



# 2024 Optum Care Network Idaho Contracted provider prior authorization list

Effective Jan. 1, 2024

## General information

- **Online:**

To submit a prior authorization notification, login to [optumportal.com](https://optumportal.com) and select the **Referrals & Prior Authorization** section.

- **Prior authorization Intake department fax #:**

1-888-992-2809

- **Prior authorization Intake department phone (Only if online or fax is not an option):**

1-877-370-2845, TTY 711

- **Prior authorization department email:**

lcd\_um@optum.com

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

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

**Plans with referral requirements:** If a member's health plan ID card 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 |

---

**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.

**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

\*Prior authorization required only for an oncology diagnosis.

**CAR T-cell therapy**

0537T, 0538T, 0539T, 0540T, C9081, Q2041, Q2042, Q2055, Q2056

**Zynteglo (betibeglogene autotemcel)**

C9399/J3490/J3590

---

**Ventricular assist devices**

For ventricular assist devices (VAD), call the OptumHealth VAD intake directly at **1-888-936-7246**

33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983, 0051T, 0052T, 0053T

---

## Surgical procedures (Includes inpatient or outpatient services)

| Service category   | Codes/Additional notes  |
|--|---|
| Bone growth stimulator   | 20974, 20975, 20979, E0747, E0748, E0749, E0760   |
| <p><b>Breast reconstruction (non- mastectomy)</b></p> <p>Reconstruction of the breast except when following mastectomy</p>   | <p>11920, 11921, 11922, 19304, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600</p> <p><b>Prior authorization is not required for the following diagnosis codes:</b></p> <p>C50.011, C50.312, C50.619, D05.02, C50.012, C50.319, C50.621, D05.10, C50.019, C50.321, C50.622, D05.11, C50.021, C50.322, C50.629, D05.12, C50.022, C50.329, C50.811, D05.80, C50.029, C50.411, C50.812, D05.81, C50.111, C50.412, C50.819, D05.82, C50.112, C50.419, C50.821, D05.90, C50.119, C50.421, C50.822, D05.91, C50.121, C50.422, C50.829, D05.92, C50.122, C50.429, C50.911, Z42.1, C50.129, C50.511, C50.912, Z85.3, C50.211, C50.512, C50.919, Z90.10, C50.212, C50.519, C50.921, Z90.11, C50.219, C50.521, C50.922, Z90.12, C50.221, C50.522, C50.929, Z90.13, C50.222, C50.529, C79.81, C50.229, C50.611, D05.00, C50.311, C50.612, D05.01</p> |
| Cardiac procedures   | 0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33285, 33289, 93452, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93653, 93656, C2624, C9762, C9763  |
| Cartilage implants   | 27415, 27416  |
| Cochlear implants  | 69714, 69715, 69717, 69718, 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8690, L8691, L8692, L8693, L8695  |
| <p><b>Cosmetic and reconstructive Procedures</b></p> <ul style="list-style-type: none"> <li>• Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</li> <li>• Reconstructive procedures that treat a medical condition or improve or restore physiologic function</li> </ul> | <p>11960, 21182, 21299, 67906, 11971, 21183, 21740, 67908, 15820, 21184, 21742, 67909, 15821, 21230, 21743, 67911, 15822, 21235, 28344, 67912, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 42299, 66821, 67901, 67902, 67903, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67950, 67961, 67966, Q2026</p>  |

|  |  |
|--|--|
| <b>Gender dysphoria treatment</b>              | 55970, 55980 regardless of diagnosis<br>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<br><br>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, 58270, 58541, 58554, 58152, 58275, 58542, 58570, 58180, 58280, 58543, 58571, 58260, 58290, 58544, 58572, 58262, 58291, 58550, 58573, 58263, 58292, 58552, 58267, 58294, 58553   |
| <b>Implantable stimulators/neurosurgery</b>    | 61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688  |
| <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>Orthopedic surgery (joint replacement)</b>  | 23470, 23472, 24360, 24361, 24362, 24363, 24365, 25441, 25442, 25444, 25446, 25449, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 27700  |
| <b>Orthopedic surgery (other)</b>              | 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29866, 29867, 29868, 29914, 29915, 29916  |
| <b>Other surgery</b>                           | 52441, 52442, 55874, 66821   |
| <b>Pain management/radiofrequency ablation</b> | 62350, 62351, 62360, 62361, 62362, 64491, 64492, 64494, 64495, 64628, 64629, 64634, 64636  |
| <b>Prostate procedures</b>                     | 52441, 52442, 55874  |
| <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>                          | 20930, 20931, 20939, 21685, 21899, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22514, 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, 22854, 22855, 22856, 22858, 22861, 22864, 22865, 22867, 22869, 22899, 62270, 63001, 63003, 63005, 63011, 63012, 63015,   |

