

Prior authorization requirements for Indiana Hoosier Care Connect

Effective April. 1, 2025

General information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to 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			
Bariatric	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			
Behavioral health	<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>	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.			
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81167		
Breast reconstruction (non-mastectomy)	Prior authorization is required.	19316	19318	19325	19340
		19342	19350	S2067	S2068
Reconstruction of the breast except when following mastectomy					
Cochlear implants and other auditory implants	Prior authorization is required.	69930	L8615	L8616	L8617
		L8618	L8619	L8627	L8628

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Cochlear implants and other auditory implants (cont.)		L8691	L8692	L8693	V5050	
		V5060	V5140	V5256	V5257	
		V5260	V5261	92640	L8690	
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech						
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	
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.	A9279	A9999	E0265	E0266	
		E0270	E0274	E0277	E0296	
		E0297	E0300	E0302	E0304	
		E0328	E0329	E0439	E0442	
		Prosthetics are not DME – see orthotics and prosthetics.	E0443	E0455	E0457	E0465
			E0466	E0470	E0471	E0472
			E0483	E0485	E0486	E0459
			E0636	E0637	E0638	E0641
			E0691	E0692	E0693	E0694
			E0745	E0766	E0720	E0730
			E0740	E0744	E0755	E0765
			E0784	E0786	E0984	E0769
	E1002		E1003	E1004	E1005	
	E1006		E1007	E1008	E0770	
	E1010		E1011	E1018	E1390	
	E1035		E1036	E1085	E1086	
	E1089		E1090	E1130	E1140	
	E1161		E1220	E1226	E1229	
	E1231		E1232	E1233	E1234	
	E1235		E1236	E1237	E1238	
	E1391	E1250	E1260	E1285		
	E1290	E1825	E1830	E1840		
	E2100	E2204	E2227	E2228		
	E2230	E1392	E1405	E2310		
	E2311	E1406	E2321	E2322		
	E2331	E2327	E2328	E2329		
	E2343	E2370	E2373	E2375		
	E2376	E2510	E2511	E2512		
E2599	E2614	E2616	E2620			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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				
Enteral services	Prior authorization is required.	B4100	B4102	B4103	B4161
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
Experimental and investigational	Prior authorization is required.	33477	96002	A9274	A9276
		A9277	A9278	E1831	
Gender dysphoria treatment	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			
Genetic testing	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	81161	81167	81168	81200
		81201	81202	81203	81206
		81207	81208	81218	81219
		81228	81229	81230	81231
		81232	81235	81238	81243
		81244	81251	81252	81253
		81254	81257	81258	81259
		81269	81270	81276	81277
		81278	81279	81292	81293
		81294	81295	81296	81297

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic testing (cont.)	registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81298	81299	81300	81301
		81302	81303	81304	81307
		81308	81309	81310	81311
		81315	81316	81317	81318
	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.	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.				
Home health care	Prior authorization is required.	G0151	G0152	G0153	
Hysterectomy	Prior authorization is required.	51925	58152	58200	58210
		58240	58263	58267	58270
		58275	58280	58285	58292
		58294	59897	58548	
Injectable medications	Prior authorization is required.	Actemra			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly		J3262			
		Acthar			
		J0801			
		Aduhelm			
		J0172			
		Adzynma			
		J7171			
		Aldurazyme			
		J1931			
		Alyglo			
		J1552			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin – C, Zemaira			
		J0256			
		Asceniv			
		J1554			
	Avsola				
	Q5121				
	Benlysta				
	J0490				
	Beqvez				
	J1414				
	Berinert				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J0597
		Bivigam
		J1556
		Botox
		J0585
		Brineura
		J0567
		Briumvi
		J2329
		Cerezyme
		J1786
		Cimzia
		J0717
		Cinqair
		J2786
		Cinryze
		J0598
		Cosentyx
		J3247
		Crysvita
		J0584
		Cutaquig
		J1551
		Cuvitru
		J1555
		Daxxify
		J0589
		Dysport
		J0586
		Elaprase
	J1743	
	Elelyso	
	J3060	
	Elfabrio	
	J2508	
	Enjaymo	
	J1302	
	Entyvio	
	J3380	
	Evkeeza	
	J1305	
	Evenity	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J3111
		Eylea HD
		J0177
		Fabrazyme
		J0180
		Fasenra
		J0517
		Feraheme
		Q0138
		Firmagon
		J9155
		Flebogamma DIF
		J1572
		Fylnetra
		Q5130
		Gamifant
		J9210
		Gammagard
		J1569
		Gammaplex
		J1557
		Gamunex-C/Gammaked
		J1561
		Givlaari
		J0223
		Glassia
		J0257
		Hizentra
		J1559
		Hyalgan
		J7321
		Hyqvia
	J1575	
	Ilaris	
	J0638	
	Ilumya	
	J3245	
	Inflectra	
	Q5103	
	Injectafer	
	J1439	
	IVIG	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		90283	90284	J1459	J1566
		J1599			
		Izervay			
		J2782			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzede			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Lumizyme			
		J0221			
		Lupron Depot			
		J1950			
		Lupron Depot Eligard			
		J9217			
		Mepsevii			
		J3397			
	Monoferric				
	J1437				
	Myobloc				
	J0587				
	Naglazyme				
	J1458				
	Nexviazyme				
	J0219				
	Nplate				
	J2802				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)

