

# Prior authorization requirements for Indiana Hoosier Care Connect

Effective July 1, 2023

## General information

This list contains prior authorization requirements for health care professionals participating with UnitedHealthcare Community Plan of Indiana providing inpatient and outpatient services. To request prior authorization, please submit your request using one of the following:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call **877-610-9785**

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

You are required to request approval before rendering services. The UnitedHealthcare Health Services Department requires prior authorization as an essential part of any managed care organization. Advance notification is required to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Bariatric</b>	Prior authorization is required.	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860
		43865			
<b>Behavioral health</b>	Prior authorization is required.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.				
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
<b>Bone growth stimulator</b>	Prior authorization is required.	20974	20975	20979	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Bone growth stimulator (cont.)</b> Electronic stimulation or ultrasound to heal fractures					
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization is required.	81162 81166 81217	81163 81212	81164 81215	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316 19330 19357 19368 19380	19318 19340 19361 19369	19325 19342 19364 19370	19328 19350 19367 19371
<b>Cardiology</b>	Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.  Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance.	93350	93351		
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required.	69710 L8615 L8619 L8691	69714 L8616 L8627 L8692	69930 L8617 L8628 L8693	L8614 L8618 L8690
<b>Cosmetic and reconstructive procedures</b>	Prior authorization is required.	11960 15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	11971 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<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	A9280	A9900	A9999
	Prosthetics are not DME – see orthotics and prosthetics.	E0194	E0265	E0266	E0270
		E0274	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0445	E0457	E0465
		E0466	E0470	E0471	E0472
		E0483	E0485	E0486	E0620
		E0636	E0637	E0638	E0641
		E0642	E0652	E0656	E0669
		E0670	E0675	E0691	E0692
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0786	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1018	E1030
		E1035	E1036	E1085	E1086
		E1089	E1090	E1130	E1140
		E1161	E1220	E1226	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1250	E1260	E1285
		E1290	E1825	E1830	E1840
		E2100	E2204	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2312	E2321	E2322
		E2325	E2327	E2328	E2329
		E2331	E2343	E2351	E2370
		E2373	E2375	E2376	E2510
		E2511	E2512	E2599	E2614
		E2616	E2620	E2621	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0606
		K0730	K0800	K0801	K0812
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>DME (cont.)</b>		K0891	K0898	Q0479	Q0480
		Q0481	Q0482	Q0483	Q0484
		Q0488	Q0489	Q0490	Q0491
		Q0495	Q0496	Q0502	Q0503
		Q0504	Q0506	S1040	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
<b>Enteral services</b>	Prior authorization is required.	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161	B9002	B9998	
<b>Experimental and Investigational</b>	Prior authorization is required.	33477	36514	64722	66180
		96002	A4638	A6000	A9274
		A9276	A9277	A9278	E0231