---

|  |   |
|--|---|
|  | 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046,<br>63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077,<br>63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173,<br>63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197,<br>63198, 63199, 63200, 0200T, 0201T |
|--|---|

---

|                                   |   |
|-----------------------------------|---|
| <p><b>Vascular procedures</b></p> | <p>37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p><b>Prior authorization is not required for the following diagnosis codes:</b></p> <p>E08.52, I70.461, I70.761, M86.369, E09.52, I70.462, I70.762, M86.371, E10.52, I70.463, I70.763, M86.372, E11.52, I70.468, I70.768, M86.379, E13.52, I70.469, I70.769, M86.38, I70.221, I70.521, I72.3, M86.39, I70.222, I70.522, I72.4, M86.40, I70.223, I70.523, I72.8, M86.451, I70.228, I70.528, I72.9, M86.452, I70.229, I70.529, I73.00, M86.459, I70.231, I70.531, I73.01, M86.461, I70.232, I70.532, I73.1, M86.462, I70.233, I70.533, I73.81, M86.469, I70.234, I70.534, I74.3, M86.471, I70.235, I70.535, I74.4, M86.472, I70.238, I70.538, I74.5, M86.479, I70.239, I70.539, I74.8, M86.48, I70.241, I70.541, I74.9, M86.49, I70.242, I70.542, I75.021, M86.50, I70.243, I70.543, I75.022, M86.551, I70.244, I70.544, I75.023, M86.552, I70.245, I70.545, I75.029, M86.559, I70.248, I70.548, I75.89, M86.561, I70.249, I70.549, I77.2, M86.562, I70.25, I70.561, I77.70, M86.571, I70.261, I70.562, I77.72, M86.572, I70.262, I70.563, I77.77, M86.579, I70.263, I70.568, I77.79, M86.58, I70.268, I70.569, I96., M86.59, I70.269, I70.321, I70.621, L03.115, M86.60, I70.322, I70.622, L03.116, M86.651, I70.323, I70.623, M86.051, M86.652, I70.329, I70.628, M86.052, M86.659, I70.331, I70.629, M86.059, M86.661, I70.332, I70.631, M86.061, M86.662, I70.333, I70.632, M86.062, M86.669, I70.334, I70.633, M86.069, M86.671, I70.335, I70.634, M86.071, M86.672, I70.338, I70.635, M86.072, M86.679, I70.339, I70.638, M86.079, M86.68, I70.341, I70.639, M86.08, M86.69, I70.342, I70.641, M86.09, M86.8X0, I70.343, I70.642, M86.10, M86.8X5, I70.344, I70.643, M86.151, M86.8X6, I70.345, I70.644, M86.152, M86.8X7, I70.348, I70.645, M86.159, M86.8X8, I70.349, I70.648, M86.161, M86.8X9, I70.35, I70.649, M86.162, M86.9, I70.361, I70.661, M86.169, Q27.30, I70.362, I70.662, M86.171, Q27.32, I70.363, I70.663, M86.172, Q27.39, I70.369, I70.668, M86.179, Q27.8, I70.421, I70.669, M86.18, Q27.9, I70.422, I70.721, M86.19, Q87.2, I70.423, I70.722, M86.20, S35.511A, I70.428, I70.723, M86.251, S35.512A, I70.429, I70.728, M86.252, S81.801A, I70.431, I70.729, M86.259, S81.802A, I70.432, I70.731, M86.261, S81.809A, I70.433, I70.434, I70.732, M86.262, S91.301A, I70.435, I70.733, M86.269, S91.302A, I70.438, I70.734, M86.271, S91.309A, I70.439, I70.735, M86.272, T82.312A, I70.441, I70.738, M86.279, T82.318A, I70.442, I70.739, M86.28, T82.319A, I70.443, I70.741, M86.29, T82.338A, I70.444, I70.742, M86.30, T82.392A, I70.445, I70.743, M86.351, T82.398A, I70.448, I70.744, M86.352, T82.399A, I70.449, I70.745, M86.359, T82.818A, I70.748, M86.361, T82.868A, I70.749, M86.362, T82.898A</p> |
| <p><b>Vein procedures</b></p>     | <p>36468, 36470, 36471, 36473, 36475, 36478, 36482, 37243, 37700, 37718, 37722, 37735, 37780, 37785, 37799</p>  |

