

Advance Notification Requirements for Maryland Effective Jan. 1, 2016



General Information

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

- **Phone:** 866-604-3267
- **Fax:** 888-899-1681
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Abortion (Pregnancy Termination)	Carved out by the State				
Acupuncture	Prior Authorization required				
Bariatric Surgery Inpatient and outpatient bariatric surgery and specific obesity-related services		43644 43659 43773 43843 43848 43882 64590 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974 E0748	20975 E0749	20979	E0747
BRCA Genetic Testing		81211 81215	81212 81216	81213 81217	81214
Breast Reconstruction (Non Mastectomy) Reconstruction of the breast except when following mastectomy		19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
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	UHC is responsible for surgical charges only. For members under 21 years old the device is carved out to the state. For members 21 years and older the device is not a covered benefit.	69710 69717 L8615 L8619 L8624 L8691	69718 69930 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690

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<p>Cosmetic and Reconstructive Procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Advance notification required for both inpatient and outpatient cosmetic and reconstructive procedures</p>	<p>11920 15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67901 67906 67912 67917 67924</p>	<p>11922 15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67902 67908 67914 67921 67950</p>	<p>11960 15822 17999 21172 21181 21230 21261 21275 21740 30540 67903 67909 67915 67922 67961</p>	<p>11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67900 67904 67911 67916 67923 67966</p>
<p>Durable Medical Equipment (DME) - greater than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>	<p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>) Some home health care services may qualify but are not subject to the cost threshold (see <i>Home Health Care Services</i>).</p>	<p>A9274 A9900 E0265 E0277 E0302 E0445 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</p>	<p>A9275 A9999 E0266 E0296 E0304 E0457 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</p>	<p>A9279 E0193 E0270 E0297 E0328 E0460 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</p>	<p>A9280 E0194 E0274 E0300 E0329 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</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Durable Medical Equipment (DME) - greater than \$500 (Continued) DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>		E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289	E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287	E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288
<p>Enteral Services In 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>Experimental and Investigational</p>		33477 61863 61886 62292 65765 95251 95978 0269T 0283T A9274	36514 61864 62264 64555 65767 95965 96002 0270T 0285T A9276	54240 61867 62290 64566 66180 95966 0085T 0271T A4638 A9277	55866 61868 62291 64722 95250 95967 0191T 0282T A6000 A9278

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Experimental and Investigational (cont'd.)		E0231 S1031 S8262	E1831 S1040 S9988	S0810 S2102 S9990	S1030 S3652 S9991
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	29916	
Home Health Care		G0151 G0156 G0160 G0164 S9123 S9129 T1002	G0152 G0157 G0161 G0299 S9124 S9131 T1003	G0153 G0158 G0162 G0300 S9127 S9474	G0155 G0159 G0163 S9122 S9128 T1000
Injectable Medications		<p>Acthar J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>Cerezyme J1786</p> <p>ElELYso J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1599</p> <p>Makena J1725 J2675</p> <p>Synagis* 90378</p> <p>Xolair J2357</p> <p>*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Acthar, Synagis and Xolair</p>			
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

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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 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics and Prosthetics – greater than \$500 Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only		L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904

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

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Orthotics and Prosthetics – greater than \$500 (Continued) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only		L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8609 L8659	L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8610 V2623	L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8612 V2627	L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8605 L8631
Pain Management	Prior Authorization required for pain management pumps and infusion cases				
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
Sinuplasty		31295	31296	31297	
Sleep Apnea Procedures and Surgeries		21685	41530	42145	41599
Sleep Studies	<ul style="list-style-type: none"> Unattended Sleep Studies: <u>No</u> Prior Authorization required Attended sleep studies require Prior Authorization Children <6 years old <u>No</u> Prior Authorization required 	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 22112 22210 22224 22551 22586 22610	22101 22114 22212 22532 22554 22590 22612	22102 22206 22214 22533 22556 22595 22630	22110 22207 22220 22548 22558 22600 22633

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Spinal Surgery (cont'd.)		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
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885	64568	L8680	
		L8682	L8685	L8686	L8687
		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	36475	36478	37700
		37718	37722	37780	
Wound Vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
Behavioral Health Services Provided through a designated behavioral health network	For mental health please contact Value Options at 1-800-888-1965	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 when referring for substance abuse/substance use services.

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans																
<p>Cardiology Prior Authorization Program</p>		<p>Prior Authorization required for inpatient, outpatient and office-based and electrophysiology implants prior to performance.</p> <p>Prior Authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. 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>Inpatient Stays</p>	<p>All Inpatient stays require prior authorization.</p>																	
<p>Out of Network Services</p>	<p>A referral to a health care provider who is not contracted with UnitedHealthcare</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 procedures</p> <p>The health care professional ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process prior to scheduling the procedure.</p> <p>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>Radiology > 2014 CPT Code List</i></p>																
<p>Transplants</p>		<p>For transplant services, call OptumHealth directly at 800-418-4994 or the notification number on the back of the health care 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> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206
32850	32851	32852	32853															
32854	32855	32856	33226															
33930	33933	33935	33940															
33944	33945	38205	38206															

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Transplants (cont'd.)</p>		38207 38211 38215 38241 44020 44055 44120 44127 44133 44715 47135 47142 47146 48551 50300 50327 50360 50547 0052T S2055 S2103	38208 38212 38230 38242 44021 44100 44121 44128 44135 44720 47136 47143 47147 48552 50320 50328 50365 54680 0053T S2060 S2152	38209 38213 38232 44010 44025 44110 44125 44130 44136 44721 47140 47144 48160 48554 50323 50329 50370 60512 S2053 S2061 S9975	38210 38214 38240 44015 44050 44111 44126 44132 44137 47133 47141 47145 48550 48556 50325 50340 50380 0051T S2054 S2065
<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 directly at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <p>Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983</p>			