

# Optum UnitedHealthcare Medicare Advantage prior authorization requirements

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 # (Only if online is not available): **1-888-992-2809**
- Prior authorization Intake department phone (Only if online or fax are not available): **1-877-370-2845**, TTY 711
- Prior authorization department email: [lcd\\_um@optum.com](mailto: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 displays "referral required," certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician. Guidelines in this document are applicable to service providers and facilities with Optum Direct Contracts. All other providers should access the member's health plan website for Prior Authorization Requirement information.

## Items listed below require prior authorization

### Out-of-network

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services, and treatment require prior authorization. All out-of-network providers require prior authorization for any service rendered.

**The following inpatient/institutional services require prior authorization**

- Elective/scheduled medical admissions
- Acute rehabilitation admissions
- Subacute admissions
- Skilled nursing facility (SNF) admissions
- Long-term acute care facility admissions
- Alcohol, drug and/or substance abuse admissions
- Behavioral health admissions

**Submitting admit notification:**

**Hospital admissions:**

- Online: [secure.optumcare.com/provider/account/logon](https://secure.optumcare.com/provider/account/logon)
- Phone: 1-855-822-4325
- Fax: 1-888-822-4325

**Skilled Nursing Facility admissions:**

All skilled nursing facility (SNF) and post-acute care admissions can be submitted to Navi Health.

- nH Access Portal: To enroll in nH Access, please visit [partners.navihealth.com/partner/nh-access](https://partners.navihealth.com/partner/nh-access)
- Fax: 1-844-244-9482
- Phone: 1-855-851-1127

**Alcohol, drug, and/or substance abuse or mental illness admissions:**

Call Optum Behavioral Health at 1-800-579-5222, TTY 711

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Behavioral health services</b> Plan exclusions: None Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.
<b>Bariatric Surgery</b> Plan exclusions: None	Prior authorization required	43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43844, 43845, 43846, 43847, 43848, 43860, 43865, 43882, 43886, 43887, 43888, 44799
<b>Bone growth stimulator</b> Plan exclusions: None	Prior authorization required	20974, 20975, 20979, E0747, E0748, E0749, E0760
<b>Breast reconstruction (non-mastectomy)</b>  Reconstruction of the breast except when following a mastectomy  Plan exclusions: None	Prior authorization required	11920, 11921, 11922, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600  <b>Prior authorization is not required for the following diagnosis codes:</b> C50.011, C50.312, C50.619, C50.012, C50.319, C50.621, C50.019, C50.321, C50.622, C50.021, C50.322, C50.629, C50.022, C50.329, C50.811, C50.029, C50.411, C50.812, C50.111, C50.412, C50.819, C50.112, C50.419, C50.821, C50.119, C50.421, C50.822, C50.121, C50.422, C50.829, C50.122, C50.429, C50.911, C50.129, C50.511, C50.912, C50.211, C50.512, C50.919, C50.212, C50.519, C50.921, C50.219, C50.521, C50.922, C50.221, C50.522, C50.929, C50.222, C50.529, C79.81, C50.229, C50.611, D05.00, C50.311, C50.612, D05.01
<b>Cardiology</b> Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMOSNP), (HMO-POS SNP), (PPO SNP)	Prior authorization required for participating physicians for inpatient, outpatient and office-based procedures prior to performance	0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33230, 33231, 33240, 33262, 33263, 33264, 33270, 33285, 33289, 93350, 93351, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93799, C2624, E0616

