Prior authorization requirements for Indiana Hoosier Care Connect

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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
(non-mastectomy) Reconstruction of the breast except when following mastectomy		**diagnosis codes:** C50.019 C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00 D05.11 D05.82 Z90.10 Z42.1	C50.011 C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929 D05.01 D05.12 D05.91 Z90.11	C50.012 C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81 D05.02 D05.80 D05.92 Z90.12	C50.111 C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.10 D05.81 Z85.3 Z90.13
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69930 L8618 L8691 V5060 V5260	L8615 L8619 L8692 V5140 V5261	L8616 L8627 L8693 V5256 92640	L8617 L8628 V5050 V5257 L8690
Cosmetic and reconstructive procedures	Prior authorization required.	11921 15782 15822 17999 21138 21270 67901 67906 96920	11922 15783 15823 19300 21139 21295 67902 67908 96921	15780 15820 15830 19301 21230 30120 67903 67912 96922	15781 15821 15847 21137 21235 67900 67904 S2066

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment(DME)	Prior authorization 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.	E0766	A9279	A9999	E0265
		E0266	E0270	E0274	E0277
		E0296	E0297	E0300	E0302
		E0304	E0328	E0329	E0424
		E0439	E0441	E0442	E0443
		E0455	E0457	E0459	E0465
		E0466	E0470	E0471	E0472
		E0483	E0485	E0486	E0636
		E0637	E0638	E0641	E0691
		E0692	E0693	E0694	E0720
		E0730	E0740	E0744	E0745
		E0755	E0765	E0769	E0770
		E0784	E0786	E0984	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1011
		E1018	E1035	E1036	E1085
		E1086	E1089	E1090	E1130
		E1140	E1161	E1220	E1226
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1250	E1260	E1285
		E1290	E1390	E1391	E1392
		E1405	E1406	E1825	E1830
		E1840	E2100	E2204	E2227
		E2228	E2230	E2310	E2311
		E2321	E2322	E2327	E2328
		E2329	E2331	E2343	E2370
		E2373	E2375	E2376	E2510
		E2614	E2616	E2620	E2621
		E8000	E8001	E8002	K0108
		K0606	K0730	K0738	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	L1001	L8694
		Q0479	Q0480	Q0481	Q0482
		Q0483	Q0484	Q0488	Q0489
		Q0490	Q0491	Q0495	Q0496

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment(DME) (cont.)		Q0502 S1040 V5271 V5282 V5288	Q0503 V2786 V5272 V5283 V5290	Q0504 V5269 V5274 V5286	Q0506 V5270 V5281 V5287
Enteral services	Prior authorization required.	B4100 B4149 B4155	B4102 B4150 B4158	B4103 B4152 B4159	B4161 B4153 B4160
Experimental and investigational	Prior authorization required.	33477 A9277	96002 A9278	A9274 E1831	A9276
Gender dysphoria treatment	Prior authorization required.	15832 15836 54660 58180 58291 58544 58554 58573	15833 15837 55970 58260 58541 58550 58570 69300	15834 15838 55980 58262 58542 58552 58571	15835 15839 58150 58290 58543 58553 58572
		These surgical codes with the following Dx codes do require a prior auth: **F64.0** **F64.9** **Z87.8903**	 **F64.1** **F64.A** **Z87.8904**	 **F64.2** **Z87.8901** **Z87.8909**	 **F64.8** **Z87.8902** **Z87.893**
Genetic testing	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 BRCA testing before DNA sequencing is performed.	81161 81201 81207 81228 81232 81244 81254 81269 81279 81295 81299 81303 81309 81317 81322 81335 81456 0340U	81167 81202 81208 81229 81235 81251 81257 81276 81292 81296 81300 81304 81310 81318 81323 81346 81504 0345U	81168 81203 81218 81230 81238 81252 81258 81277 81293 81297 81301 81307 81311 81319 81328 81415 81519	81200 81206 81219 81231 81243 81253 81259 81278 81294 81298 81302 81308 81316 81321 81330 81432 81522

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.				
Home health care	Prior authorization required.	G0151	G0152	G0153	99600
Hysterectomy	Prior authorization required.	51925 58240 58275 58294	58152 58263 58280 59897	58200 58267 58285 58548	58210 58270 58292
Incontinence supplies	Prior authorization required.	T4521 T4525 T4529 T4533 T4539	T4522 T4526 T4530 T4534 T4543	T4523 T4527 T4531 T4535	T4524 T4528 T4532 T4536
Injectable medications 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 **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.	**Actemra** J3262 **Acthar** J0801 **Adzynma** J7171 **Aldurazyme** J1931 **Alyglo** J1552 **Amvuttra** J0225 **Aralast NP, Prolastin – C, Zemaira** J0256 **Asceniv** J1554 **Avlayah** J1757 **Avsola** Q5121 **Avtozma** Q5156 **Benlysta** J0490 **Beqvez** J1414 **Berinert** J0597			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Bildyos** Q5162 **Bivigam** J1556 **Bkemv** Q5152 **Bosaya** Q5161 **Botox** J0585 **Brineura** J0567 **Briumvi** J2329 **Cerezyme** J1786 **Cimzia** J0717 **Cinqair** J2786 **Cinryze** J0598 **Conexxence** Q5158 **Cosentyx** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Cuvitru** J1555 **Daxxify** J0589 **Dysport** J0586 **Elaprase** J1743 **Elelyso** J3060 **Elfabrio** J2508

