

Prior authorization requirements for Indiana Hoosier Care Connect

Effective November 1, 2023

General information

This list contains prior authorization requirements for health care professionals participating with UnitedHealthcare Community Plan of Indiana providing inpatient and outpatient services. To request prior authorization, please submit your request using one of the following:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://uhcprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call **877-610-9785**

Note: Prior authorization is not required for emergency or urgent care. However, out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

You are required to request approval before rendering services. The UnitedHealthcare Health Services Department requires prior authorization as an essential part of any managed care organization. Advance notification is required to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Bariatric	Prior authorization is required.	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860
		43865			
Behavioral health	Prior authorization is required.	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.			
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.				
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator	Prior authorization is required.	20974	20975	20979	
Electronic stimulation or ultrasound to heal fractures					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380			
Cardiology	Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance. Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance.	93350	93351		
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required.	69710	69714	69930	L8614
		L8615	L8616	L8617	L8618
		L8619	L8627	L8628	L8690
		L8691	L8692	L8693	
Cosmetic and reconstructive procedures	Prior authorization is required.	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
67924	67950	67961	67966		
Durable medical equipment (DME)	Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	A9279	A9280	A9900	A9999
		E0194	E0265	E0266	E0270
		E0274	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0445	E0457	E0465
	Prosthetics are not DME – see orthotics and prosthetics.	E0466	E0470	E0471	E0472

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
DME (cont.)		E0483	E0485	E0486	E0620
		E0636	E0637	E0638	E0641
		E0642	E0652	E0656	E0669
		E0670	E0675	E0691	E0692
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0786	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1018	E1030
		E1035	E1036	E1085	E1086
		E1089	E1090	E1130	E1140
		E1161	E1220	E1226	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1250	E1260	E1285
		E1290	E1825	E1830	E1840
		E2100	E2204	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2312	E2321	E2322
		E2325	E2327	E2328	E2329
		E2331	E2343	E2351	E2370
		E2373	E2375	E2376	E2510
		E2511	E2512	E2599	E2614
		E2616	E2620	E2621	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0606
		K0730	K0800	K0801	K0812
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	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
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
	K0884	K0885	K0886	K0890	
	K0891	K0898	Q0479	Q0480	
	Q0481	Q0482	Q0483	Q0484	
	Q0488	Q0489	Q0490	Q0491	
	Q0495	Q0496	Q0502	Q0503	
	Q0504	Q0506	S1040	V2786	
	V5269	V5270	V5271	V5272	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
DME (cont.)		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services	Prior authorization is required.	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161	B9002	B9998	
Experimental and Investigational	Prior authorization is required.	33477	36514	64722	66180
		96002	A4638	A6000	A9274
		A9276	A9277	A9278	E0231
		E1831	S1030	S3652	
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization is required.	15832	15833	15834	15835
		15836	15837	15838	15839
		54660	55970	55980	58150
		58180	58260	58262	58290
		58291	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
	58573	69300			
Genetic testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81202	81206	81207	81219
		81228	81229	81235	81270
		81277	81293	81296	81299
		81301	81308	81311	81439
		81504	81519	81522	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Home health care	Prior authorization is required.	G0151	G0152	G0153	S9128
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization is required.	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Aduhelm®			
		J0172			
		Aldurazyme®			
		J1931			
		Amvuttra™			
		J0225			
		Aralast NP, Prolastin – C, Zemaira			
		J0256			
		Apretude			
		J0739			
		Asceniv™			
		J1554			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert®			
		J0597			
		Bivigam®			
		J1556			
		Botox®			
		J0585			
		Brineura®			
		J0567			
		Briumvi®			
		J2329			
		Cabenuva			
		J0741			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Crysvita® J0584
		Cutaquig® J1551
		Cuvitru® J1555
		Dysport® J0586
		Elaprase® J1743
		Elelyso® J3060
		Enjaymo™ J1302
		Entyvio® J3380
		Epogen®/Procrit J0885
		Evkeeza J1305
		Evenity™ J3111
		Fabrazyme® J0180
		Fasenra™ J0517
		Feraheme® Q0138
		Firmagon® J9155
		Flebogamma DIF J1572
		Fylintra® Q5130
		Gamifant® J9210
		Gammagard J1569
		Gammaplex J1557
		Gamunex®-C/Gammaked J1561

