

Rocky Mountain Children’s Health Plan - prior authorization

Effective April 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Colorado Rocky Mountain Children’s Health Plan (CHP) health care professionals providing inpatient and outpatient services. Please submit your request 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** 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**.
- Non-participating providers may fax request and documentation to **800-262-2567** or **970-255-5681**
- eviCore healthcare: (web) **www.evicore.com** (phone) **800-792-8750**
- For Behavioral Health Services (including mental, health and substance use disorders), call **877-668-5947**
- 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/or How to Obtain Prior Authorization			
Arthroscopy services	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		29875	29876	29877	29879
		29880	29881	29882	S2112
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43770	43775
		43842	43845	43846	43847
		43848	43860		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19328	19330	19340	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		

Prior Auth NOT required for diagnosis codes listed below:
C50.011 C50.012 C50.019 C50.021

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.)		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
		D05.222	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			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		0614T	0571T	0795T	0796T
		0797T	0801T	0802T	0803T
	33274	0823T	0825T		
Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750					
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	32731	93580	
No prior authorization required for the following diagnosis codes:					
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
	Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) J0885, J1449, J1932, J1954, Lutetium Lu (A9607) J1299, J1323, J1326, J2277, J3055, J3263, Q5148 Chemotherapy injectable drugs that have a Q code 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.		
		<u>Antiemetic codes that require prior authorization</u> J1454 J1434 J2468			
		<u>Bone modifying agent</u> J0897			
		<u>Colony stimulating factors</u>			
		J1442	J1447	Q5108	Q5110
		Q5111	Q5120	Q5122	Q5136
		J2506	Q5157	Q5158	Q5159
Cochlear implants and other Auditory implants	Prior authorization required	69930 L8614	L8619	L8627	L8629
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4239	E0784	E2102	E2103
Cosmetic and reconstructive	Prior authorization required	11960 14060 17107 20931 21145	11971 14061 17108 21141 21146	14020 14301 17999 21142 21147	14021 17106 20930 21143 21150

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		21151	21154	21155	21159
		21160	21180	21181	21182
		21183	21184	21188	21193
Cosmetic procedures		21194	21195	21196	21198
that change or improve		21199	21206	21215	21230
physical appearance		21235	21244	21245	21246
without significantly		21248	21249	21255	21256
improving or restoring		21275	21280	21282	21295
physiological function		21296	21740	21742	21743
		28344	67912	67914	67915
Reconstructive		67916	67917	67921	67922
procedures that treat a		67923	67924	67950	67961
medical condition or		67966	Q2029		
improve or restore		Prior authorization not required when billed with the following			
physiologic function		Dx codes below:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive (cont.)		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	Durable medical equipment (DME)	Prior authorization required	A9520	A9279	A9280	A9900
			E0194	E0265	E0266	E0270
E0277			E0300	E0328	E0329	
Prosthetics are not DME – see Orthotics and prosthetics.		E0445	E0446	E0457	E0460	
		E0465	E0466	E0470	E0471	
		E0483	E0485	E0625	E0636	
		E0637	E0640	E0642	E0651	
		E0652	E0653	E0669	E0670	
		E0675	E0693	E0694	E0700	
		E0710	E0745	E0747	E0748	
		E0749	E0760	E0766	E0930	
		E0956	E0984	E0986	E1002	
		E1003	E1004	E1005	E1006	
		E1007	E1008	E1009	E1010	
		E1030	E1035	E1036	E1130	
		E1161	E1229	E1231	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E1239	E1399	
		E1634	E1825	E1831	E2100	
		E2203	E2227	E2228	E2230	
		E2298	E2301	E2310	E2311	
		E2312	E2321	E2322	E2325	
		E2327	E2329	E2331	E2351	
		E2373	E2378	E2402	E2510	
		E2511	E2512	E2599	E2609	
		E2617	E2620	E2624	E2625	
		E2626	E2627	E2628	E2629	
		E2630	E8000	E8001	E8002	
		K0013	K0108	K0812	K0825	
		K0830	K0831	K0848	K0849	
K0850	K0851	K0852	K0853			
K0854	K0855	K0856	K0857			
K0858	K0859	K0860	K0861			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	S1040
		T1999	T5999		
Enteral services	Prior authorization required	B4149	B4150	B4152	B4153
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
		B9002	B9998	S9434	S9435
Experimental and investigational	Prior authorization required	33477	36514	64722	65765
		66180	A4638	A9274	
Eye, ear, nose and throat	Prior authorization required	69719	69726	69727	69728
		69729	69730		
Gender dysphoria treatment	Prior authorization required	14000	14001	14040	15734
		15738	15750	15757	15758
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	19316	19303	19318
		19325	19342	19350	21121
		21123	21125	21127	21137
		21138	21139	21172	21175
		21179	21208	21209	21210
		30400	30410	30420	30430
		30435	30450	53410	53430
		54125	54405	54520	54660
		54690	55175	55180	56805
		55970	55980	56625	56800
		57110	57335	58661	58720
		58940	64856	64892	64896
		67900			
		These surgical codes with the following Dx codes do require a prior auth:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
Genetic tests/lab services (eviCore)	Prior authorization required	0417U	0018U	0022U	0026U
		0029U	0047U	0048U	0050U
		0055U	0419U	0094U	0101U
		0102U	0103U	0129U	0171U
		0172U	0173U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0306U	0307U
		0326U	0334U	0345U	81162

