

# Prior Authorization Requirements for Louisiana Effective October 1, 2017



## 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			
<b>Abortion</b>	Prior authorization	59830 59855	59850 59856	59851 59857	59852
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979	E0747	E0748	E0760
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214	81211 81215	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19318 19342 19364 19369	19328 19350 19366	19330 19357 19367	19340 19361 19368
<b>Cochlear implants and other auditory implants</b> 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
<b>Cosmetic and reconstructive procedures</b> 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 21263 21740	11971 15823 17107 21138 21179 21183 21256 21267 21742	15820 15830 17108 21139 21180 21184 21260 21268 21743	15821 15847 17999 21172 21181 21230 21261 21275 28344

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<p><b>Cosmetic and reconstructive procedures (cont'd)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>		30540 67900 67904 67911 67916 67923 67966	30545 67901 67906 67912 67917 67924	30560 67902 67908 67914 67921 67950	30620 67903 67909 67915 67922 67961
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prior authorization required for continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP)</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</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 services</i>.</p>	A9900 E0302 E0445 E0471 E0642 E0656 E0673 E0786 E0986 E1005 E1009 E1036 E1090 E1220 E1234 E1238 E1290 E2204 E2321 E2329 E2370 E2510 E2626 E2630 K0011 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5269	A9999 E0304 E0465 E0472 E0650 E0667 E0766 E0947 E1002 E1006 E1011 E1085 E1130 E1231 E1235 E1250 E1825 E2230 E2325 E2330 E2373 E2512 E2627 E8000 K0014 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V5272	E0265 E0328 E0466 E0483 E0651 E0668 E0783 E0948 E1003 E1007 E1018 E1086 E1140 E1232 E1236 E1260 E1830 E2310 E2327 E2343 E2375 E2599 E2628 K0005 K0108 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	E0266 E0329 E0470 E0638 E0652 E0669 E0784 E0984 E1004 E1008 E1035 E1089 E1161 E1233 E1237 E1285 E1840 E2311 E2328 E2351 E2376 E2616 E2629 K0007 K0730 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 S1040

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<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161
<b>Experimental and investigational</b>	Prior authorization required	33477 61864 62264 64722 95965	36514 61867 62290 65765 95966	55866 61868 62291 65767 A9274	61863 61886 62292 66180 E0231
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
<b>Home health services including extended nursing services (PDN)</b>	Prior authorization required only in outpatient settings, to include member's home	G0156 S9124	G0299 T1000	G0300	S9123
<b>Injectable medications</b>	Prior authorization required	<b>Acthar®*</b> J0800  <b>Botox®</b> J0585      J0586      J0587      J0588  <b>Cerezyme®</b> J1786  <b>Cinqair®</b> J2786  <b>ElELYso®</b> J3060  <b>Exondys 51™</b> C9484  <b>IVIG</b> 90283      90284      J1459      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599  <b>Lemtrada®</b> J0202  <b>Nucala®</b> J2182			

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<b>Injectable medications (cont'd)</b>		<b>Probuphine®</b> J0570  <b>Soliris®</b> J1300  <b>Spinraza™</b> C9489  <b>Synagis®*</b> 90378  <b>Unclassified**</b> J3490      J3590  <b>Xolair®*</b> J2357  <i>*Please obtain prior notification for Acthar, Synagis and Xolair® through OptumRx prior notifications services at 800-310-6826.</i>  <i>**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.</i>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	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		
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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
		21255			
<b>Orthotics and prosthetics: more than \$500</b> Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	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><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> 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	L1810
		L1812	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
		L2128	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3212	L3213	L3214
		L3215	L3216	L3217	L3219
		L3221	L3222	L3230	L3250
		L3251	L3252	L3253	L3265
		L3649	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3999	L4000	L4010
		L4020	L4210	L4350	L4361
		L4386	L4387	L4392	L4394
		L4396	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	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5681	L5682	L5683
		L5700	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		

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<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500</p>		L5986 L5999 L6026 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6690 L6704 L6711 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7191 L8041 V2623	L5987 L6000 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6686 L6692 L6707 L6712 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7185 L7405 L8042 V2627	L5988 L6010 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6687 L6693 L6708 L6713 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7186 L7510 L8499	L5990 L6020 L6100 L6200 L6310 L6370 L6550 L6584 L6623 L6689 L6694 L6709 L6714 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7190 L8040 L8500
<p><b>Pediatric day services</b></p>	Prior authorization required	T2002	T1025	T1026	
<p><b>Personal care services</b></p>	Prior authorization required	T1019			
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	Prior authorization required	77520	77522	77523	77525
<p><b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<p><b>Sinuplasty</b></p>	Prior authorization required	31295	31296	31297	
<p><b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea</p>	Prior authorization required	21685	41599	42145	
<p><b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management</p>	Prior authorization required	63650	63655	63685	

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<b>Spinal surgery</b>	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
		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		
		<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568
<b>Vein procedures</b> 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
<b>Wound vac</b>	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
<b>Behavioral health services</b>	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.

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><b>Radiology</b></p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 app on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; For Health Care Professionals &gt; Louisiana &gt; Radiology &gt; CPT Code List.</p>																																																								
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> 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>	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	
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<p><b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b>.</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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