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Cardiovascular</b></p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p><b>Cardiology</b></p> <p>93653, 93656</p> <p><b>Vascular*</b></p> <p>37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p>*Prior authorization is not required for the following service codes:</p> <p>I70.222, I70.521, I70.769, M86.379, I70.223, I70.522, I72.3, M86.38, I70.228, I70.523, I72.4, M86.39, I70.229, I70.528, I72.8, M86.40, I70.231, I70.529, I72.9, M86.451, I70.232, I70.531, I73.00, M86.452, I70.233, I70.532, I73.01, M86.459, I70.234, I70.533, I73.1, M86.461, I70.235, I70.534, I73.81, M86.462, I70.238, I70.535, I74.3, M86.469, I70.239, I70.538, I74.4, M86.471, I70.241, I70.539, I74.5, M86.472, I70.242, I70.541, I74.8, M86.479, I70.243, I70.542, I74.9, M86.48, I70.244, I70.543, I75.021, M86.49, I70.245, I70.544, I75.022, M86.50, I70.248, I70.545, I75.023, M86.551, I70.249, I70.548, I75.029, M86.552, I70.25, I70.549, I75.89, M86.559, I70.261, I70.561, I77.2, M86.561, I70.262, I70.562, I77.70, M86.562, I70.249, I70.563, I77.72, M86.571, I70.25, I70.568, I77.77, M86.572, I70.261, I70.761, I77.79, M86.579, I70.262, I70.762, M86.369, M86.58, I70.468, I70.763, M86.371, I70.469, I70.768, M86.372, 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, I70.569, 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, 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, M86.59, M86.60, M86.651, M86.652, M86.659, M86.661, M86.662, M86.669, M86.671, M86.672, M86.679, M86.68, M86.69, M86.8X0, M86.8X5, M86.8X6, M86.8X7, M86.8X8, M86.8X9, M86.9, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A</p>
<p><b>Cartilage implants</b></p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>27412, 27415, 27416</p>

Category III, Temporary "T" Codes	Codes
Prior authorization required	0019T, 0020T, 0021T, 0023T, 0024T, 0025T, 0026T, 0027T, 0028T, 0029T, 0030T,
	0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T,
Plan exclusions: None	0042T, 0043T, 0044T, 0045T, 046T, 0047T, 0048T, 0049T, 0050T, 0051T, 0052T,
	0053T, 0054T, 0055T, 0056T, 0057T, 0058T, 059T, 0060T, 0061T, 0062T, 0063T,
	0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0074T,
	0075T, 0076T, 0077T, 078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T,
	0086T, 0087T, 0088T, 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T,
	0097T, 0098T, 0099T, 0100T, 101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T,
	0108T, 0110T, 0111T, 0115T, 116T, 0117T, 0119T, 0120T, 0123T, 0124T, 0126T,
	0130T, 0133T, 0135T, 0137T, 0140T, 0141T, 0142T, 0143T, 0144T, 0145T, 0146T,
	0147T, 0148T, 0149T, 0150T, 0151T, 0152T, 0153T, 0154T, 0155T, 0156T, 0157T,
	0158T, 0159T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T,
	0169T, 0170T, 0171T, 0172T, 0173T, 0174T, 0175T, 0176T, 177T, 0178T, 0179T,
	0180T, 0181T, 0182T, 0183T, 0184T, 0185T, 0186T, 0187T, 0188T, 0189T, 0190T,
	0192T, 0193T, 0194T, 0197T, 0198T, 0199T, 0202T, 0203T, 0204T, 0205T, 0206T,
	0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T,
	0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0226T, 0227T, 0228T,
	0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0239T,
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	0252T, 0253T, 0254T, 0256T, 0257T, 0258T, 0259T, 0260T, 0261T, 0262T, 0263T,
	0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T,
	0275T, 0276T, 0277T, 0278T, 0279T, 0280T, 0281T, 0282T, 0283T, 0284T, 0285T,
	0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T,
	0297T, 0298T, 0308T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T,
	0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T,
	0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0362T,
	0373T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0396T, 0397T, 0398T, 0399T,
	0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0409T, 0410T, 0411T, 0412T,
	0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T,
	0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T,
	0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T,
	0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T,
	0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T,
	0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0479T,
	0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T,
	0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0505T,
	0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T,
	0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T,
	0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T,
	0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T,
	0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, 0562T, 0609T, 0610T,
	0611T, 0612T, 0634T, 0635T, 0636T, 0637T, 0638T, 0663T

