

# Prior Authorization Requirements for Colorado Rocky Mountain IFP

Effective Jan. 1, 2025

## General information

This list contains prior authorization requirements for participating Rocky Mountain Health Plans (RMHP) Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans. As a health care professional providing inpatient and outpatient services under these plans, please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- Non-participating care providers may fax request and documentation to 800-262-2567 or 970-255-5681
- EviCore healthcare: Go to [evicore.com](https://evicore.com) or call **800-792-8750**
- For behavioral health services requiring prior authorization, including mental health and substance use disorders, call RMHP at **888-282-8801**, 6 a.m.–2 p.m. MT, Monday–Saturday
- Notification by the admitting facility: (phone) **800-416-2157**, option 4 or **970-248-5197**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Arthroscopy</b>	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29870	29871	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	S2112		
<b>Arthroplasty</b>	Prior authorization required	0095T	0098T	22856	22857
		22858	22861	22862	22864
		22865	22867	22868	22869
		22870			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43770	43771
Bariatric surgery and specific obesity-related services		43772	43773	43774	43775
		43842	43843	43845	43846
		43847	43848	43886	43887
		43888	S2083		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Breast reconstruction</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328	
		19330	19340	19342	19350	
		19355	19357	19361	19364	
		19367	19368	19369	19370	
		19371	19380	19396	19499	
		S2066	S2067	S2068		
		Prior authorization <b>NOT</b> required for the following diagnosis (Dx) codes:				
		C50.011	C50.012	C50.019	C50.021	
		C50.022	C50.029	C50.111	C50.112	
		C50.119	C50.121	C50.122	C50.129	
		C50.211	C50.212	C50.219	C50.221	
		C50.222	C50.229	C50.311	C50.312	
		C50.319	C50.321	C50.322	C50.329	
		C50.411	C50.412	C50.419	C50.421	
		C50.422	C50.429	C50.511	C50.512	
		C50.519	C50.521	C50.522	C50.529	
		C50.611	C50.612	C50.619	C50.621	
		C50.622	C50.629	C50.811	C50.812	
		C50.819	C50.821	C50.822	C50.829	
		C50.911	C50.912	C50.919	C50.921	
		C50.922	C50.929	C79.81	D05.00	
		D05.01	D05.02	D05.10	D05.11	
		D05.12	D05.80	D05.81	D05.82	
		D05.90	D05.91	D05.92	Z42.1	
		Z85.3	Z90.10	Z90.11	Z90.12	
		Z90.13				
	<b>Cardiology managed by eviCore</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance	0571T	0572T	0710T	0711T
0712T			0713T	33207	33208	
33212			33213	33214	33221	
33224			33225	33227	33228	
33229			33230	33231	33240	
33249			33262	33263	33264	
68816			93451	93452	93453	
93454			93455	93456	93457	
93458			93459	93460	93461	
Please submit requests online at <a href="https://www.evicore.com">evicore.com</a> . Or you can call <b>800-792-8750</b> .						
<b>Cardiovascular</b>	Prior authorization required	36473	36474	36475	36476	
		36478	36479	36482	36483	
		36522	37501	37700	37718	
		37722	37735	37760	37761	
		37765	37766	37780	37785	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		37788	37790		
<b>Chemotherapy services</b>	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952, J1954), Fosaprepitant (J1453, J1454), Granisetron (J1627); Filagragstim (J1442, J1447, J1449); Sargramostim (J2820)</li> <li>• Chemotherapy injectable drugs A9513, A9602, A9606, A9607, A9699, A9800</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
<b>Cochlear implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69930	L8619	L8627	L8628
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33927	33928	33929	93702
<b>Congenital heart disease - managed by eviCore</b>	Prior authorization required	33270 93594	33274 93595	33289 93596	93593 93597
Please submit requests online at <a href="http://www.evicore.com">www.evicore.com</a> to sign in. Or, you can call <b>800-792-8750</b>					
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A9274 E2102	A9276 E2103	A9277 A4238	A9278 A4239
<b>Cosmetic and reconstructive</b> 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	Prior authorization required	11920 11970 15772 17108 21120 21125 21139 96922 0490T	11921 11971 15773 17340 21121 21127 96904 0479T G0429	11922 15769 17106 19105 21122 21137 96920 0480T Q2028	11960 15771 17107 19300 21123 21138 96921 0489T
<b>Diagnostic and therapeutic procedures</b>	Prior authorization required	0213T 0217T 0395T	0214T 0218T 91065	0215T 0378T 96379	0216T 0394T
<b>Digestive surgery</b>	Prior authorization required	40806	41120	41130	41512

