



2024 Optum Care Network

Indiana, New York and Ohio 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 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.

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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"> 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	<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>

Cochlear implants	69714, 69715, 67918, 69930, L8614, L8619, L8690, L8691, L8692
Cardiac procedures	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
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,</p>

Cardiovascular procedures, continued	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
Cranial procedures	61850, 61863, 61864, 61867, 61868, 61886
Drug Testing	G0479, G0480, G0481, G0482, G0483
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, 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
Implantable stimulators	63650, 63655, 63663, 63685
Joint replacements/orthopedic surgery	23470, 23472, 24360, 24361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 29866, 29867, 29868, J7330
Neurostimulators	61860, 61885, 64555, 64561, 64568, 64575, 64585, 64590

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
Other surgery	29914, 29915, 29916, 62362
Plastic, cosmetic & reconstructive procedures	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
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Sleep apnea surgical procedures	41512, 41530, 41599, 42145
Spinal surgery	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
Vein procedures	36473, 36475, 36478, 37700, 37718, 37722, 37780

Outpatient services/treatment

Service category	Codes/Additional notes
<p>Chemotherapy</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, J9063, J9064, J9070, J9071, 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, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9313, J9314, J9315, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9324, J9325, J9328, J9330, J9331, J9340, 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, Q5127, Q5130</p> <p>New codes effective 2/1/2024: C9155, C9163, C9165, J9029, J9052, J9072, J9286, J9321, J9345, Q5129</p>
<p>DME</p> <p>Section one – 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>E0301, E0303, E0466, E0651, E0652, E0655, E0656, E0668, E0669, E0671, E0672, E0673, E1012, E1230, E1239, E2310, E2311, E2321, E2330, E2373, E2376, K0005, K0006, 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>DME</p> <p>Section two – Prior authorization is only required if:</p> <ul style="list-style-type: none"> The code is on the prior auth list <p>And</p> <ul style="list-style-type: none"> The retail purchase cost or the cumulative rental cost is over \$1,000 	<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>Dialysis services</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>Home health care (nutritional)</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>Home health care services (applicable for Indiana and Ohio members only)</p> <ul style="list-style-type: none"> • Prior Authorization is required for: • Initial certification period on day 15-60 • Continuation of care • Resumption of care (ROC) • Additional visits • Recertification for all subsequent 60-day episode 	<p>All home health care services Prior authorization is required after the 1st 14 days of care.</p> <p>Nursing S9123, S9124, S9474, G0162, G0299, G0300, G0493, G0494, G0495, G0496, 99503, 99505</p> <p>Physical Therapy G0151, G0157, G0159, G2168, S9131</p> <p>Occupational Therapy G0152, G0158, G0160, G2169, S9129</p> <p>Speech Therapy G0153, G0161, S9128</p> <p>Social Work G0155, S9127</p> <p>Home Health Aide G0156, S9122</p> <p>Home Ventilator Management 94005</p> <p>Wound Care 97605, 97606</p>
<p>IMRT/SBRT/Radiation treatment</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>Orthotics (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,</p>

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

Radiology/other

Service category	Codes/Additional notes
Brain imaging	78600, 78601, 78605, 78606, 78608, 78609, 78610
Cardiac/myocardial perfusion imaging	78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78491, 78492
Nuclear radiology <ul style="list-style-type: none"> • For the following procedures: • 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, 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
PET scan	78811, 78812, 78813, 78814, 78815, 78816, G0252
SPECT scan <ul style="list-style-type: none"> • Heart • Tumor imaging • Myocardial perfusion 	78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832
Stress echocardiogram	93350, 93351
Other	76376, 76377, 75710, 75716
Radiopharmaceuticals (Therapeutic)	A9513, A9543, A9590, A9600, A9604, A9606, A9607, A9699

Transplants

Service category	Codes/Additional notes
<p>Transplants</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 1-888-936-7246 or the notification number on the back of the member's health plan ID card.</p>	<p>Bone marrow harvest</p> <p>38240, 38241, 38242</p> <p>Heart/lung</p> <p>33930, 33935</p> <p>Heart</p> <p>33940, 33944, 33945</p> <p>Lung</p> <p>32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061</p> <p>Kidney</p> <p>50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>Pancreas</p> <p>48551, 48552, 48554</p> <p>Liver</p> <p>47135, 47143, 47147</p> <p>Intestine</p> <p>44132, 44133, 44135, 44136</p> <p>Services related to transplants</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>Zynteglo (betibeglogene autotemcel)</p> <p>C9399/J3490/J3590</p> <p>CAR T-cell therapy</p> <p>0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2056</p>

Ventricular assist devices (VAD)

Service category	Codes
<p>Ventricular assist devices (VAD)</p> <p>Please call the Optum VAD 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>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, 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, J1300, J1304, J1322, J1325, J1411, J1412, 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, J2326, 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

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
Botulinum toxins	Codes
Botox (onabotulinumtoxinA)	J0585
Dysport (abobotulinumtoxinA)	J0586
Myobloc (rimabotulinumtoxinB)	J0587
Xeomin (incobotulinumtoxinA)	J0588
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
Asceniv (immune globulin)	J1459
Gammpex (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

Part B step therapy	Codes/Additional notes
Anti-emetics	Codes
Emend (aprepitant)	J0185
Akynzeo (fosnetupitant, 235 mg and palosetron 0.25 mg)	J1454
Kytril (granisetron)	J1627
Bevacizumab (Authorization required for cancer diagnoses only)	Codes
Alymsis (bevacizumab-maly, biosimilar)	Q5126
Avastin (bevacizumab)	J9035
Vegzelma (bevacizumab-adcd, biosimilar)	Q5129
Bone density agents	Codes
Evenity (romosozumab-aqqg)	J3111
Prolia/Xgeva (denosumab) (for all indications)	J0897
Colony stimulating factors	Codes
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
Ziextenzo (pegfilgrastim-bmez, biosimilar)	Q5120
Erythropoiesis-stimulating agents	Codes
Procrit (epoetin alfa)	J0885

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

Rituximab	Codes
Rituxan Hycela (rituximab 10 mg and hyaluronidase)	J9311
Rituxan (rituximab 10 mg)	J9312
Systemic Lupus Erythematosus Agents	Codes
Saphnelo (anifrolumab-fnia)	J0491
Trastuzumab	Codes
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	Codes
Beovu (brolucizumab-dbli)	J0179
Vabysmo (faricimab-svoa)	J2777
Lucentis (ranibizumab)	J2778
Susvimo (ranibizumab, via intravitreal implant)	J2779
Byooviz (ranibizumab-nuna, biosimilar)	Q5124
Cimerli (ranibizumab-eqrm)	Q5128



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