

Advance Notification Requirements for New York Effective June 1, 2015



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of New York. Please use the following to obtain a prior authorization review for coverage:

- **Phone:** 866-604-3267
- **Fax:** 866-950-4490
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive 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 specific obesity-related services		43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
		0312T	0313T	0314T	0315T
		0316T	0317T		
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974	20975	20979	E0747
		E0748	E0749		
BRCA Genetic Testing		81211	81212	81213	81214
		81215	81216	81217	
Breast Reconstruction (Non Mastectomy) Reconstruction of the breast except when following mastectomy		19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cochlear and Other Auditory Implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69710	69711	69714	69715
		69717	69718	69930	92601
		92602	92603	92604	L8614
		L8615	L8616	L8617	L8618
		L8619	L8621	L8622	L8623
		L8624	L8627	L8628	L8690
		L8691	L8692	L8693	
Cosmetic and Reconstructive 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	Advance notification required for inpatient and outpatient cosmetic and reconstructive procedures	11920	11922	11960	11971
		15820	15821	15822	15823
		15830	15847	15877	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21275	21280
		21282	21295	21740	21742

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Cosmetic and Reconstructive (Continued)		21743 30560 67901 67906 67912 67917 67924 69320	28344 30620 67902 67908 67914 67921 67950 Q2026	30540 40500 67903 67909 67915 67922 67961 Q2027	30545 67900 67904 67911 67916 67923 67966
Durable Medical Equipment (DME) – Greater Than \$500 DME with a retail purchase or cumulative rental cost of more than \$500	Prosthetics are not DME <i>(Prosthetics and Orthotics)</i> Some home health care services may qualify under the DME requirement but are not subject to the cost threshold <i>(see Home Health Care Services).</i>	A9274 A9900 E0265 E0277 E0302 E0445 E0461 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2512 E2620 E2628 E8001 K0008 K0108	A9275 A9999 E0266 E0296 E0304 E0450 E0463 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2402 E2599 E2621 E2629 E8002 K0011 K0606	A9279 E0193 E0270 E0297 E0328 E0457 E0464 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2510 E2614 E2626 E2630 K0005 K0013 K0609	A9280 E0194 E0274 E0300 E0329 E0460 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2511 E2616 E2627 E8000 K0007 K0014 K0730

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Durable Medical Equipment (DME) – Greater Than \$500 (Continued)		K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287	K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0503 T5999 V5270 V5281 V5285 V5289
Enteral Services In 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
Erectile Dysfunction	Prior authorization required for all drugs, devices and surgery for erectile dysfunction				
Experimental and Investigational		36514 61864 62264 64555 65767 95965 96002 0269T 0283T A9274 E0231 S1031 S8262	54240 61867 62290 64566 66180 95966 0085T 0270T 0285T A9276 E1831 S1040 S9988	55866 61868 62291 64722 95250 95967 0191T 0271T A4638 A9277 S0810 S2102 S9990	61863 61886 62292 65765 95251 95978 0262T 0282T A6000 A9278 S1030 S3652 S9991
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	29916	

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Home Health Services		99503 G0154 G0158 G0162 S9123 S9129 T1002	G0151 G0155 G0159 G0163 S9124 S9131 T1003	G0152 G0156 G0160 G0164 S9127 S9474	G0153 G0157 G0161 S9122 S9128 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 Makena J1725 J2675 Synagis 90378 Xolair J2357			
Joint Replacement Outpatient and inpatient joint 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 J7330	23474 24363 27122 27134 27446 29866 S2112
Non-Emergent Air Ambulance Transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121 21127 21145 21151 21160 21195 21206 21215 21245	21122 21141 21146 21154 21188 21196 21208 21240 21246	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21248

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthognathic Surgery (Continued)		21249 30465	21255	21296	21299
Orthotics/Prosthetics – Greater Than \$500 Orthotics and prosthetics with a retail purchase or cumulative rental cost of more than \$500		L0112	L0170	L0430	L0456
		L0458	L0460	L0462	L0464
		L0470	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1500	L1510
		L1520	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945
		L1950	L1951	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2114
		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5611
		L5613	L5614	L5616	L5639

