

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 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. <ul style="list-style-type: none"> • <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* | | | |

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

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
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Healthcare Common Procedure Coding System (HCPCS) code
 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**.

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|--|------------------------------|-------|-------|-------|-------|
| 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 | 69930 | L8614 | L8619 |
| | | L8690 | L8691 | L8692 | |

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|-----------------------------------|---|-------|-------|-------|-------|
| Continuous glucose monitor | Prior authorization required | A4238 | A4239 | A9274 | A9276 |
| | Effective 12/1/23:Pharmacy Benefit only. Contact Magellan Medicaid Administration, UNC (MMA) at 1-800-424-1664 or lamcopbmpharmacy.com. Covered as both a medical and pharmacy benefit 10/28/23 through 11/30/23. | A9277 | A9278 | E2102 | E2103 |

Covered under the Pharmacy Benefit. For pharmacy prior authorization please submit requests to:

- Magellan Medicaid Administration 1-800-424-1664

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|--|------------------------------|-------|-------|-------|-------|
| Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 11960 | 15820 | 15821 | 15822 |
| | | 15823 | 15830 | 15847 | 17106 |
| | | 17107 | 17108 | 17999 | 21137 |
| | | 21138 | 21139 | 21172 | 21175 |
| | | 21179 | 21180 | 21181 | 21182 |
| | | 21183 | 21184 | 21230 | 21235 |
| | | 21256 | 21275 | 21740 | 21742 |
| | | 21743 | 28344 | 30620 | 67900 |
| | | 67901 | 67902 | 67903 | 67904 |
| | | 67906 | 67908 | 67909 | 67911 |
| | | 67912 | 67914 | 67915 | 67916 |
| | | 67917 | 67921 | 67922 | 67923 |
| | | 67924 | 67950 | 67961 | 67966 |

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| Durable medical equipment (DME) | Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9900 | E0265 | E0266 | E0328 |
| | | E0329 | E0445 | E0465 | E0466 |
| | | E0470 | E0471 | E0483 | E0652 |
| | | E0656 | E0669 | E0766 | E0784 |
| | Prosthetics are not DME – see Orthotics and prosthetics. | E0984 | E0986 | E1002 | E1003 |
| | | E1004 | E1005 | E1006 | E1007 |
| | Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental | E1008 | E1009 | E1035 | E1036 |
| | | E1130 | E1161 | E1220 | E1231 |
| | | E1232 | E1233 | E1234 | E1235 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|-----------------------------|----------------------------|--------------------------|
| Durable medical equipment (DME) (cont.) | cost threshold – see Home health services. | 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 |
| | | Adzyna J7171 | Aldurazyme® J1931 | Amondys 45 J1426 | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | |
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| Injectable medications (cont.) | Amvuttra™ | | | |
| | J0225 | | | |
| | Aralast® NP | | | |
| | J0256 | | | |
| | Avsola™ | | | |
| | Q5121 | | | |
| | Botulinum toxins | | | |
| | J0585 | J0586 | J0587 | J0588 |
| | Brineura™ | | | |
| | J0567 | | | |
| | Briumvi | | | |
| | J2329 | | | |
| | Cerezyme® | | | |
| | J1786 | | | |
| | Cimzia® | | | |
| | J0717 | | | |
| | Cinqair® | | | |
| | J2786 | | | |
| | Cortrophin Gel® | | | |
| | J0802 | | | |
| | Cosentyx IV | | | |
| | J3247 | | | |
| | Crysvita® | | | |
| | J0584 | | | |
| | Cutaquig® | | | |
| | J1551 | | | |
| | Daxxify | | | |
| | J0589 | | | |
| | Elaprase® | | | |
| | J1743 | | | |
| | Elelyso® | | | |
| | J3060 | | | |
| | Elfabrio | | | |
| | J2508 | | | |
| | Elevidys | | | |
| | J1413 | | | |
| | Enjaymo™ | | | |
| | J1302 | | | |
| | Entyvio® | | | |
| | J3380 | | | |
| | Evenity™ | | | |
| | J3111 | | | |
| | Exondys 51™ | | | |
| | J1428 | | | |
| | Fabrazyme® | | | |
| | J0180 | | | |
| | Fasenra™ | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | |
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| Injectable medications (cont.) | J0517 | | | |
| | Fensolvi® | | | |
| | J1951 | | | |
| | Firmagon® | | | |
| | J9155 | | | |
| | Fylnetra® | | | |
| | Q5130 | | | |
| | Gamifant™ | | | |
| | J9210 | | | |
| | Givlaari® | | | |
| | J0223 | | | |
| | Glassia® | | | |
| | J0257 | | | |
| | Hemgenix® | | | |
| | J1411 | | | |
| | Ilaris® | | | |
| | J0638 | | | |
| | Ilumya™ | | | |
| | J3245 | | | |
| | Inflectra® | | | |
| | Q5103 | | | |
| | IVIG | | | |
| | 90283 | 90284 | J1459 | J1554 |
| | J1555 | J1556 | J1557 | J1559 |
| | J1561 | J1566 | J1568 | J1569 |
| | J1572 | J1575 | J1599 | |
| | Izervay | | | |
| | J2782 | | | |
| | Kanuma® | | | |
| | J2840 | | | |
| | Korsuva® | | | |
| | J0879 | | | |
| | Krystexxa® | | | |
| | J2507 | | | |
| | Lamzede® | | | |
| | J0217 | | | |
| | Lanreotide | | | |
| | J1932 | | | |
| | Lemtrada® | | | |
| | J0202 | | | |
| | Leqembi® | | | |
| | J0174 | | | |
| | Leqvio® | | | |
| | J1306 | | | |
| | Lumizyme® | | | |
| | J0221 | | | |
| | Lupron Depot® | | | |

