



# 2024 Optum Care Network

## South Carolina contracted provider prior authorization list

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

Note: If you are a network provider who is contracted directly with a delegated medical group/IPA, then you must follow the delegate's protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

**Plans with referral requirements:** If a member's health plan ID card says "referral required," certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician.

Guidelines in this document are applicable to service providers and facilities with Optum Direct Contracts. All other providers should access the member's health plan website for Prior Authorization Requirement information.

### Items listed below require prior authorization

#### Out-of-network

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services, and treatment require prior authorization.

All out-of-network providers require prior authorization for any service rendered.

#### Inpatient/institutional services

Service category	Additional notes
Elective scheduled medical admissions	
Acute rehabilitation admissions sub-acute admissions	
Skilled nursing facility admissions	
Long-term acute care facility admissions	
Admissions for alcohol, drug and/or substance abuse	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at <b>1-800-579-5222</b> .
Behavioral health admissions	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call behavioral health at <b>1-800-579-5222</b> .
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
Bone growth stimulator	20974, 20975, 20979, E0747, E0748, E0749, E0760
Breast Reconstruction – Non-Mastectomy	<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:            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
<b>Cardiovascular procedures</b>	<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,</p>

<b>Cardiovascular procedures, continued</b>	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
<b>Cranial procedures</b>	61850, 61863, 61864, 61867, 61868, 61886
<b>Drug Testing</b>	G0479, G0480, G0481, G0482 , G0483
<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 &amp; 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
<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>Drugs in this category require authorization for cancer diagnoses only</p>	<p>J0640, J1442, J1456, J1932, J1952, J1954, J2505, J2506, J2820, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9051, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J906, J9063, J9064, J9065, J9070, J9072, J9098, J9100, J9118, J9119, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9172, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9199, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J9255, J9258, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9274, J9280, J9281, J9285, J9286, J9289, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9313, J9314, J9315, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9324, J9325, J9325, J9328, J9330, J9331, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9357, J9358, J9359, J9360, J9370, J9371, J9380, J9381, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2017, Q2043, Q2050, Q5111, Q5115, Q5116, Q5117, Q5117, Q5119, Q5130</p>
<p><b>DME</b></p> <p>Section one – 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>E0301, E0303, E0466, E0651, E0652, E0655, E0656, E0668, E0669, E0671, E0672, E0673, E1012, E1230, E1239, E2310, E2311, E2321, E2330, E2373, E2376, K005, K006, 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</b></p> <p>Section two – 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, E0193, E0194, E0246, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0350, E0373, E0459, E0462, E0465, E0483, E0603, E0617, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0784, 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, E1171, 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, E1594, 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, K0746</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 steerage 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>

<p><b>Home health care services</b></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> <li>• Recertification for all subsequent 60-day episode</li> </ul>	<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>55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 79445, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017</p>
<p><b>Orthotics (greater than \$1,000)</b></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,</p>



<b>Orthotics (greater than \$1,000)</b> , continued	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
<b>Prosthetics (greater than \$1,000)</b>	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
<b>Proton beam therapy</b>	77520, 77522, 77523, 77525
<b>Therapies other</b>	G0129, G0166, G0177, G0237, G0238, G0239, G0277, G0409, G0422, G0423, G0424

## Radiology/other

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

# 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></p> <p>38240, 38241, 38242</p> <p><b>Heart/lung</b></p> <p>33930, 33935</p> <p><b>Heart</b></p> <p>33940, 33944, 33945</p> <p><b>Lung</b></p> <p>32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p><b>Kidney</b></p> <p>50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p><b>Pancreas</b></p> <p>48551, 48552, 48554</p> <p><b>Liver</b></p> <p>47135, 47143, 47147</p> <p><b>Intestine</b></p> <p>44132, 44133, 44135, 44136</p> <p><b>Services related to transplants</b></p> <p>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></p> <p>0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2056</p> <p>Zynteglo (betibeglogene autotemcel (C9399, J3490, J3590))</p>

