

Prior authorization requirements for Indiana Hoosier Care Connect

Effective July 1, 2024

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 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	44799
		44705			
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.				
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81167		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19340	
		19342	19350	S2067	S2068	
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.	69930	L8615	L8616	L8617	
		L8618	L8619	L8627	L8628	
		L8691	L8692	L8693	V5050	
		V5060	V5140	V5256	V5257	
		V5260	V5261	92640	L8690	
Cosmetic and reconstructive procedures	Prior authorization is required.	11921	11922	15780	15781	
		15782	15783	15820	15821	
		15822	15823	15830	15847	
		17999	19300	19301	21137	
		21138	21139	21230	21235	
		21270	21295	30120	67900	
		67901	67902	67903	67904	
		67906	67908	67912	S2066	
		29800	96920	96921	96922	
		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	A9999	E0265
E0270	E0274			E0277	E0296	
E0297	E0300			E0302	E0304	
E0328	E0329			E0439	E0442	
Prosthetics are not DME – see orthotics and prosthetics.	E0443			E0455	E0457	E0465
	E0466			E0470	E0471	E0472
	E0483			E0485	E0486	E0459
	E0636			E0637	E0638	E0641
	E0691			E0692	E0693	E0694
	E0745			E0766	E0720	E0730
	E0740		E0744	E0755	E0765	
	E0784		E0786	E0984	E0769	
	E1002		E1003	E1004	E1005	
	E1006		E1007	E1008	E0770	
E1010	E1011		E1018	E1390		
E1035	E1036		E1085	E1086		
E1089	E1090		E1130	E1140		
E1161	E1220		E1226	E1229		
E1231	E1232		E1233	E1234		
E1235	E1236		E1237	E1238		
E1391	E1250	E1260	E1285			
E1290	E1825	E1830	E1840			
E2100	E2204	E2227	E2228			
E2230	E1392	E1405	E2310			
E2311	E1406	E2321	E2322			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
DME (cont.)		E2331	E2327	E2328	E2329
		E2343	E2370	E2373	E2375
		E2376	E2510	E2511	E2512
		E2599	E2614	E2616	E2620
		E2621	E8000	E8001	E8002
		K0108	K0606	K0730	K0800
		K0801	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	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
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
		L1001	L8694	E0424	E0441
Enteral services	Prior authorization is required.	B4100	B4102	B4103	B4161
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
Experimental and investigational	Prior authorization is required.	33477	96002	A9274	A9276
		A9277	A9278	E1831	
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	81161	81167	81168	81200
		81201	81202	81203	81206
		81207	81208	81218	81219
		81228	81229	81230	81231
		81232	81235	81238	81243
		81244	81251	81252	81253
		81254	82157	81258	81259

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic testing (cont.)	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.	81269	81270	81276	81277
		81278	81279	81292	81293
		81294	81295	81296	81297
		81298	81299	81300	81301
		81302	81303	81304	81307
		81308	81309	81310	81311
		81315	81316	81317	81318
		81319	81321	81322	81323
		81328	81330	81335	81346
		81504	81519	81522	
Home health care	Prior authorization is required.	G0151 K0738	G0152	G0153	99600
Hysterectomy	Prior authorization is required.	51925 58240 58275 58294	58152 58263 58280 59897	58200 58267 58285 58548	58210 58270 58292
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 Adzynma J7171 Aldurazyme J1931 Amvuttra J0225 Aralast NP, Prolastin – C, Zemaira J0256 Apretude J0739 Asceniv J1554 Avsola Q5121 Benlysta J0490			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
-------------------------	------------------------	---

Injectable medications (cont.)		Berinert	
		J0597	
			Bivigam
			J1556
			Botox
			J0585
			Brineura
			J0567
			Briumvi
			J2329
			Cerezyme
			J1786
			Cimzia
			J0717
			Cinqair
			J2786
			Cinryze
			J0598
			Cosentyx
			J3247
			Crysvita
			J0584
			Cutaquig
			J1551
			Cuvitru
			J1555
			Daxxify
			J0589
		Dysport	
		J0586	
		Elaprase	
		J1743	
		Elelyso	
		J3060	
		Elfabrio	
		J2508	
		Enjaymo	
		J1302	
		Entyvio	
		J3380	
		Evkeeza	
		J1305	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
-------------------------	------------------------	---

Injectable medications (cont.)		Evenity
		J3111
		Eylea HD
		J0177
		Fabrazyme
		J0180
		Fasenra
		J0517
		Feraheme
		Q0138
		Firmagon
		J9155
		Flebogamma DIF
		J1572
		Fylintra
		Q5130
		Gamifant
		J9210
		Gammagard
		J1569
		Gammaplex
		J1557
		Gamunex-C/Gammaked
		J1561
		Givlaari
		J0223
		Glassia
		J0257
	Hizentra	
	J1559	
	Hyalgan	
	J7321	
	Hyqvia	
	J1575	
	Ilaris	
	J0638	
	Ilumya	
	J3245	
	Inflectra	
	Q5103	
	Injectafer	
	J1439	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

