

Prior authorization requirements for Indiana Hoosier Care Connect

Effective April 1, 2021

General information

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

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

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

Prior authorization: Requesting approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is required to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
BRCA Genetic Testing	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19367 19371	19318 19340 19361 19368 19380	19325 19342 19364 19369	19328 19350 19366 19370
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance	93303 93308	93304 93350	93306 93351	93307
		Submit requests online by using the Prior Authorization and Notification tool on Link or call 866-889-8054 .			
Cardiovascular	Prior authorization required	37220 37226	37221 37227	37224 37228	37225 37229
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8617 L8628 L8693	69714 L8614 L8618 L8690	69715 L8615 L8619 L8691	69718 L8616 L8627 L8692
Cosmetic & reconstructive	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
Drug Testing	Prior authorization required	G0480	G0481	G0482	G0483

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Durable medical equipment (DME)	<p>Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	A9279 E0194 E0274 E0300 E0329 E0465 E0472 E0620 E0641 E0669 E0692 E0710 E0766 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1234 E1238 E1285 E1840 E2228 E2310 E2322 E2329 E2370 E2510 E2614 E2626 E2630 K0005 K0606 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0480 Q0484 Q0491 Q0503 V2786 V5272 V5283 V5290	A9280 E0265 E0277 E0302 E0445 E0466 E0483 E0636 E0642 E0670 E0693 E0745 E0784 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E2100 E2230 E2311 E2325 E2331 E2373 E2511 E2616 E2627 E8000 K0008 K0730 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0481 Q0488 Q0495 Q0504 V5269 V5274 V5286	A9900 E0266 E0296 E0304 E0457 E0470 E0485 E0637 E0652 E0675 E0694 E0762 E0786 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1825 E2204 E2300 E2312 E2327 E2343 E2375 E2512 E2620 E2628 E8001 K0013 K0800 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0482 Q0489 Q0496 Q0506 V5270 V5281 V5287	A9999 E0270 E0297 E0328 E0460 E0471 E0486 E0638 E0656 E0691 E0700 E0764 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1233 E1237 E1260 E1830 E2227 E2301 E2321 E2328 E2351 E2376 E2599 E2621 E2629 E8002 K0108 K0801 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 Q0479 Q0483 Q0490 Q0502 S1040 V5271 V5282 V5288

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Enteral services	Prior authorization required	B4100 B4149 B4155 B4161	B4102 B4150 B4158 B9002	B4103 B4152 B4159 B9998	B4104 B4153 B4160
Experimental and investigational	Prior authorization required	33477 66180 A9274 E0231	36514 96002 A9276 E1831	55866 A4638 A9277 S1030	64722 A6000 A9278 S3652
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	15832 15836 54660 58180 58291 58544 58554 58573	15833 15837 55970 58260 58541 58550 58570 69300	15834 15838 55980 58262 58542 58552 58571	15835 15839 58150 58290 58543 58553 58572
Genetic testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting lab 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. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the lab conducting the test and the lab will notify UnitedHealthcare.	81161 81202 81208 81228 81232 81244 81254 81269 81292 81296 81300 81304 81310 81317 81322 81335 81519	81167 81203 81218 81229 81235 81251 81257 81270 81293 81297 81301 81307 81311 81318 81323 81346	81200 81206 81219 81230 81238 81252 81258 81276 81294 81298 81302 81308 81315 81319 81328 81439	81201 81207 81220 81231 81243 81253 81259 81277 81295 81299 81303 81309 81316 81321 81330 81504
Home health care	Prior authorization required	G0151 S9129	G0152 S9131	G0153	S9128

