

# 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   |                                  |                         |                         |
|---|---|--|----------------------------------|-------------------------|-------------------------|
| <b>Abortion</b>   | Prior authorization   | 59830<br>59855   | 59850<br>59856                   | 59851<br>59857          | 59852                   |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                             | Prior authorization required  | 43644<br>43775<br>43847  | 43645<br>43842<br>43848          | 43659<br>43845<br>43860 | 43770<br>43846          |
| <b>Behavioral health services</b>   | Prior authorization required<br><br>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><br>Electronic stimulation or ultrasound to heal fractures                         | Prior authorization required  | 20979  |                                  |                         |                         |
| <b>BRCA genetic testing</b>   | Prior authorization required  | 81162<br>81166<br>81217  | 81163<br>81212                   | 81164<br>81215          | 81165<br>81216          |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast, except when following mastectomy | Prior authorization required  | 11971<br>19340<br>19361<br>19369   | 19318<br>19342<br>19364<br>19371 | 19328<br>19350<br>19367 | 19330<br>19357<br>19368 |

| Procedures and Services                  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |
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| <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, J2506, Q5101, Q5108, Q5110, Q5111 and Q5125 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><br/>J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b><br/>Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b><br/><b>Q5125*</b></p> <p><b>Filgrastim-sndz (Zarxio®)</b><br/>Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b><br/>J2506*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b><br/>Q5122</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108*</p> <p><b>Sargramostim (Leukine®)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447*</p> <p><b>Trilaciclib (Cosela™)</b><br/>J1448</p> <p><b>Bone-modifying agent that requires prior authorization:</b><br/><b>Denosumab (Xgeva®)</b><br/>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 <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), 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</p>  |

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**Chemotherapy (continued)** miscellaneous Healthcare Common Procedure Coding System (HCPCS) code  
 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**.

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <b>Cochlear implants and other auditory implants</b><br>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 |       |

|                                   |                              |       |       |       |       |
|-----------------------------------|------------------------------|-------|-------|-------|-------|
| <b>Continuous Glucose Monitor</b> | Prior authorization required | A4238 | A4239 | A9274 | A9276 |
|                                   |                              | A9277 | A9278 | E2102 | E2103 |

|  |                              |       |       |       |       |
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| <b>Cosmetic and reconstructive procedures</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 11960 | 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 |

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| <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. | 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 |
|  | Some home health care services may qualify but are not subject to the \$500  | E1236 | E1237 | E1238 | E1825 |
|  |  | E2230 | E2310 | E2311 | E2325 |

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| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |                            |                          |                          |
|--|--|--|----------------------------|--------------------------|--------------------------|
| <b>Durable medical equipment (DME) (continued)</b>   | retail purchase or cumulative rental cost threshold – see Home health services.        | 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><br>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                      |                          |                          |
| <b>Experimental and investigational (and/or linked services)</b>                                     | Prior authorization required   | 33477  | 36514                      | 55866                    | 64722                    |
|  |  | 65765  | 65767                      | 66180                    | A4226                    |
|  |  | E0231  |                            |                          |                          |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required   | 29914  | 29915                      | 29916                    |                          |
| <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 is required only in outpatient settings, to include member's home. | G0299  | G0300                      | S9123                    | S9124                    |
|  |  | T1000  |                            |                          |                          |
| <b>Injectable medications</b>  | Prior authorization required*  | <b>Actemra®</b><br>J3262                                     | <b>Acthar®*</b><br>J0800   | <b>Adakveo®</b><br>J0791 | <b>Aduhelm®</b><br>J0172 |
|  |  | <b>Aldurazyme®</b><br>J1931                                  | <b>Amondys 45</b><br>J1426 | <b>Amvuttra™</b>         |                          |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |
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|                                       |                         |       |       |       |       |
|---------------------------------------|-------------------------|-------|-------|-------|-------|
| Injectable medications<br>(continued) | J0225                   |       |       |       |       |
|                                       | <b>Aralast® NP</b>      | J0256 |       |       |       |
|                                       | <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>Cutaquig®</b>        | J1551 |       |       |       |
|                                       | <b>Elaprase®</b>        | J1743 |       |       |       |
|                                       | <b>Elelyso®</b>         | J3060 |       |       |       |
|                                       | <b>Enjaymo™</b>         | J1302 |       |       |       |
|                                       | <b>Entyvio®</b>         | J3380 |       |       |       |
|                                       | <b>Evenity™</b>         | J3111 |       |       |       |
|                                       | <b>Exondys 51™</b>      | J1428 |       |       |       |
|                                       | <b>Fabrazyme®</b>       | J0180 |       |       |       |
|                                       | <b>Fasenra™</b>         | J0517 |       |       |       |
|                                       | <b>Fensolvi®</b>        | J1951 |       |       |       |
|                                       | <b>Firmagon®</b>        | J9155 |       |       |       |
|                                       | <b>Gamifant™</b>        | J9210 |       |       |       |
|                                       | <b>Givlaari®</b>        | J0223 |       |       |       |
|                                       | <b>Glassia®</b>         | J0257 |       |       |       |
|                                       | <b>Ilaris®</b>          | J0638 |       |       |       |

