

# Prior authorization requirements for Louisiana Medicaid

## General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in 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 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.
- **Phone:** 866-675-1607
- **Fax:** 877-271-6290; fax form is available at UHCprovider.com/LAcommunityplan > Prior Authorization and Notification > Prior Authorization Paper Fax Forms.

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, and observation stays longer than 48 hours require prior authorization.**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Abortion</b>	Prior authorization required	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>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. <ul style="list-style-type: none"> <li>• <u>For ABA Therapy, submit via fax or Provider Express</u></li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
<b>BRCA genetic testing</b>	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive services</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents	<b>Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®)</b>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Cancer supportive services (cont.)</b>	<p>administered in an outpatient setting for a cancer diagnosis.</p> <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>J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b> <b>Q5125*</b></p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b>Anti-Emetics</b> J1456</p> <p><b>Bone-modifying agent that requires prior authorization:</b> <b>Denosumab (Xgeva®)</b> J0897</p> <p><b>Colony Stimulating Factors</b> J1449</p> <p><b>Erythropoiesis-Stimulating Agents</b> 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 <b>888-397-8129</b>.</p>
<b>Chemotherapy</b>	<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><b>Injectable chemotherapy drugs that require prior authorization:</b> 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			
		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 <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .			
<b>Cochlear implants and other auditory implants</b> 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 L8619
<b>Continuous glucose monitor</b>	Prior authorization required	A4238 A9277	A4239 A9278	A9274 E2102	A9276 E2103
		Covered under the Pharmacy Benefit. For pharmacy prior authorization please submit requests to: <ul style="list-style-type: none"> <li>Magellan Medicaid Administration 1-800-424-1664</li> </ul>			
<b>Cosmetic and reconstructive procedures</b> 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 15823 17107 21138 21179 21183 21256 21743 67901 67906 67912 67917 67924	15820 15830 17108 21139 21180 21184 21275 28344 67902 67908 67914 67921 67950	15821 15847 17999 21172 21181 21230 21740 30620 67903 67909 67915 67922 67961	15822 17106 21137 21175 21182 21235 21742 67900 67904 67911 67916 67923 67966
<b>Durable medical equipment (DME)</b>	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	A9900 E0329 E0470 E0656 E0984 E1004 E1008 E1130 E1232 E1236	E0265 E0445 E0471 E0669 E0986 E1005 E1009 E1161 E1233 E1237	E0266 E0465 E0483 E0766 E1002 E1006 E1035 E1220 E1234 E1238	E0328 E0466 E0652 E0784 E1003 E1007 E1036 E1231 E1235 E1825



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	cost threshold – see Home health services.	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		
<b>Enteral services</b> 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		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4226	E0231
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Home health services, including extended nursing services (PDN)</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299 T1000	G0300	S9123	S9124
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b> J3262	<b>Acthar®*</b> J0801	<b>Adakveo®</b> J0791	<b>Aduhelm®</b> J0172
		<b>Aldurazyme®</b> J1931	<b>Amondys 45</b> J1426	<b>Amvuttra™</b> J0225	<b>Aralast® NP</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
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<b>Injectable medications (cont.)</b>	J0256			
	<b>Avsola™</b>			
	Q5121			
	<b>Botulinum toxins</b>			
	J0585	J0586	J0587	J0588
	<b>Brineura™</b>			
	J0567			
	<b>Briumvi</b>			
	J2329			
	<b>Cerezyme®</b>			
	J1786			
	<b>Cimzia®</b>			
	J0717			
	<b>Cinqair®</b>			
	J2786			
	<b>Cortrophin Gel®</b>			
	J0802			
	<b>Crysvita®</b>			
	J0584			
	<b>Cutaquig®</b>			
	J1551			
	<b>Daxxify</b>			
	J0589			
	<b>Elaprase®</b>			
	J1743			
	<b>Elelyso®</b>			
	J3060			
	<b>Elfabrio</b>			
	J2508			
	<b>Elevidys</b>			
	J1413			
	<b>Enjaymo™</b>			
	J1302			
	<b>Entyvio®</b>			
	J3380			
	<b>Evenity™</b>			
	J3111			
	<b>Exondys 51™</b>			
	J1428			
	<b>Fabrazyme®</b>			
	J0180			
	<b>Fasenra™</b>			
	J0517			
	<b>Fensolvi®</b>			
	J1951			
	<b>Firmagon®</b>			
	J9155			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
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<b>Injectable medications (cont.)</b>	<b>Fynetra®</b>			
	Q5130			
	<b>Gamifant™</b>			
	J9210			
	<b>Givlaari®</b>			
	J0223			
	<b>Glassia®</b>			
	J0257			
	<b>Hemgenix®</b>			
	J1411			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya™</b>			
	J3245			
	<b>Inflectra®</b>			
	Q5103			
	<b>IVIG</b>			
	90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559
	J1561	J1566	J1568	J1569
	J1572	J1575	J1599	
	<b>Izervay</b>			
	J2782			
	<b>Kanuma®</b>			
	J2840			
	<b>Korsuva®</b>			
	J0879			
	<b>Krystexxa®</b>			
	J2507			
	<b>Lamzed®</b>			
	J0217			
	<b>Lanreotide</b>			
	J1932			
	<b>Lemtrada®</b>			
	J0202			
	<b>Leqembi®</b>			
	J0174			
	<b>Leqvio®</b>			
	J1306			
	<b>Lumizyme®</b>			
	J0221			
	<b>Lupron Depot®</b>			
	J1950			
	<b>Lupron Depot, Eligard®</b>			
	J9217			
	<b>Luxturna™</b>			
	J3398			

