

Prior authorization requirements for Indiana MLTSS Pathways

Effective September 1, 2024

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. However, out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Note: You are required to request approval before rendering services. The UnitedHealthcare Health Services department requires prior authorization as an essential part of any managed care organization. Advance notification is required to provide UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

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	Prior authorization is 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.				
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217			



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19340	
		19342	19350	S2067		
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			



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



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization					
Genetic testing (cont.)	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. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	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			
		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							
Beovu							
J0179							



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Berinert
		J0597
		Bivigam
		J1556
		Botox
		J0585
		Brineura
		J0567
		Briumvi
		J2329
		Byooviz
		Q5124
		Cerezyme
		J1786
		Cimerli
		Q5128
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Entyvio
		J3380
		Evkeeza
		J1305
		Evenity
		J3111
		Eylea HD
		J0177
		Eylea
		J0178
		Fabrazyme
		J0180
		Fasenra
		J0517
		Fensolvi
		J1951
		Firmagon
		J9155
		Flebogamma DIF
		J1572
		FyInetra
		Q5130
		Gamifant
		J9210
		Gammagard
		J1569
		Gammaplex
		J1557
	Gamunex-C, Gammaked	
	J1561	
	Givlaari	
	J0223	
	Glassia	
	J0257	
	Hizentra	
	J1559	
	Histrelin	
	J9225	
	Hyqvia	
	J1575	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Inflectra				
	Q5103				
	Injectafer				
	J1439				
	Intravenous immunoglobulin (IVIG)				
	90283	90284	J1459	J1566	
	J1599				
	Izervay				
	J2782				
	Kalbitor				
	J1290				
	Kanuma				
	J2840				
	Korsuva				
	J0879				
	Krystexxa				
	J2507				
	Lamzede				
	J0217				
	Lanreotide				
	J1932				
	Lemtrada				
	J0202				
	Leqembi				
	J0174				
	Leqvio				
	J1306				
Lucentis					
J2778					
Lumizyme					
J0221					
Lupron Depot					
J1950					
Lupron Depot, Eligard					
J9217					
Makena/17P					
J1729	J2675				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Mepsevii
		J3397
		Monoferric
		J1437
		Myobloc
		J0587
		Naglazyme
		J1458
		Nexviazyme
		J0219
		Nplate
		J2796
		Nucala
		J2182
		Nyvepria
		Q5122
		Ocrevus
		J2350
		Octagam
		J1568
		Octreotide acetate
		J2354
		OmvoH
		J2267
		Onpattro (patisiran)
		J0222
		Orencia
		J0129
		Oxlumo
		J0224
		Panzyga
		J1576
		Parsabiv
		J0606
		Pombiliti
		J1203
		Prolia
		J0897
		Purified Cortrophin gel
		J0802

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Qalsody
		J1304
		Radicava
		J1301
		Reblozyl
		J0896
		Releuko
		Q5125
		Remicade
		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	
	Scenesse	
	J7352	
	Signifor LAR	
	J2502	
	Simponi Aria	
	J1602	
	Skyrizi	
	J2327	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	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				
	Susvimo				
	J2779				
	Syfovre				
	J2781				
	Synagis				
	90378				
	Tepezza				
	J3241				
	Tezspire				
	J2356				
	Trelstar				
	J3315				
	Triptodur				
	J3316				
	Truxima				
	Q5115				
	Tzield				
	J9381				
	Ultomiris				
	J1303				
	Unclassified*				
	J3490	J3590	C9166	C9167	
	C9168				
	Uplizna				
	J1823				



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Vabysmo			
		J2777			
		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			
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.					
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
		21206	21208	21209	21210
Treatment of maxillofacial functional impairment					



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery (cont.)		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: <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 	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 98981	98976	98977	98980
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	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



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.) Organ or tissue transplant or transplant related services before pre-treatment or evaluation		48550	48556	48551	48552
		48554	50300	50320	50323
		50325	50327	50328	50329
		50365	50340	50360	0537T
		0538T	0539T	0540T	44139
		44140	65710	65730	65750
		65755	50380	J3394	Q2042
		Q2056			
		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
	Gene therapy				
	J3490*	J3590*			
	*Effective July. 1, 2024: For Unclassified codes J3490, J3590 Lenmeldy will require Prior Authorization through Optum Transplant.				
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 Q0508	33928	33929	Q0507
	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			

© 2024 United HealthCare Services, Inc. All Rights Reserved.