

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	11971 19340 19361 19369	19318 19342 19364 19371	19328 19350 19367	19330 19357 19368

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive services	<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>Injectable colony-stimulating factor drugs that require prior authorization –</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-ayow, (Releuko®) Q5125*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (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: 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>
Chemotherapy	<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</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued) miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
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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	

Continuous Glucose Monitor	Prior authorization required	A4238	A4239	A9274	A9276
		A9277	A9278	E2102	E2103

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	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
		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
	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			
Durable medical equipment (DME) (continued)	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		
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
		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	Amvuttra™	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Injectable medications (continued)	J0225	Aralast® NP		
	J0256	Avsola™		
	Q5121			
		Botulinum toxins		
	J0585		J0586	J0587 J0588
	J0567	Brineura™		
	J1786	Cerezyme®		
	J0717	Cimzia®		
	J2786	Cinqair®		
	J0584	Crysvita®		
	J1551	Cutaquig®		
	J1743	Elaprase®		
	J3060	Elelyso®		
	J1302	Enjaymo™		
	J3380	Entyvio®		
	J3111	Evenity™		
	J1428	Exondys 51™		
	J0180	Fabrazyme®		
	J0517	Fasenra™		
	J1951	Fensolvi®		
	J9155	Firmagon®		
	J9210	Gamifant™		
	J0223	Givlaari®		
	J0257	Glassia®		
	J0638	Ilaris®		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kanuma®				
	J2840				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lanreotide – Eff 4/1/23				
	J1932				
	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					

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Oxlumo™				
	J0224				
	Parsabiv™				
	J0606				
	Probuphine®				
	J0570				
	Prolastin-C®				
	J0256				
	Prolia***				
	J0897				
	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Releuko®				
	Q5125				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Revcovi®				
	J3590				
	Riabni™				
	Q5123				
	Ryplazm®				
	J2998				
	Sandostatin® LAR				
	J2353				
	Saphnelo™				
	J0491				
Signifor® LAR					
J2502					
Simponi Aria®					
J1602					
Skyrizi®					
J2327					
Sodium Hyaluronate					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
Soliris®					
J1300					
Somatuline® Depot					
J1930					
Spinraza™					
J2326					
Spravato™					

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)		S0013
		Sublocade™
		Q9991 Q9992
		Supprelin® LA
		J9226
		Synagis®
		90378
		Tezspire™
		J2356
		Trelstar®
		J3315
		Triptodur®
		J3316
		Ultomiris™
		J1303
		Unclassified and temporary**
		C9399 C9400 J3490 J3590
		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	

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 > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

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** For Unclassified codes, C9399, J3490 and J3590, prior authorization is only required for Fylnetra®, Nulibry™, Purified Cortrophin™ Gel, Revcovi®, Spevigo™ and Xenpozyme™

*** For code J0897, prior authorization required for non oncology diagnosis

Inpatient admissions – post-acute services

- Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:
- 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	23472	23473	23474
	24360	24361	24362	24363
	24370	24371	27120	27125
	27130	27132	27134	27137
	27138	27412	27446	27447
	27486	27487	29866	29867
	29868			

Non-emergent air ambulance transport

Prior authorization required	A0430	A0435
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Orthognathic surgery

Treatment of maxillofacial/jaw functional impairment

Prior authorization required	21121	21123	21125	21127
	21141	21142	21143	21145
	21146	21147	21150	21151
	21154	21155	21159	21160
	21188	21193	21194	21195
	21196	21198	21199	21206
	21208	21209	21210	21215
	21240	21242	21244	21245
	21246	21247	21248	21249

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued)		21255			
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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5999	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6623	L6624
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7185	L7186	L7190	L7191
	L7405	L7510	L8040	L8042	
	L8499				
Pediatric day services	Prior authorization required	T2002	T1025	T1026	
Personal care services	Prior authorization required	T1019			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	<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 ></p>			

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		Prior Authorization and Notification > Radiology Prior Authorization and Notification Program.			
Radiology – PET scans	Prior authorization required	78608 78813 A9515 A9587 G0252	78609 78814 A9526 A9588	78811 78815 A9552 G0219	78812 78816 A9580 G0235
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
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	22101 22114 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265	22102 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267	22110 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal Surgery (continued)		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	E0747	Bone Growth Stimulator E0748 E0760 Neurostimulator 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64568 64570		
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), 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. 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 CAR T-Cell Therapy: 0537T 0538T 0539T 0540T Q2041 Q2042 Q2054 Q2055 Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis. Gene Therapy C9399* J3490* J3590*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		* Skysona™ and Zynteglo™ will require PA through Optum Transplant			
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow	Prior authorization required VAD device and supplies are not covered.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33975 33982	33976 33983	33979	33981
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468 37700	36473 37718	36475 37722	36478 37780
Wound vac	Prior authorization required	E2402			