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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<b>Injectable medications (cont.)</b>		<b>Mepsevii®</b>
		J3397
		<b>Naglazyme®</b>
		J1458
		<b>Nexviazyme®</b>
		J0219
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus™</b>
		J2350
		<b>Octreotide Acetate</b>
		J2354
		<b>Onpattro™</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Oxlumo™</b>
		J0224
		<b>Panzyga®</b>
		J1576
		<b>Parsabiv™</b>
		J0606
		<b>Pombiliti</b>
		J1203
		<b>Prolastin-C®</b>
		J0256
		<b>Prolia***</b>
		J0897
	<b>Qalsody™</b>	
	J1304	
	<b>Radicava®</b>	
	J1301	
	<b>Reblozyl®</b>	
	J0896	
	<b>Releuko®</b>	
	Q5125	
	<b>Remicade®</b>	
	J1745	
	<b>Renflexis®</b>	
	Q5104	
	<b>Revcovi®</b>	
	J3590	
	<b>Riabni™</b>	
	Q5123	
	<b>Roctavian</b>	

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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.)	J1412			
	<b>Ryplazm®</b>			
	J2998			
	<b>Rystiggo</b>			
	J9333			
	<b>Sandostatin® LAR</b>			
	J2353			
	<b>Saphnelo™</b>			
	J0491			
	<b>Signifor® LAR</b>			
	J2502			
	<b>Simponi Aria®</b>			
	J1602			
	<b>Skyrizi®</b>			
	J2327			
	<b>Sodium Hyaluronate</b>			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
	<b>Soliris®</b>			
	J1300			
	<b>Somatuline® Depot</b>			
	J1930			
	<b>Spevigo™</b>			
	J1747			
	<b>Spinraza™</b>			
	J2326			
	<b>Sublocade™</b>			
	Q9991	Q9992		
	<b>Supprelin® LA</b>			
	J9226			
	<b>Syfovre®</b>			
	J2781			
<b>Synagis®</b>				
90378				
<b>Tezspire™</b>				
J2356				
<b>Trelstar®</b>				
J3315				
<b>Triptodur®</b>				
J3316				
<b>Tziel®</b>				
J9381				
<b>Ultomiris™</b>				
J1303				
<b>Unclassified and temporary**</b>				
C9400	J3490	J3590	C9167	



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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<b>Injectable medications (cont.)</b>		C9168
		<b>Veopoz</b>
		J9376
		<b>Vimizim®</b>
		J1322
		<b>Vyondys 53®</b>
		J1429
		<b>Vyjuvek</b>
		J3401
		<b>Vyvgart™</b>
		J9332
		<b>Vyvgart™ Hytrulo</b>
		J9334
		<b>White blood cell colony-stimulating factors</b>
		J1442            J1447            J2506            Q5101
		Q5108            Q5110            Q5111            Q5120
		<b>Xembify®</b>
		J1558
		<b>Xenpozyme™</b>
		J0218
		<b>Xolair®</b>
		J2357
		<b>Zemaira®</b>
		J0256
		<b>Zoladex®</b>
		J9202
		<b>Zolgensma®</b>
		J3399

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 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](http://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 C9162, C9167, C9168, J3490 and J3590, prior authorization is only required for Adzyna, Nulibry™, Omvoh IV and Revcovi®

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		*** For code J0897, prior authorization required for non oncology diagnosis			
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<b>Joint replacement</b>	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			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0435		
<b>Orthognathic surgery</b>	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			
<b>Orthotics and prosthetics</b>	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
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	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	
	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	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7185	L7186	L7190	L7191
		L7405	L7510	L8040	L8042
		L8499			
<b>Pediatric day services</b>	Prior authorization required	T2002	T1025	T1026	
<b>Personal care services</b>	Prior authorization required	T1019			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiation Therapy</b>	Prior authorization required	77014	77331	77370	77371
		77372	77373	77385	77386
		77387	77399	77401	77402
		77407	77412	77470	79445
		G0339	G0340		
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
	<ul style="list-style-type: none"> <li>Certain CT, MRI, MRA</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>. For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/LAcommunityplan &gt; Prior Authorization and Notification &gt; Radiology Prior Authorization and Notification Program</b>.</p>			
<b>Radiology – PET scans</b>	Prior authorization required	78608	78609	78811	78812
		78813	78814	78815	78816
		A9515	A9526	A9552	A9580
		A9587	A9588	G0219	G0235
		G0252			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Skin substitutes</b>	Prior authorization required	Q4101 Q4160	Q4106 Q4186	Q4121 Q4195	Q4154 Q4196
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22214 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22220 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22210 22224 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22212 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	E0747 61863 61885 63685	E0748 61864 61886 64553	<b>Bone Growth Stimulator</b> E0760  <b>Neurostimulator</b> 61867 61868 63650 63655 64568 64570	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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<b>Transplants (cont.)</b>		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*
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\* Casgevy, Lantidra, Lyfgenia, Skysona™ and Zynteglo™ will require PA through Optum Transplant

<b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b> .			
	VAD device and supplies are not covered.	33975	33976	33979	33981
		33982	33983		

<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	36473	36475	36478	37700
		37718	37722	37780	

<b>Wound vac</b>	Prior authorization required	E2402			
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