## Outpatient services/treatment

| Service category   | Codes/Additional notes  |
|--|---|
| <p><b>Chemotherapy (CGP)</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><b>Online:</b> mbm.linkplatform.com<br/> <b>Via email:</b> optumcare_smgp@optum.com<br/> <b>Phone:</b> 1-877-454-8365, TTY 711</p> <p>Injectable chemotherapy drugs that require notification:</p> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> | <p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9257, C9399*, J0185**, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, J1442, J1447, J1448, J1449**, J1453, J1454**, J1456, J1627**, J1930, J1932, J1950**, J1952, J2353, J2354, J2357, J2506, J2796, J2820, J2860, J3262, J3315, J3490*, J3590*, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9223, J9225, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J2959, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9280, J9281, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311**, J9312**, J9313, J9316, J9317, J9318, J9319, J9320, J9323, J9325, J9328, J9330, J9331, J9340, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5108**, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122**, Q5123**, Q5125**, Q5127, Q5130</p> <p>New codes effective 2/1/2024:<br/> C9155, C9163, C9165, J8999*, J9029, J9052, J9072, J9286, J9321, J9345, Q5129**</p> <p>**Cancer diagnosis is managed by Cancer Guidance Program. For non-cancer diagnoses, See Part B Step Therapy Section.</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 Prior Authorization Department:</p> <p><b>Online:</b> Go to providers.optumcaremw.com.<br/> <b>Prior authorization Intake department fax #:</b><br/> <b>1-888-992-2809</b><br/> <b>Prior authorization Intake department phone</b><br/> (Only if online or fax is not an option): <b>1-877-370-2845</b>, TTY 711</p>  | <p>J1954, J2469, J9051, J9064, J9098, J9165, J9172, J9218, J9226, J9255, J9258, J9274, J9324, Q2017, Q5126, Q5129</p>   |



|  |   |
|--|---|
| <p><b>DME Section one:</b><br/> 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> | E0766, E1230, E1239, E2228, K0813, K0814, K0815, K0816, K0837, K0838, K0839, K0840, K0860, K0861, K0862, K0863, E2300, K0820, K0841, K0864, E2301, K0820, K0842, K0869, E2310, K0821, K0843, K0870, E2311, K0822, K0848, K0871, E2321, K0823, K0849, K0877, E2373, E2376, E2510, K0824, K0825, K0826, K0850, K0851, K0852, K0879, K0880, K0884, E2609, K0827, K0853, K0885, E2617, K0828, K0854, K0886, K0606, K0829, K0855, K0890, K0800, K0830, K0856, K0891, K0802, K0831, K0857, K0898, K0806, K0812, K0835, K0836, K0858, K0859, K0899, K1018, K1019   |
| <p><b>DME Section two:</b></p> <ul style="list-style-type: none"> <li>• DME services greater than \$1,000 (billed charges, per item)</li> <li>• DMEs with a retail purchase cost/cumulative rental cost over \$1,000</li> </ul>                                  | E0170, E0193, E0194, E0246, E0277, E0300, E0302, E0304, E0316, E0328, E0329, E0350, E0373, E0459, E0462, E0465, E0483, E0603, E0616, E0617, E0618, E0635, E0636, E0639, E0640, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, 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, 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, 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 |

|  |   |
|--|---|
| <p><b>Dialysis services</b></p>  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> |
| <p><b>Home health care (non-nutritional)</b></p>   | <p><b>All home health care services</b></p> <ul style="list-style-type: none"> <li>• Initial start of care requires portal based notification within 72 hours of first visit</li> <li>• Subsequent episodes of home health care require authorization, regardless of code</li> </ul>  |
| <p><b>Home health care (nutritional)</b><br/>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, B4157, B4158, B4159, B4160, B4161, B4162</p>  |
| <p><b>Hyperbaric oxygen treatment</b></p>  | <p>99183, 99184</p>   |