Nucala
J2182

Nyvepria
Q5122

Ocrevus
J2350

Ocrevus Zunovo
J2351

Octagam
J1568

Octreotide Acetate
J2354

Omvoh
J2267

Onpattro (patisiran)
J0222

Orencia
J0129

Panzyga
J1576

Parsabiv
J0606

Pavblu
Q5147

Piasky
J1307

Pombiliti
J1203

Prolia**
J0897

Purified Cortrophin Gel
J0802

Qalsody
J1304

Radicava
J1301

Reblozyl
J0896

Remicade
J1745

Renflexis
Q5104

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)

Riabni			
Q5123			
Rituxan			
J9312			
Rituxan Hycela			
J9311			
Roctavian			
J1412			
Rolvedon			
J1449			
Ruconest			
J0596			
Ruxience			
Q5119			
Ryplazim			
J2998			
Rystiggo			
J9333			
Sandostatin LAR			
J2353			
Saphnelo			
J0491			
Signifor LAR			
J2502			
Simponi Aria			
J1602			
Skyrizi			
J2327			
Sodium Hyaluronate			
J7320	J7322	J7324	J7325
J7326	J7327	J7329	J7332
Soliris			
J1299			
Somatuline Depot			
J1930			
Spevigo			
J1747			
Stelara			
J3358			
Stimufend			
Q5127			
Sublocade			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		Q9991 Q9992
		Supprelin
		J9226
		Syfovre
		J2781
		Synagis
		90378
		Tepezza
		J3241
		Tezspire
		J2356
		Tofidence***
		Q5133
		Trelstar
		J3315
		Tremfya IV
		J1628
		Triptodur
		J3316
		Truxima
		Q5115
		Tyenne***
		Q5135
		Tzield
		J9381
		Ultomiris
		J1303
		Unclassified*
		J3490 J3590
		Uplizna
		J1823
		Veopoz
	J9376	
	Vimizim	
	J1322	
	Vyepti	
	J3032	
	Vyvgart	
	J9332	
	Vyvgart Hytrulo	
	J9334	
	White blood cell colony	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Xeomin			
		J0588			
		Xolair			
		J2357			
		Zoladex			
		J9202			
		* For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Nulibry, Revcovi, Rivflosa, Ryplazim, Scenese, 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.				
Neurostimulators	Prior authorization is required.	61850	61860		
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
		97760	97761	97763	97799
		G0281	G0282	G0283	
Orthognathic surgery	Prior authorization is required.	21121	21122	21123	21125
		21127	21193	21196	21199
		21206	21208	21209	21210
		21215	21244	21245	21246
		21247	21248	21249	21255
		21296	21299	21110	
Orthotics and prosthetics	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
Prostate procedures	Prior authorization is required.	52441	52442		
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	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			
Radiology (cont.)	<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 				
Remote patient monitoring	Prior authorization is required.	98975 98981	98976	98977	98980
Rhinoplasty	Prior authorization is required.	30400 30435	30410 30450	30420	30430
Speech therapy	Prior authorization is required.	92507	92508	92526	
Spinal surgery	Prior authorization is required.	22856 22860	22868 22867	22869	22870
Stimulators	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
Transplants	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.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		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	Q2057	
		Gene therapy			
		J3490*	J3590*	C9301**	
		*For Unclassified codes J3490, J3590 Aucatzyl, Hemgenix, Amtagvi, Lenmeldy, requires Prior Authorization through Optum Transplant.			
		**Effective April.1, 2025: Prior authorization required for Aucatzyl, codes J3490, J3590, and C9301.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Urine drug testing	Prior authorization is required.	G0482	G0483		
Ventricular assist devices (VAD)	Prior authorization is required.	33927 Q0508	33928	33929	Q0507
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Please call the number on the member's 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 is required.	E2402			