



Effective January 1, 2021

## Commercial Member Services Requiring Prior Authorization (PA)

Fax completed prior authorization forms to Population Health Medical Management at 317.962.6219. For questions call 317.962.2378 or 866.492.5878. Download the PA form at [iuhealthplans.org/provider/provider-resources](http://iuhealthplans.org/provider/provider-resources).

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Acupuncture	Yes	20560	20561	97810	97811	97813	97814	
Ambulance	For non-emergent transport (including air & water transport), CPT codes A0422-A0434, including: A0426 ALS level 1-non emergent, A0428 BLS non-emergent, A0425 ground mileage, A0433 ALS level 2, A0888 non-covered ambulance mileage, i.e. miles traveled beyond closest appropriate facility	A0380 A0384 A0392 A0420	A0424 A0425 A0426 A0428	A0430 A0431 A0432 A0433	A0434 A0435 A0436 A0888	A0998 A0999 S0215	S9960 S9961 T2002	T2003 T2004 T2007
Applied Behavior Analysis	Yes, for all codes except: Developmental Screening 96110	0374T 90867 90868 90869 90880	96105 96112 96113 96156 96158	96159 96164 96165 96167	96168 96170 96171 97129	97130 97151 97152 97153	97154 97155 97156 97157	97158 0362T 0373T G9966
Arthroplasty	Yes, for inpatient, outpatient and observation	0095T 0098T 0163T 0165T 22856 22857 22858 22861	22862 23470 23472 23473 23474 24360 24361 24362	24363 24365 24370 24371 25444 25445 25446 25447	25449 26530 26531 26535 26536 27120 27122	27125 27130 27132 27134 27137 27138 27437	27438 27440 27441 27442 27443 27445 27446	27447 27486 27487 27700 27702 27703 24366
Bariatric Surgery	Yes, after completing all pre-surgery requirements including: • weight loss program • psychological evaluation • dietary counseling	43620 43621 43622 43631 43632 43633	43644 43645 43647 43648 43659	43770 43771 43772 43773 43774	43775 43842 43843 43845 43846	43847 43848 43850 43855 43860	43865 43881 43882 43886 43887	43888 64590 64595 64755 S2083
Behavioral Health	Yes for: • Behavioral Health Partial Hospitalization • Mental Health Partial Hospitalization • Mental Health/Substance Abuse Residential • Mental Health Intensive Outpatient • Mental Health/Substance Abuse Inpatient							
Bone Growth Stimulator	Yes	0594T 20974	20975	20979	E0747	E0748	E0749	E0760
Carpel Tunnel Surgery	Yes	29848	64708	64721				
Cartilage Implants	Yes	27412	29866	29867	29868	S2112		
Cataract	Yes	66830 66840	66850 66852	66920 66930	66940 66982	66983 66984	66987	66988
Cell/Gene Therapy	Yes	0537T 0538T	0539T 0540T	Rev 0870 Rev 0871	Rev 0873 Rev 0874	Rev 0875 38206	J3590 J9070	J9185



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Clinical Trials	Yes	0602T	0603T	S9988	S9990	S9991		
Cochlear and Other Auditory Implants	Yes	69710 69714	69715 69718	69930 69949	L8614 L8619	L8627 L8628	L8690 L8691	L8692 V5273
Colonoscopy	Yes, if less than 45 years of age and not preventive with evidence of medical necessity and/or risk factors	44388 44389 44390 44391	44392 44394 44401 44402	44403 44404 44405 44406	44407 44408 45378 45379	45380 45381 45384 45386	45388 45389 45390 45391	45392 45393 45398
Cosmetic and Reconstruction	Services that are potentially cosmetic or reconstructive in nature require authorization	10040 11920 11921 11922 11950 11951 11952 11954 11960 11970 11971 15757 15758 15760 15769 15770 15771 15772 15773 15774 15775 15776 15777 15780 15781 15782 15783 15786 15787 15788 15789 15792	15793 15819 15820 15821 15822 15823 15824 15825 15826 15828 15829 15830 15832 15833 15834 15835 15836 15837 15838 15839 15847 15876 15877 15878 15879 17106 17107 17108 17340 17360 17380 17999	19300 19340 19342 21076 21077 21080 21081 21082 21083 21084 21086 21087 21088 21100 21110 21120 21121 21122 21123 21125 21127 21137 21138 21139 21141 21142 21143 21145 21146 21147 21150 21151	21154 21155 21159 21160 21172 21175 21179 21180 21181 21182 21183 21184 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21240 21242 21243 21244 21245 21246	21247 21248 21249 21255 21256 21260 21261 21263 21267 21268 21270 21275 21280 21282 21295 21296 30120 30400 30410 30420 30435 30450 30460 30462 30465 30540 30545 30560 30620 36468 36470	36471 36473 36474 36475 36476 36478 36479 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785 56800 64866 64868 66985 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912	67914 67915 67916 67917 67921 67922 67923 67924 67961 67966 67971 67973 67974 67975 68360 68362 68371 69090 69300 69310 69320 69399 69955 G0429 Q2026 Q2028 S2066 S2067 S2068 S9986 30520
Cosmetic and Reconstruction / Breast Reconstruction	Yes, except when following a mastectomy	19316 19318 19324 19325	19328 19330 19350 19355	19357 19361 19364 19366	19367 19368 19369	19370 19371 19380	19396 19499 L8600	S2066 S2067 S2068