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore) (cont.)		81163	81164	81228	81229
		81277	81349	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	0409U
		81431	81432	81435	81437
		81439	81443	81445	81448
		81460	81465	81479	0411U
		81518	81519	81520	81521
		81522	81523	81541	81542
		81546	81552	81418	81449
		81451	81599	87505	87507
		G9143	S3854	S3865	S3870
		0364U	0379U	81354	81524
		0616U	0617U	0618U	0619U
		0620U	0621U	0622U	0623U
		0624U	0625U	0626U	0627U
		0628U	0630U		

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Genetic tests/lab services	Prior authorization required	0071T	0072T	0198T	0202T
		0207T	0208T	0210T	0211T
		0212T	0213T	0214T	0215T
		0216T	0217T	0218T	0219T
		0220T	0232T	0263T	0264T
		0265T	0274T	0278T	0308T
		0395T	0397T	0402T	0403T
		0417T	0418T	0419T	0420T
		0422T			

Hearing/audio/vision	Prior authorization required	67901	67902	67903	67904
		67906	67908	67909	67911
		69710	69711	69714	69716
		69717	V5014	V5030	V5040
		V5050	V5060	V5070	V5080
		V5090	V5100	V5120	V5130
		V5140	V5150	V5160	V5190
		V5200	V5215	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	V5336	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home healthcare	Prior authorization required	G0176	G0249	G0250	S9340
		S9341	S9342	S9343	S9355
		S9364	S9365	S9366	S9367
		S9368			
Injectable medications	Prior authorization required Eff 3/1/24 - For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	J0175	90283	90284	Q5101
		A9513	A9590	A9606	A9699
		J1302	Q5125	J0129	J0180
		J0202	J0219	J0221	J0222
		J0224	J0256	J0257	J0490
		J0491	J0517	J0567	J0177
		J0584	J0585	J0586	J0587
		J0588	J0596	J0597	J0598
		J0638	J1628	J9038	J0225
		J0879	J0589	J1290	J1301
		J1303	J1305	J1306	J1322
		J1426	J1428	J1437	J1439
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J1602
		J7171	J2267	J1743	J1745
		J2329	J1786	J1930	J1931
		J1950	J1951	J2182	J2326
		J2350	J2353	J2354	J2356
		J2502	J2506	J2507	J3247
		J2786	J2802	J2840	J2998
		J3060	J3111	J3245	J3262
		J3315	J3316	J3380	J3397
		J3398	J9155	J9202	J9210
		J9217	J9226	Q5103	Q5104
		Q5119	Q5124	J0801	J2781
		J1576	Q5128	J9381	J1411
		J0218	Q5130	Q5127	J1932
		J1449	J1411	J0178	J0179
		J2778	J2779	J0174	J1414
J2327	J1427	J1823	J2777		
J7352	Q5123	J1442	J1447		
J0802	J1203	J9345	J9376		
J0223	J0606	J0717	J0791		
J0896	J1299	J1429	J1558		
J2357	J3032	J3241	J3358		
J3399	J9311	J9312	Q5115		
90378	Q5121	J9324	J2765		
J2782	J9051	J9052	J9064		
J9072	J9172	J9255	J1552		
J9286	C9399*	J3490*	J3590*		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Q5133	Q5135	J1307	J2351
		Q5147	Q9997	Q9998	Q5138
		Q9999	J7170	Q5099	Q5100
		J7172	Q5148	J1072	Q5151
		Q5098	Q5136	Q5152	J1954**
		J7173	J3403	J7174	J1809
		A9615	Q5156	Q5157	Q5158
		J0013	J9256	J1553	J3404
	Q5162				
* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fylnetra, Kebilidi, Lupaneta Pack, Recovi, Riabni, Rivfloza, Skyrizi, Starjemza, Steqeyma IV, white blood cell colony stimulating factors, Veopoz and Yesintek IV.					
** For code J1954, Cancer DX is excluded from prior auth.					
Medical and surgical supplies	Prior authorization required	C1821	Q4282	C9352	C9353
		C9356	C9358	C9360	C9361
		C9364	M0076	P9020	Q2041
		Q2043	Q4114	Q4125	Q4130
		Q4150	Q4152	Q4153	Q4154
		Q4155	Q4156	Q4157	Q4158
		Q4159	Q4160	Q4162	Q4278
		Q4283	Q4284	Q4280	Q4281
		Q4273	Q4274	Q4275	Q4276
		Q4272	S2107	S2300	S3650
		S8948	S9024	S9055	S9056
	S9090				
Medicine services and procedures	Prior authorization required	97533	97605	97606	97750
Musculoskeletal	Prior authorization required	23470			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Obstetrical procedures	Prior authorization required	S2400	S2401	S2402	S2403
		S2404	S2405	S2409	
Orthognathic surgery	Prior authorization required	21240	21242	21247	21299
Orthotics and prosthetics	Prior authorization required	L1499	L3649	L4000	L4070
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5647	L5649
		L5651	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5782	L5790
		L5795	L5811	L5812	L5814
		L5816	L5826	L5848	L5850
		L5845	L5856	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5979	L5980	L5981
		L5982	L5987	L5990	L5999
		L6687	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	L6624
		L6646	L6648	L6689	L6693
		L6694	L6695	L6696	L6697
		L6704	L6708	L6709	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6900	L6905	L6910
		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	L8514	L8682
		L8683	L8685	L8686	L8687
		L8688	L8691	L8692	L8693
		L8694	L3330	L5986	L5988
		L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L1000

