

Prior authorization requirements for Indiana MLTSS Pathways

Effective Jan. 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.	43644	43645	43659	43770
	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.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	44799
		44705			
Behavioral health	<p>Prior authorization is required.</p> <p>There is a Center of Excellence requirement for coverage of bariatric surgery and services.</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>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.</p>			
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217			
Breast reconstruction (non-mastectomy)	Prior authorization is required.	19316	19318	19325	19340
Reconstruction of the breast except when following mastectomy		19342	19350	S2067	



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.	A9279	A9999	E0265	E0266	
		E0270	E0274	E0277	E0296	
		E0297	E0300	E0302	E0304	
		E0328	E0329	E0439	E0442	
		Prosthetics are not DME – See orthotics and prosthetics.	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		
E2376	E2510	E2511	E2512			



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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 Prior Authorization/Notification	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



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic testing (cont.)	program for each specified genetic test.	81308	81309	81310	81311
		81315	81316	81317	81318
		81319	81321	81322	81323
	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.	81328	81330	81335	81346
		81504	81519	81522	
		The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.			
Hysterectomy	Prior authorization is required.	51925	58152	58200	58210
		58240	58263	58267	58270
		58275	58280	58285	58292
		58294	58548	59897	
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			
		Adzyna			
		J7171			
		Aldurazyme			
		J1931			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Apretude			
		J0739			
		Asceniv			
		J1554			
		Avsola			
		Q5121			
Benlysta					
J0490					
Beriner					
J0597					
Bivigam					
J1556					
Botox					
J0585					



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		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	
	J0180	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Fasenra				
	J0517				
	Fensolvi				
	J1951				
	Feraheme***				
	Q0138				
	Firmagon				
	J9155				
	Flebogamma DIF				
	J1572				
	Fylneta				
	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					
J2782					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)	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
	Nucala	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2182 Nyvepria Q5122 Ocrevus J2350 Octagam J1568 Octreotide acetate J2354 OmvoH J2267 Onpattro (patisiran) J0222 Orencia J0129 Panzyga J1576 Parsabiv J0606 Pombiliti J1203 Prolia J0897 Purified Cortrophin gel J0802 Qalsody J1304 Radicava J1301 Reblozyl J0896 Remicade J1745 Renflexis Q5104 Riabni Q5123 Rituxan J9312 Rituxan Hycela J9311

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		Rolvedon			
		J1449			
		Ruconest			
		J0596			
		Ruxience			
		Q5119			
		Ryplazim			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin LAR			
		J2353			
		Saphnelo			
		J0491			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7322	J7324	J7325
		J7326	J7327	J7329	J7331
		J7332	J7321		
		Soliris			
		J1300			
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
	Stelara				
	J3358				
	Stimufend				
	Q5127				
	Supprelin				
	J9226				
	Syfovre				
	J2781				
	Synagis				
	90378				
	Tepezza				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3241			
		Tezspire			
		J2356			
		Tofidence**			
		Q5133			
		Trelstar			
		J3315			
		Triptodur			
		J3316			
		Truxima			
		Q5115			
		Tyenne**			
		Q5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified*			
		J3490	J3590		
		Uplizna			
		J1823			
		Vantas			
		J9225			
		Veopoz			
		J9376			
		Vimizim			
		J1322			
		Vyepti			
		J3032			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		White blood cell colony			
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Xembify				
	J1558				
	Xenpozyme				
	J0218				
	Xeomin				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Injectable medications (cont.)		J0588				
		Xolair				
		J2357				
		Zoladex				
		J9202				
		*For unclassified and temporary codes J3490, J3590, prior authorization is only required for Casgevy, Lantidra, Nulibry, 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	Prior authorization is required.	21121	21122	21123	21125	
		21127	21110	21196	21199	
		Treatment of maxillofacial functional impairment	21206	21208	21209	21210
		21215	21244	21245	21246	
		21247	21248	21249	21255	
		21296	21299			
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:	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.				
	<ul style="list-style-type: none"> Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) and positron emission tomography (PET) scans Nuclear medicine and nuclear cardiology procedures 					



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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 22869	22860 22870	22867	22868
Stimulators	Prior authorization is required.	61863 61885 64553 E0748 L8682 L8688	61864 61886 64555 E0749 L8685 L8689	61867 63650 64590 E0760 L8686	61868 63685 E0747 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 32855 33944 38241	32852 32856 33945 38242	32853 33933 38232 38243	32854 33935 38240 38205
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		38206 44136 44721 47144 48550 48554 50325 50365 44140 65755 Q2056	44132 44137 38230 47145 48556 50300 50327 50340 65710 50380 J3392	44133 44715 47135 47146 48551 50320 50328 50360 65730 J3394	44135 44720 47143 47147 48552 50323 50329 44139 65750 Q2042
		Gene therapy			
		J3490*	J3590*		
		*Effective July. 1, 2024: For Unclassified codes J3490, J3590 Lenmeldy and Tecelra will require Prior Authorization through Optum Transplant.			
Urine drug testing	Prior authorization is required.	G0482	G0483		
Ventricular assist devices (VAD)	Prior authorization is required.	33927 Q0508	33928	33929	Q0507
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 health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			



Procedures and services

Additional information

CPT® or HCPCS codes and how to obtain prior authorization

Wound vac

Prior authorization is required.

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