

# Prior authorization requirements for Indiana MLTSS Pathways

Effective April. 1, 2025

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Indiana health care professionals providing inpatient and outpatient services. Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **877-610-9785**

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

| 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 the 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                                                                                                                                                                                   |       |       |       |
| <b>Breast reconstruction (non-mastectomy)</b>                                                                             | Prior authorization is required.                                                                                                                                                                              | 19316                                                                                                                                                                                   | 19318 | 19325 | 19340 |
|                                                                                                                           |                                                                                                                                                                                                               | 19342                                                                                                                                                                                   | 19350 | S2067 |       |

Reconstruction of the breast except when following mastectomy



| Procedures and services                              | Additional information                                                                                                         | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |       |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------|-------|-------|-------|
| <b>Cochlear implants and other auditory implants</b> | Prior authorization is required.                                                                                               | 69930                                                     | L8615 | L8616 | L8617 |       |
|                                                      |                                                                                                                                | L8618                                                     | L8619 | L8627 | L8628 |       |
|                                                      |                                                                                                                                | L8691                                                     | L8692 | L8693 | V5050 |       |
|                                                      |                                                                                                                                | V5060                                                     | V5140 | V5256 | V5257 |       |
|                                                      |                                                                                                                                | V5260                                                     | V5261 | 92640 | L8679 |       |
|                                                      |                                                                                                                                | 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 |       |
|                                                      |                                                                                                                                | S2068                                                     |       |       |       |       |
| <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 |       |       |       |
| E2331                                                | E2327                                                                                                                          | E2328                                                     | E2329 |       |       |       |
| E2343                                                | E2370                                                                                                                          | E2373                                                     | E2375 |       |       |       |



| Procedures and services                        | Additional information                                                                                                                                                                                                                                                                                                                                                                            | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------|-------|-------|
| <b>Durable medical equipment (DME) (cont.)</b> |                                                                                                                                                                                                                                                                                                                                                                                                   | 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 | L1001 |       |
|                                                | L8694                                                                                                                                                                                                                                                                                                                                                                                             | E0424                                                     | E0441 |       |       |
| <b>Enteral services</b>                        | Prior authorization is required.                                                                                                                                                                                                                                                                                                                                                                  | 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 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 | 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                                                     | 81257 | 81258 | 81259 |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                   | 81269                                                     | 81270 | 81276 | 81277 |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                   | 81278                                                     | 81279 | 81292 | 81293 |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                   | 81294                                                     | 81295 | 81296 | 81297 |
|                                                | 81298                                                                                                                                                                                                                                                                                                                                                                                             | 81299                                                     | 81300 | 81301 |       |



| Procedures and services                                                                                                                                 | Additional information                                                                            | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------|-------|-------|
| <b>Genetic testing (cont.)</b>                                                                                                                          | Prior Authorization/Notification program for each specified genetic test.                         | 81302                                                     | 81303 | 81304 | 81307 |
|                                                                                                                                                         | Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. | 81308                                                     | 81309 | 81310 | 81311 |
|                                                                                                                                                         |                                                                                                   | 81315                                                     | 81316 | 81317 | 81318 |
|                                                                                                                                                         |                                                                                                   | 81319                                                     | 81321 | 81322 | 81323 |
|                                                                                                                                                         |                                                                                                   | 81328                                                     | 81330 | 81335 | 81346 |
|                                                                                                                                                         |                                                                                                   | 81504                                                     | 81519 | 81522 |       |
| <b>Hysterectomy</b>                                                                                                                                     | Prior authorization is required.                                                                  | 51925                                                     | 58152 | 58200 | 58210 |
|                                                                                                                                                         |                                                                                                   | 58240                                                     | 58263 | 58267 | 58270 |
|                                                                                                                                                         |                                                                                                   | 58275                                                     | 58280 | 58285 | 58292 |
|                                                                                                                                                         |                                                                                                   | 58294                                                     | 58548 | 59897 |       |
| <b>Injectable medications</b><br><br>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly | Prior authorization is required.                                                                  | <b>Actemra</b><br>J3262                                   |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Acthar</b><br>J0801                                    |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Aduhelm</b><br>J0172                                   |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Adzyna</b><br>J7171                                    |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Aldurazyme</b><br>J1931                                |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Alyglo</b><br>J1552                                    |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Amvuttra</b><br>J0225                                  |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Aralast NP, Prolastin-C, Zemaira</b><br>J0256          |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Asceniv</b><br>J1554                                   |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Avsola</b><br>Q5121                                    |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Benlysta</b><br>J0490                                  |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Berinert</b><br>J0597                                  |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Bivigam</b><br>J1556                                   |       |       |       |
|                                                                                                                                                         |                                                                                                   | <b>Botox</b>                                              |       |       |       |



| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|-----------------------------------------------------------|
| Injectable medications (cont.) |                        | J0585                                                     |
|                                |                        | <b>Brineura</b>                                           |
|                                |                        | J0567                                                     |
|                                |                        | <b>Briumvi</b>                                            |
|                                |                        | J2329                                                     |
|                                |                        | <b>Byooviz</b>                                            |
|                                |                        | Q5124                                                     |
|                                |                        | <b>Cerezyme</b>                                           |
|                                |                        | J1786                                                     |
|                                |                        | <b>Cimzia</b>                                             |
|                                |                        | J0717                                                     |
|                                |                        | <b>Cinqair</b>                                            |
|                                |                        | J2786                                                     |
|                                |                        | <b>Cinryze</b>                                            |
|                                |                        | J0598                                                     |
|                                |                        | <b>Cosentyx</b>                                           |
|                                |                        | J3247                                                     |
|                                |                        | <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>Enjymo</b>                                             |
|                                | J1302                  |                                                           |
|                                | <b>Entyvio</b>         |                                                           |
|                                | J3380                  |                                                           |
|                                | <b>Evkeeza</b>         |                                                           |
|                                | J1305                  |                                                           |
|                                | <b>Evenity</b>         |                                                           |
|                                | J3111                  |                                                           |
|                                | <b>Fabrazyme</b>       |                                                           |

| Procedures and services        | Additional information                   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--------------------------------|------------------------------------------|-----------------------------------------------------------|-------|-------|-------|
| Injectable medications (cont.) |                                          | J0180                                                     |       |       |       |
|                                |                                          | <b>Fasenra</b>                                            |       |       |       |
|                                |                                          | J0517                                                     |       |       |       |
|                                |                                          | <b>Fensolvi</b>                                           |       |       |       |
|                                |                                          | J1951                                                     |       |       |       |
|                                |                                          | <b>Feraheme***</b>                                        |       |       |       |
|                                |                                          | Q0138                                                     |       |       |       |
|                                |                                          | <b>Firmagon</b>                                           |       |       |       |
|                                |                                          | J9155                                                     |       |       |       |
|                                |                                          | <b>Flebogamma DIF</b>                                     |       |       |       |
|                                |                                          | J1572                                                     |       |       |       |
|                                |                                          | <b>Fylneta</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>Intravenous immunoglobulin (IVIG)</b> |                                                           |       |       |       |
|                                |                                          | 90283                                                     | 90284 | J1459 | J1566 |
|                                | J1599                                    |                                                           |       |       |       |
|                                | <b>Izervay</b>                           |                                                           |       |       |       |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|-----------------------------------------------------------|
| Injectable medications (cont.) |                        | J2782                                                     |
|                                |                        | <b>Kalbitor</b>                                           |
|                                |                        | J1290                                                     |
|                                |                        | <b>Kanuma</b>                                             |
|                                |                        | J2840                                                     |
|                                |                        | <b>Kisunla</b>                                            |
|                                |                        | J0175                                                     |
|                                |                        | <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>                                         |
|                                |                        | <b>J1729</b> <b>J2675</b>                                 |
|                                |                        | <b>Mepsevii</b>                                           |
|                                | J3397                  |                                                           |
|                                | <b>Monoferric</b>      |                                                           |
|                                | J1437                  |                                                           |
|                                | <b>Myobloc</b>         |                                                           |
|                                | J0587                  |                                                           |
|                                | <b>Naglazyme</b>       |                                                           |
|                                | J1458                  |                                                           |
|                                | <b>Nexviazyme</b>      |                                                           |
|                                | J0219                  |                                                           |
|                                | <b>Nplate</b>          |                                                           |
|                                | J2802                  |                                                           |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Injectable medications (cont.) |                        | <b>Nucala</b><br>J2182<br><b>Nyvepria</b><br>Q5122<br><b>Ocrevus</b><br>J2350<br><b>Ocrevus Zunovo</b><br>J2351<br><b>Octagam</b><br>J1568<br><b>Octreotide acetate</b><br>J2354<br><b>OmvoH</b><br>J2267<br><b>Onpattro (patisiran)</b><br>J0222<br><b>Orencia</b><br>J0129<br><b>Panzyga</b><br>J1576<br><b>Parsabiv</b><br>J0606<br><b>Pavblu</b><br>Q5147<br><b>Piasky</b><br>J1307<br><b>Pombiliti</b><br>J1203<br><b>Prolia</b><br>J0897<br><b>Purified Cortrophin gel</b><br>J0802<br><b>Qalsody</b><br>J1304<br><b>Radicava</b><br>J1301<br><b>Reblozyl</b><br>J0896<br><b>Remicade</b><br>J1745<br><b>Renflexis</b> |



