

Prior authorization requirements for Louisiana Medicaid

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Louisiana participating health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call 877-842-3210

Note: Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

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. • <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 administered in an outpatient setting for a cancer diagnosis.	Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™)			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cancer supportive services (cont.)	*Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5110* Filgrastim-ayow, (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria™) Q5122 Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 Anti-Emetics J1456 Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®) J0897 Colony Stimulating Factors J1449 Erythropoiesis-Stimulating Agents J0885 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.
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	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 Healthcare Common Procedure Coding System (HCPCS) code

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Chemotherapy (cont.)		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 .			
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 L8690	69930 L8691	L8614 L8692	L8619
Continuous glucose monitor	Prior authorization required	A4238 A9277	A4239 A9278	A9274 E2102	A9276 E2103
		Certain continuous glucose monitors may be covered under pharmacy benefits. Check the following link: PDL Diabetic Supplies.pdf to determine if the brand of equipment requested needs to be redirected.			
		If the brand is found in the "Drugs on PDL" column, please redirect as a pharmacy benefit to Prime Therapeutics State Government Solutions, LLC at 1-800 424-1664			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15823 17107 21138 21179 21183 21256 21743	15820 15830 17108 21139 21180 21184 21275 28344	15821 15847 17999 21172 21181 21230 21740 30620	15822 17106 21137 21175 21182 21235 21742 67900
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67901 67906 67912 67917 67924	67902 67908 67914 67921 67950	67903 67909 67915 67922 67961	67904 67911 67916 67923 67966
Durable medical equipment (DME)	Several codes associated with glucose monitors and diabetic supplies were removed from the Medicaid DME fee schedule and will be reimbursed as a pharmacy benefit only. Medical DME claims for these services will deny.	A9900 E0329 E0470 E0656 E0984	E0265 E0445 E0471 E0669 E0986	E0266 E0465 E0483 E0766 E1002	E0328 E0466 E0652 E0784 E1003

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	Check the following link: PDL Diabetic Supplies pdf to determine if the equipment requested needs to be redirected. If the brand is found on the PDL, please redirect as a pharmacy benefit to Prime Therapeutics State Government Solutions, LLC at 1-800-424-1664. Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold – see Home health services-	E1004	E1005	E1006	E1007
		E1008	E1009	E1035	E1036
		E1130	E1161	E1220	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1825
		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 Adzynma			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J7171			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast® NP			
		J0256			
		Avsola™			
		Q5121			
		Beqvez			
		J1414			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Briumvi			
		J2329			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze			
		J0598			
		Cortrophin Gel®			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Daxxify			
		J0589			
		Elaprase®			
		J1743			
		Elelyso®			
		J3060			
		Elfabrio			
		J2508			
		Elevidys			
		J1413			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	Enjaymo™				
	J1302				
	Entyvio®				
	J3380				
	Evenity™				
	J3111				
	Exondys 51™				
	J1428				
	Fabrazyme®				
	J0180				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Feraheme				
	Q0138				
	Firmagon®				
	J9155				
	Fynetra®				
	Q5130				
	Gamifant™				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer				
	J1439				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Izervay				
	J2782				
	Kalbitor				
	J1290				
	Kanuma®				
	J2840				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Kisunla J0175 Korsuva® J0879 Krystexxa® J2507 Lamzede® J0217 Lanreotide J1932 Lemtrada® J0202 Leqembi® J0174 Leqvio® J1306 Lumizyme® J0221 Lupron Depot® J1950 Lupron Depot, Eligard® J9217 Luxturna™ J3398 Mepsevii® J3397 Monoferic J1437 Naglazyme® J1458 Nexviazyme® J0219 Nplate® J2802 Nucala® J2182 Ocrevus™ J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 OmvoH IV J2267 Onpattro™ J0222

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Orencia® J0129 Oxlumo™ J0224 Panzyga® J1576 Parsabiv™ J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolastin-C® J0256 Prolia*** J0897 Pyzchiva IV Q9997 Qalsody™ J1304 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Revcovi® J3590 Riabni™ Q5123 Rituxan J9312 Roctavian J1412 Ruconest J0596 Ruxience Q5119 Ryplazm® J2998 Rystiggo

Procedures and services	Additional information		CPT® or HCPCS Codes and how to obtain prior authorization	
Injectable medications (cont.)	J9333			
	Sandostatin® LAR			
	J2353			
	Saphnelo™			
	J0491			
	Scenesse			
	J7352			
	Selarsdi			
	Q9998			
	Signifor® LAR			
	J2502			
	Simponi Aria®			
	J1602			
	Skyrizi®			
	J2327			
	Sodium Hyaluronate			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
	Soliris®			
	J1299			
	Somatuline® Depot			
	J1930			
	Spevigo™			
	J1747			
	Spinraza™			
	J2326			
	Stelara			
	J3358			
	Supprelin® LA			
	J9226			
	Syfovre®			
	J2781			
	Synagis®			
	90378			
	Tezspire™			
	J2356			
	Tepezza			
	J3241			
	Tofidence			
	Q5133			
	Trelstar®			
	J3315			
	Tremfya IV			
	J1628			
	Triptodur®			
	J3316			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	Truxima				
	Q5115				
	Tyenne				
	Q5135				
	Tzield®				
	J9381				
	Ultomiris™				
	J1303				
	Unclassified and temporary**				
	C9399	J3490	J3590		
	Veopoz				
	J9376				
	Vimizim®				
	J1322				
	Vyepti				
	J3032				
	Vyondys 53®				
	J1429				
	Vyjuvek				
	J3401				
	Vyvgart™				
	J9332				
	Vyvgart™ Hytrulo				
	J9334				
	White blood cell colony-stimulating factors				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Wezlana IV				
	Q5138				
	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</i>				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		<i>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 C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Rivfloza, and Revcovi® *** 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: • 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	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0435		
Orthognathic surgery 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			
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a	L0170	L0464	L0482	L0484
		L0486	L0631	L0700	L0710

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	retail purchase or a cumulative rental cost of more than \$500.	L0810	L0820	L0830	L0999
		L1000	L1200	L1300	L1310
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	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	L2136	L2350
		L2510	L2526	L2627	L2628
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		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: - Certain CT, MRI, MRA - 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 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. 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.			
Radiology – PET scans	Prior authorization required	78608	78609	78811	78812

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiology – PET scans (cont.)		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-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Skin substitutes	Prior authorization required	Q4101	Q4106	Q4121	Q4154
		Q4160	Q4186	Q4195	Q4196
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	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
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
Transplants	Prior authorization required	63685	64553	64568	64570
		For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), 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
		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:			
		Q2041	Q2042	Q2054	Q2055
		Q2056	Q2057		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Gene Therapy			
		C9301*	C9399*	J3490*	J3590*
		J3392	J3393	J3394	
		* Amtagvi, Aucatzyl, Lantidra, Lenmeldy and Skysona 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Ventricular assist devices (VAD) (cont.)		33982	33983		
Vein procedures	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473 37718	36475 37722	36478 37780	37700
Wound vac	Prior authorization required	E2402			