

PRECERTIFICATION EXEMPTIONS FOR OUTPATIENT SERVICES

Policy Number: ADMINISTRATIVE 204.38 TO

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Related Policies

- Refer to the [Policy](#) and [Procedures and Responsibilities](#) sections of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

PURPOSE

Precertification is required for most services rendered in the Outpatient Setting. This policy provides a list of those services which are exempt from the standard outpatient Precertification requirement.

DEFINITIONS

Outpatient Setting: A site of service in which services are rendered to patients who are subsequently discharged without the need for an inpatient (overnight) admission. Examples include hospitals, free-standing ambulatory surgical centers, laboratories and diagnostic testing centers.

Precertification: An authorization given by Oxford that must be received before the Member can obtain certain Covered Services.

Referral: A Referral is a formal, written directive prepared electronically by a Primary Care Physician (PCP) and/or health plan for a Member to receive care from a different Participating Oxford physician or specialist.

POLICY

Oxford requires Precertification for services rendered in the Outpatient Setting, with the exception of the services listed in this policy.

Notes:

- The inclusion of a service within this policy is not a guarantee of coverage or reimbursement. Please refer to the Member's certificate of coverage and/or health benefits plan documentation for specific information regarding any applicable exclusions, limitations, and/or maximums.
- The services discussed in this policy:
 - Are exempt from the standard outpatient Precertification requirements when the service is billed by a physician or a facility.
 - May be subject to one or more of Oxford's reimbursement policies, including but not limited to:
 - *Assistant Surgeon*
 - *Bilateral Procedures*
 - *Multiple Procedures*
 - *Reimbursement for Comprehensive and Component CPT Codes*

PROCEDURES AND RESPONSIBILITIES

Refer to the list of [applicable CPT/HCPCS codes](#) for the following out patient services:

Service(s)	Special Considerations
Ambulatory Blood Pressure Monitoring	For additional information, refer to the policy titled Preventive Care Services .
Artificial Insemination	This applies only to New Jersey Small Group HMO Plans. Precertification is required for all other plans and lines of business.
Behavioral Health Services	<ul style="list-style-type: none"> • For additional information, refer to the policy titled Behavioral Health Services. • Intensive Outpatient Treatment Program (IOP) & Partial Hospitalization Program (PHP) may require Precertification. Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.
Biopsy or Lesion Removal	None
Blood Banking and Transfusion	None
Blood Draw	None
Bone Marrow Aspiration	None
Breast Biopsy (Stereotactic, Ultrasound or MRI Guided)	None
Cardiac Rehabilitation	None
Circumcision	None
Diabetes Self-Management and Education and Prenatal Education	<ul style="list-style-type: none"> • For additional information, refer to the policy titled Preventive Care Services. • Precertification may be required for genetic testing.
Duplex Scan	None
Electroconvulsive Therapy	None
Fine Needle Aspiration	None
Genetic Counseling	<ul style="list-style-type: none"> • For additional information, refer to the policy titled Preventive Care Services. • Precertification may be required for genetic testing.
Hearing Screening, Wearable Hearing Aids and/or The Fitting or Testing Of Hearing Aids	For additional information, refer to the policies titled: <ul style="list-style-type: none"> • Preventive Care Services • Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable
Holter Monitoring	None
Hospital Outpatient Clinic Visit	For additional information, refer to the policy titled Preventive Care Services .
Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions	Precertification may be required for the administered drug or substance.
Hysteroscopy or Laparoscopy	None
Immune Globulins	None

