

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:** 866-675-1607
- **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 how to obtain prior authorization			
Abortion	Prior authorization required	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
Cancer supportive services	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents	Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®)			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cancer supportive services (cont.)	<p>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>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>Anti-Emetics J1456</p> <p>Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®) J0897</p> <p>Colony Stimulating Factors J1449</p> <p>Erythropoiesis-Stimulating Agents J0885</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: Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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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

Covered under the Pharmacy Benefit. For pharmacy prior authorization please submit requests to:

- Magellan Medicaid Administration
1-800-424-1664

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
	Prosthetics are not DME – see Orthotics and prosthetics.	E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1035	E1036
	Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental	E1130	E1161	E1220	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1825

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	cost threshold – see Home health services.	E2230	E2310	E2311	E2325
		E2327	E2329	E2351	E2373
		E2510	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0108	K0830
		K0831	K0848	K0849	K0850
		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	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 T1000	G0300	S9123	S9124
Injectable medications	Prior authorization required*	Actemra® J3262	Acthar® J0801	Adakveo® J0791	Aduhelm® J0172
		Aldurazyme® J1931	Amondys 45 J1426	Amvuttra™ J0225	Aralast® NP

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
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Injectable medications (cont.)	J0256			
	Avsola™			
	Q5121			
	Botulinum toxins			
	J0585	J0586	J0587	J0588
	Brineura™			
	J0567			
	Briumvi			
	J2329			
	Cerezyme®			
	J1786			
	Cimzia®			
	J0717			
	Cinqair®			
	J2786			
	Cortrophin Gel®			
	J0802			
	Crysvita®			
	J0584			
	Cutaquig®			
	J1551			
	Daxxify			
	J0589			
	Elaprase®			
	J1743			
	Elelyso®			
	J3060			
	Elfabrio			
	J2508			
	Elevidys			
	J1413			
	Enjaymo™			
	J1302			
	Entyvio®			
	J3380			
	Evenity™			
	J3111			
	Exondys 51™			
	J1428			
	Fabrazyme®			
	J0180			
	Fasenra™			
	J0517			
	Fensolvi®			
	J1951			
	Firmagon®			
	J9155			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
Injectable medications (cont.)	Fynetra® Q5130 Gamifant™ J9210 Givlaari® J0223 Glassia® J0257 Hemgenix® J1411 Ilaris® J0638 Ilumya™ J3245 Inflectra® Q5103 IVIG 90283 J1555 J1561 J1572 Izervay J2782 Kanuma® J2840 Korsuva® J0879 Krystexxa® J2507 Lamzedo® J0217 Lanreotide J1932 Lemtrada® J0202 Leqembi® J0174 Leqvio® J1306 Lumizyme® J0221 Lupron Depot® J1950 Lupron Depot, Eligard® J9217 Luxturna™ J3398			

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)		<p>Mepsevii® J3397</p> <p>Naglazyme® J1458</p> <p>Nexviazyme® J0219</p> <p>Nplate® J2796</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Octreotide Acetate J2354</p> <p>Onpattro™ J0222</p> <p>Orencia® J0129</p> <p>Oxlumo™ J0224</p> <p>Panzyga® J1576</p> <p>Parsabiv™ J0606</p> <p>Pombiliti J1203</p> <p>Prolastin-C® J0256</p> <p>Prolia*** J0897</p> <p>Qalsody™ J1304</p> <p>Radicava® J1301</p> <p>Reblozyl® J0896</p> <p>Releuko® Q5125</p> <p>Remicade® J1745</p> <p>Renflexis® Q5104</p> <p>Revcovi® J3590</p> <p>Riabni™ Q5123</p> <p>Roctavian</p>
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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
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Injectable medications (cont.)	J1412			
	Ryplazm®			
	J2998			
	Rystiggo			
	J9333			
	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			
	Spevigo™			
	J1747			
	Spinraza™			
	J2326			
	Sublocade™			
	Q9991	Q9992		
	Supprelin® LA			
	J9226			
	Syfovre®			
	J2781			
	Synagis®			
	90378			
	Tezspire™			
	J2356			
	Trelstar®			
	J3315			
	Triptodur®			
	J3316			
	Tzield®			
	J9381			
	Ultomiris™			
	J1303			
	Unclassified and temporary**			
	C9400	J3490	J3590	

