



2023 Optum Care Network–Utah Contracted provider prior authorization list

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 .

Transportation

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

Treatments related to the following services

Service category	Codes
Investigational or experimental services, procedures or devices New (unproven) services and technology 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.	28890 36514 64405 64722 64744 64555 66180 95965 95966

Service category	Codes
<p>Transplants 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 Heart/lung 33930 33935 Heart 33940 33944 33945 Lung 32850 32851 32852 32853 32854 32856 S2060 S2061 Kidney 50300 50320 50323 50340 50360 50365 50370 50380 50547 Pancreas 48551 48552 48554 Liver 47135 47143 47147 Intestine 44132 44133 44135 44136 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 CAR T-cell therapy 0537T 0538T 0539T 0540T C9081 C9399** J3490** J3590** J9999** Q2041 Q2042 Q2055 *Code 38232 will only require prior authorization for an oncology diagnosis. **For temporary and unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®</p>

Surgical procedures (This includes inpatient or outpatient services)

Service category	Codes
Bone growth stimulator	20974-20975; 20979; E0747-E0749; E0760
Cochlear implants	69714-69715; 69717-69718; 69930; L8614-L8619; L8627-L8628; L8690-L8693
Cardiac procedures	33206; 33212-33214; 33221; 33224; 33227-33228; 33230-33231; 33240; 33262-33264; 33270 Effective 10/1/2021: 0571T; 0614T Effective 2/1/2022: 33285 Effective 1/1/2023: 37230, 37231
Cartilage implants effective 10/1/2021	27415-27416
Cranial procedures	61850; 61863-61864; 61867-61868; 61886
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; 58290-58294; 58541-58544; 58550; 58552-58554; 58570-58573
Implantable stimulators	63650; 63655; 63685; 64590
Joint replacements/orthopedic surgery	23470; 23472; 24360-24363; 27120; 27122; 27125; 27130; 27132; 27134; 27137-27138; 27412; 27445-27447; 27486-27487; 29866-29868; J7330
Orthognathic surgery	21120 21121 21122 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21188 21193 21194 21195 21196 21198 21199 21206 21210 21215 21240 21242 21244 21245 21246 21247
Orthopedic surgeries effective 10/2/2021	24365; 25441-25442; 25444; 25446; 25449; 27700; 29834; 29837-29838; 29840; 29844-29847; 29891-29892; 29894-29895; 29897-29899
Other surgery	66821 Effective 1/1/2022
Pain management/radiofrequency ablation	64490-64495; 64628; 64629; 64633-64636 Effective 10/1/2021: 62350-62351; 62360-62362
Plastic, cosmetic & reconstructive procedures	11920-11922; 11960; 11971; 14020-14021; 14040; 14060-14061; 14301-14302; 15820-15823; 15830; 15847; 15877-15878; 17106-17108; 17999; 19304; 19316; 19318; 19324-19325; 19328; 19330; 19340; 19342; 19350; 19357; 19361; 19364; 19366-19371; 19380; 19396; L8600; 20926 21137-21139; 21172; 21175; 21179-21184; 21208-21209; 21230; 21235; 21248-21249; 21255-21256; 21260-21263; 21267-21268; 21275; 21280-21282; 21295-21296; 21299; 21740; 21742-21743; 28344; 30400; 30410; 30420; 30430; 30435; 30460; 30462; 30465; 30540; 30545; 30560; 30620; 31295-31298; 36468; 36470-36471; 67900-67904; 67906; 67908; 67909; 67911-67912; 67914-67917; 67921-67924; 67950; 67961; 67966; Q2026 Effective 10/1/2021: 15879; 31299
Prostate procedures effective 10/1/2021	52441-52442; 55874
Sleep apnea surgical procedures	21685; 41512; 41530; 41599; 42145; 42299
Spinal surgery	22100-22102; 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; 22852 22855-22856; 22861; 22864-22865; 22867; 22869; 22899; 29914-29916; 63001; 63003; 63005

	63011-63012; 63015-63017; 63020; 63030; 63040; 63042; 63045-63046; 63050-63051; 63055-63056 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101-63102; 63170; 63172-63173; 63180 63182; 63185; 63190-63191; 63194-63199; 63200; 0171T; 0200T; 0201T Effective 10/1/2021: 20930-20931; 20939; 22854; 22858
Vagus nerve stimulation	61885; 64568 L8680; L8682; L8685-L8688 Effective 10/1/2021: L8683
Vascular procedures	37220-37229
Vein procedures	33735; 36473; 36475; 36478; 36482 37700; 37718; 37722; 37735; 37780; 37785 Effective 10/1/2021: 37243; 37799
Ventricular assist devices For ventricular assist devices (VAD), call the OptumHealth VAD intake directly at 1-888-936-7246	33927-33929; 33975-33976; 33979; 33981 33982-33983; 0051T; 0052T; 0053T

