



# 2024 Optum Care Network: Indiana, New York and Ohio contracted provider prior authorization list

Effective Jan. 1, 2024

Log in to [optumportal.com](https://optumportal.com) and select the *Medical Management* section to submit a prior authorization notification.

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.

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](https://optumportal.com).

**Prior authorization is not required for emergency or urgent care.**

### 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>• Investigational or experimental services, procedures, or devices</li> <li>• New (unproven) services and technology</li> </ul> <p>Optum Care assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: a) Optum Care has found the new technology meets requirements for coverage under the member's plan of coverage, and b) prior authorization is requested and provided for the treatment or services utilizing the new technology.</p>	28890, 36514, 64405, 64722, 64744, 64555, 66180, 95965, 95966

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

Service category	Codes/Additional notes
<b>Bone growth stimulator</b>	20974, 20975, 20979, E0747, E0748, E0749, E0760
<b>Breast Reconstruction – Non-Mastectomy</b>	<p>11920, 11921, 11922, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600</p> <p>Prior Authorization is not required for the following diagnosis codes:</p> <p>C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C79.81, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13</p>
<b>Cochlear implants</b>	69714, 69715, 67918, 69930, L8614, L8619, L8690, L8691, L8692
<b>Cardiac procedures</b>	33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33274, 33289, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93653, 93656, C2624, E0616

Service category	Codes/Additional notes
Cardiovascular procedures	<p>37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p>Prior authorization is not required for the following diagnosis codes:</p> <p>E08.52, E09.52, E10.52, E11.52, E13.52, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.321, I70.322, I70.323, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.369, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.461, I70.462, I70.463, I70.468, I70.469, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.561, I70.562, I70.563, I70.568, I70.569, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.661, I70.662, I70.663, I70.668, I70.669, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.761, I70.762, I70.763, I70.768, I70.769, I72.3, I72.4, I72.8, I72.9, I73.00, I73.01, I73.1, I73.81, I74.3, I74.4, I74.5, I74.8, I74.9, I75.021, I75.022, I75.023, I75.029, I75.89, I77.2, 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, M86.162, M86.169, M86.171, M86.172, M86.179, M86.18, M86.19, M86.20, M86.251, M86.252, M86.259, M86.261, M86.262, M86.269, M86.271, M86.272, M86.279, M86.28, M86.29, M86.30, M86.351, M86.352, M86.359, M86.361, M86.362, M86.369, M86.371, M86.372, M86.379, M86.38, M86.39, M86.40, M86.451, M86.452, M86.459, M86.461, M86.462, M86.469, M86.471, M86.472, M86.479, M86.48, M86.49, M86.50, M86.551, M86.552, M86.559, M86.561, M86.562, M86.571, M86.572, M86.579, M86.58, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A</p>
Cranial procedures	61850, 61863, 61864, 61867, 61868, 61886
Drug Testing	G0479, G0480, G0481, G0482, G0483

Service category	Codes/Additional notes
<b>Gender dysphoria treatment</b>	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
<b>Hysterectomies</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
<b>Implantable stimulators</b>	63650, 63655, 63663, 63685
<b>Joint replacements/orthopedic surgery</b>	23470, 23472, 24360, 24361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 29866, 29867, 29868, J7330
<b>Neurostimulators</b>	61860, 61885, 64555, 64561, 64568, 64575, 64585, 64590
<b>Orthognathic surgery</b>	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247
<b>Other surgery</b>	29914, 29915, 29916, 62362
<b>Plastic, cosmetic and reconstructive procedures</b>	11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21299, 21740, 21742, 21743, 28344, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67915, 67917, 67918, 67950, 67961, 67966, Q2026
<b>Rhinoplasty</b>	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
<b>Sleep apnea surgical procedures</b>	41512, 41530, 41599, 42145

Service category	Codes/Additional notes
<b>Spinal surgery</b>	21685, 21899, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22510, 22511, 22513, 22514, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22842, 22849, 22850, 22852, 22855, 22856, 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, 63266, 63267, 63272, 63277, 63281, 0200T, 0201T
<b>Vein procedures</b>	36473, 36475, 36478, 37700, 37718, 37722, 37780

