

Prior Authorization Requirements for Indiana Hoosier Care Connect

Effective February 1, 2023

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Indiana health care professionals for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 877-610-9785

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

Prior authorization: Requesting approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is 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/or How to Obtain Prior Authorization			
Bariatric	Prior authorization 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 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 required	20974	20975	20979	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bone growth stimulator (continued)					
Electronic stimulation or ultrasound to heal fractures					
BRCA Genetic Testing	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
Breast reconstruction (non-mastectomy)	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369	19325 19342 19364 19370	19328 19350 19367 19371
Reconstruction of the breast except when following mastectomy					
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	93304	93307	93350	93351
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance				
Cochlear implants and other auditory implants	Prior authorization required	69710 L8615 L8619 L8691	69714 L8616 L8627 L8692	69930 L8617 L8628 L8693	L8614 L8618 L8690
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech					
Cosmetic & reconstructive	Prior authorization required	11960 15822 17106 21137 21175 21182 21235 21282	11971 15823 17107 21138 21179 21183 21256 21295	15820 15830 17108 21139 21180 21184 21275 21740	15821 15847 17999 21172 21181 21230 21280 21742

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic & reconstructive (continued)		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 required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279	A9280	A9900	A9999
		E0194	E0265	E0266	E0270
		E0274	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0445	E0457	E0460
		E0465	E0466	E0470	E0471
		E0472	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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				
Enteral services	Prior authorization required	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161	B9002	B9998	
Experimental and Investigational	Prior authorization required	33477	36514	64722	66180
		96002	A4638	A6000	A9274
		A9276	A9277	A9278	E0231
		E1831	S1030	S3652	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization 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 required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and	81161	81167	81200	81201
		81202	81203	81206	81207
		81208	81218	81219	81220
		81228	81229	81230	81231
		81232	81235	81238	81243
		81244	81251	81252	81253
		81254	81257	81258	81259
		81269	81270	81276	81277
		81292	81293	81294	81295
		81296	81297	81298	81299

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic testing (continued)	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 required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81300	81301	81302	81303
		81304	81307	81308	81309
		81310	81311	81315	81316
		81317	81318	81319	81321
		81322	81323	81328	81330
		81335	81346	81439	81504
		81519	81522		
Home health care	Prior authorization required	G0151 S9129	G0152 S9131	G0153	S9128
Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 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®			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J0567</p> <p>Cabenuva</p> <p>J0741</p> <p>Cerezyme®</p> <p>J1786</p> <p>Cimzia®</p> <p>J0717</p> <p>Cinqair®</p> <p>J2786</p> <p>Cinryze®</p> <p>J0598</p> <p>Crysvita®</p> <p>J0584</p> <p>Cutaquig®</p> <p>J1551</p> <p>Cuvitru®</p> <p>J1555</p> <p>Dysport®</p> <p>J0586</p> <p>Elaprase®</p> <p>J1743</p> <p>Elelyso®</p> <p>J3060</p> <p>Enjaymo™</p> <p>J1302</p> <p>Entyvio®</p> <p>J3380</p> <p>Epogen®/Procrit</p> <p>J0885</p> <p>Evkeeza</p> <p>J1305</p> <p>Evenity™</p> <p>J3111</p> <p>Fabrazyme®</p> <p>J0180</p> <p>Fasenra™</p> <p>J0517</p> <p>Feraheme®</p> <p>Q0138</p> <p>Firmagon®</p> <p>J9155</p> <p>Flebogamma DIF</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1572			
		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			
		Kalbitor®			
		J1290			
	Kanuma®				
	J2840				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Lumizyme®				
	J0221				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		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
		Octagam®
		J1568
		Octreotide Acetate
		J2354
		Onpattro® (patisiran)
		J0222
		Orencia®
		J0129
	Parsabiv™	
	J0606	
	Probuphine®	
	J0570	
	Prolia®**	
	J0897	
	Radicava®	
	J1301	
	Reblozyl®	
	J0896	
	Releuko®	
	Q5125	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Riabni™			
		Q5123			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Sandostatin LAR®			
		J2353			
		Saphnelo®			
		J0491			
		Signifor LAR®			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7332	J7333		
	Soliris®				
	J1300				
	Somatuline Depot®				
	J1930				
	Stelara®				
	J3358				
	Sublocade™				
	Q9991	Q9992			
	Supprelin®				
	J9226				
	Synagis				
	90378				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Trelstar®			
		J3315			
		Triptodur			
		J3316			
		Trogarzo™			
		J1746			
		Truxima®			
		Q5115			
		Ultomiris®			
		J1303			
		Unclassified*			
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyvgart			
		J9332			
		White blood cell colony			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
	Xembify®				
	J1558				
	Xeomin®				
	J0588				
	Xolair®				
	J2357				
	Zoladex®				
	J9202				
	*For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Flyneta, Nulibry, Revcovi, Ryplazim, Scenesse, Spevigo, and Uplizna, Vabysmo, and Xenpozyme.				
	For Unclassified code J3490 and J3590 for Purified Cortropin Gel Prior Authorization is required.				
	** Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.				

Joint replacement	Prior authorization required	23470	23472	23473	23474
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement (continued)		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 required	A0430	A0431		
Occupational/ physical therapy	Prior authorization 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
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization 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 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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (continued)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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 required	52441	52442	55866	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons					
Radiology	Prior authorization 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 required	99091	99453	99454	99457
		99458	93228	93229	93268
		93270	93271	93272	93298
		98975	98976	98977	98980
		98981	99473	99474	
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures & surgeries	Prior authorization required	21685	41599	42145	
		Maxillomandibular advancement or oral pharyngeal tissue reduction for			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedures & surgeries (continued) treatment of obstructive sleep apnea					
Speech therapy	Prior authorization required	92507 92633	92508	92526	92630
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 22870 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306 0098T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22867 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307 0164T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 22868 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 22869 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0095T
Stimulators	Prior authorization required	43648 61864 61886 64553 64590 0315T E0748 L8682 L8688	43881 61867 63650 64555 0312T 0316T E0749 L8685	43882 61868 63655 64568 0313T 0317T E0760 L8686	61863 61885 63685 64570 0314T E0747 L8680 L8687
Transplant	Prior authorization required for transplant or transplant-	For transplant and CAR T-Cell therapy services including Carvykti (cilta­cabtagene autoleu­cel), Kymriah™ (tisagenlecleu­cel) and			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Organ or tissue transplant or Transplant (continued)	related services before pre-treatment or evaluation	Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
transplant related services before pre-treatment or evaluation		33945	38232	38240	38241
		38242	44132	44133	44135
		44136	44137	44715	44720
		44721	47133	47135	47140
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		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 1/1/23 For Unclassified codes J3490, J3590, and C9399, Zytenglo will require Prior Authorization through Optum Transplant			
Urine drug testing	Prior authorization 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
		G0482	G0483	G0659	
Vein procedures	Prior authorization 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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 required	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	0051T	0052T	0053T
		Q0507	Q0508	Q0509	
		Please call the notification 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 required	E2402			