## Ventricular assist devices (VAD)

Service category	Codes
<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
<p>Unclassified Drug Codes C9399, J3490, and J3590, authorization is required for specific drug names: Izervay, Roctavian, Rystiggo, Skysona, Vyvgart, Vyvgart-Hytrulo</p>	<p>C9149, C9157, C9162, C9293, C9399, J0121, J0122, J0174, J0178, J0180, J0202, J0205, J0207, J0220, J0221, J0256, J0257, J0270, J0275, J0291, J0480, J0485, J0517, J0565, J0567, J0570, J0594, J0596, J0597, J0598, J0606, J0636, J0638, J0691, J0693, J0695, J0699, J0712, J0717, J0742, J0878, J0888, J0894, J1096, J1097, J1201, J1290, J1304, J1322, J1325, J1411, J1412, J1413, J1426, J1427, J1428, J1429, J1443, J1444, J1448, J1453, J1458, J1460, J1558, J1560, J1561, J1569, J1572, J1602, J1640, J1743, J1746, J1747, J1750, J1756, J1786, J1930, J1931, J2022, J2182, J2323, J2329, J2353, J2354, J2357, J2360, J2406, J2407, J2425, J2469, J2501, J2502, J2547, J2562, J2724, J2781, J2783, J2786, J2793, J2796, J2797, J2840, J2860, J2916, J2941, J3060, J3245, J3262, J3285, J3315, J3316, J3358, J3385, J3396, J3397, J3401, J3489, J3490, J3590, J7169, J7170, 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, J7504, J7505, J7511, J7699, J7799, J7999, J8999, J9144, J9223, J9316, J9333, J9334, Q0138, Q2049, Q2055, Q4074, Q5104</p>

Other Part B drugs	Codes/Additional notes
Adakveo (crizanlizumab)	J0791
Aduhelm (aducanumab)	J0172
Amvuttra (vutrisiran)	J0225
Aranesp (darbepoetin alfa)	J0881
Bivigam (immune globulin)	J1556
Crysvita (burosumabtwza)	J0584
Enjaymo (sutimlimabjome)	J1302
Entyvio (vedolizumab)	J3380
Evkeeza (evinacumab-dgnb)	J1305
Gammagard (immune globulin)	J1566
Givlaari (givosiran)	J0223
Istodax (romedepsin)	C9065
Korsuva ( difelikefalin)	J0879
Luxturna (voretigene neparvovec)	J3398
Ocrevus (ocrelizumab)	J2350
Onpattro (patisiran)	J0222
Orencia (abatacept)	J0129
Oxlumo (lumasiran)	J0224
Radicava (edaravone)	J1301
Reblozyl (luspatercept-aamt)	J0896
Rylaze (asparaginase erwinia Chrysthemii (recombinant)-rywn)	J9021
Skyrizi (risankizuman-rzaa IV)	J2327
Soliris (eculizumab)	J1306
Spinraza (nusinersen)	J2326
Syfovre (pegcetacoplan injection)	C9151, J2781

Tepezza (teprotumumab)	J3241
Tezspire (tezepelumab-ekko)	J2356
Ultomiris (ravulizumab-cwyz)	J1303
Uplizna (inebilizumab-cdon)	J1823
Vyvgart (efgartigimod alfa-fca)	J9332
Xiaflex (collagenase clostridium histolyticum)	J0775
Zolgensma (onasemnogene abeparvovec)	J3399

<b>Botulinum toxins</b>	<b>Codes</b>
Botox (onabotulinumtoxinA)	J0585
Dysport (abobotulinumtoxinA)	J0586
Myobloc (rimabotulinumtoxinB)	J0587
Xeomin (incobotulinumtoxinA)	J0588
<b>Immune globulins (IVIG, SCIG)</b>	<b>Codes</b>
IVIG (ilmmune globulin, human)	90283
Hizentra (ilmmune globulin (SCIg), human)	90283
Privigen (ilmmune globulin, IV)	90284
Cutaquig (ilmmune globulin)	90284
Asceniv (immune globulin)	J1459
Gammplex (immune globulin, IV)	J1555
Xembify (ilmmune globulin)	J1557
Hizentra (ilmmune globulin)	J1559
Octogam (immune globulin, IV)	J1568
Hyqvia (ilmmune globulin/hyaluronidase)	J1575
Panzyga (immune globulin, intravenous, nonlyophilized)	J1599

