Prior authorization requirements for Indiana MLTSS Pathways

Effective May. 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 get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **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. 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 44705	43645 43772 43842 43847	43659 43773 43843 43848	43770 43774 43845 44799
Behavioral health	Prior authorization is 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 the 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 81166 81217	81163 81212	81164 81215	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316 19342	19318 19350	19325 S2067	19340

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help 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	L8679
		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
		S2068			
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
		E2311	E1406	E2321	E2322
		E2331	E2327	E2328	E2329
		E2343	E2370	E2373	E2375

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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	L1001
		L8694	E0424	E0441	
Enteral services	Prior authorization is required.	B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
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 registered with the Genetic and Molecular Testing	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic testing (cont.)	Prior Authorization/Notification program for each specified genetic test. 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 laboratory will notify UnitedHealthcare.	81302 81308 81315 81319 81328 81504	81303 81309 81316 81321 81330 81519	81304 81310 81317 81322 81335 81522	81307 81311 81318 81323 81346
Hysterectomy	Prior authorization is required.	51925 58240 58275 58294	58152 58263 58280 58548	58200 58267 58285 59897	58210 58270 58292
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization is required.	**Actemra** 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 **Berinert** J0597 **Bivigam** J1556 **Botox**			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0585 **Brineura** J0567 **Briumvi** J2329 **Byooviz** Q5124 **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** J3111 **Fabrazyme**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0180 **Fasenra** J0517 **Fensolvi** J1951 **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 **Hyqvia** J1575 **Ilaris** J0638 **Ilumya** J3245 **Inflectra** Q5103 **Injectafer** J1439 **Intravenous immunoglobulin (IVIG)** 90283 90284 J1459 J1566 J1599 **Izervay**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		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 **Makena/17P** **J1729** **J2675** **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
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 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Radicava** J1301 **Reblozyl** J0896 **Remicade**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1745 **Renflexis** Q5104 **Riabni** Q5123 **Rituxan** J9312 **Rituxan Hycela** J9311 **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 J7331 J7332 J7321 **Soliris** J1299 **Somatuline Depot** J1930 **Spevigo** J1747

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Stelara** J3358 **Stimufend** Q5127 **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 **Vantas** J9225 **Veopoz** J9376 **Vimizim** J1322 **Vyepti**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3032			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony			
		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, Nulibry, Zunovo, Revcovi, Rivfloza, Ryplazim, Scenesse, Uplizna and Vabysmo.			
		****Effective Oct. 1, 2024: Prior authorization required for Q5133, and Q5135.			
		***Retro prior auth effective July. 1, 2024 for code Q0138.			
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 Treatment of maxillofacial functional impairment	Prior authorization is required.	21121	21122	21123	21125
		21127	21110	21196	21199
		21206	21208	21209	21210
		21215	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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	L2006	
Prostate procedures	Prior authorization is required.	52441	52442		
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	98976	98977	98980
		98981			
Rhinoplasty	Prior authorization is required.	30400	30410	30420	30430
		30435	30450		
Speech therapy	Prior authorization is required.	92507	92508	92526	
Spinal surgery	Prior authorization is required.	22856	22860	22867	22868
		22869	22870		
Stimulators	Prior authorization is required.	61863	61864	61867	61868
		61885	61886	63650	63685
		64553	64555	64590	E0747
		E0748	E0749	E0760	L8680
		L8682	L8685	L8686	L8687
		L8688	L8689		
Transplants Organ or tissue transplant or transplant related services before pre-treatment or evaluation Organ or tissue transplant or transplant related services before pre-treatment or evaluation	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.			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		50365	50340	50360	44139
		44140	65710	65730	65750
		65755	50380	J3394	Q2042
		Q2056	J3392	Q2057	
		Gene therapy			
		J3490*	J3590*	C9301**	
		*Effective July. 1, 2024: For Unclassified codes J3490, J3590 Lenmeldy will require 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) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	33927	33928	33929	Q0507
		Q0508			
		Please call the number on the member's health plan 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