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DME Capped Rentals	Yes, for any DME items with charges in excess of \$500 billed rates per line item, or any item or rental that is a capped rental by CMS policy	A4618 A4635 A4636 A4637 A4638 A4640 A7017 A7045 A8000 A8001 A8002 A8003 A8004 E0014 E0016	E0100 E0111 E0112 E0113 E0130 E0135 E0140 E0141 E0143 E0147 E0148 E0149 E0153 E0154 E0155	E0156 E0157 E0158 E0159 E0160 E0161 E0162 E0163 E0167 E0168 E0175 E0184 E0185 E0188 E0189	E0191 E0197 E0199 E0200 E0205 E0210 E0215 E0217 E0225 E0239 E0271 E0272 E0275 E0276 E0280	E0310 E0325 E0326 E0467 E0484 E0485 E0486 E0560 E0561 E0562 E0580 E0602 E0605 E0607 E0610	E0615 E0621 E0627 E0629 E0650 E0651 E0652 E0655 E0660 E0665 E0666 E0667 E0668 E0669	E0670 E0671 E0672 E0673 E0691 E0692 E0693 E0694 E0705 E0747 E0748 E0760 E0765 E0782
DME Non-Specific HCPCS Codes	Yes	A4226 A4604 A7027 A7028 A7029 A7030 A7031 A7032 A7033 A7034 A7035 A7036 A7037 A7038 A7039 A7040 A7041	A7044 A7045 A7046 A9279 A9280 A9900 A9999 C1734 C1839 E0445 E0446 E0561 E0562 E0625 E0676 E0770 E0787	E1229 E1239 E1356 E1357 E1358 E1372 E1390 E1391 E1392 E1399 E1699 E2398 E2599 K0108 K0800 K0801 K0802	K0806 K0807 K0808 K0812 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828	K0829 K0830 K0831 K0835 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 K0899 K1003 K1004 L2006 Q0507 Q0509
DME (CPAP)/(BIPAP) and Supplies	Yes; three-month rental then purchase of device if compliant (will need compliance documentation).  On-going supplies require prior authorization with compliance documentation.	E0470	E0471	E0472	E0601			

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Durable Medical Equipment	All DME with a provider bill rate of \$500 per item or any item or rental that is a capped rental by CMS policy. It is provider's responsibility to know the bill rate and request a prior authorization. Yes, for Non-Specific HCPCS codes Yes, for Continuous Positive Airway Pressure (CPAP)/Bi-level Positive Airway Pressure (BIPAP) - 3-month rental then purchase of device if compliant (compliance documentation required) CPAP Supplies - compliance documentation required for additional supplies - supplies authorized for 6 months Nebulizers are "purchase-only" items	E0465 E0466 E0467 E0615 E0651 E0652 E0670 E0691	E0692 E0693 E0694 E0747 E0748 E0760 E0766 E0782	E0783 E0786 E0947 E0948 E1230 E1296 E1310 E2100	E2204 E2341 E2342 E2343 E2351 E2502 E2504	E2506 E2508 E2510 E2614 E2616 E2620 E2621	E2626 E2627 E2628 E2629 E2630 K0005 K0609	K0800 K0801 K0802 K0806 K0807 K0808 E0766
Emergency Room	All services needing PA under non-emergent situations will need a PA under ER visit as well.							
Experimental and Investigative Services	Yes	0071T 0072T 0085T 0198T 0200T 0201T 0202T 0207T 0208T 0209T 0210T 0211T 0212T 0213T 0214T 0215T 0216T 0217T 0218T 0219T 0220T 0221T 0222T 0228T 0229T 0230T 0231T 0232T 0234T 0235T 0236T	0329T 0330T 0331T 0332T 0333T 0335T 0338T 0339T 0342T 0345T 0347T 0348T 0349T 0350T 0351T 0352T 0353T 0354T 0355T 0356T 0358T 0378T 0379T 0381T 0382T 0383T 0384T 0385T 0386T 0563T 0564T	0582T 0583T 0587T 0588T 0589T 0590T 19105 19499 22510 22512 22526 22527 22861 22864 22867 22868 22869 22870 22899 28446 28899 31626 31627 31660 31661 32994 33274 33275 33289 33340 33368	64999 72159 73225 75571 76499 76936 78350 78351 78499 81313 81430 81431 83698 83876 88749 91111 91299 92499 92978 92979 93050 93286 93740 93799 93998 94799 95980 95999 97610 97799 A4555	E0762 E0764 E0765 E0769 E0770 E1801 E1805 E1806 E1810 E1811 E1812 E1815 E1816 E1818 E1821 E1825 E1830 E1831 E1840 E1841 E2120 G0276 G0416 G0428 G0455 G0460 G4028 L5973 L8604 L8605 M0075	Q4124 Q4125 Q4126 Q4127 Q4128 Q4130 Q4132 Q4133 Q4134 Q4135 Q4136 Q4137 Q4138 Q4138 Q4139 Q4140 Q4141 Q4142 Q4143 Q4145 Q4146 Q4147 Q4148 Q4149 Q4150 Q4151 Q4152 Q4153 Q4154 Q4155 Q4156 Q4157	Q4175 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182 Q4183 Q4184 Q4185 Q4186 Q4187 Q4188 Q4189 Q4190 Q4191 Q4192 Q4193 Q4194 Q4195 Q4196 Q4197 Q4198 Q4200 Q4201 Q4202 Q4203 Q4204 S1034 S1035

