

2024 Optum Care Network: Utah Contracted provider prior authorization list

Effective Jan. 1, 2024

General information

- Online: To submit a prior authorization notification, login to optumportal.com and select the *Medical Management* 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

Notify Optum of hospital admissions no later than 24 hours after admission and 24 hours post discharge. Notifications should be submitted electronically online to optumportal.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 1-800-579-5222
Behavioral health admissions	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at 1-800-579-5222
Behavioral health services	<ul style="list-style-type: none"> 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. Please call the number on the customer's health care ID card when referring for any mental health or substance abuse/substance use services.
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"> Investigational or experimental services, procedures, or devices New (unproven) services and technology <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
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 Prior authorization is not required for the following diagnosis codes: 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

Service category	Codes/Additional notes
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, Q4159, Q4197, Q4262
Pain management/radiofrequency ablation	62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494, 64495, 64634, 64635, 64636
Plastic, cosmetic and 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, 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
Prostate procedures	52441, 52442, 55874
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Sleep apnea surgical procedures	21685, 41512, 41530, 41599, 42145, 42299

Service category	Codes/Additional notes
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, I70.744, E09.52, I70.333, I70.449, I70.631, I70.745, E10.52, I70.334, I70.461, I70.632, I70.748, E11.52, I70.335, I70.462, I70.633, I70.749, E13.52, I70.338, I70.463, I70.634, I70.761, I70.221, I70.339, I70.468, I70.635, I70.762, I70.222, I70.341, I70.469, I70.638, I70.763, I70.223, I70.342, I70.521, I70.639, I70.768, I70.228, I70.343, I70.522, I70.641, I70.769, I70.229, I70.344, I70.523, I70.642, I72.3, I70.231, I70.345, I70.528, I70.643, I72.4, I70.232, I70.348, I70.529, I70.644, I72.8, I70.233, I70.349, I70.531, I70.645, I72.9, I70.234, I70.35, I70.532, I70.648, I73.00, I70.235, I70.361, I70.533, I70.649, I73.01, I70.238, I70.362, I70.534, I70.661, I73.1, I70.239, I70.363, I70.535, I70.662, I73.81, I70.241, I70.369, I70.538, I70.663, I74.3, I70.242, I70.421, I70.539, I70.668, I74.4, I70.243, I70.422, I70.541, I70.669, I74.5, I70.244, I70.423, I70.542, I70.721, I74.8, I70.245, I70.428, I70.543, I70.722, I74.9, I70.248, I70.429, I70.544, I70.723, I75.021, I70.249, I70.431, I70.545, I70.728, I75.022, I70.25, I70.432, I70.548, I70.729, I75.023, I70.261, I70.433, I70.549, I70.731, I75.029, I70.262, I70.434, I70.561, I70.732, I75.89, I70.263, I70.435, I70.562, I70.733, I77.2, I70.268, I70.438, I70.563, I70.734, I77.70, I70.269, I70.439, I70.568, I70.735, I77.72, I70.321, I70.322, I70.323, I70.329, I70.331, I70.441, I70.442, I70.443, I70.444, I70.445, I70.569, I70.621, I70.622, I70.623, I70.628, I70.738, I70.739, I70.741, I70.742, I70.743, I77.70, I77.72, I77.77, I77.79, I96., L03.115, L03.116, M86.051, M86.052, M86.059, M86.061, M86.062, M86.069, M86.071, M86.072, M86.079, M86.08, M86.09, M86.10, M86.151, M86.152, M86.159, M86.161, M86.171, M86.172, M86.179, M86.18, M86.19, M86.20, M86.251, M86.252, M86.259, M86.261, M86.262, M86.269, M86.271, M86.272, M86.279, M86.28, M86.29, M86.30, M86.351, M86.352, M86.359, M86.361, M86.362, M86.369, M86.371, M86.372, M86.379, M86.38, M86.39, M86.40, M86.451, M86.452, M86.459, M86.461, M86.462, M86.469, M86.471, M86.472, M86.479, M86.48, M86.49, M86.50, M86.551, M86.552, M86.559, M86.561, M86.562, M86.571, M86.572, M86.579, M86.58, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A
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 OptumHealth VAD intake directly at 1-888-936-7246	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983