**Outpatient services/treatment**

Service category	Codes/Additional notes
<p><b>Chemotherapy</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://optumproportal.com">optumproportal.com</a> &gt; <i>Medical Management</i> &gt; <i>Rad Onc Prior Auth</i></p> <p>Email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a></p> <p>Phone: 1-877-454-8365, TTY 711</p> <p><b>C9399*</b>, <b>J3490*</b>, <b>J3590*</b>, <b>J8999*</b> and <b>J9999*</b> require prior authorization for the following chemotherapy drug code names:</p> <p>C9399 Sarclisa</p> <p>J3490 Amtagvi, Jaypirca, Pemetrexed, Stimufend, Vanflyta</p> <p>J3590 Adstiladrin, Columvi, Elrexio, Epkinly, Loqtorzi, Lunsumio, Vegzelma, Tynne Zynyz</p> <p>J8999 Augtyro, Fruzaqla, Ogsiveo, Truqap</p> <p>J9999 Akeega, Calquence, Ilwilfin, Yonsa</p>	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9087, C9155, C9257, J0202, J0222, J0225, J0881, J0885, J1323, J1448, J1456, J1930, J1932, J1952, J2277, J2353, J2354, J2357, J2796, J2820, J2860, J3055, J3262, J3263, J3315, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9072, J9073, J9075, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9200, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9223, J9225, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J9259, 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, J9313, J9314, J9316, J9317, J9318, J9319, J9320, J9321, J9323, J9325, J9328, J9330, J9331, J9340, J9345, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9357, J9358, J9359, J9360, J9361, J9370, J9390, J9393, J9394, J9395, J9400, J9600, Q2043, Q2049, Q2050, Q2056</p> <p>For non-cancer diagnoses, see Part B Drugs: J0185, J0640, J0641, J0642, J1453, J1454, J1627, J9198, J9201, J9355, J9356, Q5112, Q5113, Q5114, Q5116, Q5117</p> <p>For non-cancer diagnoses, see Specialty Guidance Program: J0897, J1442, J1447, J1449, J1950, J2506, J9035, J9217, J9311, J9312, Q5101, Q5107, Q5108, Q5110, Q5111, Q5115, Q5118, Q5119, Q5120, Q5122, Q5123, Q5125, Q5127, Q5129, Q5130</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 OptumCare Prior Authorization department, online: <a href="https://optumproportal.com">optumproportal.com</a></p>	<p>J1954, J9051, J9064, J9074, J9098, J9165, J9172, J9199, J9219, J9226, J9248, J9249, J9258, J9274, J9285, J9322, J9324, J9347, J9361, J9376, J9380</p> <p>For non-cancer diagnoses, Specialty Guidance Program: J9218, J9255</p>
<p><b>Continuous Glucose Monitors</b></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>

Service category	Codes/Additional notes
<p><b>DME Section 1</b> – These DMEs require prior authorization/notification regardless of price</p> <ul style="list-style-type: none"> <li>• Power mobility devices/accessories</li> <li>• Lymphedema pumps</li> <li>• Pneumatic compressors</li> </ul>	<p>E0193, E0246, E0301, E0303, E0350, E0459, E0462, E0465, E0466, E0603, E0616, E0617, E0651, E0652, E0655, E0656, E0668, E0669, E0671, E0672, E0673, E0675, E0700, E0710, E0746, E0747, E0748, E0749, E0760, E0782, E0783, E0785, E0786, E0830, E0970, E0983, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1018, E1020, E1029, E1030, E1037, E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1222, E1224, E1227, E1228, E1229, E1230, E1231, E1239, E1270, E1280, E1295, E1296, E1297, E1298, E1310, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E1812, E2310, E2311, E2321, K0005, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0606, K0609, K0743, K0744, K0745, K0746, 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>
<p><b>DME Section 2</b> – Prior authorization is only required if:</p> <ul style="list-style-type: none"> <li>• The code is on the prior auth list</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• The retail purchase cost or the cumulative rental cost is over \$1,000</li> </ul>	<p>E0170, E0194, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0373, E0483, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0740, E0761, E0764, E0770, E0784, E0984, E0986, E0988, E1017, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1399, E1812, K0108, K0455, K0730</p>
<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 (nutritional)</b></p> <p>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</p>



