

# Prior authorization requirements for Indiana Hoosier Care Connect

Effective April 1, 2026

## 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/or How to obtain prior authorization			
<b>Bariatric</b>	Prior authorization required. 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.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	44799
		44705			
<b>Behavioral health</b>	Prior authorization required. 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.	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.			
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81167		
<b>Breast reconstruction</b>	Prior authorization required.	19316	19318	19325	19340
		19342	19350	S2067	S2068
<b>Notification/prior authorization not required for the following</b>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>(non-mastectomy)</b>		<b>diagnosis codes:</b>			
Reconstruction of the breast except when following mastectomy		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			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required.	69930	L8615	L8616	L8617
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		L8618	L8619	L8627	L8628
		L8691	L8692	L8693	V5050
		V5060	V5140	V5256	V5257
		V5260	V5261	92640	L8690
<b>Cosmetic and reconstructive procedures</b>	Prior authorization 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Durable medical equipment(DME)</b>	Prior authorization 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	
		E0443	E0455	E0457	E0465	
		E0466	E0470	E0471	E0472	
		Prosthetics are not DME – see orthotics and prosthetics.	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		
	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			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Durable medical equipment(DME) (cont.)</b>		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 required.	B4100	B4102	B4103	B4161
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
<b>Experimental and investigational</b>	Prior authorization required.	33477	96002	A9274	A9276
		A9277	A9278	E1831	
<b>Gender dysphoria treatment</b>	Prior authorization 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		
<b>Genetic testing</b>	Prior authorization 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. Notification/prior authorization is required for	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	81415		
81432	81456	0340U	0345U		



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Genetic testing (cont.)</b>	BRCA testing before DNA sequencing is performed. 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 required.	G0151	G0152	G0153	99600
<b>Hysterectomy</b>	Prior authorization required.	51925 58240 58275 58294	58152 58263 58280 59897	58200 58267 58285 58548	58210 58270 58292
<b>Incontinence supplies</b>	Prior authorization required.	T4521 T4525 T4529 T4533 T4537 T4542	T4522 T4526 T4530 T4534 T4539 T4543	T4523 T4527 T4531 T4535 T4540 T4544	T4524 T4528 T4532 T4536 T4541
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b> .	<b>Actemra</b> J3262 <b>Acthar</b> J0801 <b>Adzynma</b> J7171 <b>Aldurazyme</b> J1931 <b>Alyglo</b> J1552 <b>Amvuttra</b> J0225 <b>Aralast NP, Prolastin – C, Zemaira</b> J0256 <b>Asceniv</b> J1554 <b>Avsola</b> Q5121 <b>Avtozma</b> Q5156 <b>Benlysta</b> J0490 <b>Beqvez</b> J1414 <b>Berinert</b>			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
<b>Injectable medications (cont.)</b>		J0597 <b>Bildyos</b> Q5162 <b>Bivigam</b> J1556 <b>Bkemv</b> Q5152 <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>Conexence</b> Q5158 <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 <b>Elfabrio</b> J2508 <b>Enjaymo</b>

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J1302 <b>Entyvio</b> J3380 <b>Epysqli</b> Q5151 <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>Fylnetra</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>Hemlibra</b> J7170 <b>Hizentra</b> J1559 <b>Hyalgan</b> J7321 <b>Hyqvia</b>

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J1575			
		<b>Hympavzi</b>			
		J7172			
		<b>Ilaris</b>			
		J0638			
		<b>Ilumya</b>			
		J3245			
		<b>Imaavy</b>			
		J9256			
		<b>Imuldosa IV</b>			
		Q5098			
		<b>Inflectra</b>			
		Q5103			
		<b>Injectafer</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1566
		J1599	J1553		
		<b>Izervay</b>			
		J2782			
		<b>Jubbonti</b>			
		Q5136			
		<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				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		<b>Lumizyme</b> J0221 <b>Lupron Depot</b> J1950 <b>Lupron Depot Eligard</b> J9217 <b>Lutrate_Depot**</b> J1954 <b>Mepsevii</b> J3397 <b>Monoferric</b> J1437 <b>Myobloc</b> J0587 <b>Naglazyme</b> J1458 <b>Nexviazyme</b> J0219 <b>Niktimvo</b> J9038 <b>Nplate</b> J2802 <b>Nucala</b> J2182 <b>Nulibry</b> J1809 <b>Nypozi</b> Q5148 <b>Nyvepria</b> Q5122 <b>Ocrevus</b> J2350 <b>Ocrevus Zunovo</b> J2351 <b>Octagam</b> J1568 <b>Octreotide Acetate</b> J2354 <b>OmvoH</b> J2267 <b>Onpattro (patisiran)</b> J0222