|  |   |
|--|---|
| <b>IMRT/SBRT/Radiation treatment</b><br>Also see Radiation Treatment/Cancer Guidance Program | 77021, 77058, 77059, 77084  |
| <b>Orthotics (greater than \$1,000)</b>  | L0112, L0113, L0140, L0150, L0160, L0170, L0200, L0220, L0430, L0452, L0462, L0464, L0466, L0468, L0480, L0482, L0484, L0486, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0629, L0631, L0632, L0633, L0634, L0636, L0638, L0700, L0710, L0810, L0820, L0830, L1310, L1499, L1600, L1610, L1620, L1630, L1640, L1650, L1660, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1844, L1847, L1904, L1910, L1920, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2627, L2628, L2630, L2640, L2650, L2660, L2670, L2680, L2750, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2830, L2850, L2861, L3000, L3001, L3002, L3003, L3360, L3370, L3380, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3640, L3649, L3674, L3720, L3762, L3764, L3765, L3766, L3891, L3900, L3901, L0859, L0861, L0970, L0972, L0974, L0976, L0978, L0980, L0982, L0984, L0999, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L2080, L2090, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2270, L2300, L2310, L2320, L2335, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2405, L2415, L2425, L2430, L2492, L3010, L3030, L3031, L3050, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3320, L3330, L3334, L3340, L3350, L3904, L3917, L3921, L3925, L3927, L3929, L3956, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3995, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4110, L4130, L4392, L4394, L4398, L4631 |
| <b>Prosthetics (greater than \$1,000)</b>  | L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5692, L5694, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616,   |

|   |  |
|---|--|
| <p><b>Prosthetics (greater than \$1,000), continued</b></p>   | <p>L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6639, L6640, L6641, L6642, L6645, L6646, L6647, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7260, L7261, L7266, L7362, L7364, L7366, L7367, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L5613, L5614, L5616, L5617, L5618, L5620, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5646, L5647, L5648, L5649, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5666, L5673, L5676, L5677, L5678, L5680, L5681, L5848, L5850, L5855, L5856, L5857, L5858, L5910, L5920, L5925, L5930, L5960, L5961, L5966, L5968, L5970, L5971, L5972, L5973, L5975, L5978, L5979, L5980, L5981, L5985, L5987, L5988, L5990, L6000, L6010, L6020, L6025, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6648, L6650, L6655, L6660, L6665, L6670, L6675, L6676, L6677, L6680, L6682, L6684, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L7600, L8031, L8032, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8310, L8320, L8330, L8410, L8415, L8435, L8465, L8480, L8485, L8499, L8505, L8507, L8511, L8512, L8514, L8515, L8603, L8604, L8609, L8610, L8612, L8613, L8630, L8641, L8642, L8658, L5682, L6300, L6883, L8670, L5683, L6310, L6884, L8679, L5684, L6320, L6885, L8699, L5686, L6350, L6895, L8701, L5688, L6360, L6900, L8702, L5690, L6370, L6905</p> |
| <p><b>Radiation Treatment/Cancer Guidance Program</b></p> <p>Prior authorization required. Prior authorization requests should be submitted to our Cancer Guidance Program (CGP).</p> <p><b>Online:</b> <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a><br/> <b>Via email:</b> <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a><br/> <b>Phone:</b> 1-877-454-8365, TTY 711</p> | <p>55874, 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77424, 77425, 77470, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79445, 0394T, 0395T, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095</p>   |
| <p><b>Sleep studies</b></p> <p>Prior authorization not required if done at home (billed with G0398, G0400)</p>  | <p>95726, 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811</p>   |
| <p><b>Therapy, other</b></p>  | <p>Prior authorization is required for the following combination of diagnosis and procedure codes:</p> <p>F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890 92507, 92508</p>  |