Service category	Codes/Additional notes
<p><b>Home health care services</b> (applicable for Indiana and Ohio members only)</p> <ul style="list-style-type: none"> <li>• Prior Authorization is required for:</li> <li>• Initial certification period on day 15-60</li> <li>• Continuation of care</li> <li>• Resumption of care (ROC)</li> <li>• Additional visits</li> </ul> <p>Recertification for all subsequent 60-day episode</p>	<p><b>All home health care services</b> Prior authorization is required after the 1st 14 days of care.</p> <p><b>Nursing</b> S9123, S9124, S9474, G0162, G0299, G0300, G0493, G0494, G0495, G0496, 99503, 99505</p> <p><b>Physical Therapy</b> G0151, G0157, G0159, G2168, S9131</p> <p><b>Occupational Therapy</b> G0152, G0158, G0160, G2169, S9129</p> <p><b>Speech Therapy</b> G0153, G0161, S9128</p> <p><b>Social Work</b> G0155, S9127</p> <p><b>Home Health Aide</b> G0156, S9122</p> <p><b>Home Ventilator Management</b> 94005</p> <p><b>Wound Care</b> 97605, 97606</p>
<p><b>IMRT/SBRT/Radiation treatment</b></p> <p>Prior authorization requests should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: <a href="https://optumportal.com">optumportal.com</a> &gt; Medical Management &gt; Rad Onc Prior Auth</p> <p>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, 77470, 77520, 77522, 77523, 77525, 79445, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017</p>
<p><b>Orthotics</b> (greater than \$1,000)</p>	<p>L0112, L0140, L0150, L0170, L0200, L0220, L0452, L0456, L0457, L0460, L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, L0622, L0623, L0624, L0629, L0631, L0632, L0634, L0636, L0637, L0638, L0648, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1001, L1005, L1200, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844, L1846, L1851, L1852, L1904, L1907, L1920, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2136, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2275, L2280, L2320, L2340, L2350, L2387, L2415, L2425, L2520, L2525, L2526, L2530, L2550, L2627, L2628, L2755, L2780, L2795, L2800, L2810, L2820, L2830, L2840, L2861, L2999, L3160, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3320, L3485, L3649, L3671, L3674, L3720, L3740, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3905, L3921, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4030, L4040, L4045, L4050, L4055, L4631</p>



Service category	Codes/Additional notes
<b>Prosthetics</b> (greater than \$1,000)	L5010, L5781, L5812, L6382, L5020, L5782, L5814, L6384, L6696, L5050, L6697, L5060, L5818, L5100, L5795, L5822, L6400, L5105, L5824, L6450, L5150, L5826, L6500, L5160, L5828, L6550, L6707, L5200, L5830, L6570, L5210, L5643, L5840, L6580, L6709, L7499, L5220, L5845, L6582, L5230, L5848, L6584, L6712, L5250, L5850, L6586, L6713, L5270, L6588, L6714, L8035, L5280, L5649, L5856, L6590, L6715, L8039, L5301, L5651, L5857, L6721, L5312, L5858, L6722, L8041, L5321, L8042, L5331, L8043, L5341, L5655, L5925, L6880, L8044, L5400, L5930, L6881, L5960, L6882, L5420, L5961, L6621, L6883, L5966, L6884, L5673, L5968, L6624, L6885, L8049, L5500, L6895, L5505, L6900, L5510, L5678, L5972, L6905, L5520, L5680, L5973, L6910, L5530, L5681, L5535, L5978, L6920, L5540, L5683, L5979, L6925, L5560, L5684, L5980, L6638, L6930, L5570, L5686, L5981, L6935, L5580, L5688, L5985, L6940, L8499, L5585, L5690, L5987, L6945, L8505, L5590, L5988, L6950, L5595, L5990, L6955, L5600, L6000, L6646, L6960, L5610, L6010, L6965, L5611, L5668, L5670, L5671, L5679, L5950, L5962, L5964, L5974, L5986, L6020, L6648, L6970, L5613, L5699, L6975, L5614, L5700, L6026, L7007, L8604, L5616, L5701, L6050, L7008, L8609, L5702, L6055, L7009, L5703, L6100, L7040, L5620, L5706, L6110, L7045, L5707, L6120, L7170, L6130, L7180, L6200, L7181, L5629, L6205, L7510, L7520, L8605, L7185, L6250, L7186, L6300, L7190, L6310, L7191, L6320, L5724, L6350, L8699, L5637, L5726, L6360, L5728, L6370, L5639, L5780, L6380, L6693

**Radiology**

Service category	Codes/Additional notes
<b>Brain imaging</b>	78600, 78601, 78605, 78606, 78608, 78609, 78610
<b>Cardiac/myocardial perfusion imaging</b>	78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78491, 78492
<b>Nuclear radiology</b> <ul style="list-style-type: none"><li>• For the following procedures:</li><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, 78071, 78072, 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, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78999
<b>PET scan</b>	78811, 78812, 78813, 78814, 78815, 78816, G0252
<b>SPECT scan</b> <ul style="list-style-type: none"><li>• Heart</li><li>• Tumor imaging</li><li>• Myocardial perfusion</li></ul>	78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832
<b>Stress echocardiogram</b>	93350, 93351
<b>Other</b>	76376, 76377, 75710, 75716
<b>Radiopharmaceuticals (Therapeutic)</b>	A9513, A9543, A9590, A9600, A9604, A9606, A9607, A9699
<b>Therapies other</b>	G0129, G0166, G0177, G0237, G0238, G0239, G0277, G0409, G0422, G0423, G0424

