

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



## General Information

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

- **Phone:** 866-604-3267
- **Fax:** 866-950-4490
- **Online:** [UnitedHealthcareOnline.com](http://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			
<b>Bariatric Surgery</b> 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
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20974 E0748	20975 E0749	20979	E0747
<b>BRCA Genetic Testing</b>		81211 81215	81212 81216	81213 81217	81214
<b>Breast Reconstruction (Non Mastectomy)</b> 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
<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 69717  L8615 L8619 L8624 L8691	 69718  L8616 L8621 L8627 L8692	69714 69930  L8617 L8622 L8628 L8693	69715   L8614 L8618 L8623 L8690
<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 inpatient and outpatient cosmetic and reconstructive procedures	11920 15820 15830 17107 21138 21179 21183 21256 21267 21282	11922 15821 15847 17108 21139 21180 21184 21260 21268 21295	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742

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<b>Cosmetic and Reconstructive (Continued)</b>		21743	28344	30540	30545
		30560	30620		67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
			Q2026	Q2027	
<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 ( <i>Prosthetics and Orthotics</i> )  Some home health care services may qualify under the DME requirement but are not subject to the cost threshold (see <i>Home Health Care Services</i> ).	A9274	A9275	A9279	A9280
		A9900	A9999	E0193	E0194
		E0265	E0266	E0270	E0274
		E0277	E0296	E0297	E0300
		E0302	E0304	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0472
		E0483	E0485	E0486	E0601
		E0620	E0636	E0637	E0638
		E0641	E0642	E0650	E0651
		E0652	E0656	E0666	E0667
		E0668	E0669	E0670	E0671
		E0672	E0673	E0675	E0691
		E0692	E0693	E0694	E0700
		E0710	E0745	E0762	E0764
		E0782	E0783	E0784	E0786
		E0947	E0948	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1018	E1030
		E1035	E1036	E1085	E1086
		E1089	E1090	E1130	E1140
		E1161	E1220	E1226	E1229
		E1230	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1250	E1260
		E1285	E1290	E1300	E1310
		E1825	E1830	E1840	E2100
		E2204	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2328	E2329	E2330
		E2331	E2343	E2351	E2370
		E2373	E2375	E2376	E2402
		E2510	E2511	E2512	E2599
		E2614	E2616	E2620	E2621
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0007	K0008	K0011
		K0013	K0014	K0108	K0606
		K0609	K0730	K0800	K0801
		K0802	K0806	K0807	K0808
K0812	K0821	K0822	K0823		
K0824	K0825	K0826	K0827		
K0828	K0829	K0830	K0831		
K0836	K0837	K0838	K0839		

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<p><b>Durable Medical Equipment (DME) – Greater Than \$500 (Continued)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>		<p>K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288</p>	<p>K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289</p>	<p>K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290</p>	<p>K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287</p>
<p><b>Enteral Services</b> In home nutritional therapy either enteral or through a gastrostomy tube</p>		<p>B4034 B4102 B4150 B4155 B4160 B9002</p>	<p>B4035 B4103 B4152 B4157 B4161 B9998</p>	<p>B4036 B4104 B4153 B4158 B4162</p>	<p>B4100 B4149 B4154 B4159 B9000</p>
<p><b>Erectile Dysfunction</b></p>	<p>Prior authorization required for all drugs, devices and surgery for erectile dysfunction</p>				
<p><b>Experimental and Investigational</b></p>		<p>33477 61863 61886 62292 65765 95251 95978 0269T 0283T A9274 E0231 S1031 S8262</p>	<p>36514 61864 62264 64555 65767 95965 96002 0270T 0285T A9276 E1831 S1040 S9988</p>	<p>54240 61867 62290 64566 66180 95966 0085T 0271T A4638 A9277 S0810 S2102 S9990</p>	<p>55866 61868 62291 64722 95250 95967 0191T 0282T A6000 A9278 S1030 S3652 S9991</p>
<p><b>Gender Reassignment Surgery</b></p>		<p>55970</p>	<p>55980</p>		
<p><b>Femoroacetabular Impingement Syndrome (FAI)</b></p>		<p>29914</p>	<p>29915</p>	<p>29916</p>	
<p><b>Home Health Services</b></p>		<p>99503 G0155 G0159 G0163 S9122 S9128 T1000</p>	<p>G0151 G0156 G0160 G0164 S9123 S9129 T1002</p>	<p>G0152 G0157 G0161 G0299 S9124 S9131 T1003</p>	<p>G0153 G0158 G0162 G0300 S9127 S9474</p>

<p><b>Injectable Medications</b></p>		<p><b>Acthar</b> J0800</p> <p><b>Botox</b> J0585    J0586    J0587    J0588</p> <p><b>Cerezyme</b> J1786</p> <p><b>ElELYso</b> <b>J3060</b></p> <p><b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1599</p> <p><b>Makena</b> J1725    J2675</p> <p><b>Synagis</b> 90378</p> <p><b>Xolair</b> J2357</p>
<p><b>Joint Replacement</b> Outpatient and inpatient joint and total hip and knee replacement procedures</p>		<p>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</p>
<p><b>Non-Emergent Air Ambulance Transport</b></p>		<p>A0430    A0431    A0435    A0436 S9960    S9961</p>
<p><b>Orthognathic Surgery</b> Treatment of maxillofacial (jaw) functional impairment</p>		<p>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</p>

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**Orthotics/Prosthetics –  
Greater Than \$500**

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
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

<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	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		
	<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
	<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
	<b>Sleep Apnea Procedures and Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	42145	41599

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<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 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0092T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 0095T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 0098T	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 0164T
<b>Topical Oxygen</b>	Prior authorization required				
<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
<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
<p><b>Behavioral Health Services</b> 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><b>Cardiology Prior Authorization Program</b></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 <b>866-889-8054</b>.</p> <p>For additional details, including a list of the CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <i>Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk</i>.</p>
<p><b>Out-of-Network Services</b></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><b>Radiology Prior Authorization</b></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 <b>866-889-8054</b>.</p> <p>For more information, 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> or the notification number on the back of the</p>



**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p><b>Transplants (cont'd.)</b></p>		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 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			
<p><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.</p>		Fax OptumHealth 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			