<b>Part B step therapy</b>	<b>Codes/Additional notes</b>
<b>Anti-emetics</b>	<b>Codes</b>
Emend (aprepitant)	J0185
Akynzeo (fosnetupitant, 235 mg and palosetron 0.25 mg)	J1454
Kytril (granisetron)	J1627
<b>Bevacizumab</b>	<b>Codes</b>
Alymsis (bevacizumab-maly, biosimilar)	Q5126
Avastin (bevacizumab)	J9035 (Authorization required for cancer diagnoses only)
Vegzelma (bevacizumab-adcd, biosimilar)	Q5129
<b>Bone density agents</b>	<b>Codes</b>
Evenity (romosozumab-aqqg)	J3111
Prolia/Xgeva (denosumab) (for all indications)	J0897
<b>Colony stimulating factors</b>	<b>Codes</b>
Fulphila (pegfilgrastim-jmdb, biosimilar)	Q5108
Fylnetra (pegfilgrastim-pbbk, biosimilar)	Q5130
Granix (tbo-filgrastim)	J1447
Neupogen (filgrastim (G-CSF))	J1442
Nivestym (filgrastim-aafi, biosimilar)	Q5110
Nyprevia (pegfilgrastim-apgf)	Q5122
Releuko (filgrastim-ayow, biosimilar)	Q5125
Rolvedon (eflapegrastim-xnst)	J1449
Stimufend (pegfilgrastim-fpgk, biosimilar)	Q512
Ziextenzo (pegfilgrastim-bmez, biosimilar)	Q5120
<b>Erythropoiesis-stimulating agents</b>	<b>Codes</b>
Procrit (epoetin alfa)	J0885

<b>Gemcitabine</b>	<b>Codes</b>
Infugem (gemcitabine hydrochloride)	J9198
<b>Gonadotropin Releasing Hormone Analogs for Oncology</b>	<b>Codes</b>
Leuprolide acetate (for depot suspension)	J1950
<b>Gout Agents</b>	<b>Codes</b>
Krystexxa (pegloticase)	J2507
<b>Immune Globulins</b>	<b>Codes</b>
Asceniv (immune globulin)	J1554
Cutaquig (immune globulin)	J1551
Panzyga (immune globulin)	J1576
<b>Infliximab</b>	<b>Codes</b>
Remicade (infliximab)	J1745
<b>Intravenous Iron Products</b>	<b>Codes</b>
Monoferic (ferric derisomaltose)	J1437
Monoferic (ferric carboxymaltose)	J1439
<b>Leucovorin/Levoleucovorin</b>	<b>Codes</b>
Fusilev (levoleucovorin, not otherwise specified)	J0641
Khapzory (levoleucovorin)	J0642
<b>Migraine Prophylaxis</b>	<b>Codes</b>
Vyepti (eptinezumab-jjmr)	J3032



<b>Rituximab</b>	<b>Codes</b>
Rituxan Hycela (rituximab 10 mg and hyaluronidase)	J9311
Rituxan (rituximab 10 mg)	J9312
<b>Systemic Lupus Erythematosus Agents</b>	<b>Codes</b>
Saphnelo (anifrolumab-fnia)	J0491
<b>Trastuzumab</b>	<b>Codes</b>
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
<b>Vascular endothelial growth factor (VEGF) inhibitor</b>	<b>Codes</b>
Beovu (brolucizumab-dbll)	J0179
Vabysmo (faricimab-svoa)	J2777
Lucentis (ranibizumab)	J2778
Susvimo (ranibizumab, via intravitreal implant)	J2779
Byooviz (ranibizumab-nuna, biosimilar)	Q5124
Cimerli (ranibizumab-eqrn)	Q5128



optum.com

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