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Experimental and Investigational Services (continued)		0237T	0565T	33369	A4575	M0076	Q4158	S1036		
		0238T	0567T	33477	A4639	M0100	Q4159	S1037		
		0253T	0568T	33548	A9155	M0300	Q4160	S2102		
		0263T	0569T	37252	A9272	P9020	Q4161	S2118		
		0264T	0570T	41512	C1821	Q0035	Q4162	S2348		
		0265T	0571T	41530	C9250	Q403	Q4163	S3650		
		0267T	0572T	43257	C9360	Q4103	Q4164	S3652		
		0268T	0573T	44705	C9361	Q4107	Q4165	S3722		
		0269T	0574T	46601	C9362	Q4111	Q4166	S3800		
		0270T	0575T	46607	C9363	Q4112	Q4167	S3852		
		0271T	0576T	46999	C9364	Q4113	Q4168	S8080		
		0272T	0577T	53860	E0221	Q4115	Q4169	S8130		
		0273T	0578T	55706	E0446	Q4117	Q4170	S8131		
		0274T	0579T	55899	E0675	Q4118	Q4171	S8940		
		0275T	0580T	58674	E0740	Q4122	Q4173	S9034		
		0278T	0581T	62287	E0745	Q4123	Q4174	S9090		
		0290T								
	Gender Dysphoria Treatment	Yes	19301	54405	54417	55980	57110	58541	58554	
			19302	54406	54520	56625	57111	58542	58570	
			19303	54408	54660	56800	57291	58543	58571	
53430			54410	54690	56805	57292	58544	58572		
53431			54411	55175	56810	57335	58550	58573		
54125			54415	55180	57106	58150	58552	58661		
54400			54416	55970	57107	58180	58553	58720		
54401										
Genetic Testing	Yes, all including BRCA	0001U	0089U	81111	81235	81303	81401	81538		
		0002M	0090U	81112	81236	81304	81402	81540		
		0002U	0091U	81120	81237	81305	81403	81541		
		0003M	0092U	81121	81238	81306	81404	81542		
		0003U	0093U	81161	81239	81307	81406	81543		
		0004M	0094U	81162	81240	81308	81407	81545		
		0005U	0095U	81163	81241	81309	81408	81546		
		0006M	0096U	81164	81242	81310	81410	81551		
		0007M	0097U	81165	81243	81311	81411	81552		
		0007U	0098U	81166	81244	81312	81412	81560		
		0008U	0099U	81167	81245	81313	81413	81565		
		0009U	0100U	81170	81246	81314	81414	81595		
		0010U	0101U	81171	81247	81315	81415	81596		
		0011M	0102U	81172	81248	81316	81416	81599		
		0011U	0103U	81173	81249	81317	81417	83001		
		0012M	0140U	81174	81250	81318	81420	83002		
		0012U	0141U	81175	81251	81319	81422	85999		
		0013M	0142U	81176	81252	81320	81425	86152		
		0013U	0143U	81177	81253	81321	81426	86153		
		0014U	0153U	81178	81254	81322	81427	86849		
		0016U	0154U	81179	81255	81323	81430	87901		
		0017U	0155U	81180	81256	81324	81431	87902		
		0018U	0156U	81181	81257	81325	81432	87903		
		0019U	0157U	81182	81258	81326	81433	87904		
		0021U	0158U	81183	81259	81327	81434	87905		

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Genetic Testing (continued)		0022U	0160U	81184	81260	81328	81435	87906
		0023U	0161U	81185	81261	81329	81436	87910
		0026U	0162U	81186	81262	81330	81437	87912
		0027U	0163U	81187	81263	81331	81438	87999
		0029U	0164U	81188	81264	81332	81439	88120
		0030U	0165U	81189	81265	81333	81440	88121
		0031U	0166U	81190	81266	81334	81442	88130
		0032U	0167U	81200	81267	81335	81443	88140
		0033U	0168U	81201	81268	81336	81445	88299
		0034U	0169U	81202	81269	81337	81448	89250
		0036U	0170U	81203	81270	81340	81450	89251
		0037U	0171U	81204	81271	81341	81455	89253
		0038U	0203U	81205	81272	81342	81460	89254
		0039U	0204U	81206	81273	81343	81465	89255
		0040U	0205U	81207	81274	81344	81470	89257
		0045U	0206U	81208	81275	81345	81471	96040
		0046U	0207U	81209	81276	81346	81479	G9840
		0047U	0208U	81210	81277	81350	81490	G9841
		0048U	0209U	81212	81283	81355	81493	G9843
		0049U	0210U	81215	81284	81361	81500	G9845
		0050U	0211U	81216	81285	81362	81503	S0265
		0053U	0212U	81217	81286	81363	81504	S0270
		0055U	0213U	81218	81287	81364	81506	S3800
		0056U	0214U	81219	81288	81370	81507	S3840
		0060U	0215U	81220	81289	81371	81508	S3841
		0070U	0216U	81221	81290	81372	81509	S3842
		0071U	0217U	81222	81291	81373	81510	S3844
		0072U	0218U	81223	81292	81374	81511	S3845
		0073U	0219U	81224	81293	81375	81512	S3846
		0074U	0220U	81225	81294	81376	81518	S3849
		0075U	0221U	81226	81295	81377	81519	S3850
		0076U	0222U	81227	81296	81378	81520	S3852
		0078U	0225U	81228	81297	81379	81521	S3853
		0079U	81105	81229	81298	81380	81522	S3854
		0084U	81106	81230	81299	81381	81525	S3861
		0085U	81107	81231	81300	81382	81528	S3865
		0086U	81108	81232	81301	81383	81535	S3866
		0087U	81109	81233	81302	81400	81536	S3870
		0088U	81110	81234				
	Glucose Sensors	Yes	A9276	A9277	A9278			

