

Advance Notification Requirements for New York Effective July 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			
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			

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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	
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 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 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	Advance notification required for inpatient and outpatient cosmetic and reconstructive procedures 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	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 DME codes listed with a retail purchase or cumulative rental cost of more than \$500	DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only Prosthetics are not DME (<i>Prosthetics and Orthotics</i>) 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>).	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>Durable medical equipment (DME) – more than \$500 (cont’d.)</p> <p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		<p>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>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>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>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>
<p>Enteral services</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>Erectile dysfunction</p>	<p>Prior authorization required for all drugs, devices and surgery for erectile dysfunction</p>				

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Experimental and investigational		33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		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		31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		
Gender reassignment surgery		55970	55980		
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	58353	58558	58563
		58565			
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	49587	49650	49651
		49652	49653	49654	49655
Home health services		99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0160	G0161	G0162
		G0163	G0164	G0299	G0300
		S9122	S9123	S9124	S9127
		S9128	S9129	S9131	S9474
Injectable medications		Acthar			
		J0800			
		Botox			
		J0585	J0586	J0587	J0588
		Cerezyme			
		J1786			
		Elelyso			
		J3060			
		IVIG			
		90283	90284	J1459	J1556
		J1557	J1559	J1561	J1566
	J1568	J1569	J1572	J1575	
	J1599				

Injectable medications (cont'd.)		Makena J1725 J2675 Synagis 90378 Xolair J2357			
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 air ambulance transport		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 and prosthetics – more than \$500 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 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114

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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

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
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	L6050	L6055
L6100	L6110	L6120	L6130

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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		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	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	L7405	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8605
		L8609	L8610	L8612	L8631
		L8659	V2623	V2627	
	Personal care service		T1019		
Private duty nursing		T1000	T1001	T1002	T1003
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	41599	42145
Sleep studies	NY LTSS does not require prior authorization.	95805	95807	95808	95810
		95811			
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

Spinal surgery (cont'd.)		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 42830	42821	42825	42826
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	
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 vac		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	<p>Behavioral health services through a designated behavioral health network</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>												
Cardiology prior authorization program		<p>Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>The rendering provider should request prior authorization by calling 866-889-8054.</p> <p>For additional details, including a list of the CPT codes that require prior authorization, go to UHCommunityPlan.com > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</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 866-889-8054. For more information, including a list of the CPT codes that require prior authorization, go to UHCommunityPlan.com > Radiology > 2014 CPT Code List.</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> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940
32850	32851	32852	32853											
32854	32855	32856	33226											
33930	33933	33935	33940											

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.)		33944 38207 38211 38215 38241 44020 44055 44120 44127 44133 44715 47135 47142 47146 48551 50300 50327 50360 50547 0052T S2055 S2103	33945 38208 38212 38230 38242 44021 44100 44121 44128 44135 44720 47136 47143 47147 48552 50320 50328 50365 54680 0053T S2060 S2152	38205 38209 38213 38232 44010 44025 44110 44125 44130 44136 44721 47140 47144 48160 48554 50323 50329 50370 60512 S2053 S2061 S9975	38206 38210 38214 38240 44015 44050 44111 44126 44132 44137 47133 47141 47145 48550 48556 50325 50340 50380 0051T S2054 S2065
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 877-814-0488 or call the notification number on the back of the member's ID card. 33975 33976 33979 33981 33982 33983 0051T 0052T 0053T Q0507 Q0508 Q0509			