

Advance Notification/Prior Authorization Requirements for Louisiana

Effective January 1, 2016



General Information

This list outlines the prior authorization requirements (inpatient and outpatient) 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:** UHCommunityPlan.com
- Services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.
- Non-emergency inpatient admissions, including planned services within this list, 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	43645 43772 43842 43847 43886	43659 43773 43843 43848 43887	43770 43774 43845 43860 43888
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20979 E0760	E0747	E0748	E0749
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19318 19350 19366	19328 19357 19367	19340 19361 19368	19342 19364 19369
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 L8617 L8623 L8691	69715 L8614 L8618 L8627 L8692	69717 L8615 L8621 L8628	69718 L8616 L8622 L8690
Cosmetic and Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Authorization required for both inpatient and outpatient. Medical Necessity Required	11960 15822 17106 21137 21175 21182	11971 15823 17107 21138 21179 21183	15820 15830 17108 21139 21180 21184	15821 15847 17999 21172 21181 21230

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>		21235 21263 21740 30540 67900 67904 67911 67916 67923 67966	21256 21267 21742 30545 67901 67906 67912 67917 67924 67950	21260 21268 21743 30560 67902 67908 67914 67921 67950	21261 21275 28344 30620 67903 67909 67915 67922 67961
<p>Durable Medical Equipment (DME) More Than \$500</p> <p>DME codes listed 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>	A9900 E0296 E0328 E0463 E0472 E0601 E0651 E0668 E0673 E0947 E1002 E1006 E1011 E1085 E1130 E1226 E1234 E1238 E1290 E2204 E2321 E2329 E2370 E2510 E2616 E2627 E8000 K0014 K0821 K0825 K0829 K0837 K0841 K0849 K0853	A9999 E0297 E0329 E0464 E0483 E0638 E0652 E0669 E0783 E0948 E1003 E1007 E1018 E1086 E1140 E1231 E1235 E1250 E1825 E2230 E2325 E2330 E2373 E2512 E2620 E2628 K0005 K0108 K0822 K0826 K0830 K0838 K0842 K0850 K0854	E0265 E0302 E0445 E0470 E0485 E0642 E0656 E0671 E0784 E0984 E1004 E1008 E1035 E1089 E1161 E1232 E1236 E1260 E1830 E2310 E2327 E2343 E2375 E2599 E2621 E2629 K0007 K0606 K0823 K0827 K0831 K0839 K0843 K0851 K0855	E0266 E0304 E0450 E0471 E0486 E0650 E0667 E0672 E0786 E0986 E1005 E1009 E1036 E1090 E1220 E1233 E1237 E1285 E1840 E2311 E2328 E2351 E2376 E2614 E2626 E2630 K0011 K0730 K0824 K0828 K0836 K0840 K0848 K0852 K0856

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Durable Medical Equipment (DME) More Than \$500 (Continued) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500		K0857 K0861 K0868 K0877 K0884 K0891 V5269	K0858 K0862 K0869 K0878 K0885 K0898 V5272	K0859 K0863 K0870 K0879 K0886 K0899	K0860 K0864 K0871 K0880 K0890 Q0480
Enteral Services At-home nutritional therapy either enteral or through a gastrostomy tube		B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
Experimental or Investigational		36514 61867 62290 64722 95250 96002	55866 61868 62291 65765 95251 A9274	61863 61886 62292 65767 95965 E0231	61864 62264 64566 66180 95966 S1040
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	29916	
Home Health Including Extended Nursing Services		G0151 G0156	G0152 S9123	G0153 S9124	G0154 T1000
Injectable Medications		Acthar* J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Elelyso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 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			
Inpatient Stays	All Inpatient stays require prior authorization				
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	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	A0430 S9960	A0431 S9961	A0435	A0436
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 30465	21125 21143 21150 21159 21194 21199 21210 21244 21248
Orthotics and Prosthetics – Greater Than \$500 Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500		L0170 L0484 L0700 L0830 L1300 L1686 L1720 L1812 L1832 L1844 L1850 L1950 L2010 L2037 L2108 L2128 L2350 L2627 L3010 L3202 L3207	L0460 L0486 L0710 L0999 L1310 L1690 L1730 L1820 L1834 L1845 L1860 L1970 L2020 L2038 L2114 L2132 L2510 L2628 L3020 L3203 L3212	L0464 L0631 L0810 L1000 L1680 L1700 L1755 L1830 L1840 L1846 L1932 L2000 L2030 L2060 L2116 L2134 L2525 L2999 L3160 L3204 L3213	L0482 L0639 L0820 L1200 L1685 L1710 L1810 L1831 L1843 L1847 L1945 L2005 L2036 L2106 L2126 L2136 L2526 L3000 L3201 L3206 L3214

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Orthotics and Prosthetics – Greater Than \$500 (Continued)</p> <p>Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>		L3215 L3221 L3251 L3649 L3763 L3904 L4000 L4350 L4392 L5010 L5100 L5200 L5250 L5312 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5706 L5722 L5780 L5812 L5822 L5830 L5950 L5966 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6686 L6692 L6707	L3216 L3222 L3252 L3720 L3764 L3960 L4010 L4361 L4394 L5020 L5105 L5210 L5270 L5321 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5707 L5724 L5790 L5814 L5824 L5840 L5960 L5973 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6687 L6693 L6708	L3217 L3230 L3253 L3730 L3900 L3962 L4020 L4386 L4396 L5050 L5150 L5220 L5280 L5331 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5716 L5726 L5795 L5816 L5826 L5845 L5962 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6550 L6584 L6623 L6689 L6694 L6709	L3219 L3250 L3265 L3740 L3901 L3999 L4210 L4387 L5000 L5060 L5160 L5230 L5301 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5705 L5718 L5728 L5811 L5818 L5828 L5930 L5964 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6690 L6704 L6711

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) Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500		L6712 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7185 L7405 L8042 V2627	L6713 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7186 L7510 L8499	L6714 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7190 L8040 L8500	L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7191 L8041 V2623
Pediatric Day Healthcare		T1025	T1026	T2002	
Personal Care Services		T1019			
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Rhinoplasty		30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty		31295	31296	31297	
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41530	41599	42145
Sleep Studies Authorization not required for HOME place of service The ATTENDED sleep test codes for children younger than six do not require a prior authorization: o 95782 o 95783		95807	95808	95810	95811
Spinal Stimulator		63650	63655	63685	
Spinal Surgery Inpatient and outpatient spinal surgeries		22100 22112 22214 22533	22101 22114 22220 22548	22102 22210 22224 22551	22110 22212 22532 22554

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Spinal Surgery (Continued)		22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
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 37718	36475 37722	36478 37780	37700
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>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 > CPT Code List</i>.</p>
<p>Transplants</p>		<p>For transplant services, call OptumHealth at 888-936-7246 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>