| Service category   | Codes/Additional notes   |
|--|--|
| <b>Brain imaging</b>   | 78600, 78601, 78605, 78606, 78608, 78609, 78610  |
| <b>Cardiac/myocardial imaging</b>  | 78429, 78430, 78431, 78432, 78433, 78459, 78466, 78468, 78491, 78492   |
| <b>CT angiography</b> <ul style="list-style-type: none"> <li>• Head</li> <li>• Chest</li> <li>• Abdomen</li> <li>• Pelvis</li> <li>• Extremities</li> <li>• Heart</li> </ul>   | 70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175, 75574, 75635   |
| <b>EEG</b>   | 95726  |
| <b>MRA/MRI</b><br>Procedures include: <ul style="list-style-type: none"> <li>• Abdomen</li> <li>• Breast</li> <li>• Cardiac</li> <li>• Chest</li> <li>• Extremities</li> <li>• Face and neck</li> <li>• Head</li> <li>• Orbit</li> <li>• Pelvis</li> <li>• Spine</li> <li>• Temporomandibular joint</li> </ul>   | 70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 74712, 74713, 75557, 75559, 75561, 75563, 76376, 76377, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8037 |
| <b>Nuclear radiology</b><br>For the following procedures: <ul style="list-style-type: none"> <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, 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, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78804, 78999, G0297, S8032, S8085                                    |
| <b>PET scan</b>  | 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252   |
| <b>SPECT scan</b> <ul style="list-style-type: none"> <li>• Heart</li> <li>• Tumor imaging</li> <li>• Cardiac imaging</li> </ul>  | 78071, 78072, 78451, 78452, 78453, 78454, 78469, 78494, 78803, 78830, 78831, 78832   |
| <b>Stress echocardiograms</b>  | 93350, 93351   |
| <b>Other</b>   | C9762, C9763, 75710, 75716, 76376, 76377, 0634T, 0635T, 0636T, 0637T, 0638T, 0609T, 0610T, 0611T, 0612T  |



## Injectable medications/Part B drugs

| <b>Botulinum toxins</b>                         | <b>Codes/Additional notes</b> |
|---|-------------------------------|
| <b>Botox</b> (onabotulinumtoxinA)               | J0585                         |
| <b>Dysport</b> (abobotulinumtoxinA)             | J0586                         |
| <b>Myobloc</b> (rimabotulinumtoxinB)            | J0587                         |
| <b>Xeomin</b> (incobotulinumtoxinA)             | J0588                         |
| <b>Immune globulins (IVIG, SCIG)</b>            | <b>Codes/Additional notes</b> |
| <b>IVIG</b> (Immune globulin, human)            | 90283                         |
| <b>Hizentra</b> (Immune globulin (SCIG), human) | 90284                         |
| <b>Privigen</b> (Immune globulin, IV)           | J1459                         |
| <b>Cutaquig</b> (Immune globulin)               | J1551                         |
| <b>Asceniv</b> (Immune globulin)                | J1554                         |
| <b>Cuvitru</b> (Immune globulin)                | J1555                         |
| <b>Gammplex</b> (Immune globulin, IV)           | J1557                         |
| <b>Xembify</b> (Immune globulin)                | J1558                         |
| <b>Hizentra</b> (Immune globulin)               | J1559                         |
| <b>Gamunex-C</b> (immune globulin)              | J1561                         |
| <b>Octogam</b> (Immune globulin, IV)            | J1568                         |
| <b>Gammagard Liquid</b> (immune globulin)       | J1569                         |
| <b>Flebogamma</b> (immune globulin)             | J1572                         |
| <b>Hyqvia</b> (Immune globulin/hyaluronidase)   | J1575                         |
| <b>Panzyga</b> (immune globulin)                | J1599                         |
| <b>Other Part B drugs</b>                       | <b>Codes/Additional notes</b> |
| <b>Adakveo</b> (crizanlizumab)                  | J0791                         |
| <b>Aduhelm</b> (aducanumab)                     | J0172                         |
| <b>Amvuttra</b> (vutrisiran)                    | J1556                         |
| <b>Bivigam</b> (immune globulin)                | J0225                         |
| <b>Briumvi</b> (ublituximab-xiiy)               | J2329                         |
| <b>Crysvita</b> (burosumab-twza)                | J0584                         |