Outpatient services/treatment

Service category	Codes
DME Section one: These DMEs require prior authorization/notification regardless of price <ul style="list-style-type: none"> • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors 	E1230; E1239; E2228; E2300-E2301; E2310-E2311; E2321; E2373; E2376 K0606; K0800; K0802; K0806; K0808; K0812-K0816; K0820-K0831; K0835-K0843 K0848-K0864; K0869-K0871; K0877-K0880; K0884-K0886; K0890-K0891; K0898-K0899 Effective 10/1/2021: E0766; E2510; E2609; E2617
Section two: DME services greater than \$1,000 (billed charges, per item) <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 	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-E0277; E0280; E0290-E0293; E0300-E0304; E0316; E0325-E0326; E0328-E0329; E0350; E0352; E0370; E0373; E0443; E0459; E0461-E0467; E0481; E0483; E0486; E0571-E0572; E0574; E0580; E0585; E0602-E0606; E0610; E0616; E0617-E0619; E0635-E0636; E0639-E0640; E0657; E0692-E0694; E0700; E0710; E0740; E0746; E0761; E0764; E0770; E0782-E0786; E0830; E0840; E0850; E0870; E0880; E0890; E0900; E0920; E0930; E0941-E0942; E0944-E0948; E0952; E0957-E0959; E0966-E0970 E0974; E0980; E0983-E0986; E0988; E0994; E1002-E1011; E1014-E1018; E1020; E1029 E1030; E1035-E1037; E1050; E1070; E1084-E1087; E1089; E1100; E1110; E1161; E1170-E1172; E1180; E1190; E1195; E1200; E1221-E1224; E1227-E1229; E1231-E1238; E1270; E1280; E1295-E1298; E1310;

	E1399; E1500; E1510; E1520; E1530; E1540; E1550 E1560; E1570; E1575; E1580; E1590; E1592; E1594; E1600; E1615; E1620; E1625; E1630; E1632; E1634-E1637; E1639; E1699; E1812; E2376; 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-K0605; K0607-K0609; K0672; K0730; K0734-K0737; K0743-K0746; K0801; K0807; K0868; Q0506
Dialysis services	<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 steerage 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.
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-B4104; B4149-B4150; B4152-B4155; B4157-B4162
Hyperbaric oxygen treatment	99183-99184
IMRT/SBRT/Radiation treatment	77385-77386; G6015-G6016 77371-77373; G0339-G0340 Effective 8/1/2022: 77014; 77370; 77399; 77401; 77470; 79445; G6001; G6002; G6003; G6004; G6005; G6006; G6007; G6008; G6009; G6010; G6011; G6012; G6013; G6014; G6017
Orthotics (greater than \$1,000)	L0112 L1005 L2005 L2430 L3170 L4045 L0113 L1010 L2010 L2492 L3201 L4050 L0140 L1020 L2020 L2500 L3202 L4055 L0150 L1025 L2030 L2510 L3203 L4060 L0160 L1030 L2034 L2520 L3204 L4070 L0170 L1040 L2035 L2525 L3206 L4080 L0200 L1050 L2036 L2526 L3207 L4090 L0220 L1060 L2037 L2530 L3208 L4110 L0430 L1070 L2038 L2540 L3209 L4130 L0452 L1080 L2040 L2550 L3211 L4392 L0462 L1085 L2050 L2570 L3212 L4394 L0464 L1090 L2060 L2580 L3213 L4398 L0466 L1100 L2070 L2600 L3214 L4631 L0468 L1110 L2080 L2610 L3215 L3570 L0480 L1120 L2090 L2620 L3225 L3580 L0482 L1200 L2126 L2622 L3250 L3590 L0484 L1210 L2128 L2627 L3251 L3595 L0486 L1220 L2132 L2628 L3252 L3640 L0490 L1230 L2134 L2630