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)		L5640	L5642	L5643	L5644
	L5645	L5646	L5647	L5648	
	L5649	L5651	L5653	L5661	
	L5673	L5679	L5681	L5682	
	L5683	L5700	L5701	L5702	
	L5703	L5705	L5706	L5707	
	L5716	L5718	L5722	L5724	
	L5726	L5728	L5780	L5781	
	L5782	L5790	L5795	L5811	
	L5812	L5814	L5816	L5818	
	L5822	L5824	L5826	L5828	
	L5830	L5840	L5845	L5848	
	L5856	L5857	L5858	L5930	
	L5950	L5960	L5961	L5962	
	L5964	L5966	L5968	L5973	
	L5976	L5979	L5980	L5981	
	L5982	L5984	L5986	L5987	
	L5988	L5990	L5999	L6000	
	L6010	L6020	L6025	L6050	
	L6055	L6100	L6110	L6120	
	L6130	L6200	L6205	L6250	
	L6300	L6310	L6320	L6350	
	L6360	L6370	L6380	L6382	
	L6384	L6400	L6450	L6500	
	L6550	L6570	L6580	L6582	
	L6584	L6586	L6588	L6590	
	L6621	L6623	L6624	L6646	
	L6648	L6686	L6687	L6689	
	L6690	L6692	L6693	L6694	
	L6695	L6696	L6697	L6704	
	L6707	L6708	L6709	L6711	
	L6712	L6713	L6714	L6715	
	L6880	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	L7181	L7185	
	L7186	L7190	L7191	L7260	
	L7261	L7274	L7405	L7499	
	L8035	L8040	L8041	L8042	
	L8043	L8044	L8045	L8046	
	L8047	L8499	L8500	L8605	
	L8609	L8610	L8612	L8631	
	L8659	V2623	V2627		

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Rhinoplasty Treatment of nasal functional impairment and septal deviation		30400 30435	30410 30450	30420 30460	30430 30462
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		21685	41530	42145	41599
Sleep Studies		95805 95811	95807	95808	95810
Spinal Stimulator for Pain Management Spinal cord stimulators when implanted for pain management		63650	63655	63685	
Spinal Surgery Inpatient and outpatient spinal surgeries		22100	22101	22102	22110
		22112	22114	22206	22207
		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
		0092T	0095T	0098T	0164T
Topical Oxygen	Prior authorization required				

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8682 L8688	64568 L8685 L8689	L8680 L8686	L8681 L8687
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>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 when referring for mental health and substance abuse/substance use services.</p>
<p>Cardiology Prior Authorization Program</p>		<p>Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>The rendering provider should request prior authorization by calling 866-889-8054.</p> <p>For additional details, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</i>.</p>
<p>Out-of-Network Services</p>	<p>A referral to a health care provider who is not contracted with UnitedHealthcare</p>	<p>Prior authorization required for out of network services</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 > 2014 CPT Code List</i>.</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans																																																																																																							
<p>Transplants</p>		<p>For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's 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>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> <tr><td>44127</td><td>44128</td><td>44130</td><td>44132</td></tr> <tr><td>44133</td><td>44135</td><td>44136</td><td>44137</td></tr> <tr><td>44715</td><td>44720</td><td>44721</td><td>47133</td></tr> <tr><td>47135</td><td>47136</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>48160</td><td>48550</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>48556</td></tr> <tr><td>50300</td><td>50320</td><td>50323</td><td>50325</td></tr> <tr><td>50327</td><td>50328</td><td>50329</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>54680</td><td>60512</td><td>0051T</td></tr> <tr><td>0052T</td><td>0053T</td><td>S2053</td><td>S2054</td></tr> <tr><td>S2055</td><td>S2060</td><td>S2061</td><td>S2065</td></tr> <tr><td>S2103</td><td>S2152</td><td>S9975</td><td></td></tr> </table>				32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145	47146	47147	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	60512	0051T	0052T	0053T	S2053	S2054	S2055	S2060	S2061	S2065	S2103	S2152	S9975	
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S2103	S2152	S9975																																																																																																							
<p>Ventricular Assist Devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.</p>		<p>Fax OptumHealth at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <table border="0"> <tr><td>Q0505</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> <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>				Q0505	Q0507	Q0508	Q0509	33975	33976	33979	33981	33982	33983																																																																																										
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