| Procedures and services        | Additional information    | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--------------------------------|---------------------------|-----------------------------------------------------------|-------|-------|-------|
| Injectable medications (cont.) |                           | 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                                                     |       |       |       |
|                                | <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 | J7331 |
|                                |                           | J7332                                                     | J7321 |       |       |
|                                | <b>Soliris</b>            | J1299                                                     |       |       |       |
|                                | <b>Somatuline Depot</b>   | J1930                                                     |       |       |       |
|                                | <b>Spevigo</b>            | J1747                                                     |       |       |       |
|                                | <b>Stelara</b>            | J3358                                                     |       |       |       |
|                                | <b>Stimufend</b>          | Q5127                                                     |       |       |       |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|-----------------------------------------------------------|
| Injectable medications (cont.) |                        | <b>Supprelin</b>                                          |
|                                |                        | J9226                                                     |
|                                |                        | <b>Syfovre</b>                                            |
|                                |                        | J2781                                                     |
|                                |                        | <b>Synagis</b>                                            |
|                                |                        | 90378                                                     |
|                                |                        | <b>Tepezza</b>                                            |
|                                |                        | J3241                                                     |
|                                |                        | <b>Tezspire</b>                                           |
|                                |                        | J2356                                                     |
|                                |                        | <b>Tofidence**</b>                                        |
|                                |                        | Q5133                                                     |
|                                |                        | <b>Trelstar</b>                                           |
|                                |                        | J3315                                                     |
|                                |                        | <b>Tremfya IV</b>                                         |
|                                |                        | J1628                                                     |
|                                |                        | <b>Triptodur</b>                                          |
|                                |                        | J3316                                                     |
|                                |                        | <b>Truxima</b>                                            |
|                                |                        | Q5115                                                     |
|                                |                        | <b>Tyenne**</b>                                           |
|                                |                        | Q5135                                                     |
|                                |                        | <b>Tzield</b>                                             |
|                                |                        | J9381                                                     |
|                                |                        | <b>Ultomiris</b>                                          |
|                                |                        | J1303                                                     |
|                                |                        | <b>Unclassified*</b>                                      |
|                                |                        | J3490                      J3590                          |
|                                | <b>Uplizna</b>         |                                                           |
|                                | J1823                  |                                                           |
|                                | <b>Vantas</b>          |                                                           |
|                                | J9225                  |                                                           |
|                                | <b>Veopoz</b>          |                                                           |
|                                | J9376                  |                                                           |
|                                | <b>Vimizim</b>         |                                                           |
|                                | J1322                  |                                                           |
|                                | <b>Vyepti</b>          |                                                           |
|                                | J3032                  |                                                           |
|                                | <b>Vyvgart</b>         |                                                           |
|                                | J9332                  |                                                           |
|                                | <b>Vyvgart Hytrulo</b> |                                                           |

| Procedures and services                     | Additional information                                                                                                                                                                                                                                                                                                                      | CPT® or HCPCS codes and how to obtain prior authorization                                                                                                 |       |       |       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Injectable medications (cont.)              |                                                                                                                                                                                                                                                                                                                                             | 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, Nulibry, Zunovo, Revcovi, Rivfloza, Ryplazim, Scenesse, Uplizna and Vabysmo.<br>**Effective Oct. 1, 2024: Prior authorization required for Q5133, and Q5135.<br>***Retro prior auth effective July. 1, 2024 for code Q0138. |                                                                                                                                                           |       |       |       |
| <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                                                                                                                                                     | 21110 | 21196 | 21199 |
|                                             |                                                                                                                                                                                                                                                                                                                                             | 21206                                                                                                                                                     | 21208 | 21209 | 21210 |
|                                             |                                                                                                                                                                                                                                                                                                                                             | 21215                                                                                                                                                     | 21244 | 21245 | 21246 |
|                                             |                                                                                                                                                                                                                                                                                                                                             | 21247                                                                                                                                                     | 21248 | 21249 | 21255 |
|                                             |                                                                                                                                                                                                                                                                                                                                             | 21296                                                                                                                                                     | 21299 |       |       |
| <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 | L2006 |       |
| <b>Prostate procedures</b>                  | Prior authorization is required.                                                                                                                                                                                                                                                                                                            | 52441                                                                                                                                                     | 52442 |       |       |
| <b>Radiology</b>                            | Prior authorization is required for participating physicians who                                                                                                                                                                                                                                                                            | Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. |       |       |       |



| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|-----------------------------------------------------------|--|--|--|
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|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Radiology (cont.)</b> | 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> |  |  |  |  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