L3253	L3649	L0491	L1240	L2136	L2640	L3254
L3674	L0492	L1250	L2180	L2650	L3255	L3720
L0621	L1260	L2182	L2660	L3257	L3762	L0622
L1270	L2184	L2670	L3265	L3764	L0623	L1280
L2186	L2680	L3320	L3765	L0624	L1290	L2188
L2750	L3330	L3766	L0629	L1300	L2190	L2760
L3334	L3891	L0631	L1310	L2192	L2768	L3340
L3900	L0632	L1499	L2200	L2780	L3350	L3901
L0633	L1600	L2210	L2785	L3360	L3904	L0634
L1610	L2220	L2795	L3370	L3917	L0636	L1620
L2230	L2800	L3380	L3921	L0638	L1630	L2232
L2810	L3400	L3925	L0700	L1640	L2240	L2830
L3410	L3927	L0710	L1650	L2250	L2850	L3420
L3929	L0810	L1660	L2260	L2861	L3430	L3956
L0820	L1680	L2270	L3000	L3440	L3961	L0830
L1685	L2300	L3001	L3450	L3962	L0859	L1690
L2310	L3002	L3455	L3967	L0861	L1700	L2320
L3003	L3460	L3971	L0970	L1710	L2335	L3010
L3465	L3973	L0972	L1720	L2370	L3030	L3470
L3975	L0974	L1730	L2375	L3031	L3480	L3976
L0976	L1755	L2380	L3050	L3485	L3977	L0978
L1834	L2385	L3070	L3500	L3978	L0980	L1844
L2387	L3080	L3510	L3980	L0982	L1847	L2390
L3090	L3520	L3995	L0984	L1904	L2395	L3100
L3530	L4000	L0999	L1910	L2405	L3140	L3540
L4010	L1000	L1920	L2415	L3150	L3550	L4020
L1001	L2000	L2425	L3160	L3560	L4030	L4040

Prosthetics (greater than \$1,000)

L5010	L5781	L5812	L6382	L6695	L7364	L5020
L5782	L5814	L6384	L6696	L7366	L5050	L5785
L5816	L6386	L6697	L7367	L5060	L5790	L5818
L6388	L6698	L7400	L5100	L5795	L5822	L6400
L6703	L7401	L5105	L5810	L5824	L6450	L6704
L7402	L5150	L5811	L5826	L6500	L6706	L7403
L5160	L5640	L5828	L6550	L6707	L7404	L5200
L5642	L5830	L6570	L6708	L7405	L5210	L5643
L5840	L6580	L6709	L7499	L5220	L5644	L5845
L6582	L6711	L7600	L5230	L5646	L5848	L6584
L6712	L8031	L5250	L5647	L5850	L6586	L6713
L8032	L5270	L5648	L5855	L6588	L6714	L8035
L5280	L5649	L5856	L6590	L6715	L8039	L5301
L5651	L5857	L6600	L6721	L8040	L5312	L5652
L5858	L6605	L6722	L8041	L5321	L5653	L5910
L6610	L6805	L8042	L5331	L5654	L5920	L6611
L6810	L8043	L5341	L5655	L5925	L6615	L6880
L8044	L5400	L5656	L5930	L6616	L6881	L8045
L5410	L5658	L5960	L6620	L6882	L8046	L5420
L5661	L5961	L6621	L6883	L8047	L5430	L5666
L5966	L6623	L6884	L8048	L5460	L5673	L5968
L6624	L6885	L8049	L5500	L5676	L5970	L6625
L6895	L8310	L5505	L5677	L5971	L6628	L6900
L8320	L5510	L5678	L5972	L6629	L6905	L8330
L5520	L5680	L5973	L6630	L6910	L8410	L5530
L5681	L5975	L6632	L6915	L8415	L5535	L5682
L5978	L6635	L6920	L8435	L5540	L5683	L5979
L6637	L6925	L8465	L5560	L5684	L5980	L6638
L6930	L8480	L5570	L5686	L5981	L6639	L6935
L8485	L5580	L5688	L5985	L6640	L6940	L8499
L5585	L5690	L5987	L6641	L6945	L8505	L5590