Outpatient services/treatment

Service category	Codes/Additional notes
<p>DME Section 1:</p> <p>These DMEs require prior authorization/notification regardless of price:</p> <ul style="list-style-type: none"> • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors 	<p>E0466, E0679, 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>DME Section 2:</p> <p>DME services greater than \$1,000 (billed charges, per item)</p> <ul style="list-style-type: none"> • Certain DMEs with a retail purchase cost/cumulative rental cost over \$1,000 • DME with a retail purchase cost or a cumulative rental cost greater than \$1,000 	<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"> • 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. • 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.

Service category	Codes/Additional notes
Home health care (non-nutritional)	All home health care services <ul style="list-style-type: none"> • Initial start of care requires portal based notification within 72 hours of first visit • Subsequent episodes of home health care require authorization, regardless of code
Home health care (nutritional) Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home	B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162
Hyperbaric oxygen treatment	99183, 99184
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, L0859, L0861, L2526, L2530, L2540, L2550, L2570, L2580, L0970, L0972, L0974, L0976, L0978, L0980, L0982, L0984, L0999, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1499, L3050, L3070, L3080, L3090, L3100, L3140, L1600, L1610, L1620, L1630, L1640, L1650, L1660, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844, L1847, L1904, L1910, L1920, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2128, L3360, L3370, L3380, L3400, L3410, L3420, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2300, L2310, L2320, L2335, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L3901, L3904, L3917, L3921, L3925, L3927, L2600, L2610, L2620, L2622, L2627, L2628, L2630, L2640, L2650, L2660, L2670, L2680, L2750, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2830, L2850, L2861, L3000, L3001, L3002, L3003, L3010, L3030, L3031, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3320, L3330, L3334, L3340, L3350, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3640, L3649, L3674, L3720, L3762, L3764, L3765, L3766, L3891, L3900, L3929, L3956, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3995, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4110, L4130, L4392, L4394, L4398, L4631

Service category	Codes/Additional notes
Prosthetics (greater than \$1,000)	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5646, L5647, L5648, L5649, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5666, L5673, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5910, L5920, L5925, L5930, L5960, L5961, L5966, L5968, L5970, L5971, L5972, L5973, L5975, L5978, L5979, L5980, L5981, L5985, L5987, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6639, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6675, L6676, L6677, L6680, L6682, L6684, L6687, L6688, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5624, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7260, L7261, L7266, L7362, L7364, L7366, L7367, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7600, L8031, L8032, L5676, L5677, L5678, L5680, L5681, L5682, L5683, L5684, L5686, L5688, L5690, L5692, L5694, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5988, L5990, L6000, L6010, L6020, L6025, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6689, L6690, L6691, L6692, L6693, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8310, L8320, L8330, L8410, L8415, L8435, L8465, L8480, L8485, L8499, L8505, L8507, L8511, L8512, L8514, L8515, L8603, L8604, L8609, L8610, L8612, L8613, L8630, L8641, L8642, L8658, L8670, L8679, L8684, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L8695, L8699, L8701, L8702, V2627, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L8695, L8699, L8701, L8702, V2627
Sleep studies Prior authorization not required if done at home (billed with G codes)	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811

