

# Prior authorization requirements for Indiana Hoosier Care Connect

Effective Feb. 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 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**

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>	<p>Prior authorization is required.</p> <p>There is a Center of Excellence requirement for coverage of bariatric surgery and services.</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 health plan ID card to refer for mental health and substance abuse/substance use services.</p>			
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81167		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization is required.	19316	19318	19325	19340
		19342	19350	S2067	S2068

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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**Breast reconstruction (non-mastectomy) (cont.)**

Reconstruction of the breast except when following mastectomy

<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.	69930	L8615	L8616	L8617
		L8618	L8619	L8627	L8628
		L8691	L8692	L8693	V5050
		V5060	V5140	V5256	V5257
		V5260	V5261	92640	L8690

**Cosmetic and reconstructive procedures**

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

**Durable medical equipment (DME)**

Prior authorization is required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500.

Prosthetics are not DME – see orthotics and prosthetics.

A9279	A9999	E0265	E0266
E0270	E0274	E0277	E0296
E0297	E0300	E0302	E0304
E0328	E0329	E0439	E0442
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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E2311	E1406	E2321	E2322
		E2331	E2327	E2328	E2329
		E2343	E2370	E2373	E2375
		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	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
		L1001	L8694	E0424	E0441
	K0738				
<b>Enteral services</b>	Prior authorization is required.	B4100	B4102	B4103	B4161
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
<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.	81161	81167	81168	81200
		81201	81202	81203	81206
		81207	81208	81218	81219
	Health care professionals requesting laboratory testing	81228	81229	81230	81231
		81232	81235	81238	81243

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Genetic testing (cont.)</b>	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.	81244	81251	81252	81253	
		81254	81257	81258	81259	
		81269	81270	81276	81277	
		81278	81279	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	
		81504	81519	81522		
			The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.			
	<b>Home health care</b>	Prior authorization is required.	G0151	G0152	G0153	
<b>Hysterectomy</b>	Prior authorization is required.	51925	58152	58200	58210	
		58240	58263	58267	58270	
		58275	58280	58285	58292	
		58294	59897	58548		
<b>Incontinence supplies</b>	Prior authorization is required.	T4521	T4522	T4523	T4524	
		T4525	T4526	T4527	T4528	
	Incontinence supplies Benefit: \$162.50 per month and \$1950.00 per calendar year.	T4529	T4530	T4531	T4532	
		T4533	T4534	T4535	T4536	
		T4537	T4539	T4540	T4541	
		T4542	T4543	T4544		
<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>				
		J0801				
		<b>Aduhelm</b>				
		J0172				
		<b>Adzynma</b>				
		J7171				
		<b>Aldurazyme</b>				
		J1931				
		<b>Alyglo</b>				
		J1552				
		<b>Amvuttra</b>				
		J0225				
		<b>Aralast NP, Prolastin – C, Zemaira</b>				
J0256						

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Asceniv</b>
		J1554
		<b>Avsola</b>
		Q5121
		<b>Benlysta</b>
		J0490
		<b>Beqvez</b>
		J1414
		<b>Berinert</b>
		J0597
		<b>Bivigam</b>
		J1556
		<b>Botox</b>
		J0585
		<b>Brineura</b>
		J0567
		<b>Briumvi</b>
		J2329
		<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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)		<b>Elfabrio</b>	
		J2508	
			<b>Enjaymo</b>
			J1302
			<b>Entyvio</b>
			J3380
			<b>Evkeeza</b>
			J1305
			<b>Evenity</b>
			J3111
			<b>Eylea HD</b>
			J0177
			<b>Fabrazyme</b>
			J0180
			<b>Fasenra</b>
			J0517
			<b>Feraheme</b>
			Q0138
			<b>Firmagon</b>
			J9155
			<b>Flebogamma DIF</b>
			J1572
			<b>Fynetra</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>Hyalgan</b>	
		J7321	
		<b>Hyqvia</b>	
		J1575	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	<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>Izervay</b>				
	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>Mepsevii</b>					
J3397					
<b>Monoferric</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1437 <b>Myobloc</b> J0587 <b>Naglazyme</b> J1458 <b>Nexviazyme</b> J0219 <b>Nplate</b> J2802 <b>Nucala</b> J2182 <b>Nyvepria</b> Q5122 <b>Ocrevus</b> J2350 <b>Octagam</b> J1568 <b>Octreotide Acetate</b> J2354 <b>OmvoH</b> J2267 <b>Onpattro (patisiran)</b> J0222 <b>Orencia</b> J0129 <b>Panzyga</b> J1576 <b>Parsabiv</b> J0606 <b>Pombiliti</b> J1203 <b>Prolia**</b> J0897 <b>Purified Cortrophin Gel</b> J0802 <b>Qalsody</b> J1304 <b>Radicava</b> J1301 <b>Reblozyl</b> J0896 <b>Remicade</b>