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|   |                               |       |       |       |  |
|---|-------------------------------|-------|-------|-------|--|
| <b>Injectable medications<br/>(continued)</b> | <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>Kanuma®</b>                |       |       |       |  |
|   | J2840                         |       |       |       |  |
|   | <b>Korsuva®</b>               |       |       |       |  |
|   | J0879                         |       |       |       |  |
|   | <b>Krystexxa®</b>             |       |       |       |  |
|   | J2507                         |       |       |       |  |
|   | <b>Lemtrada®</b>              |       |       |       |  |
|   | J0202                         |       |       |       |  |
|   | <b>Leqvio®</b>                |       |       |       |  |
|   | J1306                         |       |       |       |  |
|   | <b>Lumizyme®</b>              |       |       |       |  |
|   | J0221                         |       |       |       |  |
|   | <b>Lupron Depot®</b>          |       |       |       |  |
|   | J1950                         |       |       |       |  |
|   | <b>Lupron Depot, Eligard®</b> |       |       |       |  |
|   | J9217                         |       |       |       |  |
|   | <b>Luxturna™</b>              |       |       |       |  |
|   | J3398                         |       |       |       |  |
|   | <b>Mepsevii®</b>              |       |       |       |  |
|   | J3397                         |       |       |       |  |
|   | <b>Naglazyme®</b>             |       |       |       |  |
| J1458   |                               |       |       |       |  |
| <b>Nexviazyme®</b>                            |                               |       |       |       |  |
| J0219   |                               |       |       |       |  |
| <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   |                               |       |       |       |  |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
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|   |                         |       |       |  |  |
|---|-------------------------|-------|-------|--|--|
| <b>Injectable medications<br/>(continued)</b> | <b>Parsabiv™</b>        |       |       |  |  |
|   | J0606                   |       |       |  |  |
|   | <b>Probuphine®</b>      |       |       |  |  |
|   | J0570                   |       |       |  |  |
|   | <b>Prolastin-C®</b>     |       |       |  |  |
|   | J0256                   |       |       |  |  |
|   | <b>Prolia***</b>        |       |       |  |  |
|   | J0897                   |       |       |  |  |
|   | <b>Radicava®</b>        |       |       |  |  |
|   | J1301                   |       |       |  |  |
|   | <b>Reblozyl®</b>        |       |       |  |  |
|   | J0896                   |       |       |  |  |
|   | <b>Releuko®</b>         |       |       |  |  |
|   | Q5125                   |       |       |  |  |
|   | <b>Remicade®</b>        |       |       |  |  |
|   | J1745                   |       |       |  |  |
|   | <b>Renflexis®</b>       |       |       |  |  |
|   | Q5104                   |       |       |  |  |
|   | <b>Revcovi®</b>         |       |       |  |  |
|   | J3590                   |       |       |  |  |
|   | <b>Riabni™</b>          |       |       |  |  |
|   | Q5123                   |       |       |  |  |
|   | <b>Ryplazm®</b>         |       |       |  |  |
|   | J2998                   |       |       |  |  |
|   | <b>Sandostatin® LAR</b> |       |       |  |  |
|   | J2353                   |       |       |  |  |
|   | <b>Saphnelo™</b>        |       |       |  |  |
|   | J0491                   |       |       |  |  |
|   | <b>Signifor® LAR</b>    |       |       |  |  |
|   | J2502                   |       |       |  |  |
| <b>Simponi Aria®</b>                          |                         |       |       |  |  |
| J1602   |                         |       |       |  |  |
| <b>Skyrizi®</b>                               |                         |       |       |  |  |
| J2327   |                         |       |       |  |  |
| <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>                             |                         |       |       |  |  |