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hizentra®				
	J1559				
	Hyqvia				
	J1575				
	Ilaris®				
	J0638				
	Ilumya®				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1566	
	J1599				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lanreotide				
	J1932				
	Lemtrada®				
J0202					
Leqembi®****					
J0174					
Leqvio®					
J1306					
Lumizyme®					
J0221					
Lupron Depot®					
J1950					
Lupron Depot Eligard®					
J9217					
Makena®/17P					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1726 Mepsevii® J3397 Myobloc® J0587 Naglazyme® J1458 Nexviazyme® J0219 Nplate® J2796 Nucala® J2182 Nyvepria™ Q5122 Ocrevus™ J2350 Octagam® J1568 Octreotide Acetate J2354 Onpatro® (patisiran) J0222 Orencia® J0129 Panzyga® J1576 Parsabiv™ J0606 Probuphine® J0570 Prolia®** J0897 Purified Cortrophin® Gel J0802 Qalsody™ C9157 Radicava® J1301 Reblozyl® J0896 Releuko®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Q5125			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Riabni™			
		Q5123			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Rolvedon™			
		J1449			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Sandostatin LAR®			
		J2353			
		Saphnelo®			
		J0491			
		Signifor LAR®			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7322	J7324	J7325
		J7326	J7327	J7329	J7332
		Soliris®			
		J1300			
		Somatuline Depot®			
		J1930			
		Spevigo®			
		J1747			
		Stelara®			
		J3358			
		Stimufend®			
		Q5127			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Sublocade™				
		Q9991		Q9992	
	Sunlenca®				
		J1961			
	Supprelin®				
		J9226			
	Syfovre®				
		J2781			
	Synagis®				
		90378			
	Tepezza®				
		J3241			
	Tezspire™				
		J2356			
	Trelstar®				
		J3315			
	Triptodur				
		J3316			
	Trogarzo™				
		J1746			
	Truxima®				
		Q5115			
	Tzield				
		J9381			
	Ultomiris®				
		J1303			
	Unclassified*				
		C9399	J3490	J3590	C9149
	Uplizna®				
		J1823			
	Vimizim®				
		J1322			
Vyepti™					
	J3032				
Vyvgart					
	J9332				
White blood cell colony					
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
Xembify®					
	J1558				
Xenpozyme®					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J0218			
		Xeomin®			
		J0588			
		Xolair®			
		J2357			
		Zoladex®			
		J9202			
		* For unclassified and temporary codes C9399, J3490, J3590 and C9149, prior authorization is only required for Nulibry, Revcovi, Ryplazim, Scenesse, Uplizna, Vabysmo.			
		* Effective Oct 1, 2023 – Only codes J3490 and J3590 are covered for Elfabrio and Lamzede.			
		** Effective Jan 1, 2023 prior authorization required for J0897 for non-oncology DX.			
	*** Effective Aug 1, 2023: Prior authorization required for J0174.				
Joint replacement	Prior authorization is required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization is required.	A0430	A0431		
Occupational/ physical therapy	Prior authorization is required.	97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97129	97130
		97139	97140	97150	97530
		97533	97535	97537	97542
		97750	97760	97761	97763
97799	G0281	G0282	G0283		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization is required.	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	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Orthotics and prosthetics (cont.)

