

Prior Authorization Requirements for New Mexico Effective October 1, 2016



General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of New Mexico 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:** 866-968-7582; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > New Mexico > Provider Forms > Centennial Care Prior Authorization 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.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Abdominal paracentesis	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49083
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0313T 0314T 0315T 0316T 0317T 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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 20975 20979 E0747 E0748 E0749 E0760
BRCA genetic testing	Prior authorization required	81162 81211 81212 81213 81214 81215 81216 81217 81432 81433
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19318 19324 19325 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 L8600
Cardiovascular	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	36561 36590

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Carpal tunnel surgery	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	64721			
Cataract surgery	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	66821	66982	66984	
Cochlear 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	69714	69715	69717
		69718	69930	L8614	L8615
		L8616	L8617	L8618	L8619
		L8627	L8628	L8690	L8691
		L8692	L8693		
Colonoscopy	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	45378	45380	45384	45385
Cosmetic and reconstructive 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	Prior authorization required	11960	11971	13101*	13132*
		14040*	14060*	14301*	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	21267
		21268	21275	21280	21282
		21295	21552*	21740	21742
		21743	21931*	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			

*Prior authorization required if performed in an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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>	<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 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840</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 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841</p>	<p>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 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842</p>	<p>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 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843</p>

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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		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Q0479	Q0480	Q0481	Q0482
		Q0483	Q0484	Q0488	Q0489
		Q0490	Q0491	Q0495	Q0496
		Q0502	Q0503	Q0504	Q0506
		T1999	T5999	V2786	V5268
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5284	V5285	V5286	V5287
V5288	V5289	V5290			
Ears, nose and throat (ENT) procedures	Prior authorization required if performed in an outpatient hospital setting	21320	30140	30520	69436
	Prior authorization not required if performed at a participating ambulatory surgery center	69631			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9000	B9002	B9998	
Experimental and investigational	Prior authorization required	0085T	0191T	0269T	0270T
		0271T	0282T	0283T	0285T
		33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	65765
		65767	66180	95965	95966
		95967	95978	A4638	A6000
		A9274	A9276	A9277	A9278
		E0231	E1831	S0810	S1030
		S1031	S1040	S2102	S3652
		S9988	S9990	S9991	
		Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gynecologic procedures	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	57522 58565	58353	58558	58563
Hernia repair	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health services	Prior authorization required only in outpatient settings, to include member's home	99503 G0155 G0159 G0163 S9122 S9128	G0151 G0156 G0160 G0164 S9123 S9129	G0152 G0157 G0161 G0299 S9124 S9131	G0153 G0158 G0162 G0300 S9127 S9474
Injectable medications	Prior authorization required	<p>Acthar J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>Cerezyme J1786</p> <p>Ellyso J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena J1725 J2675</p> <p>Synagis* 90378</p> <p>Xolair* J2357</p> <p><i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i></p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125	23472 24361 24371 27130	23473 24362 27120 27132	23474 24363 27122 27134

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Joint replacement (cont'd)		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Liver biopsy	Prior authorization required if performed in an outpatient hospital setting	47000			
	Prior authorization not required if performed at a participating ambulatory surgery center				
Miscellaneous	Prior authorization required if performed in an outpatient hospital setting	20680			
	Prior authorization not required if performed at a participating ambulatory surgery center				
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Ophthalmologic	Prior authorization required if performed in an outpatient hospital setting	65426	65730	65855	66170
		66761	67028	67036	67040
	Prior authorization not required if performed at a participating ambulatory surgery center	67228	67311	67312	
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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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>		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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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>		L5856 L5950 L5964 L5976 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 L7499 L8042 L8046 L8605 L8631	L5857 L5960 L5966 L5979 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 L8035 L8043 L8047 L8609 L8659	L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8610 V2623	L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8612 V2627
<p>Private duty nursing</p>	<p>Prior authorization required</p>	T1000	T1002	T1003	
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525
<p>Rhinoplasty Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	30400 30435	30410 30450	30420 30460	30430 30462

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	0095T	0098T	0164T	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	
Tonsillectomy & adenoidectomy	Prior authorization required if performed in an outpatient hospital setting	42820	42821	42825	42826
	Prior authorization not required if performed at a participating ambulatory surgery center	42830			
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	

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Upper gastrointestinal endoscopy (cont'd)	Prior authorization not required if performed at a participating ambulatory surgery center				
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204
		52224	52234	52235	52260
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
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			
Behavioral health services	Prior authorization required 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.			
Transplants	Prior authorization required	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.			
		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

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		47141	47142	47143	47144
		47145	47146	47147	48551
		48552	48554	50300	50320
		50323	50325	50340	50360
		50365	50370	50380	50547
		S2060	S2061	S2152	
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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 .			
		0051T	0052T	0053T	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509