

# 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 59855	59850 59856	59851 59857	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 J2506, 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> J2506*</p> <p><b>Pegfilgrastim-appg (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>Trilaciclib (Cosela™)</b> J1448</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 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 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**.

<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	69930	L8614	L8619
		L8690	L8691	L8692	
<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	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		
<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
	Prosthetics are not DME – see Orthotics and prosthetics.	E0984	E0986	E1002	E1003
		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 retail purchase or cumulative rental cost threshold – see Home health services.	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		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> 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
		A9274	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>			
		J3262			
		<b>Acthar®*</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm®</b>			
		J0172			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Aralast® NP</b>			
J0256					
<b>Avsola™</b>					
Q5121					
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	<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>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					
<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	C9072		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Kanuma®</b> J2840 <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>Nexvazyme®</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 <b>Parsabiv™</b> J0606 <b>Probuphine®</b> J0570 <b>Prolastin-C®</b> J0256 <b>Radicava®</b> J1301 <b>Reblozyl®</b> J0896

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	<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>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>					
C9090	C9399	J3490	J3590		
<b>Vantas™</b>					
J9225					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	<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 <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>* 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 Lupaneta Pack™, Nulibry™, Purified Cortrophin™ Gel and Revcovi®.</p>				
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date required for these				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	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> 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
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0435		
<b>Orthognathic surgery</b> 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
<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 L0486 L0810 L1000 L1680 L1720 L1830 L1840 L1847 L1950 L2010 L2037 L2108 L2510 L3230 L3730	L0464 L0631 L0820 L1200 L1685 L1730 L1831 L1844 L1850 L1970 L2020 L2038 L2126 L2526 L3265 L3740	L0482 L0700 L0830 L1300 L1700 L1755 L1832 L1845 L1860 L2000 L2030 L2060 L2136 L2627 L3649 L3763	L0484 L0710 L0999 L1310 L1710 L1820 L1834 L1846 L1945 L2005 L2036 L2106 L2350 L2628 L3720 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	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> 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
		78813	78814	78815	78816
		A9515	A9526	A9552	A9580
		A9587	A9588	G0219	G0235
		G0252			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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for treatment of obstructive sleep apnea

<b>Skin substitutes</b>	Prior authorization required	Q4101	Q4106	Q4121	Q4154
		Q4160	Q4186	Q4195	Q4196

<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	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	<b>Bone Growth Stimulator</b>			
		E0747	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® (Lisocaptagene Maralucecel), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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	50380	50547	
		<b>CAR T-Cell Therapy:</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2054	Q2055
		C9098**	J9999**		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For codes C9098 and J9999 prior authorization is required for Carvykti			
<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			