Procedures and services	Additional information	CPT® or HCPCS codes										
<p><b>Chemotherapy</b></p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Prior authorization requests for drug codes in this section with a cancer diagnosis, should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a> Email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a> Phone: 1-877-454-8365, TTY 711</p>	<p>Prior authorization required</p> <p><b>Injectable chemotherapy drugs that require authorization:</b></p> <ul style="list-style-type: none"> <li>• Authorization is required for injectable chemotherapy 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>**For non-cancer diagnoses, See Part B Step Therapy Section</p> <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names:</p> <table border="1" data-bbox="586 1024 987 1375"> <tr> <td>C9399</td> <td>Sarclisa</td> </tr> <tr> <td>J3490</td> <td>Jaypirca, Pemetrexed, Stimufend, Vanflyta</td> </tr> <tr> <td>J3590</td> <td>Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz</td> </tr> <tr> <td>J8999</td> <td>Augtyro, Fruzaqla, Ogsiveo, Truqap</td> </tr> <tr> <td>J9999</td> <td>Akeega, Calquence, Yonsa</td> </tr> </table>	C9399	Sarclisa	J3490	Jaypirca, Pemetrexed, Stimufend, Vanflyta	J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz	J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap	J9999	Akeega, Calquence, Yonsa	<p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9155, C9165, 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, J9029, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9072, 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, J9286, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311**, J9312**, J9313, J9316, J9317, J9318, J9319, J9320, J9321, J9323, J9325, J9328, J9330, J9331, J9340, J9345, 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, Q5129**, Q5130</p> <p>New codes effective 5/1/2024: C9087, J1323, J2277, J3055, J9073, J9075</p> <p>**Cancer diagnosis is managed by Cancer Guidance Program For non-cancer diagnoses, See Part B Step Therapy Section</p>
C9399	Sarclisa											
J3490	Jaypirca, Pemetrexed, Stimufend, Vanflyta											
J3590	Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz											
J8999	Augtyro, Fruzaqla, Ogsiveo, Truqap											
J9999	Akeega, Calquence, Yonsa											

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Chemotherapy (Non-CGP)</b></p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Online: <a href="http://providers.optumcaremw.com">providers.optumcaremw.com</a></p> <p>Prior authorization Intake department fax # (Only if online is not an option): <b>1-888-992-2809</b></p> <p>Prior authorization Intake department phone (Only if online or fax are not an option): <b>1-877-370-2845, TTY 711</b></p>	<p>Prior authorization required</p>	<p><b>Injectable chemotherapy drugs that require notification:</b></p> <ul style="list-style-type: none"> <li>Injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</li> </ul> <p>J1954, J9037, J9051, J9064, J9172, J9199, J9218, J9255, J9258, J9274, J9285, J9314, J9322, J9324, J9347, J9380</p>
<p><b>Cochlear and other auditory implants</b></p> <p>Plan exclusions: None</p> <p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior authorization required</p>	<p>69714, 69715, 69718, 69930, L8614, L8619, L8690, L8691, L8692</p>
<p><b>Cosmetic and reconstructive Procedures</b></p> <p>Plan exclusions: None</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> <li>Includes breast reconstruction (non-mastectomy) and septoplasty/rhinoplasty</li> </ul>	<p>Prior authorization required</p> <p>Advance notification required for services, whether scheduled as inpatient or outpatient</p>	<p>11920, 21172, 21267, 67900, 11921, 21175, 21268, 67901, 11922, 21179, 21275, 67902, 11960, 21180, 21299, 67903, 11971, 21181, 21740, 67904, 15820, 21182, 21742, 67906, 15821, 21183, 21743, 67908, 15822, 21184, 28344, 67909, 15823, 21230, 30465, 67912, 15830, 21235, 30540, 67914, 15847, 21248, 30545, 67917, 15877, 21249, 30560, 67950, 15878, 21255, 30620, 67961, 17106, 21256, 31295, 67966, 17107, 21260, 31296, Q2026, 17108, 21261, 31297, 17999, 21263, 31298</p>
<p><b>Durable medical equipment (DME)</b></p> <p>Plan exclusions: Institutional/special needs plans (ISNP)</p>	<p><b>Section one:</b></p> <p>These items require prior authorization/notification regardless of price, including:</p> <ul style="list-style-type: none"> <li>Power mobility devices/accessories</li> <li>Lymphedema pumps</li> <li>Pneumatic compressors</li> </ul>	<p>E0466, E0470, E0651, E0667, E0766, E1230, E1239, E2310, E2510, E2609, E2617, K0800, K0801, K0802, K0806, K0807, 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, K1018, K1019</p>