	L5692 L5988 L6642 L6950 L8507 L5595 L5694 L5990 L6645 L6955 L8511 L5600 L5696 L6000 L6646 L6960 L8512 L5610 L5697 L6010 L6647 L6965 L8514 L5611 L5698 L6020 L6648 L6970 L8515 L5613 L5699 L6025 L6650 L6975 L8603 L5614 L5700 L6026 L6655 L7007 L8604 L5616 L5701 L6050 L6660 L7008 L8609 L5617 L5702 L6055 L6665 L7009 L8610 L5618 L5703 L6100 L6670 L7040 L8612 L5620 L5706 L6110 L6675 L7045 L8613 L5624 L5707 L6120 L6676 L7170 L8630 L5626 L5710 L6130 L6677 L7180 L8641 L5628 L5711 L6200 L6680 L7181 L8642 L5629 L5712 L6205 L6682 L7185 L8658 L5630 L5714 L6250 L6684 L7186 L8670 L5631 L5716 L6300 L6687 L7190 L8679 L5632 L5718 L6310 L6688 L7191 L8684 L5634 L5722 L6320 L6689 L7259 L8695 L5636 L5724 L6350 L6690 L7260 L8699 L5637 L5726 L6360 L6691 L7261 L8701 L5638 L5728 L6370 L6692 L7266 L8702 L5639 L5780 L6380 L6693 L7362 V2627
Proton beam therapy	77520 77522 77523 77525
Sleep studies Prior authorization required if not done at home	Non-home-based codes, require prior authorization: 95782-95783; 95800-95801; 95805-95808; 95810-95811
Therapy, other	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 92507, 92508

Injectable medications

Service category	Codes
Part B drugs	
Adakveo (crizanlizumab)	J0791
Aduhelm (aducanumab)	J0172
Bivigam (immune globulin)	J1556
Crysvita (burosumab-twza)	J0584
Enjaymo (sutimlimab-jome)	J1302
Entyvio (vedolizumab)	J3380
Evkeeza (evinacumab-dgnb)	J1305
Fyarro (sirolimus protein-bound particles)	J9331
Gammagard (immune globulin)	J1566
Givlaari (givosiran)	J0223
Istodax (romedepsin)	C9065
Korsuva (difelikefalin, 0.1 mcg, (for ESRD on dialysis)	J0879
Luxturna (voretigene neparovec)	J3398
Ocrevus (ocrelizumab)	J2350
Onpattro (patisiran)	J0222
Orencia (abatacept)	J0129
Prolia/Xgeva (denosumab) (for all indications)	J0897

Radicava (edaravone) Reblozyl (luspatercept-aamt) Rylaze (asparaginase erwinia Chrysanthemi (recombinant)-rywn) Saphnelo (anifrolumab-fnia) Scenesse (afamelanotide) Sensipar (cincalcet) Soliris (eculizumab) Spinraza (nusinersen) Stelara (ustekinumab) Tepezza (teprotumumab) Tezspire (tezepelumab-ekko) Ultomiris (ravulizumab-cwyz) Uplizna (inebilizumab-cdon) Vyvgart (efgartigimod alfa-fca) Xiaflex (collagenase clostridium histolyticum) Ziextenzo (pegfilgrastim-bmez) Yveпти (eptinezumab-jjmr) Zolgensma (onasemnogene abeparvovec) Effective 10/1/2021: Oxlumo (lumasiran)	J1301 J0896 J9021 J0491 J7352 J0604 J1300 J2326 J3557 J3241 J2356 J1303 J1823 J9332 J0775 Q5120 J3032 J3399 J0224 (effective 10/1/2021)
Effective 11/1/2022 Botulinum toxins Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobloc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA)	 J0585 J0586 J0587 J0588
Immune globulins (IVIG, SCIG) IVIG (iImmune globulin, human) Hizentra (iImmune globulin (SCIg), human) Privigen (iImmune globulin, IV) Cutaquig (iImmune globulin) Asceniv (immune globulin) Cuvitru (iImmune globulin) Gammplex (immune globulin, IV) Xembify (iImmune globulin) Hizentra (iImmune globulin) Octogam (immune globulin, IV) Hyqvia (iImmune globulin/hyaluronidase) Panzyga (immune globulin, intravenous, nonlyophilized)	 90283 90284 J1459 J1551 J1554 J1555 J1557 J1558 J1559 J1568 J1575 J1599
New Part B drugs Effective 2/1/2023 Skysona (eivaldogene autotemcel) Amvuttra (vutrisiran) Skrizi (risankizuman-rzaa IV) Kimmtrak (tebentafusp-tebn) Opdualag (nivolumab and relatlimab-rmbw) Zynteglo (betibeglogene autotemcel) Ziextenzo (pegfilgrastim-bmez) Krystexxa (pegloticase)	 C9399 J0225 J2327 J9274 (Authorization required for cancer diagnoses only) J9298 (Authorization required for cancer diagnoses only) C9399 J3490 J3590 Q5120 J2507

