

# Advance Notification Requirements for New York Effective May 1, 2016



## General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of New York, contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- **Phone:** 866-604-3267
- **Fax:** 866-950-4490
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

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. 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 E0748	20975 E0749	20979	E0747
<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. 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. Prior authorization is not required if performed at a participating ambulatory surgery center.	66821	66982	66984	

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<p><b>Cochlear and other auditory implants</b></p>	<p>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>69710 69717  L8615 L8619 L8624 L8691</p>	<p> 69718  L8616 L8621 L8627 L8692</p>	<p>69714 69930  L8617 L8622 L8628 L8693</p>	<p>69715  L8614 L8618 L8623 L8690</p>
<p><b>Colonoscopy</b></p>	<p>Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.</p>	<p>45378</p>	<p>45380</p>	<p>45384</p>	<p>45385</p>
<p><b>Cosmetic and reconstructive</b></p>	<p>Advance notification required for inpatient and outpatient cosmetic and reconstructive procedures</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>	<p>11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966</p>	<p>11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026</p>	<p>15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950</p>	<p>15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961</p>
<p><b>Durable medical equipment (DME) – more than \$500</b></p> <p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</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>A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231</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</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</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</p>

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<p><b>Durable medical equipment (DME) – more than \$500 (cont'd.)</b></p> <p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		<p>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>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>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>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>
<p><b>Enteral services</b></p>	<p>In home nutritional therapy either enteral or through a gastrostomy tube</p>	<p>B4034 B4102 B4150 B4155 B4160 B9002</p>	<p>B4035 B4103 B4152 B4157 B4161 B9998</p>	<p>B4036 B4104 B4153 B4158 B4162</p>	<p>B4100 B4149 B4154 B4159 B9000</p>
<p><b>Erectile dysfunction</b></p>	<p>Prior authorization required for all drugs, devices and surgery for erectile dysfunction</p>				
<p><b>Experimental and investigational</b></p>		<p>33477 61863 61886 62292 65767</p>	<p>36514 61864 62264 64555 66180</p>	<p>54240 61867 62290 64722 95250</p>	<p>55866 61868 62291 65765 95251</p>

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<b>Experimental and investigational (cont'd.)</b>		95965 96002 0270T 0285T A9276 E1831 S1040 S9988	95966 0085T 0271T A4638 A9277 S0810 S2102 S9990	95967 0191T 0282T A6000 A9278 S1030 S3652 S9991	95978 0269T 0283T A9274 E0231 S1031 S8262
<b>Gender reassignment surgery</b>		55970	55980		
<b>Femoroacetabular impingement syndrome (FAI)</b>		29914	29915	29916	
<b>Functional endoscopic sinus surgery</b>		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
<b>Gynecologic procedures</b>	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
<b>Hernia repair</b>	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
<b>Home health services</b>		99503 G0155 G0159 G0163 S9122 S9128 T1000	G0151 G0156 G0160 G0164	G0152 G0157 G0161 G0299 S9124 S9131 T1003	G0153 G0158 G0162 G0300 S9127 S9474
<b>Injectable medications</b>		<b>Acthar</b> J0800 <b>Botox</b> J0585    J0586    J0587    J0588 <b>Cerezyme</b> J1786 <b>Elelyso</b> J3060 <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599 <b>Makena</b> J1725    J2675 <b>Synagis</b> 90378			

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Injectable medications (cont'd.)		<b>Xolair</b> J2357			
<b>Joint replacement</b>	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
<b>Liver biopsy</b>	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			
<b>Non-emergent air ambulance transport</b>		A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b>	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
<b>Orthotics and prosthetics – more than \$500</b> Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020

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**Orthotics and prosthetics – more than \$500 (cont'd.)**

Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500

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
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

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<b>Orthotics and prosthetics – more than \$500 (cont'd.)</b> Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500		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		
	<b>Proton beam therapy</b>	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
	<b>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	
<b>Sleep studies</b>	NY LTSS does not require prior authorization.	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	

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<b>Spinal surgery (cont'd.)</b>		63251 63268 63286 63303 63307 0092T	63252 63270 63300 63304 63308 0095T	63265 63271 63301 63305 64553 0098T	63267 63272 63302 63306 64570 0164T
<b>Tonsillectomy &amp; adenoidectomy</b>	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 42830	42821	42825	42826
<b>Upper gastrointestinal endoscopy</b>	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	
<b>Urologic procedures</b>	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
<b>Vagus nerve stimulation</b>	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8682 L8688	64568 L8685	L8680 L8686	L8687
<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 37718	36475 37722	36478 37780	37700
<b>Wound vac</b>		E2402			

**Additional Advance Notification and Prior Authorization Programs**

<b>Procedures and Services</b>	<b>Additional Information</b>	<b>Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization</b>
<b>Behavioral health services</b>	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.
<b>Cardiology prior authorization program</b>		Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance.  Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.  The rendering provider should request prior authorization by



**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																																																
Cardiology prior authorization program (cont'd.)		<p>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</i> &gt; <i>Cardiology Prior Authorization CPT Code Crosswalk</i>.</p>																																																																																
Out-of-network services	A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services																																																																																
Radiology prior authorization		<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>. 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</i> &gt; <i>2014 CPT Code List</i>.</p>																																																																																
Transplants		<p>For transplant services, call OptumHealth 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>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> <tr><td>44127</td><td>44128</td><td>44130</td><td>44132</td></tr> <tr><td>44133</td><td>44135</td><td>44136</td><td>44137</td></tr> <tr><td>44715</td><td>44720</td><td>44721</td><td>47133</td></tr> <tr><td>47135</td><td>47136</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48160</td><td>48550</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>48556</td></tr> <tr><td>50300</td><td>50320</td><td>50323</td><td>50325</td></tr> <tr><td>50327</td><td>50328</td><td>50329</td><td>50340</td></tr> </table>	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
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																																																																															
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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																																																																															

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Transplants (cont'd.)		50360    50365    50370    50380 50547    54680    60512    0051T 0052T    0053T    S2053    S2054 S2055    S2060    S2061    S2065 S2103    S2152    S9975
Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Fax OptumHealth at <b>877-814-0488</b> or call the notification number on the back of the member's ID card.  Q0505    Q0507    Q0508    Q0509 33975    33976    33979    33981 33982    33983