

Prior Authorization Requirements for Louisiana Medicaid

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 tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal. button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal 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 59855	59850 59856	59851 59857	59852
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
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. <ul style="list-style-type: none"> • <u>For ABA Therapy, submit via fax or Provider Express</u> 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
BRCA genetic testing	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19318 19342 19364 19371	19328 19350 19367	19330 19357 19368	19340 19361 19369

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<p>Cancer supportive services</p>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p>Injectable colony-stimulating factor drugs that require prior authorization –</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-appg (Nyvepria™) Q5122</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal. button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal. dashboard. Or, call 888-397-8129.</p>
<p>Chemotherapy</p>	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <p>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</p> <p>Chemotherapy injectable drugs that have a Q code</p> <p>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</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued) on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal. button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal. dashboard. Or, call **888-397-8129**.

Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	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
		15877	15878	15879	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 is 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	
		E0984	E0986	E1002	E1003	
		Prosthetics are not DME – see Orthotics and prosthetics.	E1004	E1005	E1006	E1007
			E1008	E1009	E1035	E1036
			E1130	E1161	E1220	E1231
			E1232	E1233	E1234	E1235
			E1236	E1237	E1238	E1825
	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.	E2230	E2310	E2311	E2325	
		E2327	E2329	E2351	E2373	
		E2510	E2512	E2599	E2626	
		E2627	E2628	E2629	E2630	
		E8000	K0005	K0108	K0830	
		K0831	K0848	K0849	K0850	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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	A4226
		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 is required only in outpatient settings, to include member's home.	G0299	G0300	S9123	S9124
		T1000			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®*			
		J0800			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Aralast® NP			
J0256					
Avsola™					
Q5121					
Botulinum toxins					
J0585	J0586	J0587	J0588		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Brineura™ J0567 Cerezyme® J1786 Cimzia® J0717 Cinqair® J2786 Crysvita® J0584 Cutaquig® J1551 Elaprase® J1743 Elelyso® J3060 Enjaymo™ – Eff 10/01/22 J1302 Entyvio® J3380 Evenity™ J3111 Exondys 51™ J1428 Fabrazyme® J0180 Fasenra™ J0517 Fensolvi® J1951 Firmagon® J9155 Gamifant™ J9210 Givlaari® J0223 Glassia® J0257 Ilaris® J0638 Ilumya™ J3245 Inflectra® Q5103 IVIG	90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1561 J1572 Kanuma® J2840 Korsuva® - Eff 10/01/22 J0879 Krystexxa® J2507 Lemtrada® J0202 Leqvio® J1306 Lumizyme® J0221 Lupron Depot® J1950 Lupron Depot, Eligard® J9217 Luxturna™ J3398 Mepsevii® J3397 Naglazyme® J1458 Nexviazyme® J0219 Nplate® J2796 Nucala® J2182 Ocrevus™ J2350 Octreotide Acetate J2354 Onpattro™ J0222 Orencia® J0129 Oxlumo™ J0224 Parsabiv™ J0606 Probuphine® J0570 Prolastin-C® J0256	J1561 J1572	J1566 J1575	J1568 J1599	J1569

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Releuko® - Eff 10/01/22				
	Q5125				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Revcovi®				
	J3590				
	Riabni™				
	Q5123				
	Ryplazm®				
	J2998				
	Sandostatin® LAR				
	J2353				
	Saphnelo™				
	J0491				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
Somatuline® Depot					
J1930					
Spinraza™					
J2326					
Spravato™					
S0013					
Sublocade™					
Q9991	Q9992				
Supprelin® LA					
J9226					
Synagis®					
90378					
Trelstar®					
J3315					
Triptodur®					
J3316					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Ultomiris™	J1303			
	Unclassified and temporary**	C9399 J3490 J3590			
	Vantas™	J9225			
	Vimizim®	J1322			
	Vyondys 53®	J1429			
	Vyvgart™	J9332			
	White blood cell colony-stimulating factors	J1442 J1447 J2506 Q5101			
		Q5108 Q5110 Q5111 Q5120			
	Xembify®	J1558			
	Xolair®	J2357			
	Zemaira®	J0256			
	Zoladex®	J9202			
	Zolgensma®	J3399			
		<p>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.</p> <p>* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129</p> <p>** For Unclassified codes, C9090, C9399, J3490 and J3590, prior authorization is only required for</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Lupaneta Pack™, Nulibry™, Purified Cortrophin™ Gel and Revcovi®, Effective 10/01/22 – For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required for Fylnetra®.			
Inpatient admissions – post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • 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 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487	23473 24362 27120 27134 27446 29866	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	A0430	A0435		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21248	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170 L0486 L0810 L1000 L1680 L1720 L1830 L1840 L1847	L0464 L0631 L0820 L1200 L1685 L1730 L1831 L1844 L1850	L0482 L0700 L0830 L1300 L1700 L1755 L1832 L1845 L1860	L0484 L0710 L0999 L1310 L1710 L1820 L1834 L1846 L1945

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<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 tool on-UnitedHealthcare Provider Portal.. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal. button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal. dashboard. Or, call 866-889-8054.</p> <p>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.</p>			
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	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Treatment of nasal functional impairment and septal deviation					
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Skin substitutes	Prior authorization required	Q4101 Q4160	Q4106 Q4186	Q4121 Q4195	Q4154 Q4196
Spinal surgery	Prior authorization required	22100 22112 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305	22102 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22110 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
Stimulators	Prior authorization required	E0747 61863		Bone Growth Stimulator E0748 E0760 Neurostimulator 61864 61867 61868	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (continued)		61885 63685	61886 64553	63650 64568	63655 64570
Transplants	Prior authorization required	<p>For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicluemel), Breyanzi® (Lisocabtagene Maraluelcel), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>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 50547</p> <p>CAR T-Cell Therapy: 0537T 0538T 0539T 0540T Q2041 Q2042 Q2054 Q2055 C9098** J9999**</p> <p>*Code 38232 will only require prior authorization for an oncology diagnosis. **For codes C9098 and J9999 prior authorization is required for Carvykti</p>			
Ventricular assist devices (VAD)	Prior authorization required	<p>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.</p> <p>33975 33976 33979 33981 33982 33983</p>			
Vein procedures	Prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		
Wound vac	Prior authorization required	E2402