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Home Health Services	Yes, all services provided within the home setting (includes PT, OT, ST and any skilled home health services)	94002	99505	G0153	S5108	S9110	S9327	S9365
		94003	99506	G0155	S5109	S9122	S9328	S9366
		94004	99507	G0156	S5110	S9123	S9329	S9367
		94005	99509	G0157	S5111	S9124	S9330	S9368
		94375	99510	G0159	S5115	S9125	S9331	S9370
		94610	99511	G0161	S5116	S9126	S9335	S9372
		94660	99512	G0248	S5120	S9127	S9338	S9373
		94760	99600	G0249	S5121	S9128	S9339	S9374
		94774	99601	G0250	S5130	S9129	S9340	S9375
		94775	99602	G0490	S5131	S9131	S9341	S9376
		94776	G0076	G9473	S5135	S9208	S9342	S9377
		94777	G0077	G9474	S5136	S9209	S9345	S9379
		99341	G0078	G9477	S5145	S9211	S9346	S9490
		99342	G0079	G9478	S5146	S9212	S9347	S9537
		99343	G0080	G9479	S5164	S9213	S9348	S9538
		99344	G0081	Q5001	S5170	S9214	S9349	S9542
		99347	G0082	Q5002	S5175	S9216	S9351	S9558
		99348	G0083	S0270	S5180	S9217	S9353	S9559
		99349	G0084	S0271	S5181	S9218	S9355	S9560
		99350	G0085	S0272	S5522	S9220	S9357	S9562
		99500	G0086	S0273	S5523	S9225	S9359	S9590
99501	G0087	S0274	S9001	S9230	S9361	S9810		
99502	G0151	S0280	S9097	S9325	S9363	T1004		
99503	G0152	S0281	S9098	S9326	S9364	T1022		
99504								
Hospice	All services provided within the home setting (includes PT, OT, ST and any skilled home health services)  For inpatient medical, surgical, and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehab, and long-term acute care	G9477	G9474	Q5002	Rev 135	Rev 235	Rev 652	Rev 657
		G9478	S0271	Rev 115	Rev 145	Rev 650	Rev 655	Rev 658
		G9479	Q5001	Rev 125	Rev 155	Rev 651	Rev 656	Rev 659
		G9473						
Hysterectomy	Yes, all inpatient and outpatient vaginal, laparoscopic and abdominal hysterectomy	58263	58291	58275	58150	58540	58550	58571
		58270	58292	58280	58152	58541	58552	58572
		58275	58293	58285	58180	58542	58553	58573
		58280	58294	58290	58200	58543	58554	58575
		58285	58260	58291	58210	58544	58570	58661
		58290	58262	51925	58240			

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Infertility	Yes	0058T	58546	74742	84403	89260	89337	S4014	
		0568T	58555	76830	84443	89261	89342	S4015	
		52402	58559	76831	84830	89264	89343	S4016	
		54500	58660	76856	88182	89268	89344	S4017	
		54505	58662	76857	88248	89272	89346	S4018	
		55300	58670	76870	88261	89280	89352	S4020	
		55530	58672	76872	88262	89281	89353	S4021	
		55535	58673	76948	88263	89290	89354	S4022	
		55550	58740	80415	88273	89291	89356	S4023	
		55870	58752	80426	88280	89300	89398	S4025	
		58140	58760	81224	88283	89310	J0725	S4026	
		58145	58770	82397	88285	89320	J3355	S4027	
		58146	58800	82670	89250	89321	S0122	S4028	
		58321	58805	83001	89251	89322	S0126	S4030	
		58322	58920	83002	89253	89325	S0128	S4031	
		58323	58970	83498	89254	89329	S0132	S4035	
		58340	58974	83520	89255	89330	S3655	S4037	
		58345	58976	84144	89257	89331	S4011	S4040	
		58350	74440	84146	89258	89335	S4013	S4042	
		58545	74740	84402	89259				
Inpatient Only Surgical Services	<p>Yes, for inpatient medical, surgical and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehabilitation and long-term acute care.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>• observation if 48 hours or less</li> <li>• normal vaginal deliveries if 2 days stay or less</li> <li>• cesarean section deliveries if 4 days stay or less</li> </ul> <p>Yes, for mother or newborn admissions exceeding these lengths of stay</p>	All inpatient codes							

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### Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Laboratory Services	Providers are to utilize an in-network laboratory for all laboratory needs. Out-of-network lab services and tests with charges in excess of \$500 billed rates per line item and any tests that are potentially investigation/experimental require prior authorization.	0002M	80368	82670	83970	85055	86352	88342
		0003M	80369	82671	83986	85060	86353	88344
		0004M	80370	82672	83987	85097	86355	88346
		0006M	80371	82677	83992	85130	86356	88348
		0007M	80372	82679	83993	85170	86357	88350
		0021U	80373	82693	84030	85175	86359	88355
		0024U	80374	82696	84035	85210	86360	88356
		0025U	80375	82705	84047	85220	86361	88358
		0035U	80376	82710	84060	85230	86367	88360
		0041U	80377	82715	84066	85240	86376	88361
		0042U	80400	82725	84075	85244	86382	88362
		0043U	80402	82726	84078	85245	86384	88363
		0044U	80406	82728	84080	85246	86386	88364
		0051U	80408	82731	84081	85247	86403	88365
		0052U	80410	82735	84085	85250	86406	88366
		0054U	80412	82746	84100	85260	86430	88367
		0058U	80414	82747	84105	85270	86431	88368
		0059U	80415	82757	84106	85280	86480	88369
		0061U	80416	82759	84110	85290	86481	88371
		0062U	80417	82760	84112	85291	86485	88372
		0063U	80418	82775	84119	85292	86486	88373
		0064U	80420	82776	84120	85293	86490	88374
		0065U	80422	82777	84126	85300	86510	88375
		0066U	80424	82784	84132	85301	86580	88377
		0067U	80426	82785	84133	85302	86590	88380
		0068U	80428	82787	84134	85303	86592	88381
		0069U	80430	82800	84135	85305	86593	88387
		0077U	80432	82803	84138	85306	86602	88388
		0080U	80434	82805	84140	85307	86603	88399
		0082U	80436	82810	84143	85335	86606	88720
		0083U	80438	82820	84144	85337	86609	88738
		0085T	80439	82930	84145	85345	86611	88740
		0111T	80440	82938	84146	85347	86612	88741
		0400T	80448	82941	84150	85348	86615	88749
		0401T	80500	82943	84152	85360	86617	89049
		0423T	80502	82945	84153	85362	86618	89050
		36400	81000	82946	84154	85366	86619	89051
		36405	81001	82947	84155	85370	86622	89055
		36406	81002	82948	84156	85378	86625	89060
		36410	81003	82950	84157	85379	86628	89125
		36415	81005	82951	84160	85380	86631	89160
		36416	81007	82952	84163	85384	86632	89190
		36420	81015	82955	84165	85385	86635	89220
		36425	81020	82960	84166	85390	86638	89230
		80047	81025	82962	84181	85396	86641	89240
		80050	81050	82963	84183	85397	86644	89250
		80051	81099	82965	84202	85400	86645	89251
		80053	81539	82977	84203	85410	86648	89253
		80055	81596	82978	84206	85415	86651	89254
		80061	82120	82979	84207	85420	86652	89255
80069	82127	82985	84210	85421	86653	89257		