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Digestive surgery (cont.)</b>		41530	41800	41805	41806
		41825	41826	41827	42140
		42145	42160	43206	43210
		43252	43257	43284	43285
		43289	43497	43647	43648
		43659	43881	43882	44238
		44979	46707	47379	47579
		49329	49659	50549	50949
<b>Durable medical equipment (DME)</b>	Prior authorization required	A4670	E0118	E0302	E0304
	Prosthetics are not DME – see Orthotics and prosthetics.	E0193	E0194	E0467	E0482
		E0465	E0466	E0625	E0636
		E0483	E0555	E0642	E0650
		E0637	E0638	E0671	E0675
		E0651	E0652	E0693	E0694
		E0691	E0692	E0760	E0764
		E0747	E0748	E0936	E0947
		E0770	E0783	E0952	E0953
		E0948	E0951	E0956	E0957
		E0954	E0955	E0960	E0961
		E0958	E0959	E0969	E0971
		E0966	E0967	E0981	E0982
		E0973	E0974	E0985	E0986
		E0983	E0984	E0992	E0994
		E0988	E0990	E1003	E1004
		E0995	E1002	E1007	E1008
		E1005	E1006	E1014	E1015
		E1010	E1012	E1028	E1029
		E1016	E1020	E1036	E1050
		E1030	E1035	E1083	E1084
		E1060	E1070	E1092	E1093
		E1087	E1088	E1150	E1160
		E1100	E1110	E1171	E1172
		E1161	E1170	E1195	E1200
		E1180	E1190	E1222	E1223
		E1220	E1221	E1226	E1227
		E1224	E1225	E1232	E1233
		E1228	E1230	E1236	E1237
		E1234	E1235	E1270	E1280
E1238	E1240	E1297	E1298		
E1285	E1296	E2201	E2202		
E1840	E2120	E2205	E2206		
E2203	E2204	E2209	E2210		
E2207	E2208	E2213	E2214		
E2211	E2212	E2217	E2218		
E2215	E2216	E2221	E2222		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	E2219	E2220	E2226	E2227	
	E2224	E2225	E2310	E2311	
	E2228	E2231	E2321	E2322	
	E2312	E2313	E2325	E2326	
	E2323	E2324	E2329	E2330	
	E2327	E2328	E2342	E2343	
	E2340	E2341	E2361	E2363	
	E2351	E2359	E2367	E2368	
	E2365	E2366	E2371	E2373	
	E2369	E2370	E2376	E2377	
	E2374	E2375	E2382	E2383	
	E2378	E2381	E2386	E2387	
	E2384	E2385	E2390	E2391	
	E2388	E2389	E2395	E2396	
	E2392	E2394	E2500	E2502	
	E2397	E2402	E2508	E2510	
	E2504	E2506	E2603	E2604	
	E2601	E2602	E2607	E2608	
	E2605	E2606	E2613	E2614	
	E2611	E2612	E2619	E2620	
	E2615	E2616	E2623	E2624	
	E2621	E2622	K0002	K0003	
	E2625	K0001	K0006	K0007	
	K0004	K0005	K0011	K0012	
	K0009	K0010	K0018	K0019	
	K0015	K0017	K0038	K0039	
	K0020	K0037	K0042	K0043	
	K0040	K0041	K0046	K0047	
	K0044	K0045	K0052	K0053	
	K0050	K0051	K0070	K0071	
	K0056	K0069	K0077	K0098	
	K0072	K0073	K0606	K0607	
	K0105	K0195	K0739	K0800	
	K0608	K0609	K0813	K0814	
	K0801	K0802	K0820	K0821	
	K0815	K0816	K0824	K0825	
	K0822	K0823	K0828	K0829	
	K0826	K0827	K0836	K0837	
	K0830	K0835	K0840	K0841	
	K0838	K0839	K0848	K0849	
	K0842	K0843	K0852	K0853	
	K0850	K0851	K0856	K0857	
	K0854	K0855	K0860	K0861	
	K0858	K0859	K0864	K0890	
	K0862	K0863	K0891	K0898	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Enteral</b>	Prior authorization required	B4149	B4150	B4152	B4153
		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
		B4164	B4168	B4172	B4176
		B4178	B4180	B4185	B4187
