

**Advance Notification Requirements for
UnitedHealthcare Community Plan of New Jersey
Effective October 1, 2016**



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of New Jersey participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Link:** Sign in to UnitedHealthcareOnline.com using your Optum ID, then select the Prior Authorization and Notification application on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 888-840-9284; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > New Jersey > Provider Forms > New Jersey Prior Authorization Fax Request Form.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care. Use of the Universal Referral Form (URF) doesn't constitute authorization by UnitedHealthcare Community Plan.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Acupuncture	Prior authorization required	97810 S8930	97811	97813	97814
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69718 L8616 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15822 15877 17999	11971 15823 17106 21137	15820 15830 17107 21138	15821 15847 17108 21139

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<p>Cosmetic and reconstructive (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>		21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
<p>Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i></p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i></p>	A9279 E0193 E0270 E0297 E0445 E0466 E0483 E0620 E0642 E0666 E0671 E0710 E0947 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628	A9280 E0194 E0274 E0302 E0457 E0470 E0485 E0637 E0650 E0667 E0672 E0745 E0948 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629	A9900 E0265 E0277 E0304 E0460 E0471 E0486 E0638 E0651 E0668 E0673 E0762 E0984 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630	A9999 E0266 E0296 E0328 E0465 E0472 E0601 E0641 E0652 E0669 E0700 E0784 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000

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Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 V2786 V5271 V5282 V5286 V5290	E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0506 V5268 V5272 V5283 V5287	K0005 K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 T1999 V5269 V5274 V5284 V5288	K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 T5999 V5270 V5281 V5285 V5289
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required for members ages 5 and older Prior authorization required for members younger than age 5 with a WIC denial. Please submit the WIC denial along with your prior authorization request.	B4034 B4102 B4152 B4159 B9002	B4035 B4103 B4153 B4160 B9998	B4036 B4149 B4155 B4161	B4100 B4150 B4158 B9000
Experimental and investigational	Prior authorization required	33477 61863 61886 62292 65767 95967 0269T 0283T A9274 E0231 S1040 S9990	36514 61864 62264 64555 66180 95978 0270T 0285T A9276 E1831 S2102 S9991	54240 61867 62290 64722 95965 0085T 0271T A4638 A9277 S1030 S3652	55866 61868 62291 65765 95966 0191T 0282T A6000 A9278 S1031 S9988
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	

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Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
Home health services	Prior authorization required only in outpatient settings, to include member's home	99503 G0155 S9122 S9128	G0151 G0156 S9123 S9129	G0152 G0299 S9124 S9131	G0153 G0300 S9127 S9474
Hospice	Prior authorization required for inpatient admissions only	T2044	T2045		
Injectable medications	Prior authorization required	Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Ellelyso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena J1725 J2675 Synagis* 90378 Xolair* *Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	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
Non-emergent air ambulance transport	Prior authorization required	A0430 S9961	A0431	A0436	S9960

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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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					
		Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112	L0170	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	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				

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<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884	L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885	L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895	L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900

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Pediatric day services (PDHC)	Prior authorization required	T1024
Personal care service	Prior authorization required	T1019
Private duty nursing	Prior authorization required	T1000 T1002 T1003
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520 77522 77523 77525
Rehabilitative services – physical, speech and occupational therapy	Prior authorization required	97010 97012 97014 97016 97018 97022 97026 97028 97033 97034 97039 97110 97112 97113 97116 97124 97140 G0129 S8990 92508 92521 92522 92523 92526 92507 97799
Rhinoplasty Treating nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462
Sinuplasty	Prior authorization required	31295 31296 31297
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 41599 42145
Sleep studies	Prior authorization required Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members	95805 95807 95808 95810 95811
Spinal stimulator for pain management	Prior authorization required	63650 63655 63685

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Spinal surgery	Prior authorization required	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
		0095T	0098T	0164T	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	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	Prior authorization required	36468	36475	36478	37700
		37718	37722	37780	
Wound vac	Prior authorization required	E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p>Behavioral health services Behavioral health services through a designated behavioral health network</p>	<p>Prior authorization required</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>Cardiology</p>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > New Jersey > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>
<p>Radiology</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > New Jersey > Radiology > CPT Code List.</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's 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>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38207</td><td>38208</td><td>38209</td></tr> <tr><td>38210</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38232</td><td>38240</td><td>38241</td></tr> <tr><td>38242</td><td>44132</td><td>44133</td><td>44135</td></tr> <tr><td>44136</td><td>44137</td><td>44715</td><td>44720</td></tr> <tr><td>44721</td><td>47133</td><td>47135</td><td>47140</td></tr> <tr><td>47141</td><td>47142</td><td>47143</td><td>47144</td></tr> <tr><td>47145</td><td>47146</td><td>47147</td><td>48551</td></tr> <tr><td>48552</td><td>48554</td><td>48556</td><td>50300</td></tr> <tr><td>50320</td><td>50323</td><td>50325</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>S2060</td><td>S2061</td><td>S2152</td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38207	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	48556	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152
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<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																																
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