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|---|-------------------|--|-------|-------|-------|
| <b>Injectable medications<br/>(continued)</b> |                   | Q9991  | Q9992 |       |       |
|   |                   | <b>Supprelin® LA</b>                               |       |       |       |
|   |                   | J9226  |       |       |       |
|   |                   | <b>Synagis®</b>                                    |       |       |       |
|   |                   | 90378  |       |       |       |
|   |                   | <b>Tezspire™</b>                                   |       |       |       |
|   |                   | J2356  |       |       |       |
|   |                   | <b>Trelstar®</b>                                   |       |       |       |
|   |                   | J3315  |       |       |       |
|   |                   | <b>Triptodur®</b>                                  |       |       |       |
|   |                   | J3316  |       |       |       |
|   |                   | <b>Ultomiris™</b>                                  |       |       |       |
|   |                   | J1303  |       |       |       |
|   |                   | <b>Unclassified and temporary**</b>                |       |       |       |
|   |                   | C9399  | C9400 | J3490 | J3590 |
|   |                   | <b>Vimizim®</b>                                    |       |       |       |
|   |                   | J1322  |       |       |       |
|   |                   | <b>Vyondys 53®</b>                                 |       |       |       |
|   |                   | J1429  |       |       |       |
|   |                   | <b>Vyvgart™</b>                                    |       |       |       |
|   |                   | J9332  |       |       |       |
|   |                   | <b>White blood cell colony-stimulating factors</b> |       |       |       |
|   |                   | J1442  | J1447 | J2506 | Q5101 |
|   |                   | Q5108  | Q5110 | Q5111 | Q5120 |
|   |                   | <b>Xembify®</b>                                    |       |       |       |
|   | J1558             |  |       |       |       |
|   | <b>Xolair®</b>    |  |       |       |       |
|   | J2357             |  |       |       |       |
|   | <b>Zemaira®</b>   |  |       |       |       |
|   | J0256             |  |       |       |       |
|   | <b>Zoladex®</b>   |  |       |       |       |
|   | J9202             |  |       |       |       |
|   | <b>Zolgensma®</b> |  |       |       |       |
|   | J3399             |  |       |       |       |

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](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\* For prior authorization, please submit requests online by using the Prior Authorization and



| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|---|---|---|---|---|---|
| <b>Injectable medications (continued)</b>   |   | <p>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><b>**</b> For Unclassified codes, C9399, J3490 and J3590, prior authorization is only required for Fylnetra®, Nulibry™, Purified Cortrophin™ Gel, Revcovi®, Spevigo™ and Xenpozyme™</p> <p><b>***</b> For code J0897, prior authorization required for non oncology diagnosis</p> |   |   |   |
| <b>Inpatient admissions – post-acute services</b>                                   | Prior authorization and notification of admission date required for these facilities 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><br>Joint, total hip and knee replacement procedures        | Prior authorization required  | 23470<br>24360<br>24370<br>27130<br>27138<br>27486<br>29868   | 23472<br>24361<br>24371<br>27132<br>27412<br>27487                            | 23473<br>24362<br>27120<br>27134<br>27446<br>29866                            | 23474<br>24363<br>27125<br>27137<br>27447<br>29867                            |
| <b>Non-emergent air ambulance transport</b>   | Prior authorization required  | A0430   | A0435   |   |   |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial/jaw functional impairment | Prior authorization required  | 21121<br>21141<br>21146<br>21154<br>21188<br>21196<br>21208<br>21240<br>21246<br>21255  | 21123<br>21142<br>21147<br>21155<br>21193<br>21198<br>21209<br>21242<br>21247 | 21125<br>21143<br>21150<br>21159<br>21194<br>21199<br>21210<br>21244<br>21248 | 21127<br>21145<br>21151<br>21160<br>21195<br>21206<br>21215<br>21245<br>21249 |

