

# Advance Notification Requirements for New Jersey Effective Jan. 1, 2016



## General Information

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

- **Phone** 866-604-3267 // **Fax** 888-840-9284
- **Online:** <http://www.uhccommunityplan.com>
- 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
- *The use of the Universal Referral Form (URF) does not constitute authorization by UnitedHealthcare Community Plan.*

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Abortion (Pregnancy Termination)</b>	Prior Authorization required for all cases				
<b>Acupuncture</b>	For Plan D members only	Prior Authorization required for all acupuncture services			
<b>Bariatric Surgery</b> 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
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20974	20975	20979	E0747
		E0748			
<b>BRCA Genetic Testing</b>		81211	81212	81213	81214
		81215	81216	81217	
<b>Breast Reconstruction (Non Mastectomy)</b> 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			
<b>Cochlear and Other Auditory Implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69710		69714	69715
		69717	69718	69930	
					L8614
		L8615	L8616	L8617	L8618
		L8619	L8621	L8622	L8623
		L8624	L8627	L8628	L8690
		L8691	L8692	L8693	
<b>Cosmetic and Reconstructive</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	Advance notification required for both inpatient and outpatient cosmetic and reconstructive services	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

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Cosmetic and Reconstructive (Continued)</b>		21267 21282 21743 30560 67901 67906 67912 67917 67924	21268 21295 28344 30620 67902 67908 67914 67921 67950 Q2026	21275 21740 30540  67903 67909 67915 67922 67961 Q2027	21280 21742 30545 67900 67904 67911 67916 67923 67966
<b>Durable Medical Equipment (DME) – Greater Than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i> ).  Some home health care services may qualify under the DME requirement but are not subject to the \$500 threshold (see <i>Home Health Care Services</i> ).	A9274 A9900 E0265 E0277 E0304 E0460 E0471 E0486 E0638 E0651 E0668 E0673 E0762 E0984 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	A9275 A9999 E0266 E0296 E0328 E0465 E0472 E0601 E0641 E0652 E0669 E0700 E0784 E1002 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	A9279 E0193 E0270 E0297 E0445 E0466 E0483 E0620 E0642 E0666 E0671 E0710 E0947 E1003 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	A9280 E0194 E0274 E0302 E0457 E0470 E0485 E0637 E0650 E0667 E0672 E0745 E0948 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

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Durable Medical Equipment (DME) – Greater Than \$500 (Continued)</b>		K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 T1999 V5269 V5274 V5284 V5288	K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 T5999 V5270 V5281 V5285 V5289	K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 V2786 V5271 V5282 V5286 V5290	K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0506 V5268 V5272 V5283 V5287
<b>Enteral and Parenteral Services</b> In home nutritional therapy either enteral or through a gastrostomy tube	Prior authorization required for members younger than five with a WIC denial. Please obtain the denial from WIC.  Prior Authorization is required for members five and older.	B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
<b>Experimental and Investigational</b>		33477 61863 61886 62292 65765 95251 95978 0269T 0283T A9274 E0231 S1040 S9988	36514 61864 62264 64555 65767 95965 96002 0270T 0285T A9276 E1831 S2102 S9990	54240 61867 62290 64566 66180 95966 0085T 0271T A4638 A9277 S1030 S3652 S9991	55866 61868 62291 64722 95250 95967 0191T 0282T A6000 A9278 S1031 S8262
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	29916	
<b>Home Health</b>		99503 G0155 G0159 S9122 S9128 T1000	G0151 G0156 G0160 S9123 S9129 T1002	G0152 G0157 G0299 S9124 S9131 T1003	G0153 G0158 G0300 S9127 S9474
<b>Injectable Medications</b>		<b>Acthar</b> J0800  <b>Botox</b> J0585      J0586      J0587      J0588			

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Injectable Medications (cont'd.)</b>		<b>Cerezyme</b> J1786  <b>ElELYso</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 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    S2112			
<b>Non-Emergent Air Ambulance Transport</b>		A0430    A0431    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 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			

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 cumulative rental cost of more than \$500</p>		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
		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 cumulative rental cost of more than \$500</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>Pediatric Day Services</b></p>		T2002			
<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>Rehabilitative Services (Physical, Speech and Occupational Therapy)</b></p>		92507 92523	92508 92524	92521	92522 92526 4 97016 97028 97110 97124 G0151 G0158 S9128
<p><b>Rehabilitative Services (Physical, Speech and Occupational Therapy) (Continued)</b></p>		G0152 G0159 S9129	G0153 G0160	G0157 S8990	G0158 S9128
<p><b>Rhinoplasty</b> Treating nasal functional impairment and septal deviation</p>		30400 30435	30410 30450	30420 30460	30430 30462

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Sinuplasty</b>		31295	31296	31297	
<b>Sleep Apnea Procedures and Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		21685	41530	42145	41599
<b>Sleep Studies</b>		95805 95811	95807	95808	95810
<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	0095T	0098T	0164T
<b>Vagus Nerve Stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8682 L8688	64568 L8685	L8680 L8686	L8687

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 37718	36475 37722	36478 37780	37700
<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 when referring for mental health and substance abuse/substance use services.			
<b>Out of Network Services</b>	A referral to a health care provider not contracted with UnitedHealthcare	All out of network services require prior authorization.			
<b>Radiology Prior Authorization</b>		Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.  The health care professional ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure.  Request prior authorization by calling <b>866-889-8054</b> .  For more information and a list of CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> > <i>Radiology &gt; 2014 CPT Code List</i> .			
<b>Transplants</b>		For transplant services, call OptumHealth at <b>800-418-4994</b> or the notification number on the back of the member's ID card.  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			



**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Transplants (Continued)</b>		44120 44127 44133 44715 47135 47142 47146 48551 50300 50327 50360 50547 0052T S2055 S2103	44121 44128 44135 44720 47136 47143 47147 48552 50320 50328 50365 54680 0053T S2060 S2152	44125 44130 44136 44721 47140 47144 48160 48554 50323 50329 50370 60512 S2053 S2061 S9975	44126 44132 44137 47133 47141 47145 48550 48556 50325 50340 50380 0051T S2054 S2065
<b>Ventricular Assist Devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Fax OptumHealth directly at <b>877-814-0488</b> or call the notification number on the back of the member's ID card.  Q0505   Q0507   Q0508   Q0509 33975   33976   33979   33981 33982   33983			