

Prior authorization requirements for Indiana MLTSS Pathways

Effective September 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	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	44799
		44705			
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.			

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.	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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 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	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
		81308	81309	81310	81311
		81315	81316	81317	81318
		81319	81321	81322	81323
		81328	81330	81335	81346
		81504	81519	81522	81415
		81432	81456	0340U	0345U

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic testing (cont.)	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.				
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 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
		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
		Enjaymo
		J1302

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Entyvio
		J3380
		Epysqli
		Q5151
		Evkeeza
		J1305
		Evenity
		J3111
		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
		Hizentra
		J1559
		Hyalgan, Supartz, Visco-3
		J7321

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0174 Leqvio J1306 Lumizyme J0221 Lupron Depot J1950 Lupron Depot, Eligard J9217 Makena/17P J1729 J2675 Mepsevii J3397 Monoferic J1437 Myobloc J0587 Naglazyme J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nucala J2182 Nypozi Q5148 Nyvepria Q5122 Ocrevus J2350 Ocrevus Zunovo J2351 Octagam J1568 Octreotide acetate J2354 OmvoH J2267 Onpattro (patisiran)

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0222
		Orencia
		J0129
		Otulfu IV
		Q9999
		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
		J1745
		Renflexis
		Q5104
		Riabni
		Q5123
		Rituxan
		J9312
		Rituxan Hycela
		J9311
		Rolvedon
		J1449
		Ruconest
		J0596
		Ruxience

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
		Stimufend			
		Q5127			
		Stoboclo			
		Q5157			
		Supprelin			
		J9226			
		Syfovre			
		J2781			
		Synagis			
		90378			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
		J3032			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Waskyra			
		J3386			
		Wezlana IV			
		Q5138			
		White blood cell colony			
		J1442	J1447	J2506	Q5101

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
Orthognathic surgery	Prior authorization required.	21121	21122	21123	21125
		21127	21110	21196	21199
		21206	21208	21209	21210
		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	L3215	L3216	L3217	L3219
		L3221	L3222	L3250	L3251
		L3252	L3649	L2006	L5657
		L6034	L6035	L6036	L6038
		L6039			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	rental cost of more than \$500.				
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 61885 64553 E0748 L8682 L8688	61864 61886 64555 E0749 L8685 L8689	61867 63650 64590 E0760 L8686	61868 63685 E0747 L8680 L8687
Transplants	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.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		32851 32855 33944	32852 32856 33945	32853 33933 38232	32854 33935 38240
Organ or tissue transplant or transplant related services before		38241 38206 44136 44721	38242 44132 44137 38230	38243 44133 44715 47135	38205 44135 44720 47143

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
pre-treatment or evaluation		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 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 Q0508	33928	33929	Q0507
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.