

Prior Authorization Requirements for New Mexico Effective July 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 > 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			
Abdominal paracentesis	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49083			
Bariatric surgery	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
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	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
Carpal tunnel surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	64721			
Cataract surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	66821	66982	66984	

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Cochlear and other auditory implants	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691
Colonoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	45378	45380	45384	45385
Cosmetic and reconstructive	<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
Durable medical equipment (DME) – more than \$500	<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	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME) – more than \$500</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>E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 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>E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 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>E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 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>E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 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>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Enteral services	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
Experimental and investigational		33477 61863 61886 62292 65767 95965 96002 0270T 0285T A9276 E1831 S1040 S9988	36514 61864 62264 64555 66180 95966 0085T 0271T A4638 A9277 S0810 S2102 S9990	54240 61867 62290 64722 95250 95967 0191T 0282T A6000 A9278 S1030 S3652 S9991	55866 61868 62291 65765 95251 95978 0269T 0283T A9274 E0231 S1031 S8262
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Gynecologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	57522 58565	58353	58558	58563
Hernia repair	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49585 49652	49587 49653	49650 49654	49651 49655
Home health services	Prior authorization is required.	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 notification is obtained through OptumRx prior notifications services at 800-310-6826 for Synagis and Xolair	Makena J1725 J2675 Synagis 90378 Xolair J2357			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	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
Liver biopsy	Prior authorization is required if performed in an outpatient hospital setting. 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 NOT 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 L0820 L1005 L1499 L1690 L1730	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics/prosthetics – more than \$500 (cont'd.)	Orthotic and prosthetic codes listed with a retail purchase or a rental cost of more than \$500	L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830	L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840	L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845	L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics/prosthetics – more than \$500 (cont'd.)	Orthotic and prosthetic codes listed with a retail purchase or a rental cost of more than \$500	L5856 L5950 L5964 L5976 L5982 L5988 L6010 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	L5857 L5960 L5966 L5979 L5984 L5990 L6020 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	L5858 L5961 L5968 L5980 L5986 L5999 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	L5930 L5962 L5973 L5981 L5987 L6000 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
Private duty nursing		T1000	T1002	T1003	
Proton beam therapy		77520	77522	77523	77525
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sinuplasty		31295	31296	31297	
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	41599	42145
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	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
		0095T	0098T	0164T	
Tonsillectomy & adenoidectomy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	42820	42821	42825	42826
		42830			
Upper gastrointestinal endoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	43235	43239	43249	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Urologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	50590 52224 52281 52352	52000 52234 52310 52353	52005 52235 52332 52356	52204 52260 52351 57288
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8685	64568 L8686	L8680 L8687	L8682 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	36468 37718	36475 37722	36478 37780	37700
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"> Notification only: Routine Obstetrics (OB)/Deliveries Elective Inpatient Admissions Acute Inpatient Rehabilitation Skilled Nursing Facility (SNF), transitional and sub-acute care OB and newborn confinements exceeding two day length of stay (LOS) for Vaginal and four day LOS for Cesarean. All Neonatal Intensive Care (NICU) admissions (including newborns, regardless of LOS)
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.