

# Prior Authorization Requirements for Louisiana Medicaid

## Effective April 1, 2019

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Louisiana participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 877-271-6290; fax form is available at **UHCprovider.com/LAcommunityplan > Prior Authorization and Notification > Prior Authorization Paper Fax Forms.**

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

**Non-emergency inpatient admissions, including planned services within this list, and observation stays longer than 48 hours require prior authorization.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Abortion</b>	Prior authorization	59830 59855	59850 59856	59851 59857	59852 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979	E0747	E0748	E0760
<b>BRCA genetic testing</b>	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19318 19342 19364 19369	19328 19350 19366	19330 19357 19367	19340 19361 19368
<b>Cancer supportive services</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> <b>Filgrastim (Neupogen®)</b> J1442 <b>Filgrastim-aafi (Nivestym™)</b> Q5110			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer supportive services (cont'd)</b>		<p><b>Filgrastim-sndz (Zarxio<sup>®</sup>)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505</p> <p><b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b> Q5108</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b> J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva<sup>®</sup>)</b> J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21182	21183	21184	21230
		21235	21256	21275	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
<b>Durable medical equipment (DME):</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900	E0265	E0266	E0328
		E0329	E0445	E0465	E0466
		E0470	E0471	E0483	E0652
		E0656	E0669	E0766	E0784
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
	Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold – see <i>Home health services</i> .	E1008	E1009	E1035	E1036
		E1130	E1161	E1220	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1825
		E2230	E2310	E2311	E2325
		E2327	E2329	E2351	E2373
		E2510	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0108	K0830
		K0831	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	S1040
		V5269	V5272		
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64722	65765	65767	66180
		A9274	E0231		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Home health services including extended nursing services (PDN)</b>	Prior authorization required only in outpatient settings, to include member's home	G0299 T1000	G0300	S9123	S9124
<b>Injectable medications</b>	Prior authorization required	<b>Acthar<sup>®*</sup></b>			
		J0800			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura<sup>™</sup></b>			
		J0567			
		<b>Cerezyme<sup>®</sup></b>			
		J1786			
		<b>Cinqair<sup>®</sup></b>			
		J2786			
		<b>Crysvita<sup>®</sup></b>			
		J0584			
		<b>Elelyso<sup>®</sup></b>			
		J3060			
		<b>Exondys 51<sup>™</sup></b>			
		J1428			
		<b>Fasenra<sup>™</sup></b>			
		J0517			
		<b>Ilaris<sup>®</sup></b>			
		J0638			
		<b>Ilumya<sup>™</sup></b>			
		J3245			
		<b>IVIG</b>			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		<b>Lemtrada<sup>®</sup></b>			
		J0202			
		<b>Luxturna<sup>™</sup></b>			
		J3398			
		<b>Nucala<sup>®</sup></b>			
J2182					
<b>Ocrevus<sup>™</sup></b>					
J2350					
<b>Onpattro<sup>™</sup></b>					
C9036	J3490**	J3590**			
<b>Parsabiv<sup>™</sup></b>					
J0606					
<b>Probuphine<sup>®</sup></b>					
J0570					
<b>Radicava<sup>®</sup></b>					
J1301					
<b>Soliris<sup>®</sup></b>					
J1300					
<b>Spinraza<sup>™</sup></b>					
J2326					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont'd)</b>		<b>Sublocade™</b>			
		Q9991	Q9992		
		<b>Synagis®*</b>			
		90378			
		<b>Unclassified**</b>			
		C9399	J3490	J3590	
		<b>Xolair®*</b>			
		J2357			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</b>			
		<b>* Please obtain prior notification for Acthar®, Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</b>			
	<b>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Gamifant® and Onpattro™</b>				
<b>Joint replacement</b>	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0435		
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
<b>Orthotics and prosthetics:</b>	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0170	L0464	L0482	L0484
		L0486	L0631	L0700	L0710
		L0810	L0820	L0830	L0999
		L1000	L1200	L1300	L1310
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3720
		L3730	L3740	L3763	L3764
		L3900	L3901	L3904	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5930
		L5950	L5960	L5962	L5964
		L5966	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6623	L6624
		L6686	L6687	L6689	L6690
	L6692	L6693	L6694	L6704	
	L6707	L6708	L6709	L6711	
	L6712	L6713	L6714	L6881	
	L6882	L6883	L6884	L6885	
	L6895	L6900	L6905	L6910	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		L6915 L6935 L6955 L6975 L7040 L7185 L7405 L8499	L6920 L6940 L6960 L7007 L7045 L7186 L7510	L6925 L6945 L6965 L7008 L7170 L7190 L8040	L6930 L6950 L6970 L7009 L7180 L7191 L8042
<b>Pediatric day services</b>	Prior authorization required	T2002	T1025	T1026	
<b>Personal care services</b>	Prior authorization required	T1019			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/LAcommunityplan">UHCprovider.com/LAcommunityplan</a> &gt; Prior Authorization and Notification &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Radiology - PET scans</b>	Prior authorization required	78608 78813 A9515 A9587 G0252	78609 78814 A9526 A9588	78811 78815 A9552 G0219	78812 78816 A9580 G0235
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22214 22533 22556	22101 22114 22220 22548 22558	22102 22210 22224 22551 22586	22110 22212 22532 22554 22590

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Spinal surgery (cont'd)</b>		22595	22600	22610	22612	
		22630	22633	22800	22802	
		22804	22808	22810	22812	
		22818	22819	22830	22849	
		22850	22852	22855	22856	
		22861	22864	22865	22899	
		63001	63003	63005	63011	
		63012	63015	63016	63017	
		63020	63030	63040	63042	
		63045	63046	63047	63050	
		63055	63056	63064	63075	
		63077	63081	63085	63087	
		63090	63101	63102	63170	
		63172	63173	63180	63182	
		63185	63190	63191	63194	
		63195	63196	63198	63199	
		63200	63250	63251	63252	
		63265	63267	63268	63270	
		63271	63272	63286	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		64553	64570			
	<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
			32850	32851	32852	32853
			32854	32855	32856	33930
		33933	33935	33940	33944	
		33945	38208	38209	38210	
		38212	38213	38214	38215	
		38232	38240	38241	38242	
		44132	44133	44135	44136	
		44137	44715	44720	44721	
		47133	47135	47140	47141	
		47142	47143	47144	47145	
		47146	47147	48551	48552	
		48554	50300	50320	50323	
		50325	50340	50360	50365	
		50370	50380	50547		
		<b>CAR-T cell therapy:</b>				
		0537T	0538T	0539T	0540T	
		Q2041	Q2042			
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568			
Implantation of a device that sends electrical impulses into one of the cranial nerves						



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow	Prior authorization required VAD device and supplies are not covered.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
		33975 33982	33976 33983	33979	33981
<b>Wound vac</b>	Prior authorization required	E2402			