Service category	Codes/Additional notes										
<p>Chemotherapy</p> <p>Injectable chemotherapy drugs requiring notification:</p> <ul style="list-style-type: none"> 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 <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <table border="0"> <tr> <td>C9399</td> <td>Sarclisa</td> </tr> <tr> <td>J3490</td> <td>Amtagvi, Jaypirca, Pemetrexed, Stimufend, Vanflyta</td> </tr> <tr> <td>J3590</td> <td>Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Tyenne, Vegzelma, Zynyz</td> </tr> <tr> <td>J8999</td> <td>Augtyro, Fruzaqla, Ogsiveo, Truqap</td> </tr> <tr> <td>J9999</td> <td>Akeega, Calquence, Yonsa</td> </tr> </table>	C9399	Sarclisa	J3490	Amtagvi, Jaypirca, Pemetrexed, Stimufend, Vanflyta	J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Tyenne, Vegzelma, Zynyz	J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap	J9999	Akeega, Calquence, Yonsa	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9165, C9257, C9399*, J0185, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, J1323, J1442, J1447, J1448, J1449, J1453, J1454, J1456, J1627, J1930, J1932, J1950, J1952, J2277, J2353, J2354, J2357, J2506, J2796, J2820, J2860, J3055, J3262, J3315, J3490*, J3590*, J7504, *J8999, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9051, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9064, J9065, J9070, J9071, J9072, J9073, J9075, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9172, 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, J9255, J9258, 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, J9322, J9323, J9324, J9325, J9328, J9330, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9380, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123**, Q5125, Q5127, Q5129**, Q5130</p> <p>**Cancer diagnosis, see Chemotherapy Section</p> <p>For non-cancer diagnoses, See Part B Step Therapy Section</p>
C9399	Sarclisa										
J3490	Amtagvi, Jaypirca, Pemetrexed, Stimufend, Vanflyta										
J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Tyenne, Vegzelma, Zynyz										
J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap										
J9999	Akeega, Calquence, Yonsa										
<p>Continuous Glucose Monitoring</p>	<p>A4238, A4239, E2102, E2103</p> <p>Prior Authorization is not required for Type I Diabetes diagnoses: E10.10-E10.37X9, E10.39-E10.9</p>										
<p>IMRT/SBRT/Radiation Treatment</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, G073, G0251, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095</p>										

Injectable medications: Part B step therapy drugs

Antiemetics for Oncology	Codes/Additional notes
Cinvanti (aprepitant)	J0185
Akynzeo (fosnetupitant 235 mg and palonosetron 0.25 mg)	J1454
Sustol (granisetron extended release)	J1627
Bevacizumab	Codes/Additional notes
Avastin (bevacizumab)	J9035 (authorization required for oncology diagnoses)
Almysys (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
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
Erythropoiesis-stimulating agents	Codes/Additional notes
Procrit (epoetin alfa)	J0885
Gemcitabine	Codes/Additional notes
Infugem (gemcitabine hydrochloride)	J9198
Gonadotropin Releasing Hormone Analogs for Oncology	Codes/Additional notes
Lupron Depot 75 (leuprolide acetate (for depot suspension)	J1950
Gout Agents	Codes/Additional notes
Krystexxa (pegloticase)	J2507
Hyaluronic acid polymers	Codes/Additional notes
Genvisc 850	J7320
Hyalgan, Supartz, Supartz FX, Visco-3	J7321
Hymovis	J7322
Euflexxa	J7323
Orthovisc	J7324
Gel-One	J7326
Monovisc	J7327
Trivisc	J7329
Synojynt	J7331
Triluron	J7332
Immune globulins (IVIG, SCIG)	Codes/Additional notes
Cutaquig (immune globulin)	J1551
Asceniv (Immune globulin)	J1554
Panzyga (Immune globulin, IV)	J1576
Injection, immune globulin, intravenous, nonlyophilized	J1599

