

Prior Authorization Requirements for Louisiana Medicaid

Effective October 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	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization required	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator	Prior authorization required	20979			
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217			
Breast reconstruction (non-mastectomy)	Prior authorization required	19318	19328	19330	19340
Reconstruction of the breast except when following mastectomy		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 administered in an outpatient setting for a cancer diagnosis	Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®)			
	*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.				

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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)		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.			
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, J0642) - 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 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 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15822 17106 21137 21175	11971 15823 17107 21138 21179	15820 15830 17108 21139 21180	15821 15847 17999 21172 21181
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21182 21235 21742 67900	21183 21256 21743 67901	21184 21275 28344 67902	21230 21740 30620 67903

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd)		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	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		
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
		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 T1000	G0300	S9123	S9124
Injectable medications	Prior authorization required	Actemra® J3262			
		Acthar®* J0800			
		Botulinum toxins			
		J0585	J0586	J0587	J0588

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Brineura™			
		J0567			
		Cerezyme®			
		J1786			
		Cinqair®			
		J2786			
		Crysvita®			
		J0584			
		Elelyso®			
		J3060			
		Entyvio®			
		J3380			
		Evenity™			
		J3111			
		Exondys 51™			
		J1428			
		Fasenra™			
		J0517			
		Gamifant™			
		J9210			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		IVIG			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Lemtrada®			
		J0202			
		Luxturna™			
		J3398			
		Nucala®			
		J2182			
		Ocrevus™			
		J2350			
		Onpattro™			
		J0222			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
		Probuphine®			
		J0570			
		Radicava®			
		J1301			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		Simponi Aria® J1602 Sodium Hyaluronate J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331**** J7332**** Soliris® J1300 Spinraza™ J2326 Sublocade™ Q9991 Q9992 Synagis®* 90378 Ultomiris™ J1303 Unclassified** C9399 J3490 J3590 White blood cell colony stimulating factors*** J1442 J1447 J2505 Q5101 Q5108 Q5110 Q5111 Xolair®* 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug 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 Cutaquig®, Spravato™, Xembify® and Zolgensma®. <u>For dates of service Apr.1, 2020 or after, Reblozyl® will also require prior authorization</u> ***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 ****These codes will require prior authorization for dates of service Nov 1, 2019 or after.
Inpatient admissions – post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions – post acute services (cont'd)	• Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities				
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:	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7185	L7186	L7190	L7191
		L7405	L7510	L8040	L8042
		L8499			
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	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)	Nuclear medicine and nuclear cardiology procedures	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 78813 A9515 A9587 G0252	78609 78814 A9526 A9588	78811 78815 A9552 G0219	78812 78816 A9580 G0235
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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 22112 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305	22101 22114 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306	22102 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22110 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 <u>*Code 38232 will only require prior authorization for an oncology diagnosis</u>			
Vein procedures 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	36473	36475	36478
		37700	37718	37722	37780
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			