		B4189	B4193	B4197	B4199
		B4216	B5000	B5100	B5200
		S9432	S9433	S9434	S9435
<b>End stage renal disease (ESRD)</b>	Prior authorization required	Q4081			
Services for treating end-stage renal disease, including outpatient dialysis services					
<b>Experimental/investigational procedures</b>	Prior authorization required	34839	53451	53452	53453
		53454	64454	64624	64625
		69705	69706	90587	90626
		90627	91113	93895	95803
		99500	0015M	0062U	0063U
		0064U	0065U	0068U	0077U
		0080U	0086U	0091U	0092U
		0093U	0095U	0096U	0106T
		0107T	0108T	0109T	0110T
		0112U	0152U	0153U	0154U
		0155U	0175T	0202T	0202U
		0207T	0208T	0210T	0211T
		0212T	0219T	0220T	0223U
		0225U	0253T	0255U	0259U
		0261U	0263T	0263U	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	0278T
		0321U	0329T	0330T	0333T
		0335T	0338T	0339T	0342T
		0345T	0347T	0348T	0349T
		0350T	0351T	0358T	0379T
		0397T	0403T	0408T	0409T
		0410T	0411T	0412T	0413T
		0414T	0415T	0416T	0417T
		0418T	0419T	0420T	0421T
		0422T	0437T	0440T	0441T
		0442T	0443T	0444T	0445T
		0446T	0447T	0448T	0450T
		0469T	0472T	0473T	0474T
0488T	0510T	0512T	0513T		
0523T	0524T	0525T	0532T		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Experimental/investigational procedures (cont.)	0541T	0542T	0543T	0544T	
	0545T	0546T	0547T	0552T	
	0554T	0555T	0556T	0557T	
	0558T	0559T	0560T	0561T	
	0562T	0563T	0565T	0566T	
	0569T	0570T	0581T	0582T	
	0583T	0584T	0585T	0586T	
	0587T	0588T	0589T	0590T	
	0591T	0592T	0593T	0594T	
	0596T	0597T	0598T	0599T	
	0600T	0601T	0602T	0603T	
	0604T	0605T	0606T	0607T	
	0608T	0613T	0615T	0619T	
	0620T	0621T	0622T	0623T	
	0624T	0625T	0626T	0627T	
	0628T	0629T	0630T	0631T	
	0632T	0639T	0640T	0643T	
	0644T	0645T	0646T	0647T	
	0650T	0651T	0652T	0653T	
	0654T	0655T	0656T	0657T	
	0658T	0659T	0660T	0661T	
	0662T	0663T	0664T	0665T	
	0666T	0667T	0671T	0672T	
	0673T	0674T	0675T	0676T	
	0677T	0678T	0679T	0680T	
	0681T	0682T	0683T	0684T	
	0685T	0686T	0687T	0688T	
	0689T	0690T	0691T	0692T	
	0693T	0694T	0695T	0696T	
	0699T	0700T	0701T	0704T	
	0705T	0706T	0707T	0708T	
	0709T	A4575	A6000	C1761	
	C1772	C1821	C1891	C2626	
	C9352	C9353	C9354	C9355	
	C9356	C9358	C9360	C9361	
	C9364	C9764	C9778	G0276	
	G0282	G0283	G0295	G0460	
	G0465	G9147	M0076	P9020	
	Q4112	S1030	S1031	S2107	
	S2300	S3650	S8948	S9024	
	S9055	S9056	S9090		
<b>Gastroenterology and general surgery</b>	Prior authorization required	48160			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Gastroenterology procedures</b>	Prior authorization required	91112	91132	91133	
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<b>Gender dysphoria</b>	Prior authorization required	15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15820	15821	15822	15823
		15824	15825	15826	15828
		15829	15832	15833	15834
		15835	15836	15837	15838
		15839	15847	15876	15877
		15878	15879	17360	17380