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		<b>Orencia</b> J0129 <b>Otufi IV</b> Q9999 <b>Panzyga</b> J1576 <b>Parsabiv</b> J0606 <b>Pavblu</b> Q5147 <b>Piasky</b> J1307 <b>Pombiliti</b> J1203 <b>Prolia</b> J0897 <b>Purified Cortrophin Gel</b> J0802 <b>Pyzchiva IV</b> Q9997 <b>Qalsody</b> J1304 <b>Radicava</b> J1301 <b>Reblozyl</b> J0896 <b>Remicade</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Ruxience</b>				
	Q5119				
	<b>Ryplazim</b>				
	J2998				
	<b>Rystiggo</b>				
	J9333				
	<b>Sandostatin LAR</b>				
	J2353				
	<b>Saphnelo</b>				
	J0491				
	<b>Selarsdi</b>				
	Q9998				
	<b>Signifor LAR</b>				
	J2502				
	<b>Simponi Aria</b>				
	J1602				
	<b>Skyrizi</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	<b>J7320</b>	<b>J7322</b>	<b>J7324</b>	<b>J7325</b>	
	<b>J7326</b>	<b>J7327</b>	<b>J7329</b>	<b>J7332</b>	
	<b>Soliris</b>				
	J1299				
	<b>Somatuline Depot</b>				
	J1930				
	<b>Spevigo</b>				
	J1747				
	<b>Stelara</b>				
	J3358				
	<b>Steqeyma IV</b>				
Q5099					
<b>Stimufend</b>					
Q5127					
<b>Stoboclo</b>					
Q5157					
<b>Sublocade</b>					
Q9991	Q9992				
<b>Supprelin</b>					
J9226					
<b>Syfovre</b>					
J2781					
<b>Synagis</b>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</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					
<b>Vyvgart Hytrulo</b>					
J9334					
<b>Wezlana IV</b>					
Q5138					
<b>White blood cell colony</b>					
J1442	J1447	J2506	Q5101		
Q5108	Q5110	Q5111	Q5120		
<b>Xembify</b>					
J1558					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>		<b>Xenpozyme</b>			
		J0218			
		<b>Xeomin</b>			
		J0588			
		<b>Xolair</b>			
		J2357			
		<b>Yesintek IV</b>			
		Q5100			
		<b>Zoladex</b>			
		J9202			
		* For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Revcovi, Rivflosa, Ryplazim, Scenesse, Starjemza, Uplizna, and Vabysmo.			
		** For code J1954, Cancer DX is excluded from prior auth under injectable meds.			
<b>Neurostimulators</b>	Prior authorization required.	61850	61860		
<b>Non-emergent air ambulance transport</b>	Prior authorization required.	A0430	A0431		
<b>Occupational/ physical therapy</b>	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
		97760	97761	97763	97799
		G0281	G0282	G0283	
		<b>Orthognathic surgery</b>	Prior authorization required.	21121	21122
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 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 required.	52441	52442		
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced	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/or How to obtain prior authorization			
<b>Radiology (cont.)</b>	outpatient imaging procedures: <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>				
<b>Remote patient monitoring</b>	Prior authorization required.	98975 98981	98976	98977	98980
<b>Rhinoplasty</b>	Prior authorization required.	30400 30435	30410 30450	30420	30430
<b>Speech therapy</b>	Prior authorization required.	92507	92508	92526	
<b>Spinal surgery</b>	Prior authorization required.	22856 22860	22868 22867	22869	22870
<b>Stimulators</b>	Prior authorization required.	61863 61885 64590 E0760 L8682 L8688	61864 61886 E0747 E0760 L8685 L8689	61867 64553 E0748 L8679 L8686	61868 64555 E0749 L8680 L8687
<b>Transplants</b> 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 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.			
		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	J3389		

**CAR T-cell therapy**



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Transplants (cont.)</b>		Q2041	Q2042	Q2053	Q2056
		Q2057	Q2058		
		<b>Gene therapy</b>			
		J3490*	J3590*	J1411	J1412
		J3391	J3392	J3394	J3402
		*For Unclassified codes J3490, J3590 Amtagvi require Prior Authorization through Optum Transplant.			
<b>Urine drug testing</b>	Prior authorization required.	G0482	G0483		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required.	33927	33928	33929	Q0507
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Q0508	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 required.	E2402			