|  |              |
|--|--------------|
| <b>Elevydis</b> (delandistrogene moxeparvovec-rokl)                  | J1413        |
| <b>Enjaymo</b> (sutimlimab-jome)                                     | J1302        |
| <b>Entyvio</b> (vedolizumab)   | J3380        |
| <b>Evkeeza</b> (evinacumab-dgnb)                                     | J1305        |
| <b>Fyarro</b> (sirolimus protein-bound particles)                    | J9331        |
| <b>Gammagard</b> (immune globulin)                                   | J1566        |
| <b>Givlaari</b> (givosiran)  | J0223        |
| <b>Hemgenix</b> (etranacogene dezaparvovec-drlb)                     | J1411        |
| <b>Istodax</b> (romedepsin)  | C9065        |
| <b>Izervay</b> (avacincaptad pegol)                                  | C9162        |
| <b>Korsuva</b> (difelikefalin, 0.1 mcg, (for ESRD on dialysis))      | J0879        |
| <b>Krystexxa</b> (pegloticase)                                       | J2507        |
| <b>Leqembi</b> (lecanemab-irmb)                                      | J0174        |
| <b>Leqvio</b> (inclisiran)   | J1306        |
| <b>Lupron</b> (leuprolide depot)                                     | J1954        |
| <b>Luxturna</b> (voretigene neparvovec)                              | J3398        |
| <b>Nexviazyme</b> (avalglucosidase alfa-ngpt)                        | J0219        |
| <b>Ocrevus</b> (ocrelizumab)   | J2350        |
| <b>Onpatro</b> (patisiran)   | J0222        |
| <b>Orencia</b> (abatacept)   | J0129        |
| <b>Oxlumo</b> (lumasiran)  | J0224        |
| <b>Panzyga</b> (immune globulin)                                     | J1576        |
| <b>Plasminogen</b> (plasminogen, tvmh)                               | J2998        |
| <b>Qalsoday</b> (tofersen)   | J1304, C9157 |
| <b>Radicava</b> (edaravone)  | J1301        |
| <b>Reblozyl</b> (luspatercept-aamt)                                  | J0896        |
| <b>Roctavian</b> (valoctocogene roxaparvovec-rvox)                   | J1412        |
| <b>Rolvedon</b> (eflapegrastim-xnst)                                 | J1449        |
| <b>Rylaze</b> (asparaginase erwinia Chrysanthemi (recombinant)-rywn) | J9021        |



|  |                        |
|--|------------------------|
| <b>Rystiggo</b> (rozanolixizumab-noli)   | J9333                  |
| <b>Saphnelo</b> (anifrolumab-fnia)   | J0491                  |
| <b>Sensipar</b> (cincalcet)  | J0604                  |
| <b>Skyrizi</b> (risankizuman-rzaa IV)  | J2327                  |
| <b>Soliris</b> (eculizumab)  | J1300                  |
| <b>Spevigo</b> (spesolimabsbzo)  | J1747                  |
| <b>Spinraza</b> (nusinersen)   | J2326                  |
| <b>Stelara</b> (ustekinumab)   | J3557                  |
| <b>Suprelin LA; Vantas</b> (histrelin acetate)   | J1675                  |
| <b>Syfovre</b> (pegcetacoplan)   | J2781                  |
| <b>Tepezza</b> (teprotumumab)  | J3241                  |
| <b>Tezspire</b> (tezepelumab-ekko)   | J2356                  |
| <b>Tzield</b> (teplizumab-mzwv)  | J9381                  |
| <b>Ultomiris</b> (ravulizumab-cwyz)  | J1303                  |
| <b>Uplizna</b> (inebilizumab-cdon)   | J1823                  |
| <b>Vegzelma</b> (bevacizumab-adcd)   | Q5129                  |
| <b>Vyjuvek</b> (beremagene-geperpavec-svdt)  | J3401                  |
| <b>Vyvgart</b> (efgartigimod alfa-fca)   | J9332                  |
| <b>Vyvgart-Hytrulo</b> (efgartigimod alfa, 2 mg and hyaluronidase-qvfc)  | J9334                  |
| <b>Xiaflex</b> (collagenase clostridium histolyticum)  | J0775                  |
| <b>Yvepti</b> (eptinezumab-jjmr)   | J3032                  |
| <b>Zolgensma</b> (onasemnogene abeparvovec)  | J3399                  |
| <b>Drugs with Unclassified Codes</b>   | Codes/Additional notes |
| Prior authorization is required for the following drug names:<br>Izervay, Roctavian, Rystiggo, Skysona, Vyvgart, Vyvgart-Hytrulo | C9399/J3490/J3590      |

