

Prior Authorization Requirements for Louisiana Effective Feb. 1, 2015



General Information

This list outlines our prior authorization requirements for UnitedHealthcare Community Plan in Louisiana. Please use this chart to request prior authorization before providing services to our members in the following Medicaid plans: Children's Health Insurance Program, Temporary Assistance for Needy Families, Aged, Blind and Disabled/Social Security Income and Home- and Community-based Services:

- **Phone:** 866-604-3267 **Fax:** 877-271-6290
- **Online:** UHCCommunityPlan.com
- Services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.
- Non-emergency inpatient admissions, including planned surgeries, require prior authorization.

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services	Refer to the Louisiana Medicaid Manual for criteria.	43644 43771 43775 43846 43865 64590	43645 43772 43842 43847 43886 95981	43659 43773 43843 43848 43887 0314T	43770 43774 43845 43860 43888
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979	E0747	E0748
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19318 19342 19364 19369	19328 19350 19366 L8600	19330 19357 19367	19340 19361 19368
Circumcision	No prior authorization required for newborns if preformed during their initial inpatient stay, or in a physician's office within 30 days of birth. Prior authorization required for all other requests.	54150	54160	54161	54162
Cochlear and Other Auditory Implants Medical device with a portion surgically implanted within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 69930 92604 L8617 L8623 L8691	69715 92601 L8614 L8618 L8627 L8692	69717 92602 L8615 L8621 L8628 L8693	69718 92603 L8616 L8622 L8690
Cosmetic and Reconstructive Procedures	Prior authorization required for both inpatient and outpatient procedures. Medical necessity is required.	11960 15822 15877 17999 21172 21181	11971 15823 17106 21137 21175 21182	15820 15830 17107 21138 21179 21183	15821 15847 17108 21139 21180 21184
Cosmetic and Reconstructive					

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans					
Procedures (cont'd) Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		21230	21235	21256	21260		
		21261	21263	21267	21268		
		21275	21740	21742	21743		
		28344	30540	30545	30560		
		30620	40500	67900	67901		
		67902	67903	67904	67906		
		67908	67909	67911	67912		
		67914	67915	67916	67917		
		67921	67922	67923	67924		
		67950	67961	67966	69320		
		Q2026	Q2027				
		Durable Medical Equipment (DME) more than \$500 DME with a retail purchase or a cumulative rental cost of more than \$500	Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>). Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold (see <i>Home Health Care Services</i>).	A9274	A9279	A9280	A9900
				A9999	E0265	E0266	E0296
E0297	E0302			E0304	E0445		
E0450	E0463			E0464	E0470		
E0471	E0483			E0601	E0638		
E0642	E0650			E0651	E0652		
E0656	E0667			E0668	E0669		
E0671	E0672			E0673	E0783		
E0784	E0786			E0947	E0948		
E0984	E0986			E1002	E1003		
E1004	E1005			E1006	E1086		
E1089	E1090			E1130	E1140		
E1161	E1220			E1226	E1231		
E1232	E1233			E1234	E1235		
E1236	E1237			E1238	E1250		
E1260	E1285			E1290	E1825		
E1830	E1840			E2204	E2230		
E2310	E2311			E2321	E2370		
E2373	E2375			E2376	E2402		
E2510	E2512			E2599	E2614		
E2616	E2620			E2621	E2626		
E2627	E2628			E2629	E2630		
E8000							
K0005	K0007			K0011	K0014		
K0606	K0730			K0821	K0822		
K0823	K0824			K0825	K0826		
K0827	K0828			K0829			
K0830	K0831			K0836	K0837		
K0838	K0839			K0840	K0841		
Durable Medical Equipment (DME) more than \$500 (cont'd)							