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization
<p>Injectable medications</p> <p>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly</p>	<p>Prior authorization required</p>	<p>Actemra® J3262</p> <p>Acthar® J0800</p> <p>Avsola™ Q5121</p> <p>Benlysta J0490</p> <p>Berinert® J0597</p> <p>Bivigam® J1556</p> <p>Botox® J0585</p> <p>Brineura® J0567</p> <p>Cerezyme® J1786</p> <p>Cimzia® J0717</p> <p>Cinqair® J2786</p> <p>Cinryze® J0598</p> <p>Crysvita® J0584</p> <p>Cuvitru® J1555</p> <p>Dysport® J0586</p> <p>Elelyso® J3060</p> <p>Entyvio® J3380</p> <p>Epogen®/Procrit J0885</p> <p>Evenity™ J3111</p> <p>Fasenra™ J0517</p> <p>Feraheme® Q0138</p> <p>Flebogamma DIF J1572</p> <p>Gamifant® J9210</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization
Injectable medications (cont.)	Prior authorization required	<p>Gammagard J1569</p> <p>Gammaplex J1557</p> <p>Gamunex®-C/Gammaked J1561</p> <p>Givlaari® J0223</p> <p>Hizentra® J1559</p> <p>Hyqvia J1575</p> <p>Ilaris® J0638</p> <p>Ilumya® J3245</p> <p>Inflectra® Q5103</p> <p>Injectafer® J1439</p> <p>IVIG 90283 90284 J1459 J1566 J1599</p> <p>Kalbitor® J1290</p> <p>Lemtrada® J0202</p> <p>Kalbitor® J1290</p> <p>Lemtrada® J0202</p> <p>Makena®/17P J1726</p> <p>Myobloc® J0587</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Octagam® J1568</p> <p>Onpattro® (patisiran) J0222</p> <p>Orencia® J0129</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization
Injectable medications (cont.)	Prior authorization required	Parsabiv™ J0606 Probuphine® J0570 Radicava® J1301 Reblozyl® J0896 Remicade® J1745 Renflexis® Q5104 Rituxan® J9312 Rituxan Hycela® J9311 Ruconest® J0596 Ruxience® Q5119 Simponi Aria® J1602 Sodium hyaluronate J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7332 J7333 Soliris® J1300 Stelara® J3358 Sublocade™ Q9991 Tepezza® J3241 Trogarzo™ J1746 Truxima® Q5115 Ultomiris® J1303 Unclassified* J3490 J3590 Vyepti™ J3032

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Prior authorization required	White blood cell colony J1442 J1447 J2505 Q5101 Q5108 Q5110 Q5111 Q5120 Xembify® J1558 Xeomin® J0588 Xolair® J2357 *For Unclassified codes J3490 and J3590, prior authorization is only required for Cutaquig®, Nyvepria™, Scenesse®, Spravato™, Uplizna™ and Viltepso.			
Joint replacement	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
		A0430	A0431		
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Occupational/physical therapy	Prior authorization required	97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97129	97130
		97139	97140	97150	97530
		97533	97535	97537	97542
		97750	97760	97761	97763
		97799	G0281	G0282	G0283
Orthognathic surgery	Prior authorization required	21121	21122	21123	21125
Treatment of maxillofacial functional impairment		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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2136	L2350
		L2510	L2526	L2627	L2628
		L3215	L3216	L3217	L3219
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L5858 L5961 L5968 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L5930 L5962 L5973 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L5950 L5964 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610 V2627
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) and positron emission tomography (PET) scans • Nuclear medicine and nuclear cardiology procedures 	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Submit requests online by using the Prior Authorization and Notification tool on Link or call 866-889-8054.</p>			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Rhinoplasty	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures & surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Speech therapy	Prior authorization required	92507 92633	92508	92526	92630
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 22870 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0164T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22867 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 22868 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 0095T	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 22869 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 0098T

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Stimulators	Prior authorization 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			
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		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	50380	50547
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Urine drug testing	Prior authorization required	80320	80321	80322	80323
		80324	80325	80326	80327
		80328	80329	80330	80331
		80332	80333	80334	80335
		80336	80337	80338	80339
		80340	80341	80342	80343
		80344	80345	80346	80347
		80348	80349	80350	80351
		80352	80353	80354	80355
		80356	80357	80358	80359
		80360	80361	80362	80363
		80364	80365	80366	80367
		80368	80369	80370	80371
		80372	80373	80374	80375
		80376	80377		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36473 36475 36478 37700 37718 37722 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	33927 33928 33929 33975 33976 33979 33981 33982 33983 0051T 0052T 0053T Q0507 Q0508 Q0509 Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .
Wound vac	Prior authorization required	E2402