Procedures and services	Additional information	CPT® or HCPCS codes
<p><b>Durable medical equipment (DME)</b></p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p>	<p><b>Section two:</b> Prior authorization is only required if the retail purchase cost or the cumulative rental cost is over \$1,000</p>	<p>E0170, E0193, E0194, E0203, E0246, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0350, E0373, E0450, E0459, E0461, E0462, E0465, E0471, E0472, E0486, E0483, E0601, E0603, E0616, E0617, E0618, E0620, E0635, E0636, E0639, E0640, E0650, E0652, E0655, E0656, E0660, E0665, E0668, E0669, E0671, E0672, E0673, E0675, E0691, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0770, E0782, E0783, E0784, E0785, E0786, E0830, E0856, 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, E1220, 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, E2227, E2228, E2300, E2301, E2311, E2312, E2313, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2375, E2376, E2402, E2502, E2504, E2506, E2508, K0005, K0009, K0010, K0011, K0012, K0014, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745, K0746</p>
<p><b>End-stage renal disease/dialysis services</b></p> <p>Plan exclusions: None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p>	<p>Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost- shares for plan members, even when they may have out-of-network benefits. Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels. Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call <b>1-866-561-7518</b>.</p>



Procedures and services	Additional information	CPT® or HCPCS codes
<b>Gender dysphoria treatment</b> Plan exclusions: None	Prior authorization required	55970 and 55980 (regardless of diagnosis) These surgical codes, when billed with one of the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890 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

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Genetic Testing</b> Plan exclusions: None	Prior authorization required	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, 86386, 86849, 88120, 86294, 86316, 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
<b>Home health care (nutritional)</b> Plan exclusions: None Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home	Prior authorization required	B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Hyperbaric Oxygen Treatment</b> Plan exclusions: None	Prior authorization required	99183, 99184
<b>Hysterectomy (abdominal and laparoscopic surgeries)– inpatient and outpatient procedures</b> Plan exclusions: None	Prior authorization required	58150, 58542, 58552, 58571, 58152, 58543, 58553, 58572, 58180, 58544, 58554, 58573, 58541, 58550, 58570
<b>Hysterectomy (vaginal) – inpatient only</b> Plan exclusions: None	No prior authorization required for outpatient vaginal hysterectomies	58260, 58270, 58280, 58293, 58291, 58294, 58262, 58267, 58275, 58290, 58292, 58263
<b>Inpatient admission</b> Plan exclusions: None	Notification required	
<b>Inpatient admissions – post-acute services</b> Plan exclusions: None	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> UnitedHealthcare® nursing home plans are excluded from the skilled nursing facility prior authorization requirement:	
<b>Out-of-network services</b> Plan exclusions: None A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with Optum Care	Please note that your agreement with Optum Care may include restrictions on directing plan members outside of the Optum Care Network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. <b>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</b> <ul style="list-style-type: none"> <li>• A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services.</li> <li>• A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed.</li> </ul> A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in network care providers for the type of specialty services needed.	
<b>Non-emergency air transport</b> Plan exclusions: None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430, A0431, A0435, A0436
<b>Ophthalmology Procedures</b> Plan exclusions: None	Prior authorization required	66174, 66175, 66821
<b>Orthognathic surgery</b> Plan exclusions: None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120, 21145, 21188, 21215, 21121, 21146, 21193, 21240, 21122, 21147, 21194, 21242, 21123, 21150, 21195, 21244, 21125, 21151, 21196, 21245, 21127, 21154, 21198, 21246, 21141, 21155, 21199, 21247, 21142, 21159, 21206, 21143, 21160, 21210

