

Prior authorization requirements for Indiana Hoosier Care Connect

Effective July. 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
		43771	43772	43773	43774
	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.	43775	43842	43843	43845
		43846	43847	43848	44799
		44705			
Behavioral health	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.				
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81167		



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy)	Prior authorization is required.	19316	19318	19325	19340
		19342	19350	S2067	S2068
Reconstruction of the breast except when following mastectomy		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cochlear implants and other auditory implants	Prior authorization is required.	69930	L8615	L8616	L8617
		L8618	L8619	L8627	L8628
		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
		29800	96920	96921	96922
Durable medical equipment (DME)	Prior authorization is required only for DME	A9279	A9999	E0265	E0266
		E0270	E0274	E0277	E0296

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	codes listed with a retail purchase or cumulative rental cost of more than \$500.	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
	Prosthetics are not DME – see orthotics and prosthetics.	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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Durable medical equipment (DME) (cont.)		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			
These surgical codes with the following Dx codes do require a prior auth:						
	F64.0	F64.1	F64.2	F64.8		
	F64.9	Z87.890				
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 registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	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	
		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		
		Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.				
		The ordering health care professional must notify the laboratory conducting the test and the				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic testing (cont.)	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 J3262 Acthar J0801 Adzynma J7171 Aldurazyme J1931 Alyglo J1552 Amvuttra J0225 Aralast NP, Prolastin – C, Zemaira J0256 Asceniv J1554 Avsola Q5121 Benlysta J0490 Beqvez J1414 Berinert J0597 Bivigam J1556 Botox J0585 Brineura J0567 Briumvi J2329 Cerezyme J1786			

A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Cimzia
		J0717
		Cinqair
		J2786
		Cinryze
		J0598
		Cosentyx
		J3247
		Crysvita
		J0584
		Cutaquig
		J1551
		Cuvitru
		J1555
		Daxxify
		J0589
		Dysport
		J0586
		Elaprase
		J1743
		Ellelyso
		J3060
		Elfabrio
		J2508
		Enjaymo
		J1302
		Entyvio
		J3380
		Evkeeza
		J1305
		Evenity
		J3111
		Eylea HD
		J0177
		Fabrazyme
		J0180
		Fasenra
		J0517
		Feraheme
		Q0138
		Firmagon
		J9155

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Flebogamma DIF			
		J1572			
		Fylintra			
		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			
		90283	90284	J1459	J1566
		J1599			
		Izervay			
		J2782			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0879
		Krystexxa
		J2507
		Lamzedo
		J0217
		Lanreotide
		J1932
		Lemtrada
		J0202
		Legembi
		J0174
		Leqvio
		J1306
		Lumizyme
		J0221
		Lupron Depot
		J1950
		Lupron Depot Eligard
		J9217
		Mepsevii
		J3397
		Monoferic
		J1437
		Myobloc
		J0587
		Naglazyme
		J1458
		Nexviazyme
		J0219
		Nplate
		J2802
		Nucala
		J2182
		Nypozi
		Q5148
		Nyvepria
		Q5122
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octagam

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1568
		Octreotide Acetate
		J2354
		OmvoH
		J2267
		Onpattro (patisiran)
		J0222
		Orencia
		J0129
		OtulfI IV
		Q9999
		Panzyga
		J1576
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolia
		J0897
		Purified Cortrophin Gel
		J0802
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Radicava
		J1301
		Reblozyl
		J0896
		Remicade
		J1745
		Renflexis
		Q5104
		Riabni
		Q5123
		Rituxan
		J9312
		Rituxan Hycela

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J9311			
		Roctavian			
		J1412			
		Rolvedon			
		J1449			
		Ruconest			
		J0596			
		Ruxience			
		Q5119			
		Ryplazim			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin LAR			
		J2353			
		Saphnelo			
		J0491			
		Selarsdi			
		Q9998			
		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			
		Steqeyma IV			
		Q5099			
		Stimufend			
		Q5127			
		Sublocade			
		Q9991	Q9992		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Supprelin
		J9226
		Syfovre
		J2781
		Synagis
		90378
		Tepezza
		J3241
		Tezspire
		J2356
		Tofidence***
		Q5133
		Trelstar
		J3315
		Tremfya IV
		J1628
		Triptodur
		J3316
		Truxima
		Q5115
		Tyenne***
		Q5135
		Tziel
		J9381
		Ultomiris
		J1303
		Unclassified*
		J3490 J3590
		Uplizna
		J1823
		Veopoz
		J9376
		Vimizim
		J1322
		Vyepti
		J3032
		Vyvgart
		J9332
		Vyvgart Hytrulo
		J9334
		Wezlana IV
		Q5138

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		White blood cell colony			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Xeomin			
		J0588			
		Xolair			
		J2357			
		Yesintek IV			
		Q5100			
		Zoladex			
	J9202				
		* For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Nulibry, Revcovi, Rivflosa, Ryplazim, Scenesse, Uplizna, Vabysmo.			
		***Effective Oct. 1, 2024: Prior authorization required for Q5133, Q5135.			
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
Treatment of maxillofacial functional impairment		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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: - Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) and positron emission tomography (PET) scans - Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
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 autoleucel), Kymriah (tisagenlecleucel) and Yescarta (axicabtagene ciloleucel), 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	32852	32853	32854
		32855	32856	33933	33935
		33944	33945	38232	38240
		38241	38242	38243	38205
		38206	44132	44133	44135
		44136	44137	44715	44720
		44721	38230	47135	47143
		47144	47145	47146	47147
		48550	48556	48551	48552
		48554	50300	50320	50323
		50325	50327	50328	50329
		50365	50340	50360	44139
		44140	65710	65730	65750
		65755	J3394	J3392	J3391

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		CAR T-cell therapy			
		Q2056	Q2042	Q2057	
		Gene therapy			
		J3490*	J3590*	C9301**	
		*For Unclassified codes J3490, J3590 Aucatzyl, Hemgenix, Amtagvi, and Ryoncil requires Prior Authorization through Optum Transplant.			
		**Effective April.1, 2025: Prior authorization required for Aucatzyl, codes J3490, J3590, and C9301.			
Urine drug testing	Prior authorization is required.	G0482	G0483		
Ventricular assist devices (VAD)	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.			
Wound vac	Prior authorization is required.	E2402			

