

# Prior authorization requirements for Indiana Hoosier Care Connect

Effective June 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](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			
<b>Bariatric</b>	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			
<b>Behavioral health</b>	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.				
<b>Breast cancer (BRCA) genetic testing</b>	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				
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19340	
		19342	19350	S2067	S2068	
<b>Cochlear implants and other auditory implants</b> 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	
<b>Cosmetic and reconstructive procedures</b>	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	
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	A9279	A9999	E0265	E0266	
		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			
<b>DME (cont.)</b>		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
<b>Enteral services</b>	Prior authorization is required.	B4100	B4102	B4103	
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
<b>Experimental and investigational</b>	Prior authorization is required.	33477	96002	A9274	A9276
		A9277	A9278	E1831	
<b>Gender dysphoria treatment</b>	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				
<b>Genetic testing</b>	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			
<b>Genetic testing (cont.)</b>	<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>				
<b>Home health care</b>	Prior authorization is required.	G0151 K0738	G0152	G0153	99600
<b>Hysterectomy</b>	Prior authorization is required.	51925 58240 58275 58294	58152 58263 58280 59897	58200 58267 58285	58210 58270 58292
<b>Injectable medications</b>	Prior authorization is required.	<p><b>Actemra®</b> J3262</p> <p><b>Acthar®</b> J0801</p> <p><b>Aduhelm®</b> J0172</p> <p><b>Aldurazyme®</b> J1931</p> <p><b>Amvuttra™</b> J0225</p> <p><b>Aralast NP, Prolastin – C, Zemaira</b> J0256</p> <p><b>Apretude</b> J0739</p> <p><b>Asceniv™</b> J1554</p> <p><b>Avsola™</b> Q5121</p> <p><b>Benlysta</b> J0490</p> <p><b>Berinert®</b></p>			
<p>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly</p>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J0597 <b>Bivigam®</b>
		J1556 <b>Botox®</b>
		J0585 <b>Brineura®</b>
		J0567 <b>Briumvi®</b>
		J2329 <b>Cerezyme®</b>
		J1786 <b>Cimzia®</b>
		J0717 <b>Cinqair®</b>
		J2786 <b>Cinryze®</b>
		J0598 <b>Crysvita®</b>
		J0584 <b>Cutaquig®</b>
		J1551 <b>Cuvitru®</b>
		J1555 <b>Daxxify</b>
		J0589 <b>Dysport®</b>
		J0586 <b>Elaprase®</b>
		J1743 <b>ElELYso®</b>
		J3060 <b>Elfabrio®</b>
		J2508 <b>Enjaymo™</b>
		J1302 <b>Entyvio®</b>
		J3380 <b>Evkeeza</b>
		J1305 <b>Evenity™</b>
		J3111 <b>Eylea HD</b>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		J0177			
		<b>Fabrazyme®</b>			
		J0180			
		<b>Fasenra™</b>			
		J0517			
		<b>Feraheme®</b>			
		Q0138			
		<b>Firmagon®</b>			
		J9155			
		<b>Flebogamma DIF</b>			
		J1572			
		<b>Fylnetra®</b>			
		Q5130			
		<b>Gamifant®</b>			
		J9210			
		<b>Gammagard</b>			
		J1569			
		<b>Gammaplex</b>			
		J1557			
		<b>Gamunex®-C/Gammaked</b>			
		J1561			
		<b>Givlaari®</b>			
		J0223			
		<b>Glassia®</b>			
		J0257			
		<b>Hizentra®</b>			
		J1559			
		<b>Hyqvia</b>			
		J1575			
		<b>Ilaris®</b>			
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1566	
	J1599				
	<b>Izervay™</b>				
	J2782				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		<b>Kalbitor®</b>
		J1290
		<b>Kanuma®</b>
		J2840
		<b>Korsuva®</b>
		J0879
		<b>Krystexxa®</b>
		J2507
		<b>Lamzede®</b>
		J0217
		<b>Lanreotide</b>
		J1932
		<b>Lemtrada®</b>
		J0202
		<b>Leqembi®****</b>
		J0174
		<b>Leqvio®</b>
		J1306
		<b>Lumizyme®</b>
		J0221
		<b>Lupron Depot®</b>
		J1950
		<b>Lupron Depot Eligard®</b>
		J9217
		<b>Makena®/17P</b>
		J1726
		<b>Mepsevii®</b>
		J3397
	<b>Myobloc®</b>	
	J0587	
	<b>Naglazyme®</b>	
	J1458	
	<b>Nexviazyme®</b>	
	J0219	
	<b>Nplate®</b>	
	J2796	
	<b>Nucala®</b>	
	J2182	
	<b>Nyvepria™</b>	
	Q5122	
	<b>Ocrevus™</b>	
	J2350	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		<b>Octagam®</b> J1568
		<b>Octreotide Acetate</b> J2354
		<b>Onpatro® (patisiran)</b> J0222
		<b>Orencia®</b> J0129
		<b>Panzyga®</b> J1576
		<b>Parsabiv™</b> J0606
		<b>Pombiliti™</b> J1203
		<b>Prolia®**</b> J0897
		<b>Purified Cortrophin® Gel</b> J0802
		<b>Qalsody™</b> J1304
		<b>Radicava®</b> J1301
		<b>Reblozyl®</b> J0896
		<b>Releuko®</b> Q5125
		<b>Remicade®</b> J1745
		<b>Renflexis®</b> Q5104
		<b>Riabni™</b> Q5123
		<b>Rituxan®</b> J9312
		<b>Rituxan Hycela®</b> J9311
		<b>Rolvedon™</b> J1449
		<b>Ruconest®</b> J0596
		<b>Ruxience®</b> Q5119