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### Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Laboratory Services (continued)		80074	82128	83001	84215	85441	86654	89258
		80076	82131	83002	84220	85445	86658	89259
		80081	82135	83003	84228	85460	86663	89260
		80145	82136	83009	84233	85461	86664	89261
		80150	82139	83010	84234	85475	86665	89264
		80155	82140	83012	84238	85520	86666	89268
		80156	82143	83014	84244	85525	86668	89272
		80157	82150	83015	84252	85530	86671	89280
		80158	82154	83018	84255	85536	86674	89281
		80159	82157	83020	84260	85540	86677	89290
		80162	82160	83021	84270	85547	86682	89291
		80163	82163	83026	84275	85549	86684	89300
		80164	82164	83030	84285	85555	86687	89310
		80165	82172	83033	84292	85557	86688	89320
		80168	82175	83036	84295	85576	86689	89321
		80169	82180	83037	84300	85597	86692	89322
		80170	82190	83045	84302	85598	86694	89325
		80171	82232	83050	84305	85610	86695	89329
		80173	82239	83051	84307	85611	86696	89330
		80175	82240	83060	84311	85612	86698	89331
		80176	82247	83065	84375	85613	86701	89335
		80177	82248	83068	84376	85635	86702	89337
		80178	82252	83069	84377	85651	86703	89342
		80180	82261	83070	84378	85652	86704	89343
		80183	82270	83080	84379	85660	86705	89344
		80184	82271	83088	84402	85670	86706	89346
		80185	82272	83090	84403	85675	86707	89352
		80186	82274	83150	84410	85705	86708	89353
		80187	82286	83491	84425	85730	86709	89354
		80188	82300	83497	84430	85732	86710	89356
		80190	82306	83498	84431	85810	86711	89398
		80192	82308	83500	84432	85999	86713	93793
		80194	82310	83505	84436	86000	86717	99000
		80197	82330	83516	84437	86001	86720	99001
		80198	82331	83518	84439	86003	86723	G0027
		80199	82340	83519	84442	86005	86727	G0102
		80200	82355	83520	84443	86008	86732	G0123
		80201	82360	83525	84445	86021	86735	G0141
		80202	82365	83527	84446	86022	86738	G0143
		80203	82370	83528	84449	86023	86741	G0144
		80230	82373	83540	84450	86038	86744	G0145
		80235	82374	83550	84460	86039	86747	G0147
		80280	82375	83570	84466	86060	86750	G0148
		80285	82376	83582	84478	86063	86753	G0306
		80299	82378	83585	84479	86077	86756	G0307
	80305	82379	83586	84480	86078	86757	G0416	
	80306	82380	83593	84481	86079	86759	G0433	
	80307	82382	83605	84482	86140	86762	G0435	
	80320	82383	83615	84484	86141	86765	G0452	
	80321	82384	83625	84485	86146	86768	G0471	
	80322	82387	83630	84488	86147	86769	G0480	

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### Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES							
Laboratory Services (continued)		80323	82390	83631	84490	86148	86771	G0481	
		80324	82397	83632	84510	86152	86774	G0482	
		80325	82415	83633	84512	86153	86777	G0483	
		80326	82435	83655	84520	86155	86778	G9143	
		80327	82438	83661	84525	86156	86780	H0003	
		80328	82441	83662	84535	86157	86784	P2028	
		80329	82465	83663	84540	86160	86787	P2029	
		80330	82480	83664	84545	86161	86788	P2031	
		80331	82482	83670	84550	86162	86789	P2033	
		80332	82485	83690	84560	86171	86790	P2038	
		80333	82495	83695	84577	86200	86793	P3000	
		80334	82507	83698	84578	86215	86794	P3001	
		80335	82523	83700	84580	86225	86800	P7001	
		80336	82525	83701	84583	86226	86803	P9603	
		80337	82528	83704	84585	86235	86804	P9604	
		80338	82530	83718	84586	86255	86805	Q0111	
		80339	82533	83719	84588	86256	86806	Q0112	
		80340	82540	83721	84590	86277	86807	Q0113	
		80341	82542	83722	84591	86280	86808	Q0114	
		80342	82550	83727	84597	86294	86812	Q0115	
		80343	82552	83735	84600	86300	86813	S3620	
		80344	82553	83775	84620	86301	86816	S3630	
		80345	82554	83785	84630	86304	86817	S3645	
		80346	82565	83789	84702	86305	86821	S3650	
		80347	82570	83825	84703	86308	86825	S3652	
		80348	82575	83857	84704	86309	86826	S3655	
		80349	82585	83861	84830	86310	88302	S3708	
		80350	82595	83864	84999	86316	88304	S3840	
		80351	82600	83872	85002	86317	88305	S3841	
		80352	82607	83873	85004	86318	88307	S3842	
		80353	82608	83874	85007	86320	88309	S3843	
		80354	82610	83876	85008	86325	88311	S3844	
		80355	82615	83880	85009	86327	88312	S3845	
		80356	82626	83883	85013	86328	88313	S3846	
		80357	82627	83915	85014	86329	88314	S3849	
		80358	82633	83916	85018	86331	88319	S3850	
		80359	82634	83918	85025	86332	88321	S3852	
		80360	82638	83919	85027	86334	88323	S3853	
		80361	82642	83921	85032	86335	88325	S3854	
		80362	82652	83930	85041	86336	88329	S3861	
		80363	82656	83935	85044	86337	88331	S3865	
		80364	82657	83937	85045	86340	88332	S3866	
		80365	82658	83945	85046	86341	88333	S3870	
		80366	82664	83950	85048	86343	88334	S3620	
		80367	82668	83951	85049	86344	88341	89301	
	Mammogram	Yes, if less than 40 years of age with evidence of medical necessity and/or risk factors.	77067						