## Transplants

Service category	Codes/Additional notes
<p><b>Transplants</b></p> <p>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 <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</p> <p><b>CAR T-cell therapy</b> 0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2056</p> <p><b>Other injectables:</b> Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399, J3490, J3590</p>
<p><b>Ventricular assist devices (VAD)</b></p> <p>Please call the Optum VAD 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>33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983</p>

## Injectable medications/Part B drugs

Injectable medications	Codes
For Unclassified Drug Codes* C9399, J3490, and J3590, authorization is required for specific drug names: Adzynma, Lyfgenia, Cimerli, Lantidra, Luxturna, Omvoh, Roctavian, Rystiggo, Skysona, Spevigo, Stimufend, Vyvgart_Hytrulo	C9293, C9399*, J0121, J0122, J0205, J0207, J0220, J0270, J0275, J0291, J0480, J0485, J0565, J0570, J0589, J0594, J0606, J0636, J0691, J0693, J0695, J0699, J0712, J0742, J0878, J0894, J1096, J1097, J1201, J1325, J1412, J1443, J1444, J1460, J1560, J1640, J1746, J1750, J1756, J2267, J2360, J2406, J2407, J2425, J2469, J2501, J2547, J2562, J2724, J2782, J2783, J2793, J2797, J2916, J2941, J3247, J3285, J3316, J3393, J3394, J3396, J3401, J3489, J3490*, J3590*, J7169, J7170, J7171, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7308, J7311, J7312, J7313, J7314, J7316, J7336, J7340, J7345, J7351, J7402, J7500, J7505, J7511, J7699, J7799, J7999, Q2049, Q2055, Q4074, Q5104
Other Part B drugs	Codes/Additional notes
Istodax (romedepsin)	J9315
Korsuva ( difelikefalin)	J0879
Ocrevus (ocrelizumab)	J2350
Radicava (edaravone)	J1301
Rylaze (asparaginase erwinia Chrysthemi (recombinant-rywn)	J9021
Immune globulins (IVIG, SCIG)	Codes
IVIG (ilmmune globulin, human)	90283
Hizentra (ilmmune globulin (SCIG), human)	90283
Privigen (ilmmune globulin, IV)	90284
Cutaquig (ilmmune globulin)	90284
Panzyga (immune globulin, intravenous, nonlyophilized)	J1599
Part B step therapy	Codes/Additional notes
Anti-emetics	
Emend (aprepitant)	J0185
Akynzeo (fosnetupitant, 235 mg and palosetron 0.25 mg)	J1454
Kytril (granesitron)	J1627
Gemcitabine	
Infugem (gemcitabine hydrochloride)	J9198
Gout Agents	
Krystexxa (pegloticase)	
Trastuzumab	
Herceptin (trastuzumab, excludes biosimilar)	J9355
Herceptin Hylecta (trastuzumab, 10 mg and hyaluronidase-oysk)	J9356
Herzuma (trastuzumab-pkrb, biosimilar)	Q5113
Ogivti (trastuzumab-dkst, biosimilar)	Q5114
Ontruzant (trastuzumab-dttb, biosimilar)	Q5112
Vascular endothelial growth factor (VEGF) inhibitor	
Eylea HD (afibercept hd, 1 mg)	J0177

**Service category****Specialty Guidance Program (SGP) Part B Medications (non-oncology related)**

For oncology related services, see Chemotherapy

Submit Prior Authorization requests to SGP, on-line ([optumproportal.com](http://optumproportal.com) > *Medical Management* > *Specialty Rx Prior Auth*), phone 1-877-454-8365 or email [optumcare\\_smgp@optum.com](mailto:optumcare_smgp@optum.com).