**Notification or prior authorization required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z89.890**

55970	56805	57291	57292
57296	57335		

<b>Genetic tests/lab services</b>	Prior authorization required	81506	81560	82523	82542
		82726	82777	83006	83698
		83700	83704	83876	83883
		83951	83987	84431	86001
		86305	86343	86849	88375
		88749	89240	89398	0002U
		0003U	0007U	0008U	0009U
		0010U	0011U	0016U	0017U
		0023U	0024U	0025U	0027U
		0035U	0038U	0039U	0040U
		0041U	0042U	0043U	0044U
		0046U	0049U	0051U	0052U
		0054U	0058U	0059U	0061U
		0069U	0071T	0072T	0082U
		0083U	0105U	0106U	0107U
		0108U	0109U	0110U	0115U
		0116U	0117U	0119U	0121U
		0122U	0123U	0140U	0141U
		0142U	0163U	0164U	0165U
		0166U	0174U	0176U	0178U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0198T	0198U	0199U
		0200U	0201U	0207U	0210U
		0219U	0221U	0222U	0224U



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Genetic tests/lab services (cont.)</b>		0226U	0227U	0232T	0243U	
		0247U	0248U	0249U	0251U	
		0256U	0257U	0272U	0275U	
		0279U	0280U	0281U	0283U	
		0284U	0295U	0301U	0302U	
		0303U	0304U	0305U	0308U	
		0309U	0310U	0312U	0315U	
		0316U	0322U	0337U	0338U	
		0342U	0344U	0346U	0351U	
		0365U	0366U	0367U	0375U	
		0376U	0377U	0378U	0381U	
		0382U	0465U	0471U	0473U	
		0474U	0475U			
	<b>Genetic tests/lab services – managed by eviCore</b>		81162	81163	81164	81165
			81166	81167	81173	81174
		81185	81186	81189	81190	
		81201	81202	81203	81212	
		81215	81216	81217	81221	
		81222	81223	81225	81226	
		81227	81228	81229	81230	
		81231	81232	81234	81238	
		81239	81248	81249	81252	
		81253	81257	81258	81259	
		81269	81277	81283	81286	
		81289	81291	81292	81293	
		81294	81295	81296	81297	
		81298	81299	81300	81302	
		81303	81304	81306	81307	
		81308	81313	81317	81318	
		81319	81321	81322	81323	
		81325	81326	81327	81328	
		81335	81336	81337	81346	
		81349	81350	81351	81353	
		81355	81361	81362	81363	
		81364	81400	81401	81402	
		81403	81404	81405	81406	
		81407	81408	81410	81411	
		81412	81413	81414	81415	
		81416	81417	81419	81422	
		81425	81426	81427	81430	
	81431	81432	81434	81435		
	81437	81439	81440	81442		
	81443	81445	81448	81450		
	81455	81460	81465	81470		
	81471	81479	81490	81500		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic tests/lab services – managed by eviCore (cont.)</b>	81503	81504	81507	81518	
	81519	81520	81521	81522	
	81523	81525	81529	81535	
	81536	81538	81539	81540	
	81541	81542	81546	81551	
	81552	81554	81595	81596	
	86152	86153	0001U	0004M	
	0005U	0006M	0007M	0011M	
	0012M	0013M	0016M	0017M	
	0018U	0019U	0021U	0022U	
	0026U	0030U	0031U	0032U	
	0033U	0034U	0036U	0037U	
	0045U	0047U	0048U	0050U	
	0055U	0060U	0067U	0070U	
	0071U	0072U	0073U	0074U	
	0075U	0076U	0079U	0084U	
	0087U	0088U	0089U	0090U	
	0094U	0101U	0102U	0103U	
	0111U	0113U	0114U	0118U	
	0120U	0129U	0130U	0131U	
	0132U	0133U	0134U	0135U	
	0136U	0137U	0138U	0156U	
	0157U	0158U	0159U	0160U	
	0161U	0162U	0169U	0170U	
	0171U	0172U	0177U	0179U	
	0203U	0205U	0209U	0211U	
	0212U	0213U	0214U	0215U	
	0216U	0217U	0218U	0220U	
	0228U	0229U	0230U	0231U	
	0232U	0233U	0234U	0235U	
	0236U	0237U	0238U	0239U	
	0242U	0244U	0245U	0246U	
	0250U	0252U	0253U	0254U	
	0258U	0260U	0262U	0264U	
	0265U	0266U	0267U	0268U	
	0269U	0270U	0271U	0273U	
	0274U	0276U	0277U	0278U	
	0282U	0285U	0286U	0287U	
	0288U	0289U	0290U	0291U	
	0292U	0293U	0294U	0296U	
	0297U	0298U	0299U	0300U	
	0306U	0307U	0313U	0314U	
	0317U	0318U	0319U	0320U	
	0326U	0329U	0331U	0332U	
	0333U	0334U	0335U	0336U	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Genetic tests/lab services – managed by eviCore (cont.)</b>		0339U	0340U	0341U	0343U
		0347U	0348U	0349U	0350U
		0364U	0368U	0379U	0380U
		0388U	0389U	0391U	0392U
		0395U	0398U	0400U	0401U
		0403U	0405U	0409U	0410U
		0413U	0414U	0417U	0418U
		81441	81449	81451	G9143
		S3800	S3840	S3841	S3842
		S3844	S3845	S3846	S3849
		S3850	S3852	S3853	S3854
		S3861	S3865	S3866	S3870

