

# Advance Notification Requirements for New York Effective Oct. 1, 2014



Procedures and Services (Outpatient services provided by participating providers)	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 92602 L8615 L8619 L8624 L8691	69711 69718 92603 L8616 L8621 L8627 L8692	69714 69930 92604 L8617 L8622 L8628 L8693	69715 92601 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 21743 30560 67901 67906 67912 67917 67924 69320	11922 15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67902 67908 67914 67921 67950 Q2026	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 40500 67903 67909 67915 67922 67961 Q2027	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67900 67904 67911 67916 67923 67966

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<p><b>Durable Medical Equipment (DME) – Greater Than \$500</b> DME with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prosthetics are not DME (<i>Prosthetics and Orthotics</i>)</p> <p>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>).</p>	<p>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 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850</p>	<p>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 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851</p>	<p>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 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852</p>	<p>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 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853</p>

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Durable Medical Equipment (DME) – Greater Than \$500 (Continued)</b>		K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287	K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289
<b>Enteral Services</b> 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
<b>Erectile Dysfunction</b>	Prior authorization required for all drugs, devices and surgery for erectile dysfunction				
<b>Experimental and Investigational</b>		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
<b>Home Health Services</b>		99503 G0154 G0158 G0162 S9123 S9129	G0151 G0155 G0159 G0163 S9124 S9131	G0152 G0156 G0160 G0164 S9127 S9474	G0153 G0157 G0161 S9122 S9128 T1000
<b>Injectable Medications</b>		<b>Acthar</b> J0800  <b>Botox</b> J0585	J0586	J0587	J0588

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Injectable Medications (Continued)</b>		<b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1599  <b>Makena</b> J1725  <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    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			

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p><b>Orthotics/Prosthetics – Greater Than \$500</b> Orthotics and prosthetics with a retail purchase or cumulative rental cost of more than \$500</p>		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

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<b>Orthotics and Prosthetics – Greater Than \$500 (Continued)</b>		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			
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
<b>Septoplasty and Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410	30420	30430
<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>Topical Oxygen</b>	Prior authorization required				

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<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 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			
<b>Vagus Nerve Stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 64568 L8680 L8681 L8682 L8685 L8686 L8687 L8688 L8689			
<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
<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>

**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 the damaged ventricle of the heart and restores normal blood flow.</p>		<p>Fax OptumHealth at <b>877-814-0488</b> 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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33975	33976	33979	33981											
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