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
		K0842 K0843 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 K0898 K0899 Q0480 V5269 V5272			
Enteral Services At-home nutritional therapy either enteral or through a gastrostomy tube		B4034 B4035 B4036 B4100 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4158 B4159 B4160 B4161 B4162 B9000 B9002 B4034 B4035 B4036 B4100 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162 B9000 B9002 B9998			
Experimental or Investigational		36514 55866 61863 61864 61867 61868 61886 62264 62290 62291 62292 64566 64722 65765 65767 66180 95250 95251 95965 95966 96002 A9274 S1040 S2102 S3652 S8262 S9988 S9990 S9991			
Home Health Including Extended Nursing Services		99503 G0151 G0152 G0153 G0154 G0156 S9123 S9124			
Injectable Medications Injectable Medications (cont'd)		Acthar* J0800 Botox J0585 J0586 J0587 J0588 IVIg 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1569 J1572 J1599			

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
		Synagis* 90378 Xolair* J2357 *Prior notification is obtained through OptumRx prior notifications services at 800-310-6826			
Joint Replacement Outpatient and inpatient joint replacement and total hip and knee replacement procedures		23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866
Non-Emergent Ambulance Transport	All non-emergent air and ground ambulance transports require prior authorization. This is inclusive of facility-to-facility transports.				
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121 21127 21145 21151 21160 21195 21206 21215 21245 21249	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21299	21125 21143 21150 21159 21194 21199 21210 21244 21248 30465
Orthotics and Prosthetics – Greater than \$500 Orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500		L0170 L0484 L0700 L0830 L1945 L2005 L2036 L2106 L2126 L2136 L2526 L3000 L3720	L0460 L0486 L0710 L1000 L1950 L2010 L2037 L2108 L2128 L2350 L2627 L3010 L3730	L0464 L0631 L0810 L1860 L1970 L2020 L2038 L2114 L2132 L2510 L2628 L3020 L3740	L0482 L0639 L0820 L1932 L2000 L2030 L2060 L2116 L2134 L2525 L2999 L3649 L3763

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthotics and Prosthetics – MoreThan \$500 (cont'd)		L3764	L3900	L3901	L3904
		L5010	L5020	L5060	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5505	L5510	L5520	L5530
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5645
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5679	L5681	L5682	L5683
		L5701	L5702	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	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	L7405	L8040	L8041
		L8042	L8499	L8500	V2627
Pediatric Day Health Care		T1025	T1026	T2002	
Personal Care Services		T1019			

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Septoplasty and Rhinoplasty Treating nasal functional impairment and septal deviation		30400 30435	30410 30450	30420 30460	30430 30462
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41530	42145	41599
Sleep Studies	Prior authorization not required for Home POS The ATTENDED sleep test codes for children younger than 6 do not require a prior authorization: o 95782 o 95783	95805 95811	95807	95808	95810
Spinal Surgery Inpatient and outpatient spinal surgeries		22100 22112 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305	22101 22114 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306	22102 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22110 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
		64570			
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885	64568		
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		36468	36475	36478	37700
		37718	37722	37780	
Wound Vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
<p>Behavioral Health Services Behavioral health services through a designated behavioral health network</p>	<p>Magellan Behavioral Health: Please call phone number 800-424-4399.</p>	<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card to refer for mental health and substance abuse/substance use services.</p>
<p>Out-of-Network Services</p>	<p>When a network provider refers a member to a non-network provider</p>	<p>All out-of-network services require prior authorization.</p>
<p>Radiology Prior Authorization</p>		<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear Medicine and nuclear Cardiology.</p> <p>The ordering provider for an advanced outpatient imaging procedure is responsible for completing the prior authorization process before scheduling the procedure.</p> <p>Ordering providers should request prior authorization by calling 866-889-8054.</p> <p>For more information, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Radiology > 2014 CPT Code List</i>.</p>
<p>Transplants</p>		<p>For transplant services, call OptumHealth at 800-418-4994 and send fax requests to 877-814-0488.</p>
<p>Ventricular Assist Devices A mechanical pump that takes over the function of a damaged heart ventricle and restores normal blood flow</p>		<p>Notify OptumHealth at 888-936-7246 or call the notification number on the back of the member's identification (ID) card.</p>