Please submit requests online at [evicore.com](http://evicore.com). Or you can call **800-792-8750**.

<b>Hearing/audio/vision</b>	Prior authorization required	69719	69726	69727	69728
		69729	69730	92066	0308T
		0402T	0449T	65770	65785
		66989	66991	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	68841
		69300	69710	69711	69714
		69716	69717	92145	L8690
		L8691	L8692	L8693	L8694
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5090
		V5100	V5120	V5130	V5140
		V5150	V5160	V5171	V5172
		V5181	V5190	V5200	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5240	V5242
		V5243	V5244	V5245	V5246
		V5247	V5248	V5249	V5250
		V5251	V5252	V5253	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5262
		V5263	V5264	V5265	V5266
		V5267			

<b>Hematology</b>	Prior authorization required	0481T			
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<b>Home healthcare</b>	Prior authorization required	G0248	G0249	G0250	G0277
		M0300	S9341	S9342	S9343
		S9355	S9364	S9365	S9366
		S9367	S9368		

<b>Hysterectomy</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal	58578	58579	58679	59072
		59074	59076		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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hysterectomies

<b>Injectable medications</b>	Prior authorization required	90283	90284	90378	A9590
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly		J0129	J0172	J0174	J0175
		J0177	J0178	J0179	J0180
		J0185	J0202	J0207	J0217
		J0218	J0219	J0221	J0222
		J0223	J0224	J0225	J0256
		J0257	J0364	J0490	J0491
		J0517	J0565	J0567	J0570
		J0584	J0585	J0586	J0587
		J0588	J0596	J0597	J0598
		J0606	J0638	J0717	J0739
		J0775	J0791	J0801	J0802
		J0850	J0879	J0881	J0885
		J0888	J0896	J1203	J1290
		J1300	J1301	J1302	J1303
		J1304	J1305	J1306	J1322
		J1325	J1411	J1412	J1413
		J1414	J1426	J1427	J1428
		J1429	J1437	J1439	J1458
		J1459	J1460	J1551	J1552
		J1554	J1555	J1556	J1557
		J1558	J1559	J1560	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	J1602
		J1632	J1640	J1645	J1650
		J1652	J1726	J1729	J1740
		J1743	J1745	J1747	J1786
		J1823	J1930	J1931	J1932
		J1951	J2182	J2267	J2315
		J2323	J2326	J2327	J2329
		J2350	J2353	J2354	J2356
		J2357	J2425	J2502	J2506
		J2507	J2508	J2562	J2724
		J2777	J2778	J2781	J2782
		J2786	J2796	J2840	J2998
		J3032	J3060	J3095	J3111
		J3240	J3241	J3245	J3247
		J3262	J3285	J3304	J3315
		J3316	J3358	J3380	J3385
		J3396	J3397	J3398	J3399
		J3401	J3489	J7171	J7196
		J7197	J7318	J7320	J7321
		J7322	J7323	J7324	J7325
		J7326	J7327	J7328	J7329

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J7331	J7332	J7352	J7504
		J7511	J9312	J9332	J9333
		J9376	J9381	Q0139	Q5103
		Q5104	Q5106	Q5115	Q5119
		Q5120	Q5121	Q5122	Q5124
		Q5125	Q5128		

