

# Prior Authorization Requirements for New Mexico Effective May 1, 2016



## General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan in New Mexico contracted/participating providers (inpatient and outpatient). All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization. If you have questions, please call Provider Services at 866-604-3267.

The Prior Authorization request form is available to download from [UHCommunityplan.com](http://UHCommunityplan.com) > Health Care Professionals > New Mexico > Provider Information > Provider Forms. Fax the completed form to 877-239-0231.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Abdominal paracentesis</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	49083			
<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 E0747	20975 E0748	20979 E0749	
<b>BRCA genetic testing</b>		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<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>Carpal tunnel surgery</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	64721			
<b>Cataract surgery</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	66821	66982	66984	

**Advance Notification Requirements for New Mexico  
Effective May 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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	69714 69930  L8617 L8622 L8628 L8693	69715   L8614 L8618 L8623 L8690
<b>Colonoscopy</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	45378	45380	45384	45385
<b>Cosmetic and reconstructive</b>	<p>Advance notification required for inpatient and outpatient cosmetic and reconstructive services</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
<b>Durable medical equipment (DME) – more than \$500</b>	<p>DME codes listed with a retail purchase or rental cost of more than \$500</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify but are not subject to the cost threshold (<i>see Home Health Care Services</i>).</p>	A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089

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<p><b>Durable medical equipment (DME) – more than \$500</b></p>	<p>DME codes listed with a retail purchase or rental cost of more than \$500</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify but are not subject to the cost threshold (<i>see Home Health Care Services</i>).</p>	<p>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 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289</p>	<p>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 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290</p>	<p>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 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287</p>	<p>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 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288</p>
<p><b>Enteral services</b></p>	<p>In home nutritional therapy either enteral or through a gastrostomy tube</p>	<p>B4100 B4149 B4154 B4159 B9000</p>	<p>B4102 B4150 B4155 B4160 B9002</p>	<p>B4103 B4152 B4157 B4161</p>	<p>B4104 B4153 B4158 B4162</p>
<p><b>Experimental and investigational</b></p>		<p>33477 61863 61886</p>	<p>36514 61864 62264</p>	<p>54240 61867 62290</p>	<p>55866 61868 62291</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Experimental and investigational (cont'd)		62292	64555	64722	65765
		65767	66180	95250	95251
		95965	95966	95967	95978
		96002	0085T	0191T	0269T
		0270T	0271T	0282T	0283T
		0285T	A4638	A6000	A9274
		A9276	A9277	A9278	E0231
		E1831	S0810	S1030	S1031
		S1040	S2102	S3652	S8262
		S9988	S9990	S9991	
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery	Prior authorization is required for dates of service on or after 7/1/2016.	31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		
Gynecologic procedures	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	57522	58353	58558	58563
		58565			
Hernia repair	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	49585	49587	49650	49651
		49652	49653	49654	49655
Home health services	Prior Authorization is required.	99503	T1002	T1003	G0151
		G0152	G0153	G0155	G0156
		G0157	G0158	G0159	G0160
		G0161	G0162	G0163	G0164
		G0299	G0300	S9122	S9123
		S9124	S9127	S9128	S9129
		S9131	S9474	T1000	
Injectable medications	*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Synagis and Xolair	<b>Synagis*</b> 90378  <b>Xolair*</b> J2357			
Joint replacement	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Liver biopsy	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	47000			
Non-emergent ambulance transport	<p>Non-emergent Air Ambulance Transport requires prior auth.</p> <p>Non-emergent Ground Ambulance Transport does <b>NOT</b> require prior authorization although UHC utilizes the State of Michigan's Non-Emergent AMB guidelines. Your claim will be reviewed on the back end to see if it meets the non-emergency transport guidelines. All non-emergency claims should include the appropriate documentation when submitting the claim.</p>	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics/prosthetics – more than \$500	Orthotic and prosthetic codes listed with a retail purchase or a rental cost of more than \$500	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L1005 L1680 L1720 L1834 L1845 L1950 L2020 L2037 L2108 L2136 L2628 L3020	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L1200 L1690 L1730 L1840 L1846 L1970 L2030 L2038 L2114 L2350 L2999 L3160	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L1300 L1700 L1755 L1843 L1860 L2000 L2034 L2060 L2116 L2510 L3000 L3201	L0458 L0470 L0486 L0629 L0635 L0639 L1000 L1499 L1710 L1832 L1844 L1945 L2010 L2036 L2106 L2128 L2627 L3010 L3202

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics/prosthetics – more than \$500 (cont'd.)</b>	Orthotic and prosthetic codes listed with a retail purchase or a rental cost of more than \$500	L3203 L3212 L3216 L3222 L3252 L3674 L3900 L3999 L4631 L5000 L5060 L5160 L5230 L5301 L5341 L5520 L5560 L5595 L5613 L5642 L5653 L5682 L5702 L5707 L5724 L5812 L5824 L5845 L5976 L5982 L6000 L6100 L6200 L6400 L6570 L6694 L6707 L6712 L6883 L6935 L8605	L3204 L3213 L3217 L3230 L3253 L3720 L3904 L4000 L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5570 L5600 L5616 L5644 L5673 L5683 L5703 L5716 L5726 L5816 L5828 L5962 L5979 L5984 L6010 L6110 L6250 L6450 L6646 L6695 L6708 L6713 L6884 L7186 V2623	L3206 L3214 L3219 L3250 L3265 L3730 L3960 L4010 L5020 L5105 L5210 L5270 L5321 L5505 L5535 L5580 L5610 L5639 L5646 L5679 L5700 L5705 L5718 L5728 L5818 L5830 L5964 L5980 L5990 L6020 L6120 L6300 L6500 L6692 L6696 L6709 L6714 L6885 L7499	L3207 L3215 L3221 L3251 L3649 L3740 L3962 L4020 L5050 L5150 L5220 L5280 L5331 L5510 L5540 L5590 L5611 L5640 L5648 L5681 L5701 L5706 L5722 L5780 L5822 L5840 L5966 L5981 L5999 L6050 L6130 L6350 L6550 L6693 L6697 L6711 L6881 L6895 L8499
<b>Septoplasty/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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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	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	64570		
<b>Tonsillectomy &amp; adenoidectomy</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	42820	42821	42825	42826
		42830			
<b>Upper gastrointestinal endoscopy</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	43235	43239	43249	
<b>Urologic procedures</b>	Prior authorization is required if performed in an outpatient hospital setting for dates of service on or after 7/1/2016. Prior authorization is not required if performed at a participating ambulatory surgery center.	50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	57288
<b>Vagus nerve stimulation</b>	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885	64568		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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	36468 36475 36478 37700 37718 37722 37780
Wound vacuum device		E2402

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	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.
Inpatient services		<ul style="list-style-type: none"> <li>• Notification only: Routine Obstetrics (OB)/Deliveries</li> <li>• Elective Inpatient Admissions</li> <li>• Acute Inpatient Rehabilitation</li> <li>• Skilled Nursing Facility (SNF), transitional and sub-acute care</li> <li>• OB and newborn confinements exceeding two day length of stay (LOS) for Vaginal and four day LOS for Cesarean.</li> <li>• All Neonatal Intensive Care (NICU) admissions (including newborns, regardless of LOS)</li> </ul>
Out-of-network services	Referral to a health care provider who is not contracted with UnitedHealthcare	All out-of-network services require prior authorization.
Transplants		For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.