## Injectable medications: Part B step therapy drugs

| <b>Anti-Emetics</b>   | <b>Codes/Additional notes</b> |
|---|-------------------------------|
| Emend (aprepitant)  | J0185                         |
| Akynzeo (fosnetupitant and palonosetron)  | J1454                         |
| Kytril (granisetron)  | J1627                         |
| <b>Bevacizumab (Authorization required for cancer diagnoses only)</b>                 | <b>Codes/Additional notes</b> |
| Avastin (bevacizumab)   | J9035                         |
| Alymsys (bevacizumab-maly, biosimilar)  | Q5126                         |
| Vegzelma (bevacizumab-adcd biosimilar)  | Q5129                         |
| <b>Bone Density Agents – Oncology and osteoporosis</b>                                | <b>Codes/Additional notes</b> |
| Prolia/Xgeva (denosumab)<br>For cancer diagnosis, see Cancer Guidance Program section | J0897                         |
| Evenity (romosozumab-aqqg)  | J3111                         |
| <b>Colony stimulating factors (require authorization regardless of diagnosis)</b>     | <b>Codes/Additional notes</b> |
| Neupogen (filgrastim (G-CSF))   | J1442                         |
| Granix (tbo-filgrastim)   | J1447                         |
| Rolvedon (eflapegrastim-xnst)   | J1449                         |
| Fulphila (pegfilgrastim-jmdb, biosimilar)   | Q5108                         |
| Nivestym (filgrastim-aafi, biosimilar)  | Q5110                         |
| Ziextenzo (pegfilgrastim-bmez biosimilar)   | Q5120                         |
| Nyvepria (pegfilgrastim-apgf, biosimilar)   | Q5122                         |
| Releuko (filgrastim-ayow, biosimilar)   | Q5125                         |
| Stimufend (pegfilgrastim-fpgk biosimilar)   | Q5127                         |
| Fylnetra (pegfilgrastim-pbbk biosimilar)  | Q5130                         |
| <b>Erythropoiesis-stimulating agents</b>  | <b>Codes/Additional notes</b> |
| Procrit (epoetin alfa)  | J0885                         |
| <b>Gemcitabine</b>  | <b>Codes/Additional Notes</b> |
| Infugem (gemcitabine hydrochloride)   | J9198                         |
| <b>Gonadotropin Releasing Hormone Analogs for Oncology</b>                            | <b>Codes/Additional notes</b> |
| Lupron Depot (leuprolide acetate (for depot suspension))                              | J1950                         |
| <b>Gout Agents</b>  | <b>Codes/Additional notes</b> |
| Krystexxa(pegloticase)  | J2507                         |

| <b>Hyaluronic acid polymers</b>                                  | <b>Codes/Additional notes</b> |
|--|-------------------------------|
| <b>Genvisc 850</b>   | J7320                         |
| <b>Hyalgan, Supartz, Supartz FX, Visco-3</b>                     | J7321                         |
| <b>Hymovis</b>   | J7322                         |
| <b>Euflexxa</b>  | J7323                         |
| <b>Orthovisc</b>   | J7324                         |
| <b>Gel-One</b>   | J7326                         |
| <b>Monovisc</b>  | J7327                         |
| <b>Trivisc</b>   | J7329                         |
| <b>Synjoynt</b>  | J7331                         |
| <b>Triluron</b>  | J7332                         |
| <b>Immune Globulins</b>  | <b>Codes/Additional notes</b> |
| <b>Cutaquig</b> (immune globulin)                                | J1551                         |
| <b>Asceniv</b> (immune globulin)                                 | J1554                         |
| <b>Panzyga</b> (immune globulin intravenous, non-lyophilized)    | J1576                         |
| <b>Immunodilators</b>  | <b>Codes/Additional notes</b> |
| <b>Avsola</b> (infliximab-axxq)                                  | J1745                         |
| <b>Renflexis</b> (infliximab-abda, biosimilar)                   | Q5104                         |
| <b>Intravenous iron products</b>                                 | <b>Codes/Additional notes</b> |
| <b>Monoferric</b> (ferric derisomaltose)                         | J1437                         |
| <b>Monoferric</b> (ferric carboxymaltose)                        | J1439                         |
| <b>Leucovorin/Levoleucovorin</b>                                 | <b>Codes/Additional notes</b> |
| <b>Fusilev</b> (levoleucovorin, not otherwise specified)         | J0641                         |
| <b>Khapzory</b> (levoleucovorin)                                 | J0642                         |
| <b>Lipid Modifying Agent</b>                                     | <b>Codes/Additional notes</b> |
| <b>Leqvio</b> (inclisiran)                                       | J1306                         |
| <b>Migraine Prophylaxis</b>                                      | <b>Codes/Additional notes</b> |
| <b>Vyepti</b> (eptinezumab-jjmr)                                 | J1306                         |
| <b>Rituximab</b>   | <b>Codes/Additional notes</b> |
| <b>For cancer diagnosis, see Cancer Guidance Program section</b> |                               |
| <b>Rituxan Hycela</b> (rituximab 10 mg and hyaluronidase)        | J9311                         |
| <b>Rituxan</b> (rituximab 10 mg)                                 | J9312                         |
| <b>Riabni</b> (rituximab-arrx, biosimilar)                       | Q5123                         |

