

# Prior Authorization Requirements for Louisiana Medicaid

Effective July 1, 2021

## 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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification 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 59852
<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. <ul style="list-style-type: none"> <li>• <u>For ABA Therapy, submit via fax or Provider Express</u></li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
<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 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><b>Cancer supportive services</b></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 J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><b>Injectable colony-stimulating factor drugs that require prior authorization –</b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Bone-modifying agent that requires prior authorization:</b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool 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 tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>
<p><b>Chemotherapy</b></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><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <p>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</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 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</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		Notification tile on your Link dashboard. Or, call <b>888-397-8129</b> .			
<b>Cochlear implants and other auditory implants</b> 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 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
<b>Cosmetic and reconstructive procedures</b> 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 15822 17106 21137 21175 21182 21235 21742 67900 67904 67911 67916 67923 67966	11971 15823 17107 21138 21179 21183 21256 21743 67901 67906 67912 67917 67924	15820 15830 17108 21139 21180 21184 21275 28344 67902 67908 67914 67921 67950	15821 15847 17999 21172 21181 21230 21740 30620 67903 67909 67915 67922 67961
<b>Durable medical equipment (DME)</b>	Prior authorization is 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 E0329 E0470 E0656 E0984 E1004 E1008 E1130 E1232 E1236 E2230 E2327 E2510 E2627 E8000 K0831 K0851 K0855 K0859 K0863	E0265 E0445 E0471 E0669 E0986 E1005 E1009 E1161 E1233 E1237 E2310 E2329 E2512 E2628 K0005 K0848 K0852 K0856 K0860 K0864	E0266 E0465 E0483 E0766 E1002 E1006 E1035 E1220 E1234 E1238 E2311 E2351 E2599 E2629 K0108 K0849 K0853 K0857 K0861 K0868	E0328 E0466 E0652 E0784 E1003 E1007 E1036 E1231 E1235 E1825 E2325 E2373 E2626 E2630 K0830 K0850 K0854 K0858 K0862 K0869

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		K0870 K0879 K0886 V5269	K0871 K0880 K0890 V5272	K0877 K0884 K0891	K0878 K0885 S1040
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 65765 A9274	36514 65767 E0231	55866 66180	64722 A4226
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Home health services, including extended nursing services (PDN)</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299 T1000	G0300	S9123	S9124
<b>Injectable medications</b>	Prior authorization required	<b>Adakveo®</b> <b>J0791</b> <b>Actemra®</b> J3262 <b>Acthar®*</b> J0800 <b>Avsola™</b> Q5121 <b>Botulinum toxins</b> J0585      J0586      J0587      J0588 <b>Brineura™</b> J0567 <b>Cerezyme®</b> J1786 <b>Cimzia®*</b> J0717 <b>Cinqair®</b> J2786 <b>Crysvita®</b> J0584 <b>Elelyso®</b> J3060 <b>Entyvio®</b> J3380			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Evenity™</b>				
	J3111				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fasenra™</b>				
	J0517				
	<b>Firmagon®</b>				
	J9155				
	<b>Gamifant™</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Krystexxa®****</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Lupron Depot®</b>				
	J1950				
	<b>Lupron Depot, Eligard®</b>				
	J9217				
	<b>Luxturna™</b>				
J3398					
<b>Nplate®****</b>					
J2796					
<b>Nucala®</b>					
J2182					
<b>Ocrevus™</b>					
J2350					
<b>Octreotide Acetate****</b>					
J2354					
<b>Onpattro™</b>					
J0222					
<b>Orencia®</b>					
J0129					
<b>Oxlumo™</b>					
J0224					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Parsabiv™</b>				
	J0606				
	<b>Probuphine®</b>				
	J0570				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Riabni™</b>				
	Q5123				
	<b>Sandostatin® LAR****</b>				
	J2353				
	<b>Signifor® LAR****</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot****</b>				
	J1930				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Sublocade™</b>				
Q9991	Q9992				
<b>Supprelin® LA</b>					
J9226					
<b>Synagis®*</b>					
90378					
<b>Trelstar®</b>					
J3315					
<b>Triptodur®</b>					
J3316					
<b>Ultomiris™</b>					
J1303					
<b>Unclassified and temporary**</b>					
C9399	J3490	J3590			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization											
<b>Injectable medications (continued)</b>		<p><b>Vantas™</b> J9225</p> <p><b>Vyondys 53®</b> J1429</p> <p><b>White blood cell colony-stimulating factors***</b></p> <table border="0"> <tr> <td>J1442</td> <td>J1447</td> <td>J2505</td> <td>Q5101</td> </tr> <tr> <td>Q5108</td> <td>Q5110</td> <td>Q5111</td> <td>Q5120</td> </tr> </table> <p><b>Xembify®</b> J1558</p> <p><b>Xolair®*</b> J2357</p> <p><b>Zoladex®</b> J9202</p> <p><b>Zolgensma®</b> J3399</p> <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 &amp; 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</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Acthar®, Cimzia®, Synagis® and Xolair® through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, Lupaneta Pack™,</p> <p>***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&gt;link&gt;Prior Authorization and Notification tool on your link dashboard or call <b>877-842-3210</b></p> <p>****Prior authorization will be required for dates of service on or after Aug. 1, 2021</p>				J1442	J1447	J2505	Q5101	Q5108	Q5110	Q5111	Q5120
J1442	J1447	J2505	Q5101										
Q5108	Q5110	Q5111	Q5120										
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date required for these facilities												

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions – post-acute services (continued)</b>	providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<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 is 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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
		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			
<b>Orthotics and prosthetics (continued)</b>		L7040 L7185 L7405 L8499	L7045 L7186 L7510	L7170 L7190 L8040	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>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <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 tool 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 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 <b>UHCprovider.com/LAcommunityplan &gt; Prior Authorization and Notification &gt; Radiology Prior Authorization and Notification Program</b>.</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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22210	22212
		22214	22220	22224	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		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	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
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	E0747	<b>Bone Growth Stimulator</b>		
			E0748	E0760	
			<b>Neurostimulator</b>		
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64568	64570
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Transplants (continued)</b>		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
			C9076**	C9399**	J3490**	J3590**
			J9999**	Q2041	Q2042	
		*Code 38232 will only require prior authorization for an oncology diagnosis.				
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®				
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	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> .				
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow	VAD device and supplies are not covered.					
		33975	33976	33979	33981	
		33982	33983			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780	
<b>Wound vac</b>	Prior authorization required	E2402				