Prior Authorization Requirements for Louisiana Medicaid

Effective SeptemberJuly 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
Abortion	Prior authorization	59830 59850 59851 59852 59855 59856 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860
Behavioral health services	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.
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979
BRCA genetic testing	Prior authorization required	81162 81163 81164 81165 81166 81212 81215 81216 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19318 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19371
Cancer supportive services	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent	**Injectable colony-stimulating factor drugs that require prior authorization –** **Filgrastim (Neupogen®)**

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive services (cont'd)	administered in an outpatient setting for a cancer diagnosis ***For dates of service Oct. 1, 2019 or after** Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.	J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filgrastim-sndz (Zarxio®)** Q5101* **Pegfilgrastim (Neulasta®)** J2505* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Bone-modifying agent that requires prior authorization:** **Denosumab (Xgeva®)** J0897 For prior authorization, please submit requests online by using 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. Or**,** call **888-397-8129.**
Cardiovascular	**For dates of service Oct. 1, 2019 or after** Prior authorization required for lower extremities angiogram only	75710 75716
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	**Injectable chemotherapy drugs that require prior authorization:** • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • 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 For prior authorization, please submit requests online by using 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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
		Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129.**
Cochlear implants and other auditory implants 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 69715 69718 69930 L8614 L8619 L8690 L8691 L8692
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 11971 15820 15821 15822 15823 15830 15847 17106 17107 17108 17999 21137 21138 21139 21172 21175 21179 21180 21181 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
Durable medical equipment (DME):	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500 Prosthetics are not DME – see *Orthotics and prosthetics.* Some home health care services may qualify but are not subject to the $500 retail purchase or cumulative rental cost threshold – see *Home health services*.	A9900 E0265 E0266 E0328 E0329 E0445 E0465 E0466 E0470 E0471 E0483 E0652 E0656 E0669 E0766 E0784 E0984 E0986 E1002 E1003 E1004 E1005 E1006 E1007 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
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4035 B4036 B4100 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4155

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
		B4158 B4159 B4160 B4161 B9002 B9998
Experimental and investigational(and/or linked services)	Prior authorization required	33477 36514 55866 64722 65765 65767 66180 A9274 E0231
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914 29915 29916
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
Home health services including extended nursing services (PDN)	Prior authorization required only in outpatient settings, to include member's home	G0299 G0300 S9123 S9124 T1000
Injectable medications	Prior authorization required	**Actemra®** J3262 **Acthar®*** J0800 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Cerezyme®** J1786 **Cinqair®** J2786 **Crysvita®** J0584 **Elelyso®** J3060 **Entyvio®** J3380 **Exondys 51™** J1428 **Fasenra™** J0517 **Gamifant™** C9050 **Ilaris®** J0638 **Ilumya™** J3245 **Inflectra®** Q5103 **IVIG** 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Lemtrada®** J0202

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		**Luxturna™** J3398 **Nucala®** J2182 **Ocrevus™** J2350 **Onpattro™** C9036 J3490** J3590** **Orencia®** J0129 **Parsabiv™** J0606 **Probuphine®** J0570 **Radicava®** J1301 **Remicade®** J1745 **Renflexis®** Q5104 **Simponi Aria®** J1602 **Soliris®** J1300 **Spinraza™** J2326 **Sublocade™** Q9991 Q9992 **Synagis®*** 90378 **Ultomiris™** C9052 **Unclassified**** C9399 J3490 J3590 **Xolair®*** J2357 **For dates of service Oct. 1, 2019 or after the following codes will also require prior authorization** **Sodium Hyaluronate** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 **White blood cell colony stimulating factors***** J1442 J1447 J2505 Q5101 Q5108 Q5110 Q5111 Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com >** Menu > Policies and Protocols > Community Plan Policies > Medical & Drug

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
		Policies and Coverage Determination Guidelines for Community Plan. * Please obtain prior notification for Acthar®, Synagis® and Xolair® through OptumRx prior notifications services at **800-310-6826.** ** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Gamifant™, Onpattro™, and Ultomiris™. Evenity™, and Spravato™ will also require prior authorization **for dates of service Oct. 1, 2019 or after** ***** For dates of service Oct. 1, 2019 or after** Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27122 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868
Non-emergent air ambulance transport	Prior authorization required	A0430 A0435
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21123 21125 21127 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
Orthotics and prosthetics: **Orthotics and prosthetics (cont'd)**	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 L1840 L1844 L1845 L1846 L1847 L1850 L1860 L1945 L1950 L1970 L2000 L2005 L2010 L2020 L2030 L2036

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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
Orthotics and prosthetics (cont'd)		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
		L7040 L7045 L7170 L7180 L7185 L7186 L7190 L7191 L7405 L7510 L8040 L8042 L8499
Outpatient therapy	Prior authorization required	92507 92508
Pediatric day services	Prior authorization required	T2002 T1025 T1026
Personal care services	Prior authorization required	T1019
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520 77522 77523 77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using 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. Or, call **866-889-8054.** For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/LAcommunityplan** > Prior Authorization and Notification > Radiology Prior Authorization and Notification Program**.**
Radiology - PET scans	Prior authorization required	78608 78609 78811 78812 78813 78814 78815 78816 A9515 A9526 A9552 A9580 A9587 A9588 G0219 G0235 G0252
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685 41599 42145
Spinal surgery	Prior authorization required	22100 22101 22102 22110 22112 22114 22210 22212 22214 22220 22224 22532 22533 22548 22551 22554
Spinal surgery (cont'd)		22556 22558 22586 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22830 22849 22850 22852 22855 22856

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
		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
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone Growth Stimulator** E0747 E0748 E0760 **Neurostimulator** 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64568 64570
Transplants	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 **800-418-4994** 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 **CAR-T cell therapy**: 0537T 0538T 0539T 0540T Q2041 Q2042
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous	Prior authorization required	36468 36473 36475 36478 37700 37718 37722 37780

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disease and varicose veins of the extremities		
Ventricular assist devices (VAD) 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 **855-282-8929.** 33975 33976 33979 33981 33982 33983
Wound vac	Prior authorization required	E2402

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