<b>Injectable medications- unclassified</b>	Prior authorization required	C9399	J3490	J3590	
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For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Ocrevus Zunovo, Purified Cortrophin™ Gel , Revcovi™ and Voraxaze

<b>Medical and surgical supplies</b>	Prior authorization required	A2013	A4100	A4596	Q4113
		Q4114	Q4125	Q4130	Q4138
		Q4139	Q4142	Q4143	Q4145
		Q4149	Q4150	Q4151	Q4152
		Q4153	Q4154	Q4155	Q4156
		Q4157	Q4158	Q4159	Q4160
		Q4162	Q4167	Q4168	Q4169
		Q4170	Q4171	Q4173	Q4174
		Q4175	Q4183	Q4184	Q4185
		Q4188	Q4189	Q4190	Q4191
		Q4192	Q4193	Q4194	Q4198
		Q4200	Q4201	Q4202	Q4203
		Q4204	Q4205	Q4206	Q4208
		Q4209	Q4211	Q4212	Q4213
		Q4214	Q4215	Q4216	Q4217
		Q4218	Q4219	Q4220	Q4221
		Q4222	Q4224	Q4225	Q4226
		Q4227	Q4229	Q4230	Q4231
		Q4232	Q4233	Q4234	Q4235
		Q4236	Q4237	Q4238	Q4239
		Q4240	Q4241	Q4242	Q4245
		Q4246	Q4247	Q4248	Q4249
		Q4250	Q4251	Q4252	Q4253
		Q4254	Q4255	Q4256	Q4257
		Q4258	Q4259	Q4260	Q4261
		Q4262	Q4263	Q4264	S0013
		S0091	S0136	S0137	S0155
S0156	S0160				

<b>Medicine services and procedures</b>	Prior authorization required	95012	95060	95065	99183
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<b>Musculoskeletal</b>	Prior authorization required	20957	20972	20973	21740
		21742	21743	23472	23473

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Musculoskeletal (cont.)</b>		23474	23929	26556	26989
		27130	27132	27134	27137
		27138	27279	27412	27445
		27446	27447	27486	27487
		29868	33206		
<b>Obstetrical procedures</b>	Prior authorization required	59897	59898	S2400	S2401
		S2402	S2403	S2404	S2405
		S2409	S2411		
<b>Ophthalmology</b>	Prior authorization required	0100T			
<b>Orthognathic surgery</b>	Prior authorization required	21029	21031	21076	21077
		21079	21080	21081	21082
		21083	21084	21085	21086
		21087	21088	21089	21100
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21172	21175	21179	21180
		21181	21182	21183	21184
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21230	21235	21244	21245
		21246	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21270	21275
		21280	21282	21295	21296
		21497			
		<b>Orthotics and prosthetics</b>	Prior authorization required	C1840	L1499
L4010	L4020			L4030	L4130
L4205	L4210			L5000	L5010
L5020	L5050			L5060	L5100
L5105	L5150			L5160	L5200
L5210	L5220			L5230	L5250
L5270	L5280			L5301	L5312
L5321	L5331			L5341	L5400
L5420	L5430			L5450	L5460
L5500	L5505			L5510	L5520
L5530	L5535			L5540	L5560
L5570	L5580			L5585	L5590
L5595	L5600			L5611	L5613
L5614	L5616			L5617	L5626
L5628	L5630			L5631	L5638
L5639	L5640			L5642	L5643
L5644	L5645			L5646	L5647