Injectable medications (cont.)		IVIG			
		90283	90284	J1459	J1566
		J1599			
		Izervay			
		J2782			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzede			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi****			
		J0174			
		Leqvio			
		J1306			
		Lumizyme			
		J0221			
		Lupron Depot			
		J1950			
		Lupron Depot Eligard			
		J9217			
		Mepsevii			
		J3397			
		Myobloc			
		J0587			
	Naglazyme				
	J1458				
	Nexviazyme				
	J0219				
	Nplate				
	J2796				
	Nucala				
	J2182				
	Nyvepria				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
-------------------------	------------------------	---

Injectable medications (cont.)		Q5122
		Ocrevus
		J2350
		Octagam
		J1568
		Octreotide Acetate
		J2354
		OmvoH
		J2267
		Onpattro (patisiran)
		J0222
		Orencia
		J0129
		Panzyga
		J1576
		Parsabiv
		J0606
		Pombiliti
		J1203
		Prolia**
		J0897
		Purified Cortrophin Gel
		J0802
		Qalsody
		J1304
		Radicava
		J1301
		Reblozyl
		J0896
		Releuko
		Q5125
		Remicade
	J1745	
	Renflexis	
	Q5104	
	Riabni	
	Q5123	
	Rituxan	
	J9312	
	Rituxan Hycela	
	J9311	
	Roctavian	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

Injectable medications (cont.)		J1412			
	Rolvedon				
		J1449			
	Ruconest				
		J0596			
	Ruxience				
		Q5119			
	Ryplazim				
		J2998			
	Rystiggo				
		J9333			
	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				
Sublocade					
	Q9991	Q9992			
Supprelin					
	J9226				
Syfovre					
	J2781				
Synagis					
	90378				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

Injectable medications (cont.)

Tepezza

J3241

Tezspire

J2356

Trelstar

J3315

Triptodur

J3316

Truxima

Q5115

Tzield

J9381

Ultomiris

J1303

Unclassified*

J3490 J3590

Uplizna

J1823

Veopoz

J9376

Vimizim

J1322

Vyepti

J3032

Vyvgart

J9332

Vyvgart Hytrulo

J9334

White blood cell colony

J1442	J1447	J2506	Q5101
Q5108	Q5110	Q5111	Q5120

Xembify

J1558

Xenpozyme

J0218

Xeomin

J0588

Xolair

J2357

Zoladex

J9202

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		* For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Nulibry, Revcovi, Rivflosa, Ryplazim, Scenesse, Uplizna, and Vabysmo. ** Effective Jan 1, 2023 prior authorization required for J0897 for non-oncology DX. ****Effective Aug 1, 2023: Prior authorization required for J0174.			
Neurostimulators	Prior authorization is required.	61850	61860		
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
		97760	97761	97763	97799
		G0281	G0282	G0283	
Orthognathic surgery	Prior authorization is required.	21121	21122	21123	21125
		21127	21193	21196	21199
Treatment of maxillofacial functional impairment		21206	21208	21209	21210
		21215	21244	21245	21246
		21247	21248	21249	21255
		21296	21299	21110	
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.	L3215	L3216	L3217	L3219
		L3221	L3222	L3250	L3251
		L3252	L3649	L8659	L2006
Prostate procedures	Prior authorization is required.	52441	52442		
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
	<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 				
Remote patient monitoring	Prior authorization is required.	98975	98976	98977	98980
		98981			
Rhinoplasty	Prior authorization is required.	30400	30410	30420	30430
		30435	30450		
Speech therapy	Prior authorization is required.	92507	92508	92526	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery	Prior authorization is required.	22856 22860	22868 22867	22869	22870
Stimulators	Prior authorization is required.	61863 61885 64590 E0748 L8682 L8688	61864 61886 E0747 E0749 L8685	61867 64553 E0760 L8686	61868 64555 L8680 L8687
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.			
		32851 32855 33944 38241 38206 44136 44721 47144 48550 48554 50325 50365 0538T 44140 65755	32852 32856 33945 38242 44132 44137 38230 47145 48556 50300 50327 50340 0539T 65710 J3394	32853 33933 38232 38243 44133 44715 47135 47146 48551 50320 50328 50360 0540T 65730	32854 33935 38240 38205 44135 44720 47143 47147 48552 50323 50329 0537T 44139 65750
		CAR T-cell therapy			
		Q2056	Q2042		
		Gene therapy			
		J3490*	J3590*		
		*Effective July. 1, 2024: For Unclassified codes J3490, J3590 Amtagvi will require Prior Authorization through Optum Transplant.			
		*Effective Jan. 1, 2023: For Unclassified codes J3490, J3590 Zynteglo will require Prior Authorization through Optum Transplant.			
		*Effective Mar. 1, 2023: For Unclassified codes J3490, J3590 and Hemgenix will require prior authorization through Optum Transplant.			
Urine drug testing	Prior authorization is required.	G0482	G0483		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	33927 Q0508	33928	33929	Q0507
		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			

© 2023 United HealthCare Services, Inc. All Rights Reserved.

CPT[®] is a registered trademark of the American Medical Association.
PCA-2-23-01082-Clinical-WEB_05192023