		E1831	S1030	S3652	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required.	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<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 Prior Authorization/Notification Program for each specified genetic test.	81161	81167	81200	81201
		81202	81203	81206	81207
		81208	81218	81219	81220
		81228	81229	81230	81231
		81232	81235	81238	81243
		81244	81251	81252	81253
		81254	81257	81258	81259
		81269	81270	81276	81277
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81307	81308	81309
		81310	81311	81315	81316
		81317	81318	81319	81321
		81322	81323	81328	81330
		81335	81346	81439	81504
	81519	81522			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic testing (cont.)</b>	<p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.</p> <p>The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p>				
<b>Home health care</b>	Prior authorization is required.	G0151 S9129	G0152 S9131	G0153	S9128
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization is required.	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Aduhelm®</b> J0172 <b>Aldurazyme®</b> J1931 <b>Amvuttra™</b> J0225 <b>Aralast NP, Prolastin – C, Zemaira</b> J0256 <b>Apretude</b> J0739 <b>Asceniv™</b> J1554 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Berinert®</b> J0597 <b>Bivigam®</b> J1556 <b>Botox®</b> J0585 <b>Brineura®</b> J0567 <b>Cabenuva</b> J0741 <b>Cerezyme®</b> J1786 <b>Cimzia®</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<p>J0717</p> <p><b>Cinqair®</b></p> <p>J2786</p> <p><b>Cinryze®</b></p> <p>J0598</p> <p><b>Crysvita®</b></p> <p>J0584</p> <p><b>Cutaquig®</b></p> <p>J1551</p> <p><b>Cuvitru®</b></p> <p>J1555</p> <p><b>Dysport®</b></p> <p>J0586</p> <p><b>Elaprase®</b></p> <p>J1743</p> <p><b>Elelyso®</b></p> <p>J3060</p> <p><b>Enjaymo™</b></p> <p>J1302</p> <p><b>Entyvio®</b></p> <p>J3380</p> <p><b>Epogen®/Procrit</b></p> <p>J0885</p> <p><b>Evkeeza</b></p> <p>J1305</p> <p><b>Evenity™</b></p> <p>J3111</p> <p><b>Fabrazyme®</b></p> <p>J0180</p> <p><b>Fasenra™</b></p> <p>J0517</p> <p><b>Feraheme®</b></p> <p>Q0138</p> <p><b>Firmagon®</b></p> <p>J9155</p> <p><b>Flebogamma DIF</b></p> <p>J1572</p> <p><b>Fylnetra®</b></p> <p>Q5130</p> <p><b>Gamifant®</b></p> <p>J9210</p> <p><b>Gammagard</b></p>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1569			
		<b>Gammaplex</b>			
		J1557			
		<b>Gamunex®-C/Gammaked</b>			
		J1561			
		<b>Givlaari®</b>			
		J0223			
		<b>Glassia®</b>			
		J0257			
		<b>Hizentra®</b>			
		J1559			
		<b>Hyqvia</b>			
		J1575			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya®</b>			
		J3245			
		<b>Inflectra®</b>			
		Q5103			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1566
		J1599			
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Korsuva®</b>			
		J0879			
	<b>Krystexxa®</b>				
	J2507				
	<b>Lanreotide</b>				
	J1932				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®</b>				
	J1950				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<p><b>Lupron Depot Eligard®</b> J9217</p> <p><b>Makena®/17P</b> J1726</p> <p><b>Mepsevii®</b> J3397</p> <p><b>Myobloc®</b> J0587</p> <p><b>Naglazyme®</b> J1458</p> <p><b>Nexviazyme®</b> J0219</p> <p><b>Nplate®</b> J2796</p> <p><b>Nucala®</b> J2182</p> <p><b>Nyvepria™</b> Q5122</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Octagam®</b> J1568</p> <p><b>Octreotide Acetate</b> J2354</p> <p><b>Onpattro® (patisiran)</b> J0222</p> <p><b>Orencia®</b> J0129</p> <p><b>Panzyga®</b> J1576</p> <p><b>Parsabiv™</b> J0606</p> <p><b>Probuphine®</b> J0570</p> <p><b>Prolia®***</b> J0897</p> <p><b>Radicava®</b> J1301</p> <p><b>Reblozyl®</b> J0896</p> <p><b>Releuko®</b> Q5125</p>