<b>SGP drug class</b>	<b>Brand name</b>	<b>HCPCS code</b>
Alfa Interferons	Intron A	J9214
Alpha1-Proteinase inhibitors	Aralast NP	J0256
Alpha1-Proteinase inhibitors	Glassia	J0257
Alpha1-Proteinase inhibitors	Prolastin-C	J0256
Alpha1-Proteinase inhibitors	Zemaira	J0256
Anemia	Aranesp	J0881
Anemia	Epogen	J0885
Anemia	Injectafer	J1439
Anemia	Mircera	J0888
Anemia	Monoferric	J1437
Anemia	Procrit	J0885
Anemia	Reblozyl	J0896
Anti-Infectives	Jelmyto	J9281
Anti-Infectives	Mutamycin	J9280
Asthma	Cinqair	J2786
Asthma	Fasenra	J0517
Asthma	Nucala	J2182
Asthma	Tezspire	J2356
Asthma	Xolair	J2357
Blood modifiers	Enjaymo	J1302
Blood modifiers	Givlaari	J0223
Blood modifiers	Soliris	J1300
Blood modifiers	Ultomiris	J1303
Botulinum toxins A and B	Botox	J0585
Botulinum toxins A and B	Dysport	J0586
Botulinum toxins A and B	Myobloc	J0587
Botulinum toxins A and B	Xeomin	J0588
Central Nervous System	Qalsody	J1304
Central Nervous System agents	Aduhelm	J0172
Central Nervous System agents	Amondys 45	J1426
Central Nervous System agents	Amvuttra	J0225
Central Nervous System agents	Elevidys	J1413
Central Nervous System agents	Exondys 51	J1428
Central Nervous System agents	Leqembi	J0174
Central Nervous System agents	Onpattro	J0222
Central Nervous System agents	Rystiggo	J9333
Central Nervous System agents	Spinraza	J2326
Central Nervous System agents	Viltepso	J1427
Central Nervous System agents	Vyepti	J3032
Central Nervous System agents	Vyondys 53	J1429
Central Nervous System agents	Vyvgart Hytrulo	J9334
Collagenase	Xiaflex	J0775
Cushing's Disease	Signifor LAR	J2502
Endocrine	Crysvita	J0584
Endocrine	Krystexxa	J2507
Endocrine	Oxlumo	J0224
Endocrine	Tepezza	J3241

<b>SGP drug class</b>	<b>Brand name</b>	<b>HCPCS code</b>
Endocrine	Tzield	J9381
Enzyme deficiency	Aldurazyme	J1931
Enzyme deficiency	Brineura	J0567
Enzyme deficiency	Elaprase	J1743
Enzyme deficiency	Fabrazyme	J0180
Enzyme deficiency	Kanuma	J2840
Enzyme deficiency	Lumizyme	J0221
Enzyme deficiency	Mepsevii	J3397
Enzyme deficiency	Naglazyme	J1458
Enzyme deficiency	Vimizim	J1322
Enzyme replacement therapy for Gaucher's disease	Cerezyme	J1786
Enzyme replacement therapy for Gaucher's disease	Elelyso	J3060
Enzyme replacement therapy for Gaucher's disease	VPRIV	J3385
Gene therapy	Hemgenix	J1411
Gene therapy	Luxturna	J3398
Gene therapy	Zolgensma	J3399
Gonadotropin Releasing Hormone Analogs	Eligard	J9217
Gonadotropin Releasing Hormone Analogs	Firmagon	J9155
Gonadotropin Releasing Hormone Analogs	Leuprolide acetate	J9218
Gonadotropin Releasing Hormone Analogs	Lupron Depot	J1950
Gonadotropin Releasing Hormone Analogs	Lupron Depot	J9217
Gonadotropin Releasing Hormone Analogs	Trelstar	J3315
Gonadotropin Releasing Hormone Analogs	Zoladex	J9202
Hereditary Angioedema	Berinert	J0597
Hereditary Angioedema	Cinryze	J0598
Hereditary Angioedema	Kalbitor	J1290
Hereditary Angioedema	Ruconest	J0596
Idiopathic Thrombocytopenic Purpura	Nplate	J2796
Immune globulin	Asceniv	J1554
Immune globulin	Bivigam	J1556
Immune globulin	Cutaquig	J1551
Immune globulin	Cuvitru	J1555
Immune globulin	Flebogamma DIF	J1572
Immune globulin	Gammagard Liquid IV	J1569
Immune globulin	Gammagard Liquid SC	J1569
Immune globulin	Gammagard S/D	J1566
Immune globulin	Gammaked IV	J1561
Immune globulin	Gammaked SC	J1561
Immune globulin	Gammaplex	J1557
Immune globulin	Gamunex-C IV	J1561
Immune globulin	Gamunex-C SC	J1561
Immune globulin	Hizentra	J1559
Immune globulin	HyQvia	J1575
Immune globulin	Octagam	J1568
Immune globulin	Panzyga	J1576
Immune globulin	Privigen	J1459
Immune globulin	Xembify	J1558
Immunomodulatory agents	Gamifant	J9210
Immunomodulatory agents	Ilaris	J0638
Immunomodulatory agents	Riabni	Q5123
Immunomodulatory agents	Rituxan	J9312
Immunomodulatory agents	Rituxan Hycela	J9311
Immunomodulatory agents	Ruxience	Q5119
Immunomodulatory agents	Saphnelo	J0491

