

# Advance Notification Requirements for Delaware Effective Jan. 1, 2016



## General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Delaware contracted/participating providers (in-patient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Phone **800-366-7304**//Fax **877-877-8230**
- **Online:** <http://www.uhccommunityplan.com>
- All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.
- Non-emergency Inpatient Admissions, including planned surgeries, require prior authorization

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Bariatric Surgery</b> Inpatient and Outpatient bariatric surgery and 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		
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20974	20975	20979	E0747
		E0748	E0749		
<b>BRCA Genetic Testing</b>		81211	81212	81213	81214
		81215	81216	81217	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Cochlear and Other Auditory Implants</b> 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		69710		69714	69715
		69717	69718	69930	
		L8615	L8616	L8617	L8614
		L8619	L8621	L8622	L8618
		L8624	L8627	L8628	L8623
		L8691	L8692	L8693	L8690
<b>Cosmetic and Reconstructive Procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	Advance notification required for both inpatient and outpatient.	11920	11922	11960	11971
		15820	15821	15822	15823
		15830	15847	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

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Cosmetic and Reconstructive Procedures (Continued)</b>		21295 28344 30620 67902 67908 67914 67921 67950 Q2026	21740 30540  67903 67909 67915 67922 67961 Q2027	21742 30545 67900 67904 67911 67916 67923 67966	21743 30560 67901 67906 67912 67917 67924
<b>Durable Medical Equipment (DME) More Than \$500</b>  DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 – outpatient only	Prosthetics are not DME ( <i>see Prosthetics and Orthotics</i> ).  Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold ( <i>see Home Health Care Services</i> ).	A9274 E0193 E0274 E0300 E0329 E0466 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 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825	A9280 E0194 E0277 E0302 E0445 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 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826	A9900 E0265 E0296 E0304 E0457 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 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827	A9999 E0266 E0297 E0328 E0465 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 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p><b>Durable Medical Equipment (DME) More Than \$500 (Continued)</b></p> <p>DME codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only</p>		K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0481 Q0489 Q0496 Q0506 V5283 V5287	K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0482 Q0490 Q0502 T1999 V5284 V5288	K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 Q0479 Q0483 Q0491 Q0503 V5281 V5285 V5289	K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0480 Q0484 Q0495 Q0504 V5282 V5286 V5290
<p><b>Enteral Services</b></p> <p>At-home nutritional therapy either enteral or through a gastrostomy tube</p>		B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
<p><b>Experimental or Investigational</b></p>		33477 61863 61886 62292 65765 95251 95978 0271T A4638 A9277 S1040	36514 61864 62264 64555 65767 95965 96002 0282T A6000 A9278 S8262	54240 61867 62290 64566 66180 95966 0269T 0283T A9274 E0231 S9988	55866 61868 62291 64722 95250 95967 0270T 0285T A9276 E1831
<p><b>Femoroacetabular Impingement Syndrome (FAI)</b></p>		29914	29915	29916	
<p><b>Home Health Care</b></p>		G0151 G0156 G0299 S9124 S9131	G0152 G0157 G0300 S9127 S9474	G0153 G0158 S9122 S9128 T1000	G0155 G0162 S9123 S9129 T1002
<p><b>Injectable Medications</b></p>		<p><b>Acthar</b> J0800</p> <p><b>Botox</b> J0585</p> <p><b>Cerezyme</b> J1786</p>	J0586	J0587	J0588

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Injectable Medications (cont'd.)</b>		<b>Ellyso</b> J3060  <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1599  <b>Makena</b> J1725    J2675  <b>Synagis</b> 90378  <b>Xolair</b> J2357			
<b>Joint Replacement</b> Outpatient and inpatient joint replacement and total hip and knee replacement procedures		23470    23472    23473    23474 24360    24361    24362    24363 24370    24371    27120    27122 27125    27130    27132    27134 27137    27138    27412    27446 27447    27486    27487    29866 29867    29868    J7330			
<b>Non-Emergent Air</b> Ambulance Transport		A0430    A0431    A0435    A0436 S9960    S9961			
<b>Orthognathic Surgery</b> Treatment of maxillofacial (jaw) functional impairment		21121    21122    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    21296    21299 30465			
<b>Orthotics and Prosthetics – Greater Than \$500</b> Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only		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			

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p><b>Orthotics and Prosthetics – Greater Than \$500 (Continued)</b></p> <p>Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only</p>		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
		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		

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p><b>Orthotics and Prosthetics – Greater Than \$500 (Continued)</b> Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only</p>		L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8609 L8659	L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8610 V2623	L5986 L5999 L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8612 V2627	L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8605 L8631
<p><b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>		77520	77522	77523	77525
<p><b>Septoplasty and Rhinoplasty</b> Treating nasal functional impairment and septal deviation</p>		30400 30435	30410 30450	30420 30460	30430 30462
<p><b>Sleep Apnea Procedures and Surgeries</b> Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea</p>		21685	41530	42145	41599
<p><b>Sleep Studies</b></p>		95805 95811	95807	95808	95810

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Spinal Stimulator for Pain Management</b> Spinal cord stimulators when implanted for pain management		63650	63655	63685	
<b>Spinal Surgery</b> 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			
<b>Vagus Nerve Stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves		61885	64568	L8680	
		L8682	L8685	L8686	L8687
		L8688			

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
<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		36468    36475    36478    37700 37718    37722    37780
<b>Wound Vac</b>		E2402

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
<b>Behavioral Health Services</b> Behavioral health services through a designated behavioral health network		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 ID card to refer for mental health and substance abuse/substance use services.
<b>Cardiology Prior Authorization Program</b>		Prior authorization required for participating physicians for inpatient, outpatient and office-based and electrophysiology implants prior to performance.  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.  Request prior authorization by calling <b>866-889-8054</b> .  For more information, including a list of the CPT codes that require prior authorization, please visit <a href="http://UHCommunityPlan.com">UHCommunityPlan.com</a> > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
<b>Out of Network Services</b>	When a network provider refers a member to a non-network provider	All out-of-network services require prior authorization



**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans																																																																																																				
<p><b>Radiology Prior Authorization</b></p>		<p>Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures.</p> <p>Advanced imaging procedures that require prior authorization are called advanced outpatient imaging procedures.</p> <p>Physicians ordering advanced outpatient imaging procedures are responsible for requesting prior authorization before scheduling the procedure by calling <b>866-889-8054</b>.</p> <p>For more information about this prior authorization requirement, including a list of the CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <i>Radiology &gt; 2014 CPT Code List</i>.</p>																																																																																																				
<p><b>Transplants</b></p>		<p>For transplant services, call OptumHealth at <b>800-418-4994</b> and send fax requests to <b>877-814-0488</b>.</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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**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans												
<p><b>Ventricular Assist Devices</b> A mechanical pump that takes over the function of a damaged heart ventricle and restores normal blood flow</p>		<p>Notify OptumHealth at <b>888-936-7246</b> or call the notification number on the back of the member's ID card.</p> <table data-bbox="1078 485 1495 590"> <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		
Q0505	Q0507	Q0508	Q0509											
33975	33976	33979	33981											
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