(e.g., liquid), not otherwise specified	
Infliximab	Codes/Additional notes
Avsola (infliximab-axxq)	J1745
Intravenous iron products	Codes/Additional notes
Monoferric (ferric derisomaltose)	J1437
Monoferric (ferric carboxymaltose)	J1439
Leucovorin/Levoleucovorin	Codes/Additional notes
Injection, levoleucovorin, not otherwise specified	J0641
Khazory (levoleucovorin)	J0642
Lipid Modifying Agents	Codes/Additional notes
Leqvio (inclisiran)	J1306
Migraine Prophylaxis	Codes/Additional notes
Yvepti (eptinezumab-jjmr)	J3032
Rituximab	Codes/Additional notes
Rituxan Hycela (rituximab 10 mg and hyaluronidase)	J9311
Rituxan (rituximab 10 mg)	J9312
Riabni (rituximab-arrx, biosimilar)	Q5123
Systemic Lupus Erythematosus Agents	Codes/Additional notes
Saphnelo (anifrolumab-fnia)	J0491
Trastuzumab	Codes/Additional notes
Injection, trastuzumab, excludes biosimilar	J9355
Injection, trastuzumab, 10 mg and hyaluronidase-oysk	J9356
Ontruzant (trastuzumab-dttb, biosimilar)	Q5112
Herzuma (trastuzumab-pkrb, biosimilar)	Q5113
Vascular endothelial growth factor (VEGF) inhibitor	Codes/Additional notes
Eylea HD (aflibercept hd, 1 mg)	J0177
Beovu (brolocizumab-dbll)	J0179
Vabysmo (faricimab-svoa)	J2777
Lucentis (ranibizumab)	J2778
Susvimo (ranibizumab, via intravitreal implant)	J2779
Byooviz (ranibizumab-nuna, biosimilar)	Q5124
Cimerli (ranibizumab-eqrn, biosimilar)	Q5128

Other Part B drugs

Other Part B drugs	Codes/Additional notes
Adakveo (crizanlizumab)	J0791
Aduhelm (aducanumab)	J0172
Adzynma (adamts13, recombinant-krhn)	J7171
Amvuttra (vutrisiran)	J0225
Aranesp (darbepoetin alfa)	J0881
Avsola (infliximab-axxq)	Q5121
Bivigam (immune globulin)	J1556
Briumvi (ublituximab-xiiv)	J2329
Cosentyx (secukinumab)	J3247
Crysvita (burosumab-twza)	J0584
Elevydis (delandistrogene moxeparvovec-rokl)	J1413
Enjaymo (sutimlimab-jome)	J1302
Entyvio (vedolizumab)	J3380
Evkeeza (evinacumab-dgnb)	J1305
Eylea (afibercept)	J0178
Fyarro (sirolimus protein-bound particles)	J9331
Gammagard (immune globulin)	J1566
Givlaari (givosiran)	J0223
Hemgenix (etranacogene dezaparvovec-drlb)	J1411
Hemophilia clotting factor , not otherwise classified	J7199
Istodax (romedepsin)	J9315
Izervay (avacincaptad pegol)	C9162
Korsuva (difelikefalin, 0.1 mcg, (for ESRD on dialysis)	J0879
Legembi (lecanemab-irmb)	J0174
Lupron (leuprolide depot)	J1954
Luxturna (voretigene neparvovec)	J3398
Nexviazyme (avalglucosidase alfa-ngpt)	J0219
Ocrevus (ocrelizumab)	J2350
OmvoH (mirikizumab-mrkz)	J2267
Onpattro (patisiran)	J0222
Orencia (abatacept)	J0129
Oxlumo (lumasiran)	J0224
Pluvicto (lutetium Lu 177)	A9607
Qalsody (tofersen)	J1304, C9157
Radicava (edaravone)	J1301
Reblozyl (luspatercept-aamt)	J0896
Renflexis (infliximab-abda, biosimilar)	Q5104
Roctavian (valoctocogene roxaparvovec-rvox)	J1412
Rylaze (asparaginase erwinia Chrysanthemi recombinant-rywn)	J9021
Sensipar (cincalcet)	J0604
Suprelin LA; Vantas (histrelin acetate)	J1675
Skyrizi (risankizuman-rzaa IV)	J2327
Soliris (eculizumab)	J1300
Spevigo (spesolimabsbzo)	J1747
Spinraza (nusinersen)	J2326