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1745			
	<b>Renflexis</b>				
	Q5104				
	<b>Riabni</b>				
	Q5123				
	<b>Rituxan</b>				
	J9312				
	<b>Rituxan Hycela</b>				
	J9311				
	<b>Roctavian</b>				
	J1412				
	<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	J7332	
<b>Soliris</b>					
J1300					
<b>Somatuline Depot</b>					
J1930					
<b>Spevigo</b>					
J1747					
<b>Stelara</b>					
J3358					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)		<b>Stimufend</b>		
		Q5127		
		<b>Sublocade</b>		
		Q9991	Q9992	
		<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>Veopoz</b>	J9376	
		<b>Vimizim</b>	J1322	
		<b>Vyepti</b>	J3032	
		<b>Vyvgart</b>	J9332	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		<b>Vyvgart Hytrulo</b>			
		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, Lyfgenia, Nulibry, Revcovi, Rivflosa, Ryplazim, Scenesse, Uplizna, and Vabysmo. ***Effective Oct. 1, 2024: Prior authorization required for Q5133, Q5135. ** Effective Jan. 1, 2023: prior authorization required for J0897 for non-oncology Dx.				
<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
Treatment of maxillofacial functional impairment		21127	21193	21196	21199
		21206	21208	21209	21210
		21215	21244	21245	21246
		21247	21248	21249	21255
		21296	21299	21110	
<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	L8659	L2006
<b>Prostate procedures</b>	Prior authorization is required.	52441	52442		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<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.			
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<b>Remote patient monitoring</b>	Prior authorization is required.	98975 98981	98976 98981	98977 98981	98980 98981
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<b>Rhinoplasty</b>	Prior authorization is required.	30400 30435	30410 30450	30420 30450	30430 30430
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<b>Speech therapy</b>	Prior authorization is required.	92507	92508	92526	
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<b>Spinal surgery</b>	Prior authorization is required.	22856 22860	22868 22867	22869 22867	22870 22870
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<b>Stimulators</b>	Prior authorization is required.	61863 61885 64590 E0760 L8682 L8688	61864 61886 E0747 E0760 L8685 L8689	61867 64553 E0748 L8679 L8686	61868 64555 E0749 L8680 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 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.			
<b>Organ or tissue transplant or transplant-related services before pre-treatment or evaluation</b>		32851 32855 33944 38241 38206 44136 44721 47144 48550 48554 50325 50365 44140 65755	32852 32856 33945 38242 44132 44137 38230 47145 48556 50300 50327 50340 65710 J3394	32853 33933 38232 38243 44133 44715 47135 47146 48551 50320 50328 50360 65730 J3392	32854 33935 38240 38205 44135 44720 47143 47147 48552 50323 50329 44139 65750

**CAR T-cell therapy**  
Q2056      Q2042

**Gene therapy**



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Transplants (cont.)</b>		J3490*	J3590*		
		*For Unclassified codes J3490, J3590 Hemgenix, Amtagvi, Lenmeldy, and Tecelra requires Prior Authorization through Optum Transplant.			
<b>Urine drug testing</b>	Prior authorization is required.	G0482	G0483		
<b>Ventricular assist devices (VAD)</b>	Prior authorization is required.	33927	33928	33929	Q0507
		Q0508			
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 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			