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Orthotics</b> Plan exclusions: None	Prior authorization required for all foot orthotics, regardless of billed charge. Prior authorization required for other orthotics devices greater than \$1,000 billed charge per device.	L0112, L1710, L3050, L3455, L0140, L1720, L0150, L1730, L0170, L1755, L3060, L3070, L3080, L3460, L3465, L3470, L0200, L1834, L3090, L3480, L0220, L1840, L3100, L3485, L0430, L1844, L3140, L3500, L0452, L1846, L3150, L3510, L0456, L1860, L3160, L3520, L0460, L1904, L3170, L3530, L0462, L1920, L3201, L3540, L0464, L1932, L3202, L3550, L0466, L1945, L3203, L3560, L0468, L2000, L3204, L3570, L0480, L2005, L3206, L3580, L0482, L2010, L3207, L3590, L0484, L2020, L3208, L3595, L0486, L0488, L0622, L0623, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1001, L1005, L1200, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1686, L1690, L1700, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2108, L2126, L2128, L2134, L2136, L2232, L2320, L2350, L2387, L2520, L2525, L2526, L2627, L2628, L2800, L2861, L2999, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3209, L3211, L3212, L3213, L3214, L3215, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3600, L3610, L3620, L3630, L3640, L3649, L3674, L3720, L3730, L3740, L3764, L3765, L3766, L3891, L3900, L3901, L3904, L3921, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4000, L4030, L4040, L4045, L4050, L4055, L4631

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Orthopedic surgeries</b> Plan exclusions: None Spine and joint surgeries	Prior authorization required	20930, 20931, 20939, 22100, 22101, 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, 22858, 22858, 22861, 22864, 22865, 22867, 22869, 22899, 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, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29866, 29867, 29868, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 62264, 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, 63661, 63101, 63102, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 0200T, 0201T, J7330
<b>Other Procedures</b> Plan exclusions: None	Prior authorization required	36903, 36904, 36905, 36906, 38999, 43999, 68520, C9762, C9763, G0235, M0076, Q4159, Q4197, Q4262
<b>Pain management</b> Plan exclusions: None	Prior authorization required	62350, 62351, 62360, 62361, 62362, 64491, 64492, 64493, 64494, 64495, 64634, 64636
<b>Potentially unproven services</b> (including experimental/ investigational and/or linked services) Plan exclusions: None Optum Care Network– Kansas/Missouri assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless Optum Care Network– Kansas/Missouri has found the new technology meets requirements for coverage under the member’s plan of coverage, and prior authorization is requested and provided for the treatment or services utilizing the new technology.	Prior authorization required Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes, due to: <ul style="list-style-type: none"> <li>• Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>• Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>	28890, 36514, 64405, 64722, 64744, 66180, 95965, 95966
<b>Prostate procedures</b> Plan exclusions: None	Prior authorization required	52441, 52442

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Prosthetics</b> Plan exclusions: None	Prior authorization required for prosthetics codes listed with a retail purchase cost of more than \$1,000	L4020, L5705, L6205, L6935, L5010, L5706, L6250, L6940, L5020, L5707, L6300, L6945, L5050, L5718, L6310, L6950, L5060, L5722, L6320, L6955, L5100, L5724, L6350, L6960, L5105, L5726, L6360, L6965, L5150, L5728, L6370, L6970, L5160, L5780, L6380, L6975, L5200, L5781, L6382, L7007, L5210, L5782, L6384, L7008, L5220, L5795, L6400, L7009, L5230, L5811, L6450, L7040, L5250, L5814, L6500, L7045, L5270, L5816, L6550, L7170, L5280, L5818, L6570, L7180, L5301, L5822, L6580, L7181, L5311, L5824, L6582, L7185, L5312, L5826, L6584, L7186, L5321, L5828, L6586, L7190, L5331, L5830, L6588, L7191, L5341, L5840, L6590, L7260, L5400, L5845, L6621, L7261, L5420, L5848, L6624, L7266, L5500, L5856, L6638, L7272, L5505, L5857, L6639, L7274, L5510, L5858, L6646, L7499, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5930, L5960, L5961, L5964, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6025, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6648, L6693, L6696, L6697, L6707, L6708, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8049, L8499, L8505, L8604, L8609, L8681, L8689, L8699, L8701, L8702, V2623, V2624, V2625, V2626, V2627, V2628