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L1005	L1200	L1300	L1310
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1846	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2128
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3265
		L3671	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4010	L4020	L5646
		L5648	L5976	L5984	L6623
		L6686	L6690	L6692	L6707
		L6711	L6895	L6915	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8610
	L8612	L8631	L8659		
Pain management	Prior authorization required	64490 64494	64491 64495	64492	64493
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Psychological and neuropsychological testing	Prior authorization required	96132 96138 96131	96133 96139	96136 96146	96137 96130
Radiation therapy	Prior authorization required	IGRT 77387 Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	
		Radiation treatment delivery			
		77402*	77407	77412	

* Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, 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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

79445

Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call 866-889-8054.

Radiology (eviCore)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70450	70460	70470	70480
		70481	70482	70486	70487
		70488	70490	70491	70492
		70496	70498	70540	70542
		70543	70544	70545	70546

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore)	Certain CT, MRI, MRA and PET scans	70547	70548	70549	70551
		70552	70553	70554	70555
	Nuclear medicine and nuclear cardiology procedures	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	74182
		74183	74185	74261	74262
		74263	78429	78430	75557
		75559	75561	75563	78609
		75571	75572	75574	75635
		76376	76377	76380	76390
		76391	76497	76498	77046
		77047	77048	77049	78499
		78431	78432	78433	78451
		78452	78453	78454	78608
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
	78811	78812	78813	78814	
	78815	78816	78830	70336	
0633T	0634T	0635T	0636T		
0637T	0638T	0697T	0698T		
0710T	0711T	0712T	0713T		
75573	75580	77021	77084		
S8037	S8092	G0235	G0252		
0742T	0865T	0866T	70472		
70473					

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online www.evicore.com to sign in. Or, you can call **800-792-8750**.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore) (cont.)		For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification.			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	96379	G0281		
		Please submit requests online using UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification.			
Rhinoplasty	Prior authorization required	30460	30462		
Skin substitutes	Prior authorization required	Q4117 Q4126 Q4164	Q4122 Q4127 Q4165	Q4123 Q4161	Q4124 Q4163
Sleep procedures	Prior authorization required	64553 95700 95714 95720 41599	64568 95711 95715 95722	64570 95712 95716 95724	64590 95713 95718 21685
Spine surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22590 22630 22804 22818 22850 22858 63016 63050 63075 63087 63170 63286 63303 63307	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22861 63040 63055 63077 63090 63172 63300 63304 63308	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 22899 63042 63056 63081 63101 63173 63301 63305	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63046 63064 63085 63102 63251 63302 63306
Stimulators	Prior authorization required	20975 95980 E0765	20979 95981 64555	63655 95982 L8680	63685 E0762
Surgery	Prior authorization required	23473	0098T	23474	23472

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery (cont.)		27130	27132	27134	27137
		27138	27412	27446	27447
		27446	27447	27486	27487
		29868	30465	36475	30620
		31295	31296	31297	31298
		29914	29915	29916	37700
		33927	33928	33929	36473
		36478	29840	29845	29846
		37718	37722	37765	37766
		37780	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288
		42145	43881	43882	J7330
		24360	24361	24362	24363
		24370	24371	27120	27125
		29866	29867	43648	43659
		58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	61863	61864
		49329	61867	61868	61885
		61886	63045	63047	63185
		63001	63005	63011	63012
		63015	63017	63020	63030
		63190	63191	63650	63200
		63250	63252	63265	63267
		63268	63270	63271	63272
		58570	58571	58572	58573
	Transplants	Prior authorization required	32850	32851	32852
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	47135
		47140	47141	47142	47143
		47144	47145	47146	47147
		48551	48552	48554	50300
		50320	50323	50325	50340
		50360	50365	50370	50547
		38232	44137	44715	44720
		44721	47133	J3393	J3394
		S2053	S2060	S2061	S2103
		33927	33928	33929	Q2042
		Q2053	Q2055	Q2056	J3392
		Q2057	J3391	Q2058	J3402

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		J3387 J3490*	J3389 J3590*	C9399*	
*For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy will require Prior Authorization through Optum Transplant					
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose	Prior authorization required	37799			
Ventricular assist device	Prior authorization required	33975 33982 Q0509	33976 33983	33979 Q0507	33981 Q0508