

Prior authorization requirements for Indiana MLTSS Pathways

Effective October 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.	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	44799
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.				
Behavioral health	Prior authorization required.	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.			
	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.				

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)	Prior authorization required.	19316	19318	19325	19340
		19342	19350	S2067	
Reconstruction of the breast except when following mastectomy	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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.	E0766	A9279	A9999	E0265
		E0266	E0270	E0274	E0277
		E0296	E0297	E0300	E0302
		E0304	E0328	E0329	E0424
		E0439	E0441	E0442	E0443
	Prosthetics are not DME – See orthotics and prosthetics.	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0885	K0886	K0890	K0891
		K0898	L1001	L8694	Q0479
		Q0480	Q0481	Q0482	Q0483
		Q0484	Q0488	Q0489	Q0490
		Q0491	Q0495	Q0496	Q0502
		Q0503	Q0504	Q0506	S1040
Enteral services	Prior authorization required.	B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
Experimental and investigational	Prior authorization required.	33477	96002	A9274	A9276
		A9277	A9278	E1831	
Gender dysphoria treatment	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		
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	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	81276	81277	81278
		81279	81292	81293	81294
		81295	81296	81297	81298
		81299	81300	81301	81302
		81303	81304	81307	81308
		81309	81310	81311	81316
		81317	81318	81319	81321
		81322	81323	81328	81330
		81335	81346	81415	81432
		81456	81504	81519	81522
		0340U	0345U		

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	58152	58200	58210
		58240	58263	58267	58270
		58275	58280	58285	58292
		58294	58548	59897	
Incontinence supplies	Prior authorization required.	T4521	T4522	T4523	T4524
		T4525	T4526	T4527	T4528
		T4529	T4530	T4531	T4532
		T4533	T4534	T4535	T4536
		T4539	T4543		
Injectable medications	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					

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

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

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			
		Hypavzi			
		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			

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

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
		Otufi 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
		Radicava
		J1301
		Reblozyl
		J0896
		Remicade
		J1745
		Renflexis
		Q5104
		Riabni

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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		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
		Tziel
		J9381
		Ultomiris
		J1303
		Unclassified*
		J3490 J3590
		Uplizna
		J1823
		Vantas
		J9225
		Veopoz
		J9376
		Vimizim
		J1322
		Vyepti
		J3032

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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
		G0283			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthognathic surgery	Prior authorization required.	21121	21122	21123	21125
		21127	21110	21196	21199
		21206	21208	21209	21210
Treatment of maxillofacial functional impairment		21215	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
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	L3216	L3217	L3219
		L3221	L3222	L3250	L3251
		L3252	L3649	L2006	L5657
		L6034	L6035	L6036	L6038
		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	98976	98977	98980
		98981			
Rhinoplasty	Prior authorization required.	30400	30410	30420	30430
		30435	30450		
Speech therapy	Prior authorization required.	92507	92508	92526	
Spinal surgery	Prior authorization required.	22856	22860	22867	22868
		22869	22870		
Stimulators	Prior authorization required.	61863	61867	61885	61886
		63650	63685	64553	64555
		64590	E0747	E0748	E0749
		E0760	L8680	L8682	L8685
		L8686	L8687	L8688	L8689
Transplants	Prior authorization required for transplant or transplant-	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucel), Kymriah			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation	related services before pre-treatment or evaluation.	(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
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		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	J3381	J3389
CAR T-cell therapy					
		Q2041**	Q2042**	Q2053**	Q2056**
		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)	Prior authorization required.	33927	33928	33929	Q0507
		Q0508			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow					
Wound vac	Prior authorization required.	E2402			
Please call the number on the member's health plan ID card.					