Other Part B drugs	Codes/Additional notes
Stelara (ustekinumab)	J3557
Syfovre (pegcetacoplan)	J2781
Tepezza (teprotumumab)	J3241
Tezspire (tezepelumab-ekko)	J2356
Tyruko (natalizumab-sztn)	Q5134
Tzield (teplizumab-mzww)	J9381
Ultomiris (ravulizumab-cwyz)	J1303
Uplizna (inebilizumab-cdon)	J1823
Vyjuvek (beremagene-geperpavec-svdt)	J3401
Vyvgart (efgartigimod alfa-fca)	J9332
Vyvgart-Hytrulo (efgartigimod alfa, 2 mg and hyaluronidase- qvfc)	J9334
Xiaflex (collagenase clostridium histolyticum)	J0775
Xarxio (filgrastim)	J1441
Zolgensma (onasemnogene abeparvovec)	J3399
Botulinum toxins	Codes/Additional notes
Botox (onabotulinumtoxinA)	J0585
Dysport (abobotulinumtoxinA)	J0586
Myobloc (rimabotulinumtoxinB)	J0587
Xeomin (incobotulinumtoxinA)	J0588
Immune globulins (IVIG, SCIG)	Codes/Additional notes
IVIG (Immune globulin, human)	90283
Hizentra (Immune globulin (SCIg), human)	90284
Privigen (Immune globulin, IV)	J1459
Cuvitru (Immune globulin)	J1555
Gammplex (Immune globulin, IV)	J1557
Xembify (Immune globulin)	J1558
Hizentra (Immune globulin)	J1559
Octogam (Immune globulin, IV)	J1568
Hyqvia (Immune globulin/hyaluronidase)	J1575
Part B drugs (unspecified/unclassified codes)	Codes/Additional notes
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
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"> • Head • Chest • Abdomen • Pelvis • Extremities • Heart 	70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175, 75574, 75635
EEG	95726
MRA Procedures include: <ul style="list-style-type: none"> • 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
MRI and MRI guidance Procedures include: <ul style="list-style-type: none"> • Breast • Cardiac • Temporomandibular joint • Abdomen • Chest • Computer-aided detection 	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
Nuclear radiology For the following procedures: <ul style="list-style-type: none"> • Bone/joint/marrow • Brain/cerebrospinal fluid • Esophageal • Gastrointestinal • Heart and vascular • Hepatobiliary • Kidneys/bladder/testicular • Lacrimal system • Liver and spleen • Lymphatics and lymph node • Lungs • Salivary glands • Thyroid, parathyroid, adrenal • Unlisted endocrine 	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
PET scan	78459, 78491, 78492, 76808, 76809, 78811, 78812, 78813, 78814, 78815, 78816, G0252, G0235
SPECT scan <ul style="list-style-type: none"> • Heart • Tumor imaging • Myocardial perfusion 	78451, 78452, 78469, 78494, 78803, 78830, 78831, 78832

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

Other services

Service category	Codes/Additional notes
Behavioral health services	<ul style="list-style-type: none"> 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. Please call the number on the customer's healthcare ID card when referring for any mental health or substance abuse/substance use services.

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® (Idecaptagene 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.</p>	<p>Bone marrow harvest 38240, 38241, 38242</p> <p>Heart/lung 33930, 33935</p> <p>Heart 0051T, 0052T, 0053T, 33940, 33944, 33945</p> <p>Lung 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p>Kidney 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>Pancreas 48551, 48552, 48554</p> <p>Liver 47135, 47143, 47147</p> <p>Intestine 44132, 44133, 44135, 44136</p> <p>Services related to transplants 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>CAR T-cell therapy 0537T, 0538T, 0539T, 0540T, C9081, Q2041, Q2042, Q2053, Q2054, Q2055</p> <p>Other Injectables Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399, J3490, J3590</p>

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