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## Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Medications Requiring Authorization	Yes; For all infusions/injections dispensed outside the inpatient setting For Pharmacy prior authorizations: Fax 855-397-8762 View the <a href="#">Pharmacy Drug List</a> for medications requiring prior authorization	90378	J0485	J1080	J1740	J3120	J7301	J9225
		A9606	J0490	J1290	J1743	J3121	J7307	J9226
		C9031	J0517	J1300	J1744	J3130	J7312	J9269
		C9036	J0565	J1301	J1745	J3145	J7313	J9310
		C9037	J0567	J1303	J1746	J3245	J7314	J9311
		C9038	J0570	J1322	J1786	J3262	J7316	J9312
		C9047	J0571	J1325	J1930	J3285	J7318	J9355
		C9049	J0572	J1428	J1931	J3315	J7320	J9356
		C9050	J0573	J1429	J1950	J3316	J7321	J9999
		C9052	J0574	J1438	J2182	J3357	J7322	Q2040
		C9053	J0575	J1442	J2212	J3358	J7323	Q2041
		C9054	J0584	J1444	J2315	J3380	J7324	Q2042
		J1632	J0585	J1447	J2323	J3385	J7325	Q2043
		C9056	J0586	J1458	J2326	J3396	J7326	Q3028
		C9061	J0587	J1459	J2350	J3397	J7327	Q4074
		C9063	J0588	J1460	J2353	J3398	J7328	Q4081
		C9122	J0593	J1555	J2357	J3399	J7329	Q5102
		C9257	J0596	J1556	J2502	J3490	J7331	Q5103
		C9407	J0597	J1557	J2503	J3590	J7332	Q5104
		C9408	J0598	J1558	J2504	J7169	J7333	Q5105
		C9473	J0599	J1559	J2507	J7182	J7336	Q5107
		C9489	J0638	J1560	J2562	J7192	J7401	Q5108
		J0129	J0717	J1561	J2778	J7199	J7639	Q5109
		J0135	J0718	J1562	J2786	J7201	J7686	Q5111
		J0178	J0800	J1566	J2787	J7202	J8562	Q5113
		J0179	J0881	J1568	J2793	J7203	J9035	Q5114
		J0180	J0882	J1569	J2796	J7205	J9155	Q5115
		J0202	J0885	J1572	J2798	J7207	J9202	Q5116
		J0220	J0886	J1575	J2840	J7208	J9204	Q5117
		J0221	J0887	J1599	J2860	J7209	J9210	Q5118
		J0222	J0896	J1602	J2941	J7211	J9216	Q5121
		J0256	J0897	J1628	J3031	J7296	J9217	S0189
		J0257	J1070	J1725	J3060	J7297	J9218	S4989
J0364	J1071	J1726	J3111	J7298				
Neurostimulator — Trial and Implantation	Yes, for all Urine drug screen should be done 30 days prior to trial.	0428T	61864	63662	64580	C1778	E0745	L8683
		0429T	61867	63663	64581	C1787	E0746	L8684
		0430T	61868	63685	64585	C1816	E0747	L8685
		0431T	61870	63688	64590	C1820	E0748	L8686
		43647	61880	64553	64595	C1822	E0764	L8687
		43648	61885	64555	95972	C1823	E0770	L8688
		43881	61886	64561	97014	C1883	L8679	L8689
		43882	61888	64566	97032	C1897	L8680	L8695
		61850	63650	64568	A4290	E0740	L8681	S8130
		61860	63655	64570	C1767	E0744	L8682	S8131
		61863	63661	64575				
Oral and Enteral Feedings	Yes	B4102	B4154	B4160	B4172	B4189	B4220	B5200
		B4103	B4155	B4161	B4176	B4193	B4222	B9002
		B4149	B4157	B4162	B4178	B4197	B4224	S9433
		B4150	B4158	B4164	B4180	B4199	B5000	S9434
		B4152	B4159	B4168	B4185	B4216	B5100	S9435
		B4153						

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### Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Prosthetics and Orthotics	Any item with charges in excess of \$500 bill rates per line item	L0112	L1812	L2760	L3900	L5636	L6100	L7191
		L0113	L1820	L2768	L3901	L5637	L6110	L7259
		L0120	L1830	L2780	L3904	L5638	L6120	L7360
		L0130	L1831	L2785	L3905	L5639	L6130	L7362
		L0140	L1832	L2795	L3906	L5640	L6200	L7364
		L0150	L1833	L2800	L3908	L5642	L6205	L7366
		L0160	L1834	L2810	L3912	L5643	L6250	L7367
		L0170	L1836	L2820	L3913	L5644	L6300	L7368
		L0172	L1840	L2830	L3915	L5645	L6310	L7400
		L0174	L1843	L2840	L3916	L5646	L6320	L7401
		L0180	L1844	L2850	L3917	L5647	L6350	L7402
		L0190	L1845	L2861	L3918	L5648	L6360	L7403
		L0200	L1846	L2999	L3919	L5649	L6370	L7404
		L0220	L1847	L3000	L3921	L5650	L6380	L7405
		L0450	L1848	L3001	L3923	L5651	L6382	L7499
		L0452	L1850	L3002	L3924	L5652	L6384	L7510
		L0454	L1851	L3003	L3925	L5653	L6386	L7520
		L0455	L1852	L3010	L3927	L5654	L6388	L7600
		L0456	L1860	L3020	L3929	L5655	L6400	L7700
		L0457	L1900	L3030	L3930	L5656	L6450	L7900
		L0458	L1902	L3031	L3931	L5658	L6500	L7902
		L0460	L1904	L3040	L3933	L5661	L6550	L8000
		L0462	L1906	L3050	L3935	L5665	L6570	L8001
		L0464	L1907	L3060	L3956	L5666	L6580	L8002
		L0466	L1910	L3070	L3960	L5668	L6582	L8010
		L0467	L1920	L3080	L3961	L5670	L6584	L8015
		L0468	L1930	L3090	L3962	L5671	L6586	L8020
		L0469	L1932	L3100	L3967	L5672	L6588	L8030
		L0470	L1940	L3140	L3971	L5673	L6590	L8031
		L0472	L1945	L3150	L3973	L5676	L6605	L8032
		L0480	L1950	L3160	L3975	L5677	L6610	L8033
		L0482	L1951	L3170	L3976	L5678	L6611	L8035
		L0484	L1960	L3201	L3977	L5679	L6615	L8039
		L0486	L1970	L3202	L3978	L5680	L6616	L8040
		L0490	L1980	L3203	L3980	L5681	L6620	L8041
		L0491	L1990	L3204	L3981	L5682	L6621	L8042
		L0492	L2000	L3206	L3982	L5683	L6623	L8043
		L0621	L2005	L3207	L3984	L5684	L6624	L8044
		L0622	L2006	L3208	L3995	L5685	L6625	L8045
		L0623	L2010	L3209	L3999	L5686	L6628	L8046
		L0624	L2020	L3211	L4000	L5688	L6629	L8047
		L0625	L2030	L3212	L4002	L5690	L6630	L8048
		L0626	L2034	L3213	L4010	L5692	L6632	L8300
		L0627	L2035	L3214	L4020	L5694	L6635	L8310
		L0628	L2036	L3215	L4030	L5695	L6637	L8320
		L0629	L2037	L3216	L4040	L5696	L6638	L8330
		L0630	L2038	L3217	L4045	L5697	L6640	L8400
		L0631	L2040	L3219	L4050	L5698	L6641	L8410
		L0632	L2050	L3221	L4055	L5699	L6642	L8415
		L0633	L2060	L3222	L4060	L5700	L6645	L8417
L0634	L2070	L3224	L4070	L5701	L6646	L8420		