L0638	L0640	L0700	L0710
L0810	L0820	L0830	L0859
L1000	L1005	L1200	L1300
L1310	L1499	L1680	L1685
L1700	L1710	L1720	L1730
L1755	L1820	L1830	L1831
L1832	L1834	L1836	L1840
L1844	L1845	L1846	L1847
L1860	L1945	L1950	L1970
L2000	L2005	L2010	L2020
L2030	L2034	L2036	L2037
L2038	L2060	L2106	L2108
L2126	L2128	L2136	L2350
L2510	L2526	L2627	L2628
L3215	L3216	L3217	L3219
L3221	L3222	L3230	L3250
L3251	L3252	L3265	L3649
L3671	L3674	L3720	L3730
L3740	L3763	L3764	L3900
L3901	L3904	L3905	L3961
L3971	L3975	L3976	L3977
L3999	L4000	L4010	L4020
L4631	L5010	L5020	L5050
L5060	L5100	L5105	L5150
L5160	L5200	L5210	L5220
L5230	L5250	L5270	L5280
L5301	L5312	L5321	L5331
L5341	L5400	L5420	L5460
L5500	L5505	L5510	L5520
L5530	L5535	L5540	L5560
L5570	L5580	L5585	L5590
L5595	L5600	L5610	L5613
L5614	L5616	L5639	L5640
L5642	L5643	L5644	L5646
L5647	L5648	L5649	L5651
L5653	L5661	L5673	L5682
L5683	L5700	L5702	L5703
L5705	L5706	L5716	L5718
L5722	L5724	L5726	L5728
L5780	L5782	L5790	L5795
L5811	L5812	L5814	L5816
L5818	L5822	L5824	L5826
L5828	L5830	L5845	L5848
L5857	L5858	L5930	L5950
L5960	L5961	L5962	L5964
L5966	L5968	L5973	L5976
L5979	L5980	L5981	L5982

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5984	L5986	L5987	L5988
		L5990	L5999	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	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	L7405	L8040	L8042	
	L8043	L8044	L8045	L8046	
	L8047	L8499	L8609	L8610	
	L8612	L8631	L8659	V2627	
Prostate procedures	Prior authorization is required.	52441	52442	55866	
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization is required.	77520	77522	77523	77525
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) and positron emission tomography (PET) scans Nuclear medicine and nuclear cardiology procedures 	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
Remote patient monitoring	Prior authorization is required.	99091	99453	99454	99457
		99458	93228	93229	93268
		93270	93271	93272	93298

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Remote patient monitoring (cont.)		98975 98981	98976 99473	98977 99474	98980
Rhinoplasty	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization is required.	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization is required.	21685	41599	42145	
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Speech therapy	Prior authorization is required.	92507 92633	92508	92526	92630
Spinal surgery	Prior authorization is required.	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22868 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22869 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 22870 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22867 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
Stimulators	Prior authorization is required.	43648 61864 61886	43881 61867 63650	43882 61868 63655	61863 61885 63685

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Stimulators (cont.)		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	E0747
		E0748	E0749	E0760	L8680
		L8682	L8685	L8686	L8687
		L8688			
Transplants Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	Prior authorization is required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) and Yescarta™ (axicabtagene ciloleucl), please call Optum at 888-936-7246 or the number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38232	38240	38241
		38242	44132	44133	44135
		44136	44137	44715	44720
		44721	47133	47135	47140
		47141	47142	47143	47144
		47145	47146	47147	48551
		48552	48554	50300	50320
		50323	50325	50340	50360
		50365	50370	50547	0537T
		0538T	0539T	0540T	
		CAR T-cell therapy			
		Q2056			
		Gene therapy			
		J3490*	J3590*	C9399*	
		*Effective Jan. 1, 2023: For Unclassified codes J3490, J3590 and C9399, Zynteglo will require Prior Authorization through Optum Transplant.			
		*Effective Mar. 1, 2023: For Unclassified codes J3490, J3590 and C9399, Hemgenix will require prior authorization through Optum Transplant.			
Urine drug testing	Prior authorization is required.	80320	80321	80322	80323
		80324	80325	80326	80327
		80328	80329	80330	80331
		80332	80333	80334	80335
		80336	80337	80338	80339
		80340	80341	80342	80343
		80344	80345	80346	80347
		80348	80349	80350	80351
		80352	80353	80354	80355
		80356	80357	80358	80359
		80360	80361	80362	80363
		80364	80365	80366	80367
		80368	80369	80370	80371
		80372	80373	80374	80375
		80376	80377	G0480	G0481

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Urine drug testing (cont.)		G0482	G0483	G0659	
Vein procedures	Prior authorization is required.	36473	36475	36478	37700
		37718	37722	37780	
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					
Ventricular assist devices (VAD)	Prior authorization is required.	33927	33928	33929	33975
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
		Please call the number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
Wound vac	Prior authorization is required.	E2402			

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