| Procedures and Services          | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|----------------------------------|--|--|-------|-------|-------|
| <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 |
|                                  |  | 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 |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Orthotics and prosthetics (continued)</b>  |  | 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  |  |       |       |       |
| <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><br>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-UnitedHealthcare Provider Portal.. Go to <b>UHCprovider.com</b> 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 <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  | 78609 | 78811 | 78812 |

| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |  |  |  |
|--|------------------------------|--|--|--|--|
| <b>Radiology – PET scans (continued)</b>   |                              | 78813<br>A9515<br>A9587<br>G0252   | 78814<br>A9526<br>A9588  | 78815<br>A9552<br>G0219  | 78816<br>A9580<br>G0235  |
| <b>Rhinoplasty and septoplasty</b><br>Treatment of nasal functional impairment and septal deviation  | Prior authorization required | 30400<br>30435<br>30465  | 30410<br>30450   | 30420<br>30460   | 30430<br>30462   |
| <b>Sinuplasty</b>  | Prior authorization required | 31295  | 31296  | 31297  | 31298  |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required | 21685  | 41599  | 42145  |  |
| <b>Skin substitutes</b>  | Prior authorization required | Q4101<br>Q4160   | Q4106<br>Q4186   | Q4121<br>Q4195   | Q4154<br>Q4196   |
| <b>Spinal surgery</b>  | Prior authorization required | 22100<br>22112<br>22214<br>22533<br>22556<br>22595<br>22630<br>22804<br>22818<br>22850<br>22861<br>63001<br>63012<br>63020<br>63045<br>63055<br>63077<br>63090<br>63172<br>63191<br>63252<br>63270 | 22101<br>22114<br>22220<br>22548<br>22558<br>22600<br>22633<br>22808<br>22819<br>22852<br>22864<br>63003<br>63015<br>63030<br>63046<br>63056<br>63081<br>63101<br>63173<br>63200<br>63265<br>63271 | 22102<br>22210<br>22224<br>22551<br>22586<br>22610<br>22800<br>22810<br>22830<br>22855<br>22865<br>63005<br>63016<br>63040<br>63047<br>63064<br>63085<br>63102<br>63185<br>63250<br>63267<br>63272 | 22110<br>22212<br>22532<br>22554<br>22590<br>22612<br>22802<br>22812<br>22849<br>22856<br>22899<br>63011<br>63017<br>63042<br>63050<br>63075<br>63087<br>63170<br>63190<br>63251<br>63268<br>63286 |

| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |                               |  |       |       |
|---|------------------------------|---|-------------------------------|--|-------|-------|
| <b>Spinal Surgery (continued)</b>   |                              | 63300   | 63301                         | 63302  | 63303 |       |
|   |                              | 63304   | 63305                         | 63306  | 63307 |       |
|   |                              | 63308   |                               |  |       |       |
|   |                              |   |                               |  |       |       |
| <b>Stimulators</b><br>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 Maralucecel), 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 |       |
|   |                              | 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                         |  |       |       |
|   |                              |   |                               | <b>CAR T-Cell Therapy:</b>   |       |       |
|   |                              |   | 0537T                         | 0538T  | 0539T | 0540T |
|   |                              |   | Q2041                         | Q2042  | Q2054 | Q2055 |
|   |                              |   | Q2056                         |  |       |       |
|   |                              |   |                               | *Code 38232 will only require prior authorization for an oncology diagnosis. |       |       |
|   |                              |   |                               | <b>Gene Therapy</b>  |       |       |
|   | C9399*                       | J3490*  | J3590*                        |  |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                |                |                |
|---|--|--|----------------|----------------|----------------|
| <b>Transplants (continued)</b>  |  | * Skysona™ and Zynteglo™ will require PA through Optum Transplant  |                |                |                |
| <b>Ventricular assist devices (VAD)</b><br>A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow                       | Prior authorization required<br>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<br>33982   | 33976<br>33983 | 33979          | 33981          |
| <b>Vein procedures</b><br>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<br>37700   | 36473<br>37718 | 36475<br>37722 | 36478<br>37780 |
| <b>Wound vac</b>  | Prior authorization required   | E2402  |                |                |                |