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|----------------------------------|----------------------------------|----------------|-------|-------|-------|
| <b>Remote patient monitoring</b> | Prior authorization is required. | 98975<br>98981 | 98976 | 98977 | 98980 |
|----------------------------------|----------------------------------|----------------|-------|-------|-------|

|                    |                                  |                |                |       |       |
|--------------------|----------------------------------|----------------|----------------|-------|-------|
| <b>Rhinoplasty</b> | Prior authorization is required. | 30400<br>30435 | 30410<br>30450 | 30420 | 30430 |
|--------------------|----------------------------------|----------------|----------------|-------|-------|

|                       |                                  |       |       |       |  |
|-----------------------|----------------------------------|-------|-------|-------|--|
| <b>Speech therapy</b> | Prior authorization is required. | 92507 | 92508 | 92526 |  |
|-----------------------|----------------------------------|-------|-------|-------|--|

|                       |                                  |                |                |       |       |
|-----------------------|----------------------------------|----------------|----------------|-------|-------|
| <b>Spinal surgery</b> | Prior authorization is required. | 22856<br>22869 | 22860<br>22870 | 22867 | 22868 |
|-----------------------|----------------------------------|----------------|----------------|-------|-------|

|                    |                                  |                                                    |                                                    |                                           |                                           |
|--------------------|----------------------------------|----------------------------------------------------|----------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>Stimulators</b> | Prior authorization is required. | 61863<br>61885<br>64553<br>E0748<br>L8682<br>L8688 | 61864<br>61886<br>64555<br>E0749<br>L8685<br>L8689 | 61867<br>63650<br>64590<br>E0760<br>L8686 | 61868<br>63685<br>E0747<br>L8680<br>L8687 |
|--------------------|----------------------------------|----------------------------------------------------|----------------------------------------------------|-------------------------------------------|-------------------------------------------|

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|--------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Transplants</b> | 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. |  |  |  |
|--------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

|                                                                                              |  |                                                                                                 |                                                                                                 |                                                                                                 |                                                                                        |
|----------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Organ or tissue transplant or transplant related services before pre-treatment or evaluation |  | 32851<br>32855<br>33944<br>38241                                                                | 32852<br>32856<br>33945<br>38242                                                                | 32853<br>33933<br>38232<br>38243                                                                | 32854<br>33935<br>38240<br>38205                                                       |
| Organ or tissue transplant or transplant related services before pre-treatment or evaluation |  | 38206<br>44136<br>44721<br>47144<br>48550<br>48554<br>50325<br>50365<br>44140<br>65755<br>Q2056 | 44132<br>44137<br>38230<br>47145<br>48556<br>50300<br>50327<br>50340<br>65710<br>50380<br>J3392 | 44133<br>44715<br>47135<br>47146<br>48551<br>50320<br>50328<br>50360<br>65730<br>J3394<br>Q2057 | 44135<br>44720<br>47143<br>47147<br>48552<br>50323<br>50329<br>44139<br>65750<br>Q2042 |

**Gene therapy**

|        |        |         |
|--------|--------|---------|
| J3490* | J3590* | C9301** |
|--------|--------|---------|



| Procedures and services                                                                                             | Additional information           | CPT® or HCPCS codes and how to obtain prior authorization                                                                                                                                                                                 |       |       |       |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| <b>Transplants (cont.)</b>                                                                                          |                                  | *Effective July. 1, 2024: For Unclassified codes J3490, J3590 Lenmelyd will require Prior Authorization through Optum Transplant.<br>**Effective April.1, 2025: Prior authorization required for Aucatzyl, codes J3490, J3590, and C9301. |       |       |       |
| <b>Urine drug testing</b>                                                                                           | Prior authorization is required. | G0482                                                                                                                                                                                                                                     | G0483 |       |       |
| <b>Ventricular assist devices (VAD)</b>                                                                             | Prior authorization is required. | 33927<br>Q0508                                                                                                                                                                                                                            | 33928 | 33929 | Q0507 |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow |                                  | Please call the number on the member's health plan 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                                                                                                                                                                                                                                     |       |       |       |