| <b>Systemic Lupus Erythematosus Agents</b>                    | <b>Codes/Additional notes</b> |
|---|-------------------------------|
| <b>Saphnelo</b> (anifrolumab-fnia)                            | J0178                         |
| <b>Trastuzumab</b>  | <b>Codes/Additional notes</b> |
| <b>Herceptin</b> (trastuzumab, excludes biosimilar)           | J9355                         |
| <b>Herceptin Hylecta</b> (trastuzumab and hyaluronidase-oysk) | J9356                         |
| <b>Ontruzant</b> (trastuzumab-dttb, biosimilar)               | Q5112                         |
| <b>Herzuma</b> (trastuzumab-pkrb, biosimilar)                 | Q5113                         |
| <b>Ogivri</b> (trastuzumab-dkst, biosimilar)                  | Q5114                         |
| <b>Vascular endothelial growth factor (VEGF) inhibitor</b>    | <b>Codes/Additional notes</b> |
| <b>Beovu</b> (brolocizumab-dbli)                              | J0179                         |
| <b>Vabysmo</b> (faricimab-svoa)                               | J2778                         |
| <b>Lucentis</b> (ranibizumab)                                 | J2777                         |
| <b>Susvimo</b> (ranibizumab, via intravitreal implant)        | J2779                         |
| <b>Byooviz</b> (ranibizumab-nuna, biosimilar)                 | Q5124                         |
| <b>Cimerli</b> (ranibizumab-eqrn)                             | Q5128                         |

## Genetic testing

### Codes

81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81340, 81341, 81342, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81495, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 81528, 84999, 85999, 86152, 86153, 86294, 86316, 86386, 86849, 88120, 88121, 88199, 88341\*, 88342\*, 88363, 88365, 88367, 88368, 88399, 89240, 89398, 0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 0006M, 0007M, 0007U, 0008U, 0009U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, S0265, S3800, S3841, S3842, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3870

\*Authorization not required for dermatology specialists, for any diagnosis or pathology specialists, for a dermatology related diagnosis

## Temporary "T"/Category III procedures

### Codes

0042T, 0126T, 0215T, 0263T, 0312T, 0350T, 0384T, 0413T, 0433T, 0454T, 0474T, 0494T, 0518T, 0542T, 0054T, 0163T, 0216T, 0264T, 0313T, 0351T, 0385T, 0414T, 0434T, 0455T, 0475T, 0495T, 0519T, 0543T, 0055T, 0164T, 0217T, 0265T, 0314T, 0352T, 0386T, 0415T, 0435T, 0456T, 0476T, 0496T, 0520T, 0544T, 0058T, 0165T, 0218T, 0266T, 0315T, 0353T, 0394T, 0416T, 0436T, 0457T, 0477T, 0497T, 0521T, 0545T, 0071T, 0174T, 0219T, 0267T, 0316T, 0354T, 0395T, 0417T, 0437T, 0458T, 0478T, 0498T, 0522T, 0546T, 0072T, 0175T, 0220T, 0268T, 0317T, 0355T, 0396T, 0418T, 0439T, 0459T, 0479T, 0499T, 0523T, 0547T, 0075T, 0184T, 0221T, 0269T, 0329T, 0356T, 0397T, 0419T, 0440T, 0460T, 0480T, 0500T, 0524T, 0548T, 0076T, 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



Optum® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other trademarks 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.

© 2024 Optum, Inc. All rights reserved. 8688201 224190-112022