Service(s)	Special Considerations
Immunizations, Vaccines, and Toxoids (including Immunization Administration)	For additional information, refer to the policies titled: <ul style="list-style-type: none"> • Preventive Care Services • Vaccines
Injection for Cystography or Urethrocytography	None
Lactation Classes	For additional information, refer to the policy titled Preventive Care Services .
Lung Cancer Screening (LDCT) Counseling	For additional information, refer to the policy titled Preventive Care Services .
Neurology and Neuromuscular Procedures	<ul style="list-style-type: none"> • For additional information, refer to: Neurophysiologic Testing and Monitoring. • Precertification is required for services rendered by Chiropractors. • Precertification may be required for associated surgical procedures.
Oral Feeding Equipment	None
Otolaryngologic Services	None
Pathology and Laboratory	For additional information, refer to the policies titled: <ul style="list-style-type: none"> • In-Office Laboratory Testing and Procedures List • New York Participating Provider Laboratory & Pathology Protocol • Preventive Care Services
Prostate Cancer Screening	None
Psychological, Neuropsychological and Cognitive Testing	For additional information, refer to the policy titled Neuropsychological Testing Under the Medical Benefit .
Radiology: Diagnostic and Screening Mammography (including Digital Breast Tomosynthesis)	Participating providers may be subject to privileging guidelines. For additional information, refer to the policy titled Oxford's Outpatient Imaging Self-Referral .
Radiology: Diagnostic Imaging and Ultrasound, Bone/Joint Studies and Nuclear Medicine	Participating providers may be subject to privileging guidelines. For additional information, refer to the policy titled Oxford's Outpatient Imaging Self-Referral .
Radiology: Obstetrical Ultrasonography	<ul style="list-style-type: none"> • For participating providers, Precertification is required for the fourth and subsequent procedures (per Member, per pregnancy). • Exceptions may apply. • For additional information, refer to the policies titled: <ul style="list-style-type: none"> ○ Obstetrical Ultrasonography ○ Oxford's Outpatient Imaging Self-Referral
Radiology: Radiopharmaceuticals and Contrast Media	For additional information, refer to the policy titled Radiopharmaceuticals and Contrast Media .
Remote Critical Care	None
Smoking and Tobacco Use Cessation Counseling	For additional information, refer to the policy titled Preventive Care Services .
Tattooing	Precertification is required for all indications other than post-mastectomy breast reconstruction. When CPT code 11920 and/or 11921 is performed as part of post-mastectomy breast reconstruction, the authorization for the mastectomy may be used (if no separate authorization was obtained for CPT codes 11920-11921).
Ventilator Management Care Plan Oversight	None

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan

document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT/HCPCS Codes



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REFERENCES

American Medical Association. Current Procedural Terminology: Professional Edition.

Ingenix. Healthcare Common Procedure Coding System: HCPCS Level II Expert.

Oxford Member Certificate of Coverage.

[UnitedHealthcare Provider Administrative Guide](#) (including Oxford Commercial Supplement).

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> • Revised list of applicable CPT/HCPCS codes for services that do not require precertification in the office or outpatient setting to reflect annual code edits: <ul style="list-style-type: none"> Fine Needle Aspiration ○ Added 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, and 10012 ○ Removed 10022 Hearing Screening, Wearable Hearing Aids and/or the Fitting or Testing of Hearing Aids ○ Added V5171, V5172, V5181, V5211, V5212, V5213, V5214, V5215, and V5221 ○ Removed V5170, V5180, V5210, and V5220 • Immunizations, Vaccines, and Toxoids (including Immunization Administration) <ul style="list-style-type: none"> ○ Added 90689 • Pathology and Laboratory <ul style="list-style-type: none"> ○ Added 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306, 81312, 81320, 81329, 81333, 81336, 81337, 81343, 81344, 81345, 81596, 82642, and 83722 • Psychological, Neuropsychological and Cognitive Testing <ul style="list-style-type: none"> ○ Added 96112, 96113, 96130, and 96131 ○ Removed 96101, 96102, 96103, 96111, 96119, and 96120 • Radiology: Diagnostic Imaging and Ultrasound, Bone/Joint Studies and Nuclear Medicine <ul style="list-style-type: none"> ○ Removed 76001, 78270, 78271, and 78272 • Remote Critical Care <ul style="list-style-type: none"> ○ Removed 0188T and 0189T • Archived previous policy version ADMINISTRATIVE 204.37 TO