

Prior authorization requirements for Indiana Hoosier Care Connect

Effective March 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 | |
| | | B4149 | B4150 | B4152 | B4153 |
| | | B4155 | B4158 | B4159 | B4160 |
| | | B4161 | | | |
| 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 | 81168 | 81202 | 81206 | 81207 |
| | | 81219 | 81228 | 81229 | 81235 |
| | | 81270 | 81277 | 81278 | 81279 |
| | | 81293 | 81296 | 81299 | 81301 |
| | | 81308 | 81311 | 81504 | 81519 |
| | | 81522 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|---|---|--|----------------------------------|----------------------------------|-------------------------|
| Genetic testing (cont.) | <p>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.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.</p> <p>The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> | | | | |
| Home health care | Prior authorization is required. | G0151 K0738 | G0152 | G0153 | 99600 |
| Hysterectomy | Prior authorization is required. | 51925 58240 58275 58294 | 58152 58263 58280 58294 | 58200 58267 58285 59897 | 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 Aldurazyme® J1931 Amvuttra™ J0225 Aralast NP, Prolastin – C, Zemaira J0256 Apretude J0739 Asceniv™ J1554 Avsola™ Q5121 Benlysta J0490 Berinert® | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
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| Injectable medications (cont.) | | J0597 |
| | | Bivigam® |
| | | J1556 |
| | | Botox® |
| | | J0585 |
| | | Brineura® |
| | | J0567 |
| | | Briumvi® |
| | | J2329 |
| | | Cabenuva |
| | | J0741 |
| | | Cerezyme® |
| | | J1786 |
| | | Cimzia® |
| | | J0717 |
| | | Cinqair® |
| | | J2786 |
| | | Cinryze® |
| | | J0598 |
| | | Crysvita® |
| | | J0584 |
| | | Cutaquig® |
| | | J1551 |
| | | Cuvitru® |
| | | J1555 |
| | | Daxxify® |
| | | C9160 |
| | | Dysport® |
| | | J0586 |
| | | Elaprase® |
| | J1743 | |
| | Elelyso® | |
| | J3060 | |
| | Elfabrio® | |
| | J2508 | |
| | Enjaymo™ | |
| | J1302 | |
| | Entyvio® | |
| | J3380 | |
| | Epogen®/Procrit | |
| | J0885 | |
| | Evkeeza | |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | |
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| Injectable medications (cont.) | | 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 | | | |
| | | Givlaari® | | | |
| | | J0223 | | | |
| | | Glassia® | | | |
| | | J0257 | | | |
| | | Hizentra® | | | |
| | | J1559 | | | |
| | | Hyqvia | | | |
| | | J1575 | | | |
| | | Ilaris® | | | |
| | | J0638 | | | |
| | | Ilumya® | | | |
| | | J3245 | | | |
| | | Inflectra® | | | |
| | | Q5103 | | | |
| | | Injectafer® | | | |
| | | J1439 | | | |
| | | IVIG | | | |
| | | 90283 | 90284 | J1459 | J1566 |
| | | J1599 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
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| Injectable medications (cont.) | | 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 |
| | | Makena®/17P |
| | | J1726 |
| | | Mepsevii® |
| | | J3397 |
| | | Myobloc® |
| | | J0587 |
| | Naglazyme® | |
| | J1458 | |
| | Nexviazyme® | |
| | J0219 | |
| | Nplate® | |
| | J2796 | |
| | Nucala® | |
| | J2182 | |
| | Nyvepria™ | |
| | Q5122 | |
| | Ocrevus™ | |
| | J2350 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
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Injectable medications (cont.)

- Octagam®**
J1568
- Octreotide Acetate**
J2354
- Onpattro® (patisiran)**
J0222
- Orencia®**
J0129
- Panzyga®**
J1576
- Parsabiv™**
J0606
- 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
- Rolvedon™**
J1449
- Ruconest®**
J0596
- Ruxience®**
Q5119
- Ryplazim®**
J2998

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



| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
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|--------------------------------|-------------------|---------------------------|-------|-------|-------|
| Injectable medications (cont.) | | 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 | | | |
| | Sunlenca® | | | | |
| | J1961 | | | | |
| | Supprelin® | | | | |
| | J9226 | | | | |
| | Syfovre® | | | | |
| | J2781 | | | | |
| | Synagis® | | | | |
| | 90378 | | | | |
| | Tepezza® | | | | |
| | J3241 | | | | |
| | Tezspire™ | | | | |
| | J2356 | | | | |
| | Trelstar® | | | | |
| | J3315 | | | | |
| | Triptodur | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
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|--------------------------------|-------|--------------------------------|-------|-------|-------|
| Injectable medications (cont.) | | J3316 | | | |
| | | Trogarzo™ | | | |
| | | J1746 | | | |
| | | Truxima® | | | |
| | | Q5115 | | | |
| | | Tzield | | | |
| | | J9381 | | | |
| | | Ultomiris® | | | |
| | | J1303 | | | |
| | | Unclassified* | | | |
| | | J3490 | J3590 | C9162 | |
| | | Uplizna® | | | |
| | | J1823 | | | |
| | | Vimizim® | | | |
| | | J1322 | | | |
| | | Vyepi™ | | | |
| | | 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 | | | | |

* For unclassified and temporary codes J3490, J3590 and C9149, prior authorization is only required for Nulibry, Revcovi, Ryplazim, Scenesse, Uplizna, Vabysmo.

Effective January 1, 2024 – Izervay only use temp codes of J3490, J3590 and C9162.

Effective January 1, 2024 – Veopoz only use temp codes of J3490, J3590.

** Effective Jan 1, 2023 prior authorization required for J0897 for non-oncology DX.

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|--|--|---|-------|-------|-------|
| Injectable medications (cont.) | | ****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: <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. | 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 | |
| Spinal surgery | Prior authorization is required. | 22856 | 55867 | 22868 | 22869 |
| | | 22870 | 22860 | | |
| Stimulators | Prior authorization is required. | 61863 | 61864 | 61867 | 61868 |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization | | | |
|--|---|---|--------|-------|-------|
| Stimulators (cont.) | | 61885 | 61886 | 63650 | 63685 |
| | | 64553 | 64555 | 64590 | E0747 |
| | | E0748 | E0749 | E0760 | L8680 |
| | | L8682 | L8685 | L8686 | L8687 |
| | | L8688 | L8679 | L8689 | |
| 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 | 32852 | 32853 | 32854 |
| | | 32855 | 32856 | 33933 | 33935 |
| | | 33944 | 33945 | 38232 | 38240 |
| | | 38241 | 38242 | 38243 | 38205 |
| | | 38206 | 44132 | 44133 | 44135 |
| | | 44136 | 44137 | 44715 | 44720 |
| | | 44721 | 38230 | 47135 | 47143 |
| | | 47144 | 47145 | 47146 | 47147 |
| | | 48550 | 48556 | 48551 | 48552 |
| | | 48554 | 50300 | 50320 | 50323 |
| | | 50325 | 50327 | 50328 | 50329 |
| | | 50365 | 50340 | 50360 | 0537T |
| | | 0538T | 0539T | 0540T | 44139 |
| | | 44140 | 65710 | 65730 | 65750 |
| | | 65755 | | | |
| | | CAR T-cell therapy | | | |
| | | Q2056 | | | |
| | | Gene therapy | | | |
| | | J3490* | J3590* | | |
| | | *Effective Jan. 1, 2023: For Unclassified codes J3490, J3590 and 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 | 33928 | 33929 | Q0507 |
| | | Q0508 | | | |
| | | 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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