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

<b>Ryplazim®</b>				
J2998				
<b>Rystiggo®</b>				
J9333				
<b>Sandostatin LAR®</b>				
J2353				
<b>Saphnelo®</b>				
J0491				
<b>Signifor LAR®</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Skyrizi®</b>				
J2327				
<b>Sodium Hyaluronate</b>				
J7320	J7322	J7324	J7325	
J7326	J7327	J7329	J7332	
<b>Soliris®</b>				
J1300				
<b>Somatuline Depot®</b>				
J1930				
<b>Spevigo®</b>				
J1747				
<b>Stelara®</b>				
J3358				
<b>Stimufend®</b>				
Q5127				
<b>Sublocade™</b>				
Q9991	Q9992			
<b>Supprelin®</b>				
J9226				
<b>Syfovre®</b>				
J2781				
<b>Synagis®</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Tezspire™</b>				
J2356				
<b>Trelstar®</b>				
J3315				
<b>Triptodur</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		J3316			
		<b>Truxima®</b>			
		Q5115			
		<b>Tzield</b>			
		J9381			
		<b>Ultomiris®</b>			
		J1303			
		<b>Unclassified*</b>			
		J3490	J3590	C9167	C9168
		<b>Uplizna®</b>			
		J1823			
		<b>Veopoz™</b>			
		J9376			
		<b>Vimizim®</b>			
		J1322			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyvgart</b>			
		J9332			
		<b>Vyvgart Hytrulo</b>			
		J9334			
		<b>White blood cell colony</b>			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		<b>Xembify®</b>			
		J1558			
		<b>Xenpozyme®</b>			
		J0218			
		<b>Xeomin®</b>			
		J0588			
		<b>Xolair®</b>			
		J2357			
	<b>Zoladex®</b>				
	J9202				

\* For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Nulibry, Revcovi, Ryplazim, Scenesse, Uplizna, and Vabysmo. Effective April 1, 2024 – Omvoh use temp codes J3490, J3590, and C9168.  
 Effective April 1, 2024 – Adzynma only use temp codes J3490, J3590 and C9167.  
 \*\* Effective Jan 1, 2023 prior authorization required for J0897 for non-oncology DX.  
 \*\*\*\*Effective Aug 1, 2023: Prior authorization required for J0174.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Neurostimulators</b>	Prior authorization is required.	61850	61860		
<b>Non-emergent air ambulance transport</b>	Prior authorization is required.	A0430	A0431		
<b>Occupational/physical therapy</b>	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	
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	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
<b>Prostate procedures</b>	Prior authorization is required.	52441	52442		
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) and positron emission tomography (PET) scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
<b>Remote patient monitoring</b>	Prior authorization is required.	98975	98976	98977	98980
		98981			
<b>Rhinoplasty</b>	Prior authorization is required.	30400	30410	30420	30430
		30435	30450		
<b>Speech therapy</b>	Prior authorization is required.	92507	92508	92526	
<b>Spinal surgery</b>	Prior authorization is required.	22856	22868	22869	22870
		22860			
<b>Stimulators</b>	Prior authorization is required.	61863	61864	61867	61868
		61885	61886	64553	64555
		64590	E0747		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Stimulators (cont.)</b>		E0748 L8682 L8688	E0749 L8685	E0760 L8686	L8680 L8687
<b>Transplants</b> 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 autoleucel), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), 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			
		<b>CAR T-cell therapy</b>			
		Q2056			
		<b>Gene therapy</b>			
		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.			
<b>Urine drug testing</b>	Prior authorization is required.	G0482	G0483		
<b>Ventricular assist devices (VAD)</b> 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.			
<b>Wound vac</b>	Prior authorization is required.	E2402			

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