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Radiology</b> Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPOSNP)	Prior authorization required for advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain PET scans</li> <li>• CT Angiography</li> <li>• MRI, MRA</li> </ul> Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for requesting prior authorization before scheduling the procedure. 70336, 73218, 78014, 78445, 70496, 73219, 78015, 78451, 70498, 73220, 78016, 78452, 70540, 73221, 78070, 78453, 70542, 73222, 78075, 78454, 70543, 73223, 78099, 78456, 70544, 73225, 78102, 78457, 70545, 73706, 78103, 78458, 70546, 73718, 78104, 78459, 70547, 73719, 78185, 78466, 70548, 73720, 78195, 78468, 70549, 73721, 78199, 78469, 70551, 73722, 78201, 78472, 70552, 73723, 78202, 78473, 70553, 73725, 78215, 78481, 70554, 78216, 78483, 78491, 70555, 74174, 78226, 78492, 71275, 74175, 78227, 78494, 71550, 74181, 78230, 78496, 71551, 74182, 78231, 78499, 71552, 74183, 78232, 78575, 71555, 74185, 78258, 78580, 72141, 74712, 78261, 78582, 72142, 74713, 78262, 78597, 72146, 75557, 78264, 78598, 72147, 75559, 78265, 78599, 72148, 75561, 78266, 78600, 72149, 75563, 78278, 78601, 72156, 75574, 78282, 78605, 72157, 75635, 78290, 78606, 72158, 76380, 78291, 78608, 72159, 76498, 78299, 78609, 72191, 77021, 78300, 78610, 72195, 77058, 78305, 78630, 72196, 77059, 78306, 78635, 72197, 77084, 78315, 78645, 72198, 78012, 78399, 78650, 73206, 78013, 78428, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78999, 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, S8042, S8080, S8085, S8092, 76376, 76377
<b>Rhinoplasty</b> Plan exclusions: None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
<b>Sleep apnea procedures and surgeries</b> Plan exclusions: None Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries. Applies only for surgical sleep apnea procedures and not sleep studies.	21685, 42145, 41512, 41530, 41599
<b>Sleep Studies</b> Plan exclusions: None	Prior authorization required	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811
<b>Stimulators</b> Plan exclusions: None Implantation of a device that sends electrical impulses. <ul style="list-style-type: none"> <li>• Bone growth stimulators</li> <li>• Spinal/neurostimulators</li> </ul>	Prior authorization required	61850, 61886, 63668, L8680, 61863, 63650, 63685, L8683, 61864, 63655, 64555, L8685, 61867, 63662, 64568, L8687, 61868, 63663, 64590, L8688, 61885, 63664, L8586

Procedures and services	Additional information	CPT® or HCPCS codes
<b>Therapeutic Radiology Treatment/Radiation Oncology</b> Plan exclusions: None	Prior authorization required  Prior authorization requests should be submitted to our Cancer Guidance Program (CGP). Online: <a href="http://mbm.linkplatform.com">mbm.linkplatform.com</a> Email: <a href="mailto:optumcare_smgp@optum.com">optumcare_smgp@optum.com</a> Phone: 1-877-454-8365, TTY 711  Prior authorization required For codes in this section, prior authorization requests should be submitted through the Optum Care Prior Authorization Department. See page 1 for contact information.	55874, 77401, G0340, G6010, 77014, 77470, G6001, G6011, 77331, 77520, G6002, G6012, 77370, 77522, G6003, G6013, 77371, 77523, G6004, G6014, 77372, 77525, G6005, G6015, 77373, 79445, G6006, G6016, 77385, 0394T, G6007, G6017, 77386, 0395T, G6008, 77399, G0339, G6009  <b>Stereotactic Radiosurgery (SRS)</b> G0173, G0251 <b>Intensity-modulated radiation therapy (IMRT)</b> 77418
<b>Transplant of tissue or organs</b> Plan exclusions: None <ul style="list-style-type: none"> <li>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation</li> </ul> Request for transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required  For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel), Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum transplant case management team at <b>1-888-936-7246</b> or the notification number on the back of the member's health plan ID card.  *Code 38232: Prior authorization only required for an oncology diagnosis.	<b>Bone marrow harvest</b> 38240, 38241, 38242  <b>Heart/lung</b> 33930, 33935  <b>Heart</b> 33940, 33944, 33945  <b>Lung</b> 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061  <b>Kidney</b> 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50380, 50547  <b>Pancreas</b> 48551, 48552, 48554  <b>Liver</b> 47135, 47143, 47147  <b>Intestine</b> 44132, 44133, 44135, 44136, 38210, 38212, 38213, 38214, 38215, 38232*, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152, C9076 *Prior authorization required only for an oncology diagnosis.  <b>CART-cell therapy</b> 0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2053, Q2054, Q2055  <b>Other Injectables:</b> Casgevy (exagamglogene autotemcel) Zynteglo (betibeglogene autotemcel) C9399/J3490/J3590
<b>Vein procedures</b> Plan exclusions: None Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36468, 36469, 36470, 36471, 36473, 36475, 36476, 36478, 36479, 36482, 37243, 37700, 37718, 37722, 37780, 37799