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		<b>Remicade®</b>			
		J1745			
		<b>Renflexis®</b>			
		Q5104			
		<b>Riabni™</b>			
		Q5123			
		<b>Rituxan®</b>			
		J9312			
		<b>Rituxan Hycela®</b>			
		J9311			
		<b>Rolvedon™</b>			
		J1449			
		<b>Ruconest®</b>			
		J0596			
		<b>Ruxience®</b>			
		Q5119			
		<b>Ryplazim®</b>			
		J2998			
		<b>Sandostatin LAR®</b>			
		J2353			
		<b>Saphnelo®</b>			
		J0491			
		<b>Signifor LAR®</b>			
		J2502			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Skyrizi®</b>			
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7322	J7324	J7325	
	J7326	J7327	J7329	J7332	
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline Depot®</b>				
	J1930				
	<b>Spevigo®</b>				
	J1747				
	<b>Stelara®</b>				
	J3358				
	<b>Stimufend®</b>				
	Q5127				
	<b>Sublocade™</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Q9991	Q9992			
	<b>Sunlenca®</b>				
	J1961				
	<b>Supprelin®</b>				
	J9226				
	<b>Synagis</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield</b>				
	J9381				
	<b>Ultomiris®</b>				
	J1303				
	<b>Unclassified*</b>				
		C9399	J3490	J3590	C9149
	<b>Unclassified***</b>				
		J3490	J3590	C9151	
	<b>Uplizna®</b>				
	J1823				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti™</b>				
J3032					
<b>Vyvgart</b>					
J9332					
<b>White blood cell colony</b>					
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
<b>Xembify®</b>					
J1558					
<b>Xenpozyme®</b>					
J0218					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		<b>Xeomin®</b>			
		J0588			
		<b>Xolair®</b>			
		J2357			
		<b>Zoladex®</b>			
		J9202			
		* For unclassified and temporary codes C9399, J3490, J3590 and C9149, prior authorization is only required for Nulibry, Revcovi, Ryplazim, Scenesse, Uplizna, Vabysmo.			
		Effective July 1, 2023: Prior authorization required for Leqembi.using J3490 and J3590 only, not C9399.			
		For Unclassified codes J3490 and J3590 for Purified Cortropin Gel, prior Authorization is required			
		** Effective Jan. 1, 2023 prior authorization required for J0897 for non-oncology DX.			
	***For unclassified and temporary codes J3490, J3590, and C9151 a prior authorization is required for Syfovre.				
Joint replacement	Prior authorization is required.	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization is required.	A0430	A0431		
Occupational/ physical therapy	Prior authorization is required.	97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97129	97130
		97139	97140	97150	97530
		97533	97535	97537	97542
		97750	97760	97761	97763
97799	G0281	G0282	G0283		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization is required.	21121	21122	21123	21125
		21127	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21188	21193	21194
		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetic codes listed with a retail	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	purchase or cumulative rental cost of more than \$500.	L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2136	L2350
		L2510	L2526	L2627	L2628
		L3215	L3216	L3217	L3219
		L3221	L3222	L3230	L3250
		L3251	L3252	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
L5722	L5724	L5726	L5728		
L5780	L5782	L5790	L5795		
L5811	L5812	L5814	L5816		
L5818	L5822	L5824	L5826		
L5828	L5830	L5845	L5848		
L5857	L5858	L5930	L5950		
L5960	L5961	L5962	L5964		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	V2627
<b>Prostate procedures</b>	Prior authorization is required.	52441	52442	55866	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization is required.	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) and positron emission tomography (PET) scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Remote patient monitoring</b>	Prior authorization is required.	99091	99453	99454	99457
		99458	93228	93229	93268
		93270	93271	93272	93298
		98975	98976	98977	98980
		98981	99473	99474	
<b>Rhinoplasty</b>	Prior authorization is required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization is required.	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required.	21685	41599	42145	
<b>Sleep apnea procedures and surgeries (cont.)</b>					
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Speech therapy</b>	Prior authorization is required.	92507	92508	92526	92630
		92633			
<b>Spinal surgery</b>	Prior authorization is required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22868	22869
		22870	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
63185	63190	63191	63200		
63250	63251	63252	63265		
63267	63268	63270	63271		
63272	63286	63300	63301		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		63302	63303	63304	63305
		63306	63307	63308	0095T
		0098T	0164T		
<b>Stimulators</b>	Prior authorization is required.	43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	E0747
		E0748	E0749	E0760	L8680
		L8682	L8685	L8686	L8687
		L8688			
<b>Transplants</b> Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	Prior authorization is required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-cell therapy services including Carvykti (ciltaabtagene autoleucl), Kymriah™ (tisagenlecleucl) and Yescarta™ (axicabtagene ciloleucl), please call Optum at 888-936-7246 or the number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38232	38240	38241
		38242	44132	44133	44135
		44136	44137	44715	44720
		44721	47133	47135	47140
		47141	47142	47143	47144
		47145	47146	47147	48551
		48552	48554	50300	50320
		50323	50325	50340	50360
		50365	50370	50547	0537T
		0538T	0539T	0540T	
				<b>CAR T-cell therapy</b>	
		Q2056			
		<b>Gene therapy</b>			
		J3490*	J3590*	C9399*	
		*Effective Jan. 1, 2023: For Unclassified codes J3490, J3590 and C9399, Zytenglo will require Prior Authorization through Optum Transplant.			
		*Effective Mar. 1, 2023: For Unclassified codes J3490, J3590 and C9399, Hemgenix will require prior authorization through Optum Transplant.			
<b>Urine drug testing</b>	Prior authorization is required.	80320	80321	80322	80323
		80324	80325	80326	80327
		80328	80329	80330	80331
		80332	80333	80334	80335
		80336	80337	80338	80339
		80340	80341	80342	80343
		80344	80345	80346	80347
		80348	80349	80350	80351
		80352	80353	80354	80355

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Urine drug testing (cont.)</b>		80356	80357	80358	80359
		80360	80361	80362	80363
		80364	80365	80366	80367
		80368	80369	80370	80371
		80372	80373	80374	80375
		80376	80377	G0480	G0481
		G0482	G0483	G0659	
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose	Prior authorization is required.	36473	36475	36478	37700
<b>Vein procedures (cont.)</b> veins of the extremities		37718	37722	37780	
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
		Please call the number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
<b>Wound vac</b>	Prior authorization is required.	E2402			



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