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		C9160	C9167	C9168	
	Veopoz				
	J9376				
	Vimizim®				
	J1322				
	Vyondys 53®				
	J1429				
	Vyjuvek				
	J3401				
	Vyvgart™				
	J9332				
	Vyvgart™ Hytrulo				
	J9334				
	White blood cell colony-stimulating factors				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Zemaira®				
J0256					
Zoladex®					
J9202					
Zolgensma®					
J3399					
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.				
	* 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				
	** For unclassified and temporary codes C9160, C9162, C9167, C9168, J3490 and J3590, prior authorization is only required for Adzynma, Nulibry™, Omvoh IV and Revcovi®				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		*** 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: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487	23473 24362 27120 27134 27446 29866	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	A0430	A0435		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242	21125 21143 21150 21159 21194 21199 21210 21244 21248	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170 L0486 L0810 L1000 L1680 L1720 L1830 L1840 L1847 L1950 L2010 L2037 L2108 L2510	L0464 L0631 L0820 L1200 L1685 L1730 L1831 L1844 L1850 L1970 L2020 L2038 L2126 L2526	L0482 L0700 L0830 L1300 L1700 L1755 L1832 L1845 L1860 L2000 L2030 L2060 L2136 L2627	L0484 L0710 L0999 L1310 L1710 L1820 L1834 L1846 L1945 L2005 L2036 L2106 L2350 L2628

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	L3230	L3265	L3649	L3720	
	L3730	L3740	L3763	L3764	
	L3900	L3901	L3904	L3999	
	L4000	L4010	L4020	L4210	
	L4350	L4392	L4394	L5010	
	L5020	L5050	L5060	L5100	
	L5105	L5150	L5160	L5200	
	L5210	L5220	L5230	L5250	
	L5270	L5280	L5301	L5312	
	L5321	L5331	L5500	L5505	
	L5510	L5520	L5530	L5535	
	L5540	L5560	L5570	L5580	
	L5585	L5590	L5595	L5600	
	L5610	L5613	L5614	L5616	
	L5639	L5640	L5642	L5643	
	L5644	L5646	L5647	L5648	
	L5649	L5651	L5653	L5661	
	L5673	L5682	L5683	L5700	
	L5702	L5705	L5706	L5716	
	L5718	L5722	L5724	L5726	
	L5728	L5780	L5790	L5795	
	L5811	L5812	L5814	L5816	
	L5818	L5822	L5824	L5826	
	L5828	L5830	L5845	L5930	
	L5950	L5960	L5962	L5964	
	L5966	L5973	L5976	L5979	
	L5980	L5981	L5982	L5984	
	L5986	L5987	L5988	L5990	
	L5999	L6000	L6010	L6020	
	L6050	L6055	L6100	L6110	
	L6120	L6130	L6200	L6205	
	L6250	L6300	L6310	L6320	
	L6350	L6360	L6370	L6400	
	L6450	L6500	L6550	L6570	
	L6580	L6582	L6584	L6586	
	L6588	L6590	L6623	L6624	
	L6686	L6687	L6689	L6690	
	L6692	L6693	L6694	L6704	
	L6707	L6708	L6709	L6711	
	L6712	L6713	L6714	L6881	
	L6882	L6883	L6884	L6885	
	L6895	L6900	L6905	L6910	
	L6915	L6920	L6925	L6930	
	L6935	L6940	L6945	L6950	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
Radiation Therapy	Prior authorization required	77014	77331	77370	77371
		77372	77373	77385	77386
		77387	77399	77401	77402
		77407	77412	77470	79445
		G0339	G0340		
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
	<ul style="list-style-type: none"> Certain CT, MRI, MRA Nuclear medicine and nuclear cardiology procedures 	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/LAcommunityplan > Prior Authorization and Notification > Radiology Prior Authorization and Notification Program.</p>			
Radiology – PET scans	Prior authorization required	78608	78609	78811	78812
		78813	78814	78815	78816
		A9515	A9526	A9552	A9580
		A9587	A9588	G0219	G0235
		G0252			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Skin substitutes	Prior authorization required	Q4101 Q4160	Q4106 Q4186	Q4121 Q4195	Q4154 Q4196
Spinal surgery	Prior authorization required	22100 22112 22214 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22220 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22210 22224 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22212 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	E0747 61863 61885 63685	E0748 61864 61886 64553	Bone Growth Stimulator E0760 Neurostimulator 61867 61868 63650 63655 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Transplants (cont.)		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*
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* Casgevy, Lantidra, Lyfgenia, 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	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 .			
	VAD device and supplies are not covered.	33975	33976	33979	33981
		33982	33983		

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	36473	36475	36478	37700
		37718	37722	37780	

Wound vac	Prior authorization required	E2402			
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