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	L5648	L5649	L5650	L5651	
	L5652	L5653	L5661	L5671	
	L5673	L5676	L5677	L5679	
	L5681	L5682	L5683	L5700	
	L5701	L5702	L5703	L5704	
	L5705	L5706	L5707	L5711	
	L5714	L5716	L5718	L5722	
	L5724	L5726	L5728	L5780	
	L5781	L5782	L5785	L5790	
	L5795	L5810	L5811	L5812	
	L5814	L5816	L5818	L5822	
	L5824	L5826	L5828	L5830	
	L5840	L5845	L5848	L5856	
	L5857	L5858	L5859	L5910	
	L5920	L5925	L5930	L5940	
	L5950	L5960	L5961	L5962	
	L5964	L5966	L5968	L5969	
	L5972	L5973	L5975	L5976	
	L5979	L5980	L5981	L5982	
	L5984	L5986	L5987	L5988	
	L5990	L6000	L6010	L6020	
	L6026	L6050	L6055	L6100	
	L6110	L6120	L6130	L6200	
	L6205	L6250	L6300	L6310	
	L6320	L6350	L6360	L6370	
	L6380	L6382	L6384	L6388	
	L6400	L6450	L6500	L6550	
	L6570	L6580	L6582	L6584	
	L6586	L6588	L6590	L6621	
	L6623	L6624	L6625	L6628	
	L6646	L6647	L6648	L6686	
	L6687	L6688	L6689	L6690	
	L6692	L6693	L6694	L6695	
	L6696	L6697	L6698	L6704	
	L6706	L6707	L6708	L6709	
	L6711	L6712	L6713	L6714	
	L6715	L6721	L6722	L6880	
	L6881	L6882	L6883	L6884	
	L6885	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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L7191	L7259	L7366	L7368
		L7404	L7405	L7499	L7510
		L7520	L8500	L8679	L8680
		L8681	L8682	L8683	L8684
		L8685	L8686	L8687	L8688
		L8689			
<b>Pain management</b>	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495	64628	64629
		64633	64634	64635	64636
<b>Radiation therapy</b>	Prior authorization required	77014	77331	77370	77371
		77372	77373	77385	77386
		77387	77399	77401	77402
		77407	77412	77470	77520
		77522	77523	77525	79445
		G0339	G0340	G6001	G6002
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		G6015	G6016	G6017	S2095
		<b>Radiology – managed by eviCore</b>	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans <ul style="list-style-type: none"> <li>Nuclear medicine, nuclear cardiology and ultrasound procedures</li> </ul>	70336	70450
70480	70481			70482	70486
70487	70488			70490	70491
70492	70496			70498	70540
70542	70543			70544	70545
70546	70547			70548	70549
70551	70552			70553	70554
70555	71250			71260	71270
71271	71275			71550	71551
71552	71555			72125	72126
72127	72128			72129	72130
72131	72132			72133	72141
72142	72146			72147	72148
72149	72156			72157	72158
72159	72191			72192	72193
72194	72195			72196	72197
72198	73200			73201	73202
73206	73218			73219	73220
73221	73222			73223	73225
73700	73701			73702	73706
73718	73719	73720	73721		
73722	73723	73725	74150		
74160	74170	74174	74175		
74176	74177	74178	74181		



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology – managed by eviCore (cont.)		74182	74183	74185	74261
		74262	74263	74712	74713
		75557	75559	75561	75563
		75565	75571	75572	75574
		75635	76376	76377	76380
		76390	76391	76497	76498
		77046	77047	77048	77049
		78012	78013	78014	78015
		78016	78018	78020	78070
		78071	78072	78075	78102
		78103	78104	78185	78195
		78201	78202	78215	78216
		78226	78227	78230	78231
		78232	78258	78261	78262
		78264	78265	78266	78278
		78290	78291	78300	78305
		78306	78414	78428	78429
		78430	78431	78432	78433
		78434	78445	78451	78452
		78453	78454	78456	78457
		78458	78459	78466	78468
		78469	78472	78473	78481
		78483	78491	78492	78494
		78496	78579	78580	78582
		78597	78598	78600	78601
		78605	78606	78608	78609
		78610	78630	78635	78645
		78650	78660	78700	78701
		78707	78708	78709	78730
		78740	78761	78800	78801
		78802	78803	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	0331T
	0332T	0439T			

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

Please submit requests online at [evicore.com](https://www.evicore.com). Or you can call **800-792-8750**.

For more details and the CPT codes that require prior authorization, please see [Radiology Prior Authorization and Notification](#).