Procedures and services	Additional information	CPT® or HCPCS codes
<b>Ventricular assist devices (VAD)</b> Plan exclusions: None A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required 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.	33975, 33976, 33979, 33981, 33982, 33983

## Injectable medications

For oncology DX, please see cancer supportive care and chemotherapy sections above.

Injectable medications	Codes/Additional notes
Immune Globulin (Igiv), Human, Iv Use	90283
Immune globulin (SCIg), human	90284
Respiratory syncytial virus, monoclonal	90378
Gallium Ga-68 gozetotide, diagnostic	A9800
Injection, patisiran, 0.1 mg	C9036
Injection, mogamulizumab-kpkc, 1 mg	C9038
Injection, teplizumab-mzwv, 5 mcg	C9149
Injection, tofersen	C9157
Injection, aflibercept hd, 1 mg	C9161
Injection, avacincaptad pegol	C9162
Injection, talquetamab-tgvs, 0.25 mg	C9163
Injection, elranatamab-bcmm, 1 mg	C9165
Injection, apadamtase alfa, 10 units	C9167
Injection, mirikizumab-mrkz, 1 mg	C9168
Injection, abatacept, 10 mg	J0129
Adalimumab injection	J0135
Injection, aducanumab-avwa, 2mg	J0172
Injection, lecanemab-irmb	J0174
Injection, aflibercept, 1 mg	J0178
Injection, avalglucosidase alfangpt	J0219
Injection, givosiran, 0.5 mg	J0223
Injection, lumasiran, 0.5 m	J0224
Injection, vutrisiran, 1 mg	J0225
Injection, alpha 1-proteinase inhibitor	J0256
Injection, burosumab-twza 1 mg	J0584
Injection, onabotulinumtoxina, 1 Unit	J0585
Injection, abobotulinumtoxina, 5 Units	J0586
Injection, rimabotulinumtoxinb	J0587
Injection, incobotulinumtoxinA, 1 unit	J0588
Injection, daxibotulinumtoxina-lanm, 1 unit	J0589
Cinacalcet, oral 1 mg (for ESRD/DIAL)	J0604
Injection, clostridium histolyticum	J0775
Injection, crizanlizumab-tmca, 5 mg	J0791
Injection, difelikefalin, 0.1 microgram	J0879
Injection, darbepoetin alfa, 1 mcg	J0882
Epoetin alfa, esrd	J0886
Injection, luspatercept-aamt, 0.25 mg	J0896
Injection, eculizumab, 10 mg	J1300
Injection, edaravone, 1 mg	J1301
Injection, sutimlimab-jome	J1302
Injection, ravulizumab-cwvz, 10 mg	J1303
Injection, tofersen	J1304
Injection, evinacumab-dgnb, 5 mg	J1305
Injection, valoctocogene roxaparvovec-rvox	J1412
Injection, delandistrogene moxeparvovec-rokl	J1413
Injection, etranacogene dezaparvovec	J1411
Injection, immune globulin (Privigen)	J1459
Injection, immune globulin (Cuvitru)	J1555
Injection, immune globulin (bivigam)	J1556