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| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
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| Injectable medications (cont.) | | J1950 |
| | | Lupron Depot, Eligard® |
| | | J9217 |
| | | Luxturna™ |
| | | J3398 |
| | | Mepsevii® |
| | | J3397 |
| | | Naglazyme® |
| | | J1458 |
| | | Nexvazyme® |
| | | J0219 |
| | | Nplate® |
| | | J2796 |
| | | Nucala® |
| | | J2182 |
| | | Ocrevus™ |
| | | J2350 |
| | | Octreotide Acetate |
| | | J2354 |
| | | Omvoh IV |
| | | J2267 |
| | | Onpattro™ |
| | | J0222 |
| | | Orencia® |
| | | J0129 |
| | | Oxlumo™ |
| | | J0224 |
| | | Panzyga® |
| | | J1576 |
| | | Parsabiv™ |
| | | J0606 |
| | | Pombiliti |
| | J1203 | |
| | Prolastin-C® | |
| | J0256 | |
| | Prolia*** | |
| | J0897 | |
| | Qalsody™ | |
| | J1304 | |
| | Radicava® | |
| | J1301 | |
| | Reblozyl® | |
| | J0896 | |
| | Releuko® | |
| | Q5125 | |
| | Remicade® | |
| | J1745 | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
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| Injectable medications (cont.) | Renflexis® | | | | |
| | Q5104 | | | | |
| | Revcovi® | | | | |
| | J3590 | | | | |
| | Riabni™ | | | | |
| | Q5123 | | | | |
| | Rituxan | | | | |
| | J9312 | | | | |
| | Roctavian | | | | |
| | J1412 | | | | |
| | Ryplazm® | | | | |
| | J2998 | | | | |
| | Rystiggo | | | | |
| | J9333 | | | | |
| | Sandostatin® LAR | | | | |
| | J2353 | | | | |
| | Saphnelo™ | | | | |
| | J0491 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| | J1602 | | | | |
| | Skyrizi® | | | | |
| | J2327 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Soliris® | | | | |
| | J1300 | | | | |
| Somatuline® Depot | | | | | |
| J1930 | | | | | |
| Spevigo™ | | | | | |
| J1747 | | | | | |
| Spinraza™ | | | | | |
| J2326 | | | | | |
| Sublocade™ | | | | | |
| Q9991 | Q9992 | | | | |
| Supprelin® LA | | | | | |
| J9226 | | | | | |
| Syfovre® | | | | | |
| J2781 | | | | | |
| Synagis® | | | | | |
| 90378 | | | | | |
| Tezspire™ | | | | | |
| J2356 | | | | | |
| Tofidence | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
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| Injectable medications (cont.) | Q5133 | | | | |
| | Trelstar® | | | | |
| | J3315 | | | | |
| | Triptodur® | | | | |
| | J3316 | | | | |
| | Truxima | | | | |
| | Q5115 | | | | |
| | Tziel® | | | | |
| | J9381 | | | | |
| | Ultomiris™ | | | | |
| | J1303 | | | | |
| | Unclassified and temporary** | | | | |
| | C9172 | C9399 | C9400 | J3490 | |
| | J3590 | | | | |
| | Veopoz | | | | |
| | J9376 | | | | |
| | Vimizim® | | | | |
| | J1322 | | | | |
| | Vyondys 53® | | | | |
| | J1429 | | | | |
| | Vyjuvek | | | | |
| | J3401 | | | | |
| | Vyvgart™ | | | | |
| | J9332 | | | | |
| | Vyvgart™ Hytrulo | | | | |
| | J9334 | | | | |
| | White blood cell colony-stimulating factors | | | | |
| | J1442 | J1447 | J2506 | Q5101 | |
| | Q5108 | Q5110 | Q5111 | Q5120 | |
| | Xembify® | | | | |
| | J1558 | | | | |
| | Xenpozyme™ | | | | |
| | J0218 | | | | |
| | Xolair® | | | | |
| | J2357 | | | | |
| | Zemaira® | | | | |
| | J0256 | | | | |
| | Zoladex® | | | | |
| | J9202 | | | | |
| | Zolgensma® | | | | |
| | J3399 | | | | |
| | Zymfentra | | | | |
| | J1748 | | | | |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication*