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization					
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	70300	70310	70320	70328		
		70330	70332	70350	70355		
		75573	75580	76120	76125		
		76496	76978	76979	77084		
		78835	0352T	0353T	0609T		
		0610T	0611T	0612T	0633T		
		0634T	0635T	0636T	0637T		
		0638T	0648T	0649T	0697T		
		0698T	C2616	C8900	C8901		
		C8902	C8903	C8905	C8906		
		C8908	C8909	C8910	C8911		
		C8912	C8913	C8914	C8918		
		C8919	C8920	C9762	C9763		
		G0219	G0235	G0252	G0281		
		G0329	S8035	S8080	S8085		
		S8092					
		Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> . Or you can call <b>866-889-8054</b> .					
		For more details and the CPT codes that require prior authorization, please see <a href="#">Radiology Prior Authorization and Notification</a> .					
		<b>Respiratory procedures</b>	Prior authorization required	31641	31647	31648	31649
				31651	31660	31661	32994
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430		
		30435	30450	30465	30468		
		30620	92512	92700			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298		
<b>Skin substitutes</b>	Prior authorization required	Q4101	Q4102	Q4103	Q4104		
		Q4105	Q4106	Q4107	Q4108		
		Q4110	Q4111	Q4115	Q4116		
		Q4117	Q4118	Q4121	Q4122		
		Q4123	Q4124	Q4126	Q4127		
		Q4128	Q4132	Q4133	Q4134		
		Q4135	Q4136	Q4137	Q4140		
		Q4141	Q4146	Q4147	Q4148		
		Q4161	Q4163	Q4164	Q4165		
		Q4166	Q4176	Q4177	Q4178		
		Q4179	Q4180	Q4181	Q4182		
		Q4195	Q4196	Q4197	Q4199		
		S0157					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Sleep procedures</b>	Prior authorization required	S2080			
<b>Spine surgery</b>	Prior authorization required	20930	20931	22505	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22590	22595	22600	22612
		22614	22630	22632	22633
		22634	22860	27280	61888
		62263	62264	63001	63005
		63011	63012	63015	63017
		63020	63030	63035	63045
		63047	63185	63190	63191
		63197	63200	63250	63252
		63265	63267	63268	63270
		63271	63272	63273	63275
		63277	63278	63280	63282
		63283	63285		
<b>Stimulators</b>	Prior authorization required	61850	61860	61863	61864
Implantation of a device that sends electrical impulses		61867	61868	61880	61885
		61886	63650	63655	63663
		63664	63685	63688	64553
		64561	64566	64568	64569
		64570	64581	64582	64583
		64584	64585	64590	64595
		81456	95836	95983	95984
		0515T	0516T	0517T	0519T
		0520T			
<b>Surgery- unlisted</b>	Prior authorization required	15999	17999	20999	21299
		21499	21899	22899	22999
		24999	25999	27599	27899
		28899	29999	30999	31599
		31899	32999	33999	36299
		37799	38999	40799	40899
		41599	42299	42699	42999
		43499	43999	44799	44899
		45399	45499	45999	46999
		47399	47999	48999	49999
		51999	53899	54699	55899
		58999	59899	64999	66999
		67299	67399	67599	67999
		68399	68899	69399	69799
		69949	69979	76499	76999
		77299	77499	77799	78099
		78199	78299	78399	78499
		78599	78699	78799	78999

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Surgery – unlisted (cont.)</b>		79999	81599	84999	90899
		91299	92499	93799	93998
		94799	95199	95999	96999
		99199	99600	B9998	L5999
<b>Transplants</b>	Prior authorization required	32850	32851	32852	32853
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38204	38205	38206
		38208	38209	38210	38211
		38212	38213	38214	38215
		38230	38240	38241	38242
		38243	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	48556	50300	50320
		50323	50325	50327	50328
		50329	50340	50360	50365
		50370	50380	G0341	G0342
		G0343	Q2026	Q2041	Q2042
		Q2053	Q2054	Q2055	S2053
		S2054	S2055	S2060	S2061
		S2065	S2102	S2103	S2140
		S2142	J3392	J3393	J3394
	J3490*	J3590*	Q2056		
		*For unclassified codes J3490, J3590 prior authorization is required for Casgevy, Lantidra, Tecelra and Lyfgenia			
<b>Unlisted</b>	Prior authorization required	38129	38589	39499	39599
		60659	60699		
<b>Urological procedures</b>	Prior authorization required	53855	54400	54401	54405
		54408	54410	54411	54416
		54417	55559	55706	55880
<b>Vein procedures</b>	Prior authorization required	36465	36466	36468	36470
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36471	61630	61635	C9765
		C9766	C9767		
<b>Wound treatment</b>	Prior authorization required	97597	97598	97602	97605
		97606	97607	97608	97610