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### Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Prosthetics and Orthotics (continued)		L0635	L2080	L3225	L4080	L5702	L6647	L8430
	L0636	L2090	L3230	L4090	L5703	L6648	L8435	
	L0637	L2106	L3250	L4100	L5704	L6650	L8440	
	L0638	L2108	L3251	L4110	L5705	L6655	L8465	
	L0639	L2112	L3252	L4130	L5706	L6660	L8470	
	L0640	L2114	L3253	L4205	L5707	L6665	L8480	
	L0641	L2116	L3254	L4210	L5710	L6670	L8485	
	L0642	L2126	L3255	L4350	L5711	L6672	L8499	
	L0643	L2128	L3257	L4360	L5712	L6675	L8500	
	L0648	L2132	L3260	L4361	L5714	L6676	L8501	
	L0649	L2134	L3265	L4370	L5716	L6677	L8505	
	L0650	L2136	L3300	L4386	L5718	L6680	L8507	
	L0651	L2180	L3310	L4387	L5722	L6682	L8509	
	L0700	L2182	L3320	L4392	L5724	L6684	L8510	
	L0710	L2184	L3330	L4394	L5726	L6686	L8511	
	L0810	L2186	L3332	L4396	L5728	L6687	L8512	
	L0820	L2188	L3334	L4397	L5780	L6688	L8513	
	L0830	L2190	L3340	L4398	L5781	L6689	L8514	
	L0859	L2192	L3350	L4631	L5782	L6690	L8515	
	L0861	L2200	L3360	L5000	L5785	L6691	L8600	
	L0970	L2210	L3370	L5010	L5790	L6692	L8603	
	L0972	L2220	L3380	L5020	L5795	L6693	L8604	
	L0974	L2230	L3390	L5050	L5810	L6694	L8605	
	L0976	L2232	L3400	L5060	L5811	L6695	L8606	
	L0978	L2240	L3410	L5100	L5812	L6696	L8607	
	L0980	L2250	L3420	L5105	L5814	L6697	L8608	
	L0982	L2260	L3430	L5150	L5816	L6698	L8609	
	L0984	L2265	L3440	L5160	L5818	L6703	L8610	
	L0999	L2270	L3450	L5200	L5822	L6704	L8612	
	L1000	L2275	L3455	L5210	L5824	L6706	L8613	
	L1001	L2280	L3460	L5220	L5826	L6707	L8614	
	L1005	L2300	L3465	L5230	L5828	L6708	L8615	
	L1010	L2310	L3470	L5250	L5830	L6709	L8616	
	L1020	L2320	L3480	L5270	L5840	L6711	L8617	
	L1025	L2330	L3485	L5280	L5845	L6712	L8618	
	L1030	L2335	L3500	L5301	L5848	L6713	L8619	
	L1040	L2340	L3510	L5312	L5850	L6714	L8621	
	L1050	L2350	L3520	L5321	L5855	L6715	L8622	
	L1060	L2360	L3530	L5331	L5856	L6721	L8623	
	L1070	L2370	L3540	L5341	L5857	L6722	L8624	
	L1080	L2375	L3550	L5400	L5858	L6805	L8625	
	L1085	L2380	L3560	L5410	L5859	L6810	L8627	
	L1090	L2385	L3570	L5420	L5910	L6880	L8628	
	L1100	L2387	L3580	L5430	L5920	L6881	L8629	
	L1110	L2390	L3590	L5450	L5925	L6883	L8630	
	L1120	L2395	L3595	L5460	L5930	L6884	L8631	
	L1200	L2397	L3600	L5500	L5940	L6885	L8641	
	L1210	L2405	L3610	L5505	L5950	L6890	L8642	
	L1220	L2415	L3620	L5510	L5961	L6895	L8658	
	L1230	L2425	L3630	L5520	L5962	L6900	L8659	
L1240	L2430	L3640	L5530	L5964	L6905	L8670		

