 0330T, 0357T, 0398T, 0420T, 0441T, 0461T, 0481T, 0505T, 0525T, 0549T, 0085T, 0198T, 0228T, 0271T, 0331T, 0358T, 0399T, 0421T, 0442T, 0462T, 0482T, 0506T, 0526T, 0550T, 0095T, 0202T, 0229T, 0272T, 0332T, 0362T, 0400T, 0422T, 0443T, 0463T, 0483T, 0507T, 0527T, 0551T, 0098T, 0205T, 0230T, 0273T, 0333T, 0373T, 0401T, 0423T, 0444T, 0464T, 0484T, 0508T, 0528T, 0552T, 0100T, 0206T, 0231T, 0274T, 0335T, 0375T, 0402T, 0424T, 0445T, 0465T, 0485T, 0509T, 0529T, 0553T, 0101T, 0207T, 0232T, 0275T, 0338T, 0376T, 0403T, 0425T, 0446T, 0466T, 0486T, 0510T, 0530T, 0554T, 0102T, 0208T, 0234T, 0278T, 0339T, 0377T, 0404T, 0426T, 0447T, 0467T, 0487T, 0511T, 0531T, 0555T, 0106T, 0209T, 0235T, 0290T, 0341T, 0378T, 0405T, 0427T, 0448T, 0468T, 0488T, 0512T, 0532T, 0556T, 0107T, 0210T, 0236T, 0295T, 0342T, 0379T, 0408T, 0428T, 0449T, 0469T, 0489T, 0513T, 0533T, 0557T, 0108T, 0211T, 0237T, 0296T, 0345T, 0380T, 0409T, 0429T, 0450T, 0470T, 0490T, 0514T, 0534T, 0558T, 0109T, 0212T, 0238T, 0297T, 0347T, 0381T, 0410T, 0430T, 0451T, 0471T, 0491T, 0515T, 0535T, 0559T, 0110T, 0213T, 0253T, 0298T, 0348T, 0382T, 0411T, 0431T, 0452T, 0472T, 0492T, 0516T, 0536T, 0560T, 0111T, 0214T, 0254T, 0308T, 0349T, 0383T, 0412T, 0432T, 0453T, 0473T, 0493T, 0517T, 0541T, 0561T, 0562T

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