

Advance Notification Requirements for Louisiana Effective June 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 from birth. Prior Authorization is 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	Authorization required for both inpatient and outpatient. Medical Necessity 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

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Cosmetic and Reconstructive Procedures (Continued)</p> <p>Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that either treat a medical condition or improve or restore physiologic function</p>		21230 21261 21275 28344 30620 67902 67908 67914 67921 67950 Q2026	21235 21263 21740 30540 40500 67903 67909 67915 67922 67961 Q2027	21256 21267 21742 30545 67900 67904 67911 67916 67923 67966	21260 21268 21743 30560 67901 67906 67912 67917 67924 69320
<p>Durable Medical Equipment (DME) More Than \$500</p> <p>DME with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>).</p> <p>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>).</p>	A9274 A9999 E0297 E0450 E0471 E0642 E0656 E0671 E0784 E0984 E1004 E1089 E1161 E1232 E1236 E1260 E1830 E2310 E2373 E2510 E2616 E2627 E8000 K0014 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V5272	A9279 E0265 E0302 E0463 E0483 E0650 E0667 E0672 E0786 E0986 E1005 E1090 E1220 E1233 E1237 E1285 E1840 E2311 E2375 E2512 E2620 E2628 K0005 K0606 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	A9280 E0266 E0304 E0464 E0601 E0651 E0668 E0673 E0947 E1002 E1006 E1130 E1226 E1234 E1238 E1290 E2204 E2321 E2376 E2599 E2621 E2629 K0007 K0730 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0480	A9900 E0296 E0445 E0470 E0638 E0652 E0669 E0783 E0948 E1003 E1086 E1140 E1231 E1235 E1250 E1825 E2230 E2370 E2402 E2614 E2626 E2630 K0011 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5269

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Enteral Services At-home nutritional therapy either enteral or through a gastrostomy tube		B4034 B4102 B4150 B4155 B4161 B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4158 B4162 B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4159 B9000 B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4160 B9002 B4100 B4149 B4154 B4159 B9000
Experimental or Investigational		36514 61867 62290 64722 95250 96002 S3652 S9991	55866 61868 62291 65765 95251 A9274 S8262	61863 61886 62292 65767 95965 S1040 S9988	61864 62264 64566 66180 95966 S2102 S9990
Femoroacetabular Impingement Syndrome (FAI)	Prior Auth effective 8/1/15	29914	29915	29916	
Home Health Including Extended Nursing Services		99503 G0154	G0151 G0156	G1052 S9123	G0153 S9124
Injectable Medications		Acthar* J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Elelyso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1569 J1572 J1599 Synagis* 90378 Xolair* J2357 *Prior notification is obtained through OptumRx prior notifications services at 800-310-6826			

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
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 Air Ambulance Transport	All non-emergent air ambulance transport requires 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 L3764 L5010 L5160 L5230 L5301 L5505 L5614 L5642 L5646 L5651 L5679 L5701 L5707 L5724	L0460 L0486 L0710 L1000 L1950 L2010 L2037 L2108 L2128 L2350 L2627 L3010 L3730 L3900 L5020 L5200 L5250 L5312 L5510 L5616 L5643 L5647 L5653 L5681 L5702 L5716 L5726	L0464 L0631 L0810 L1860 L1970 L2020 L2038 L2114 L2132 L2510 L2628 L3020 L3740 L3901 L5060 L5210 L5270 L5321 L5520 L5639 L5644 L5648 L5661 L5682 L5705 L5718 L5728	L0482 L0639 L0820 L1932 L2000 L2030 L2060 L2116 L2134 L2525 L2999 L3649 L3763 L3904 L5150 L5220 L5280 L5331 L5530 L5640 L5645 L5649 L5673 L5683 L5706 L5722 L5780

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthotics and Prosthetics – Greater Than \$500 (Continued)		L5790 L5814 L5824 L5840 L5960 L5973 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6687 L6693 L6708 L8042	L5795 L5816 L5826 L5845 L5962 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6550 L6584 L6623 L6689 L6694 L7405 L8499	L5811 L5818 L5828 L5930 L5964 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6690 L6704 L8040 L8500	L5812 L5822 L5830 L5950 L5966 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6686 L6692 L6707 L8041 V2627
Pediatric Day Healthcare		T1025	T1026	T2002	
Personal Care Services	Prior authorization is required	T1019			
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Sinuplasty	Effective 6/1/15	31295	31296	31297	
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41530	42145	41599
Sleep Studies	Auth not required for Home POS The ATTENDED sleep test codes for children younger than six do not require a prior authorization: o 95782 o 95783	95807 95805	95808	95810	95811
Spinal Surgery Inpatient and outpatient spinal surgeries		22100 22112 22214	22101 22114 22220	22102 22210 22224	22110 22212 22532

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
		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	63180	63182
		63185	63190	63191	63194
		63195	63196	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		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>VAD Device and Supplies are not covered.</p>	<p>33975 33976 33979 33981 33982 33983</p> <p>Notify OptumHealth at 888-936-7246 or call the notification number on the back of the member's identification (ID) card.</p>