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## Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Prosthetics and Orthotics (continued)		L1250	L2492	L3649	L5535	L5966	L6910	L8679
		L1260	L2500	L3650	L5540	L5968	L6915	L8680
		L1270	L2510	L3660	L5560	L5969	L6920	L8681
		L1280	L2520	L3670	L5570	L5970	L6925	L8682
		L1290	L2525	L3671	L5580	L5972	L6930	L8683
		L1300	L2526	L3674	L5585	L5973	L6935	L8684
		L1310	L2530	L3675	L5590	L5974	L6940	L8685
		L1499	L2540	L3677	L5595	L5975	L6945	L8686
		L1600	L2550	L3678	L5600	L5976	L6950	L8687
		L1610	L2570	L3702	L5610	L5978	L6955	L8688
		L1620	L2580	L3710	L5611	L5979	L6960	L8689
		L1630	L2600	L3720	L5613	L5980	L6965	L8690
		L1640	L2610	L3730	L5614	L5981	L6970	L8691
		L1650	L2620	L3740	L5616	L5984	L6975	L8692
		L1652	L2622	L3760	L5617	L5985	L7007	L8693
		L1660	L2624	L3761	L5618	L5986	L7008	L8694
		L1680	L2627	L3762	L5620	L5987	L7009	L8695
		L1685	L2628	L3763	L5622	L5988	L7040	L8696
		L1686	L2630	L3764	L5624	L5990	L7045	L8698
		L1690	L2640	L3765	L5626	L5999	L7170	L8699
		L1700	L2650	L3766	L5628	L6000	L7180	L8701
		L1710	L2660	L3806	L5629	L6010	L7181	L8702
		L1720	L2670	L3807	L5630	L6020	L7185	L9900
		L1730	L2680	L3808	L5631	L6026	L7186	S1040
		L1755	L2750	L3809	L5632	L6050	L7190	V2623
		L1810	L2755	L3891	L5634	L6055		

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## Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES								
Radiology Services	Include, but are not limited to: <ul style="list-style-type: none"> <li>• Outpatient and non-emergent services</li> <li>• Computed Tomography (CT/CTA) including cardiac</li> <li>• Magnetic Resonance (MRI/MRA, MRM) including cardiac</li> <li>• Nuclear Cardiology</li> <li>• Positron Emission Tomography (PET) Scans, including cardiac</li> <li>• Resting Transthoracic Echocardiography (TTE)</li> <li>• Stress Echocardiography (SE)</li> <li>• Transesophageal Echocardiography (TEE)</li> </ul>	0547T	70488	71551	72197	74177	77048	78811		
		0553T	70490	71552	72198	74178	77049	78812		
		0554T	70491	71555	73200	74181	77078	78813		
		0555T	70492	72125	73201	74182	77084	78814		
		0556T	70496	72126	73202	74183	78429	78815		
		0557T	70498	72127	73206	74185	78430	78816		
		0558T	70540	72128	73218	74221	78431	78830		
		0559T	70542	72129	73219	74248	78432	78831		
		0560T	70543	72130	73220	74261	78433	78832		
		0561T	70544	72131	73221	74262	78434	78835		
		0562T	70545	72132	73222	74263	78451	93000		
		0598T	70546	72133	73223	74712	78452	93356		
		0599T	70547	72141	73225	75557	78453	93985		
		0604T	70548	72142	73700	75559	78454	93986		
		0609T	70549	72146	73701	75561	78459	C1748		
		0610T	70551	72147	73702	75563	78466	C9122		
		0611T	70552	72148	73718	75571	78468	C9756		
		0612T	70553	72149	73719	75572	78469	C9759		
		0619T	70554	72156	73720	75573	78472	C9760		
		70336	70555	72157	73721	75574	78473	C9762		
		70450	70557	72158	73722	75635	78481	C9763		
		70460	70558	72159	73723	76390	78483	G0297		
		70470	70559	72191	74150	76391	78491	G2170		
		70480	71250	72192	74160	76496	78492	G2171		
		70481	71260	72193	74170	76497	78494	R0070		
		70482	71270	72194	74174	76498	78608	R0075		
		70486	71275	72195	74175	77046	78609	R0076		
		70487	71550	72196	74176	77047				
		Skilled Nursing Facility	Yes	Bill Type 210-289 Bill Type 21A to 22Z Bill Type 23A to 23Z Bill Type 24A to 24Z Bill Type 28A to 28Z Rev Code 0022						
		Sleep Studies	For all studies (inpatient and outpatient) Exceptions: home sleep studies do not require a PA (95800, 95801, 95803, 85805, 95806)	95782 95783	95805 95807	95808 95810	95811 95822	G0398	G0399	G0400
Spinal Surgery	Yes	0095T 22206 22207 22208 22210 22212 22214 22216 22224	22510 22511 22512 22513 22514 22515 22526 22533 22534	22548 22551 22552 22554 22556 22558 22585 22586 22590	22595 22600 22612 22614 22630 22632 22633 22808 22810	22812 22864 22869 62321 62323 62380 63001 63003 63011	63012 63015 63016 63017 63050 63056 63057 63064 63075	63077 63200 63250 63251 63252 S2348 S2350 S2351		

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Surgical Services	Yes	0596T 0597T 0600T 0601T 0606T 0607T 0608T	0613T 0614T 0616T 0617T 0618T 20700 20701	20702 20703 20704 20705 21601 21602 21603	22532 30430 33990 33991 34717 34718 35702	35703 38232 43999 44137 45385 46948	49013 49014 58267 63664 65781 66987	66988 C1849 C9764 C9765 C9766 C9767	
Transcutaneous Electrical Nerve Stimulation (TENS)	Only approved when meets medical necessity	E0720	E0730	E0731					
Transplants	For all transplants (soft and solid organs)	23440 26485 26489 27396 27397 32851 32852 32853	32854 33927 33928 33929 33930 33935 33940 33945	38207 38208 38209 38230 38240 38241 44132 44133	44135 44136 48160 48550 48554 48556 50370 50380	65710 65756 65780 65782 65785 C80.2 G0341	G0342 G0343 S2053 S2054 S2055 S2060 S2061	S2065 S2102 S2103 S2140 S2142 S2150 S2152	
Ulnar	Yes	64719							
Ventricular Assist Devices	Yes, for all Urine drug screen should be done 30 days prior to trial.	0451T	0452T	0453T	0454T				

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