

Prior Authorization Requirements for Louisiana Effective April 1, 2018



General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of 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 app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 877-271-6290; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Louisiana > Provider Forms > Prior Authorization Fax Request Form.

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, require prior authorization.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979	E0747	E0748	E0760
BRCA genetic testing	Prior authorization required	81162 81214	81211 81215	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19318 19342 19364 19369	19328 19350 19366	19330 19357 19367	19340 19361 19368
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15822 17106 21137 21175 21182 21235 21742 67900	11971 15823 17107 21138 21179 21183 21256 21743 67901	15820 15830 17108 21139 21180 21184 21275 28344 67902	15821 15847 17999 21172 21181 21230 21740 30620 67903

**Prior Authorization Requirements for Louisiana
Effective April 1, 2018**

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Cosmetic and reconstructive procedures (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home Prosthetics are not DME – see <i>Orthotics and prosthetics</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 services</i> .	E0265	E0266	E0445	E0466
		E0483	E0638	E0642	E0656
		E0669	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1035	E1036	E1161
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E2230	E2325	E2327	E2329
		E2351	E2373	E2510	E2599
		E2626	E2627	E2628	E2629
		E2630	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
		B9000	B9002	B9998	
Experimental and investigational	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64722	65765	65767	66180
		A9274	E0231		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31254	31255	31256
		31267	31276	31287	31288
Home health services including extended nursing services (PDN)	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	S9123	S9124
		T1000			
Injectable medications	Prior authorization required	Acthar®* J0800			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications (cont'd)		<p>Botox® J0585 J0586 J0587 J0588</p> <p>Brineura™ C9014</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Eluelyso® J3060</p> <p>Exondys 51™ J2326</p> <p>Ilaris® J0638</p> <p>IVIG 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava® C9493</p> <p>Soliris® J1300</p> <p>Spinraza™ J1428</p> <p>Synagis®* 90378</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		<p>Unclassified** C9399 J3490 J3590</p> <p>Xolair®* J2357</p> <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 & 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.</p> <p>*Please obtain prior notification for Acthar, Synagis and Xolair® through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasenra™, Luxturna™ and Radicava.</p>			
<p>Joint replacement Joint, total hip and knee replacement procedures</p>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
<p>Orthognathic surgery Treatment of maxillofacial/jaw functional impairment</p>	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
		21255			
<p>Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500</p>	Prior authorization required only in outpatient settings, to include member's home	L0170	L0464	L0482	L0484
		L0486	L0631	L0700	L0710
		L0810	L0820	L0830	L0999
		L1000	L1200	L1300	L1310

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<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500</p>		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1830
		L1831	L1834	L1840	L1844
		L1845	L1846	L1847	L1850
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3720	L3730
		L3740	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
		L5648	L5651	L5653	L5661
		L5682	L5702	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5930	L5950
		L5960	L5964	L5966	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5987	L5988
		L5990	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

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Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		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
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	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	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

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Spinal surgery (cont'd)		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 64553 64570
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	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	Prior authorization required	36468 36473 36475 36478 37700 37718 37722 37780
Wound vac	Prior authorization required	E2402

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
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.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Louisiana > Radiology > CPT Code List.

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td></td></tr> </table> <p>Prior authorization is only required for the following diagnosis C81.00-C88.9 and C91.00-C91.02.</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td>Q2040</td><td></td></tr> </table>	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		38206	38999	J3490	J9999	M0075	S2107	Q2040	
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<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow</p>	<p>Prior authorization required</p> <p>VAD device and supplies are not covered.</p>	<p>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.</p> <table border="0"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td></td><td></td></tr> </table>	33975	33976	33979	33981	33982	33983																																																										
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