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Injectable medications (cont.)		**Enjaymo** J1302 **Enoby** Q5167 **Entyvio** J3380 **Epysqli** Q5151 **Evkeeza** J1305 **Evenity** J3111 **Exdensur** J2361 **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 **Gazyva** J9301 **Givlaari** J0223 **Glassia** J0257

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Injectable medications (cont.)		**Hemlibra** J7170 **Hizentra** J1559 **Hyalgan, Supartz, Visco-3** J7321 **Hyqvia** J1575 **Hymovis, Hymovis One** J7322 **Hympavzi** J7172 **Ilaris** J0638 **Ilumya** J3245 **Imaavy** J9256 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer** J1439 **IVIG** 90283 90284 J1459 J1566 J1599 J1553 **Izervay** J2782 **Jubbonti** Q5136 **Kalbitor** J1290 **Kanuma** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa** J2507 **Lamzede**			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0217 **Lanreotide** J1932 **Lemtrada** J0202 **Leqembi** J0174 **Leqvio** J1306 **Loargys** J1818 **Lumizyme** J0221 **Lupron Depot** J1950 **Lupron Depot Eligard** J9217 **Lutrate_Depot**** J1954 **Mepsevii** J3397 **Monoferric** J1437 **Myobloc** J0587 **Naglazyme** J1458 **Nexviazyme** J0219 **Niktimvo** J9038 **Nplate** J2802 **Nucala** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Nyvepria** Q5122 **Ocrevus**

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Injectable medications (cont.)		J2350 **Ocrevus Zunovo** J2351 **Octagam** J1568 **Octreotide Acetate** J2354 **Omvoh** J2267 **Onpattro (patisiran)** J0222 **Orencia** J0129 **Ospomyv** Q5159 **Osvyrti** Q5166 **Otulfi IV** Q9999 **Panzyga** J1576 **Papzimeos** J3404 **Parsabiv** J0606 **Pavblu** Q5147 **Piasky** J1307 **Pombiliti** J1203 **Prolia** J0897 **Purified Cortrophin Gel** J0802 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Qivigy** J1577 **Radicava**

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Injectable medications (cont.)		J1301 **Reblozyl** J0896 **Remicade** J1745 **Renflexis** Q5104 **Riabni** Q5123 **Rituxan** J9312 **Rituxan Hycela** 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 J7324 J7325 J7326 J7327 J7329 J7332 **Soliris** J1299

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Injectable medications (cont.)		**Somatuline Depot** J1930 **Spevigo** J1747 **Starjemza** Q5164 **Stelara** J3358 **Steqeyma IV** Q5099 **Stimufend** Q5127 **Stoboclo** Q5157 **Sublocade** 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

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Injectable medications (cont.)		**Unclassified*** J3490 J3590 **Uplizna** J1823 **Veopoz** J9376 **Vimizim** J1322 **Vyepti** J3032 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Waskyra** J3386 **Wezlana IV** Q5138 **White blood cell colony** J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 **Xembify** J1558 **Xenpozyme** J0218 **Xeomin** J0588 **Xolair** J2357 **Yartemlea** J1289 **Yesintek IV** Q5100 **Zoladex** J9202 * For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Lyfgenia, Revcovi, Rivflosa, Ryplazim, Scenesse, Uplizna, and Vabysmo. ** For code J1954, Cancer DX is excluded from prior auth under injectable meds.
Neurostimulators	Prior authorization required.	61850 61860

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Non-emergent air ambulance transport	Prior authorization required.	A0430	A0431		
Occupational/ physical therapy **Occupational/ physical therapy (cont.)**	Prior authorization required.	97012 97024 97033 97039 97116 97139 97533 97760 G0283	97016 97026 97034 97110 97124 97140 97535 97761	97018 97028 97035 97112 97129 97150 97537 97763	97022 97032 97036 97113 97130 97530 97542 97799
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21121 21127 21206 21215 21247 21296	21122 21193 21208 21244 21248 21299	21123 21196 21209 21245 21249 21110	21125 21199 21210 21246 21255
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500.	L3215 L3221 L3252 L6034 L6039	L3216 L3222 L3649 L6035	L3217 L3250 L8659 L6036	L3219 L3251 L2006 L6038
Prostate procedures	Prior authorization required.	52441	52442		
Radiology	Prior authorization 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 required.	98975 98981	98976	98977	98980
Rhinoplasty	Prior authorization required.	30400 30435	30410 30450	30420	30430
Speech therapy	Prior authorization required.	92507	92508	92526	

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Spinal surgery	Prior authorization required.	22856 22868 22869 22870 22860 22867
Stimulators	Prior authorization required.	61863 61867 61885 61886 64553 64555 64590 E0747 E0748 E0749 E0760 L8679 L8680 L8682 L8685 L8686 L8687 L8688 L8689
Transplants 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), Yartemlea® (narsoplimab-wuug) 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 J3381 J3387 J3389 **CAR T-cell therapy** Q2041 Q2042 Q2053 Q2056 Q2057 Q2058 **Gene therapy** J1289 J1411 J1412 J3490* J3590* J3391 J3392 J3394 J3402 *For Unclassified codes J3490, J3590 Amtagvi and Kresladi(marnetegragene autotemcel) require Prior Authorization through Optum Transplant.
Urine drug testing	Prior authorization required.	G0482 G0483
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the	Prior authorization required.	33927 33928 33929 Q0507 Q0508 Please call the number on the member's ID card.

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heart and restores normal blood flow		
Wound vac	Prior authorization required.	E2402

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