Injectable medications

Service category	Codes
Part B step therapy Bevacizumab Avastin (bevacizumab)	J9035 (Authorization required for cancer diagnoses only)
Hyaluronic acid polymers Genvisc 850 Hyalgan, Supartz, Supartz FX, Visco-3 Hymovis Euflexxa Orthovisc Gel-One Monovisc Trivisc Synojoynt Triluron	J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332
Immunodilators Avsola (infliximab-axxq) Remicade (infliximab)	J1745 Q5121
Gemcitabine Infugem (gemcitabine hydrochloride)	J9198
Erythropoiesis-stimulating agents Procrit (epoetin alfa) Aranesp (darbepoetin alfa) Renflexis (infliximab-abda)* effective 1/1/2022	J0885 J0881 Q5104*
Colony stimulating factors Nyvepria (pegfilgrastim-apgf, biosimilar) Releuko (filgrastim-ayow, biosimilar) Neupogen (filgrastim (G-CSF) Granix (tbo-filgrastim) Fulphila (pegfilgrastim-jmdb, biosimilar) Nivestym (filgrastim-aafi, biosimilar) Udenyca (pegfilgrastim-cbqv)* effective 1/1/2022	Q5122 Q5125 J1442 J1447 Q5108 Q5110 Q5111*
Levoleucovorin Fusilev (levoleucovorin, not otherwise specified) Khapzory (levoleucovorin)	J0641 J0642
Rituximab Rituxan Hycela (rituximab 10 mg and hyaluronidase) Rituxan (rituximab 10 mg) Riabni (rituximab-arrx, biosimilar)	J9311 J9312 Q5123

Trastuzumab Herceptin (trastuzumab, excludes biosimilar) Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) Ontruzant (trastuzumab-dttb, biosimilar) Herzuma (trastuzumab-pkrb, biosimilar) Ogivri (trastuzumab-dkst, biosimilar)	J9355 J9356 Q5112 Q5113 Q5114 (Authorization required for cancer diagnoses only)
Vascular endothelial growth factor (VEGF) inhibitor (Effective 2/1/2023 requires authorization for all diagnoses) Eylea (aflibercept) Beovu (brolucizumab-dbli) Vabysmo (faricimab-svoa) Lucentis (ranibizumab) Susvimo (ranibizumab, via intravitreal implant) Byooviz (ranibizumab-nuna, biosimilar)	J0178 J0179 J2778 J2777 J2779 Q5124 Prior to 2/1/2023, range of applicable diagnoses: H35.3210 to H35.3293
Part B step therapy effective 8/1/2022 Anti-emetics Emend (aprepitant, 1 mg) Akynzeo (fosnetupitant, 235 mg and palosetron 0.25 mg) Kytril (granisetron, extended-release, 0.1 mg)	J0185 J1454 J1627
Part B step therapy, other effective 1/1/2023 Pluvicto (lutetium Lu 177 vipivotide tetraxetan, therapeutic) Monoferric (ferric derisomaltose) Monoferric (ferric carboxymaltose) Krystexxa (pegloticase) Evenity (romosozumab-aqqg) Feraheme (ferumoxytol non-ESRD) Rolvedon (eflapegrastim-xnst) Stimufend (pegfilgrastim-fpgk) Cimerli (ranibizumab-eqrn)	A9607 J1437 J1439 J2507 J3111 Q0138 C9399 J3490 J3590

Radiology/other

Service category	Codes
Brain imaging	78600-78601; 78605-78606; 78610
Cardiac/myocardial imaging	78429-78433 78452-78454 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: • Abdomen • Chest • Orbit • Face and neck • Head • Spine • Pelvis • Extremities	72159 C8914 73225 C8918 C8900 C8919 C8901 C8920 C8902 C8931 C8909 C8932 C8910 C8933 C8911 C8934 C8912 C8935 C8913 C8936
MRI and MRI guidance Procedures include: • Breast • Cardiac • Temporomandibular joint • Abdomen • Chest • Computer-aided detection	70336 70540 70542 70543 70551 70552 70553 70554 70555 71550 71551 71552 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 C8906
Nuclear radiology 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 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 78306 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 78811-78816 G0252
SPECT scan • Heart • Tumor imaging • Myocardial perfusion	78451-78452 78469 78494 78803 78830-78832

Stress echocardiograms	93350-93351
Other	Angiography, external, unilateral and bilateral (75710, 75716) Effective 10/1/2021: Magnetic resonance spectroscopy (0609T-0612T) Computed tomography, breast, including 3D rendering (0633T-0638T) Cardiac magnetic resonance imaging (C9762-C9763)

Other services

Service category	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 health care ID card when referring for any mental health or substance abuse/substance use services.

Genetic testing

Codes
<p>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</p> <p>*Authorization not required for dermatology specialists, for any diagnosis or pathology specialists, for a dermatology related diagnosis</p>

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													



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