Prior authorization requirements for Indiana MLTSS Pathways

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 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/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.			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Breast cancer (BRCA) genetic testing	Prior authorization required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required.	19316	19318	19325	19340
		19342	19350	S2067	
		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 A medical device within the inner ear, with an external portion, to help with profound sensorineural deafness achieve conversational speech	Prior authorization 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 required.	11921	11922	15780	15781
		15782	15783	15820	15821
		15822	15823	15830	15847
		17999	19300	19301	21137
		21138	21139	21230	21235

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Cosmetic and reconstructive procedures (cont.)		21270	21295	30120	67900
		67901	67902	67903	67904
		67906	67908	67912	S2066
		96920	96921	96922	S2068
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	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

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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.)		K0885 K0898 Q0480 Q0484 Q0491 Q0503	K0886 L1001 Q0481 Q0488 Q0495 Q0504	K0890 L8694 Q0482 Q0489 Q0496 Q0506	K0891 Q0479 Q0483 Q0490 Q0502 S1040
Enteral services	Prior authorization required.	B4149 B4155 B4161	B4150 B4158	B4152 B4159	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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	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 58548	58200 58267 58285 59897	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 **Berinert** J0597 **Bildyos** Q5162			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Bivigam** J1556 **Bkemv** Q5152 **Bosaya** Q5161 **Botox** J0585 **Brineura** J0567 **Briumvi** J2329 **Byooviz** Q5124 **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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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evkeeza** J1305 **Evenity** J3111 **Exdensur** J2361 **Fabrazyme** J0180 **Fasenra** J0517 **Fensolvi** J1951 **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 **Hemlibra** J7170

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**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 **Intravenous immunoglobulin (IVIG)** 90283 90284 J1459 J1566 J1599 J1553 **Izervay** J2782 **Jubbonti** Q5136 **Kalbitor** J1290 **Kanuma** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa** J2507 **Lamzede** J0217 **Lanreotide**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J1932 **Lemtrada** J0202 **Leqembi** J0174 **Leqvio** J1306 **Loargys** J1818 **Lumizyme** J0221 **Lupron Depot** J1950 **Lupron Depot, Eligard** J9217 **Makena/17P** J1729 J2675 **Mepsevii** J3397 **Monoferric** J1437 **Myobloc** J0587 **Naglazyme** J1458 **Nexviazyme** J0219 **Niktimvo** J9038 **Nplate** J2802 **Nucala** J2182 **Nypozi** Q5148 **Nyvepria** Q5122 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Octagam**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J1568 **Octreotide acetate** J2354 **Omvoh** J2267 **Onpattro (patisiran)** J0222 **Orencia** J0129 **Ospomyv** Q5159 **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** J1301 **Reblozyl** J0896 **Remicade** J1745 **Renflexis**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		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 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris** J1299 **Somatuline Depot** J1930 **Spevigo** J1747 **Starjemza** Q5164 **Stelara** J3358

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Steqeyma IV** Q5099 **Stimufend** Q5127 **Stoboclo** Q5157 **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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		**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, Nulibry, Zunovo, Revcovi, Rivfloza, Ryplazim, Scenesse, Uplizna, and Vabysmo.		
Neurostimulators	Prior authorization required.	61850	61860		
Non-emergent air ambulance transport	Prior authorization required.	A0430	A0431		
Occupational/ physical therapy	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

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Occupational/ physical therapy (cont.)		G0283	S5150		
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21121 21127 21206 21215 21247 21296	21122 21110 21208 21244 21248 21299	21123 21196 21209 21245 21249	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 L6035	L3216 L3222 L3649 L6036	L3217 L3250 L2006 L6038	L3219 L3251 L6034 L6039
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	
Spinal surgery	Prior authorization required.	22856 22869	22860 22870	22867	22868
Stimulators	Prior authorization required.	61863 63650 64590 E0760 L8686	61867 63685 E0747 L8680 L8687	61885 64553 E0748 L8682 L8688	61886 64555 E0749 L8685 L8689

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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 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 50380 J3387 J3389 J3402 **CAR T-cell therapy** Q2041** Q2042** Q2053** Q2056** Q2054 Q2055 Q2057 Q2058** **Gene therapy** J3490* J3590* J1411** J1412** J3391** J3392** J3394** *For Unclassified codes J3490, J3590 Kresladi and Ryoncil will require Prior Authorization through Optum Transplant. **Effective August. 1, 2025: No prior authorization required for Lenmeldy, Casgevy, Lyfgenia, Hemgenix, Roctavian, Aucatzyl, Casgevy, Lyfgenia, Hemgenix, and Roctavian. These codes are carved out to the state.
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 health plan ID card.

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United Healthcare Community Plan

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
heart and restores normal blood flow		
Wound vac	Prior authorization required.	E2402

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