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
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Injectable medications (cont.)

List. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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** For unclassified and temporary codes, C9172, C9399, J3490 and J3590, prior authorization is only required for Bequez, Nulibry™, Rivfloza, and Revcovi®

*** For code J0897, prior authorization required for non oncology diagnosis

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|---|---|--|--|--|--|
| Inpatient admissions – post-acute services | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: | | | | |
| | <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities | | | | |

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|--|------------------------------|-------|-------|-------|-------|
| Joint replacement | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | | | |

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|---|------------------------------|-------|-------|--|--|
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0435 | | |
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|--|------------------------------|-------|-------|-------|-------|
| Orthognathic surgery | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment | | 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 | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|-------|-------|-------|
| Orthotics and prosthetics | Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. | L0170 | L0464 | L0482 | L0484 |
| | | L0486 | L0631 | L0700 | L0710 |
| Orthotics and prosthetics (cont.) | | 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 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|---|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | 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 |
| | | 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 | <p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA Nuclear medicine and nuclear cardiology procedures | <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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/LAcommunityplan ></p> | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

Prior Authorization and Notification > Radiology Prior Authorization and Notification Program.

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Radiology – PET scans | Prior authorization required | 78608 | 78609 | 78811 | 78812 |
| | | 78813 | 78814 | 78815 | 78816 |
| Radiology – PET scans (cont.) | | A9515 | A9526 | A9552 | A9580 |
| | | A9587 | A9588 | G0219 | G0235 |
| | | G0252 | | | |
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | | |
| 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 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
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| | | | | | |
|--|--|-------|-------|-------|-------|
| | | 63302 | 63303 | 63304 | 63305 |
| | | 63306 | 63307 | 63308 | |

| | | | | | |
|---|------------------------------|--------------|-------------------------------|-------|-------|
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required | E0747 | Bone Growth Stimulator | | |
| | | | E0748 | E0760 | |
| | | | Neurostimulator | | |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61885 | 61886 | 63650 | 63655 |

| | | | | | |
|--------------------|------------------------------|--|--|--|--|
| Transplants | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), 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:

| | | | |
|-------|-------|-------|-------|
| 0537T | 0538T | 0539T | 0540T |
| Q2041 | Q2042 | Q2054 | Q2055 |
| Q2056 | | | |

*Code 38232 will only require prior authorization for an oncology diagnosis.

Gene Therapy

| | | | |
|--------|--------|--------|-------|
| C9399* | J3490* | J3590* | J3393 |
| J3394 | | | |

* Amtagvi, Casgevy, Lantidra, Lenmeldy and Skysona™ will require PA through Optum Transplant

| | | |
|---|------------------------------|--|
| Ventricular assist devices (VAD) | Prior authorization required | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided |
|---|------------------------------|--|

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|--|-------|-------|-------|
| A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow | VAD device and supplies are not covered. | by the nurse to the Optum VAD Case Management Team at 855-282-8929. | | | |
| | | 33975 | 33976 | 33979 | 33981 |
| | | 33982 | 33983 | | |
| 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 | 36473 | 36475 | 36478 | 37700 |
| | | 37718 | 37722 | 37780 | |
| Wound vac | Prior authorization required | E2402 | | | |