Injectable medications	Codes/Additional notes
Injection, immune globulin (Gammaplex)	J1557
Injection, immune globulin (xembify)	J1558
Injection, immune globulin (hizentra)	J1559
Injection, immune globulin (Gamunex)	J1561
Injection, immune globulin, intravenous	J1566
Injection, immune globulin, (octagam)	J1568
Injection, immune globulin, liquid	J1569
Injection, immune globulin	J1572
Injection, immune globulin	J1575
Injection, immune globulin, intravenous	J1599
Injection, spesolimab-sbzo	J1747
Injection, histrelin acetate	J1675
Injection, inebilizumab-cdon, 1 mg	J1823
Injection, natalizumab, 1 mg	J2323
Injection, nusinersen, 0.1 mg	J2326
Injection, risankizuman-rzaa	J2327
Injection, ublituximab-xiyy	J2329
Injection, ocrelizumab, 1 mg	J2350
Injection, tezepelumab-ekk	J2356
Injection, palonosetron HCl	J2469
Injection, pegcetacoplan, 1mg	J2781
Injection, avacincaptad pegol, 0.1 mg	J2782
Injection, plasminogen tvmh 1mg	J2998
Injection, pegaptanib sodium, 0.3 mg	J2503
Injection, pegfilgrastim, 6 mg	J2505
Injection, teprotumumab-trbw, 10 mg	J3241
Triamcinolone A inj PRS-free	J3300
Ustekinumab, for subcutaneous inj	J3357
Injection, vedolizumab, 1 mg	J3380
Injection, voretigene neparvovec-rzyl	J3398
Injection, onasemnogene abeparvovec	J3399
Injection, beremagene-geperpavec-svdt	J3401
Factor VIIa (antihemophilic Factor)	J7189
Injection, cytarabine liposome	J9098
Injection, diethylstilbestrol diphosphate	J9165
Injection, efgartigimod alfa-fcab, 2mg	J9332
Injection, rozanolixizumab-noli	J9333
Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	J9334
Injection, teplizumab mzwv	J9381
Injection, teniposide 50 mg	Q2017
Injection, infliximab-axxq, biosimilar	Q5121
Injection, menotropins, 75 lu	S0122
Injection, ganirelix acetate, 250 Mcg	S0132
Unclassified/Not Otherwise Classified Injectables	C9399, J3490 and J3590 require prior authorization for the following drug names: Adzynma, Lyfgenia, Cimerli, Lantidra, Luxturna, Omvoh, Roctavian, Rystiggo, Skysona, Spevigo, Stimufend, Vyvgart_Hytrulo

Injectable medications	Codes/Additional notes
<p><b>Injectable medications – step therapy</b></p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> <li>• Private fee for service</li> <li>• Erickson Advantage</li> <li>• People’s Health in LA</li> <li>• Employer group HMO plans</li> <li>• Select employer group PPO plans: <ul style="list-style-type: none"> <li>– Navistar</li> <li>– Johnson &amp; Johnson</li> <li>– Bristol-Myers Squibb</li> <li>– Verizon</li> </ul> </li> </ul> <p>Plans offered in California</p>	<p><b>Anti-emetics**</b> J0185 J1454 J1627</p> <p><b>Bevacizumab**</b> J9035 Q5126 Q5129</p> <p><b>Bone Density Agents</b> J3111 J0897**</p> <p><b>Colony-Stimulating Factors**</b> J1442 J1447 J1449Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130</p> <p><b>Erythropoiesis-Stimulating Agents</b> J0885</p> <p><b>Gemcitabine</b> J9198</p> <p><b>Gonadotropin Releasing Hormone Analogs for Oncology**</b> J1950</p> <p><b>Gout Agents</b> J2507</p> <p><b>Hyaluronic Acid Polymers</b> (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332</p> <p><b>Immune Globulins</b> J1551 J1554 J1576</p> <p><b>Immunomodulators</b> J1745 Q5104</p> <p><b>Intravenous Iron Products</b> J1437 J1439</p> <p><b>Leucovorin/Levoleucovorin</b> J0641 J0642</p> <p><b>Lipid Modifying Agent</b> J1306</p> <p><b>Migraine Prophylaxis</b> J3032</p> <p><b>Rituximab**</b> J9311 J9312 Q5123</p> <p><b>Systemic Lupus Erythematosus Agents</b> J0491</p> <p><b>Trastuzumab</b> J9355 J9356 Q5112 Q5113 Q5114</p> <p><b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b> J0177 J0179 J2777 J2778 J2779 Q5124 Q5128</p> <p><i>**Prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Chemotherapy or Cancer supportive care sections above.</i></p>

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