<b>SGP drug class</b>	<b>Brand name</b>	<b>HCPCS code</b>
Immunomodulatory agents	Truxima	Q5115
Immunomodulatory agents	Uplizna	J1823
Immunomodulatory agents	Vyvgart	J9332
Inflammatory Agents	Actemra IV	J3262
Inflammatory Agents	Cimzia	J0717
Inflammatory Agents	Entyvio	J3380
Inflammatory Agents	Ilumya	J3245
Inflammatory Agents	Infliximab	J1745
Inflammatory Agents	Methotrexate	J9250
Inflammatory Agents	Methotrexate	J9260
Inflammatory Agents	Methotrexate (Accord)	J9255
Inflammatory Agents	Orencia IV	J0129
Inflammatory Agents	Orencia SC	J0129
Inflammatory Agents	Remicade	J1745
Inflammatory Agents	Simponi Aria	J1602
Inflammatory Agents	Skyrizi 150 mg	J2327
Inflammatory Agents	Skyrizi 180 mg	J2327
Inflammatory Agents	Skyrizi 360 mg	J2327
Inflammatory Agents	Skyrizi 75 mg	J2327
Inflammatory Agents	Skyrizi IV	J2327
Inflammatory Agents	Spevigo	J1747
Inflammatory Agents	Stelara IV	J3358
Interferon Gamma	Actimmune	J9216
Lipid Disorders	Evkeeza	J1305
Multiple sclerosis agents	Briumvi	J2329
Multiple sclerosis agents	Lemtrada	J0202
Multiple sclerosis agents	Mitoxantrone	J9293
Multiple sclerosis agents	Novantrone	J9293
Multiple sclerosis agents	Ocrevus	J9299
Multiple sclerosis agents	Tysabri	J2323
Neutropenia	Fulphila	Q5108
Neutropenia	Fylnetra	Q5130
Neutropenia	Granix	J1447
Neutropenia	Leukine	J2820
Neutropenia	Neulasta	J2506
Neutropenia	Neupogen	J1442
Neutropenia	Nivestym	Q5110
Neutropenia	Nyvepria	Q5122
Neutropenia	Releuko	Q5125
Neutropenia	Rolvedon	J1449
Neutropenia	Stimufend	Q5127
Neutropenia	Udenyca	Q5111
Neutropenia	Zarxio	Q5101
Neutropenia	Ziextenzo	Q5120
Osteoporosis	Evenity	J3111
Osteoporosis	Prolia	J0897
Renal Disease	Korsuva	J0879
Retinal Disorders	Alymsys	Q5126
Retinal Disorders	Beovu	J0179
Retinal Disorders	Byooviz	Q5124
Retinal Disorders	Cimerli 0.5 mg	Q5128
Retinal Disorders	Cimerli 0.3 mg	Q5128
Retinal Disorders	Compounded Avastin	C9257
Retinal Disorders	Compounded Avastin	J9035



<b>SGP drug class</b>	<b>Brand name</b>	<b>HCPCS code</b>
Retinal Disorders	Eylea	J0178
Retinal Disorders	Eylea HD	C9161
Retinal Disorders	Izervay	C9162
Retinal Disorders	Lucentis	J2778
Retinal Disorders	Mvasi	Q5107
Retinal Disorders	Susvimo	J2779
Retinal Disorders	Syfovre	J2781
Retinal Disorders	Vabysmo	J2777
Retinal Disorders	Vegzelma	Q5129
Retinal Disorders	Zirabev	Q5118
Sickle Cell	Adakveo	J0791
Somatostatin Analogs	Lanreotide	J1930
Somatostatin Analogs	Lanreotide (Cipla)	J1932
Somatostatin Analogs	Octreotide	J2354
Somatostatin Analogs	Sandostatin	J2354
Somatostatin Analogs	Sandostatin LAR	J2353
Somatostatin Analogs	Somatuline Depot	J1930

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