

Rocky Mountain Health Plan Prime RAE - prior authorization

Effective January 1, 2024

General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Colorado Rocky Mountain Health Plan Prime Health Plan is the primary payor.

Services that are not a benefit of the Member's Evidence of Coverage will not be authorized.

This list changes periodically. Updates are announced routinely in the UnitedHealthcare *Network News*. If viewing a printed copy, please visit UHCprovider.com/priorauth > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.

To request prior authorization for services listed:

- Rocky Mountain Health Plans providers submit requests and supporting documentation to: UHCprovider.com/priorauth > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.
- 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 **888-282-8801**
- 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 providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty services	Prior authorization required	23472	23473	23474	23929
		26556	26989	27130	27132
		27134	27137	27138	27279
		27412	27445	27446	27447
		27486	27487		
Arthroscopy services	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29870	29871	29873
		29874	29875	29876	29877

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Arthroscopy services (continued)		29879	29880	29881	29882	
		29883	29884	29885	29886	
		29887	29868	S2112		
Bariatric surgery	Prior authorization required	43644	43645	43770	43771	
		43772	43773	43774	43775	
		Bariatric surgery and specific obesity-related services	43842	43843	43845	43846
		43847	43848	43886	43887	
		43888	S2083			
Breast reconstruction (non-mastectomy)	Prior authorization required	19300	19316	19318	19325	
		19328	19330	19340	19342	
		19350	19355	19357	19361	
		Reconstruction of the breast, except when following mastectomy	19364	19367	19368	19369
		19370	19371	19380	19396	
		S2066	S2067	S2068		
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	
		33274	33289	93451	93452	
		93453	93454	93455	93456	
		93457	93458	93459	93460	
		93461				
			For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Cardiovascular	Prior authorization required	34839				
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)				
		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.				
		Bone modifying agent				
		J0897				
		Colony stimulating factors				
		J1442	J1447	Q5101	Q5108	
		Q5110	Q5111	Q5120	Q5122	
		J2506				
	* Codes are Effective November 1, 2023					
Congenital heart disease		93593	93594	93595	93596	
		93597				
		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4238 E2103	A4239	E0784	E2102
Cosmetic and reconstructive	Prior authorization required	11920 11970 17108 21029 21079 21083 21087 21120 21125 21139 21145 21151 21160 21180 21184 21195 67902 67908 G0429*	11921 11971 17340 21031 21080 21084 21088 21121 21127 21141 21146 21154 21172 21181 21188 21196 67903 67909	11922 17106 17360 21076 21081 21085 21089 21122 21137 21142 21147 21155 21175 21182 21193 67900 67904 67911	11960 17107 19105 21077 21082 21086 21100 21123 21138 21143 21150 21159 21179 21183 21194 67901 67906 69300
		*Not a benefit for Commercial or RMHP Prime. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)			
Diagnostic and therapeutic	Prior authorization required	91065 92512 96921 S2080	91112 93702 96922 S2411	91132 96904 97610	91133 96920 99183
Digestive	Prior authorization required	41120 41800 41826 42160 43257 43497 43881 46707 49659	41130 41805 41827 43206 43284 43647 43882 47379 50549	41512 41806 42140 43210 43285 43648 44238 47579 50949	41530 41825 42145 43252 43289 43659 44979 49329 53855
Durable medical equipment (DME)	Prior authorization required	A0110 E0194 E0256 E0266 E0292 E0296 E0302 E0329 E0445 E0466 E0472	A9520 E0196 E0260 E0277 E0293 E0297 E0303 E0371 E0457 E0467 E0482	A9999 E0250 E0261 E0290 E0294 E0300 E0304 E0372 E0459 E0470 E0483	E0170 E0255 E0265 E0291 E0295 E0301 E0328 E0373 E0465 E0471 E0500

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0625	E0630	E0635	E0636
		E0637	E0638	E0639	E0641
		E0642	E0650	E0651	E0652
		E0655	E0656	E0657	E0660
		E0665	E0666	E0673	E0675
		E0676	E0691	E0692	E0693
		E0694	E0744	E0745	E0747
		E0748	E0749	E0760	E0770
		E0783	E0830	E0849	E0855
		E0920		E0947	E0948
		E0950	E0951	E0952	E0953
		E0954	E0955	E0956	E0957
		E0958	E0959	E0960	E0961
		E0966	E0968	E0969	E0970
		E0971	E0973	E0974	E0978
		E0980	E0981	E0982	E0983
		E0984	E0986	E0988	E0990
		E0992	E0994	E0995	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1011	E1012	E1014	E1015
		E1016	E1017	E1018	E1020
		E1028	E1029	E1030	E1035
		E1036	E1037	E1050	E1060
		E1070	E1083	E1084	E1085
		E1086	E1087	E1088	E1089
		E1090	E1092	E1093	E1100
		E1110	E1130	E1140	E1150
		E1160	E1161	E1170	E1171
		E1172	E1180	E1190	E1195
		E1200	E1220	E1221	E1222
		E1223	E1224	E1225	E1226
		E1227	E1228	E1229	E1230
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1240	E1250	E1260
		E1270	E1280	E1285	E1290
		E1295	E1296	E1297	E1298
		E1399	E1510	E1580	E1590
		E1592	E1594	E1600	E1620
	E1626	E1629	E1630	E1632	
	E1635	E1639	E1699	E1800	
	E1801	E1802	E1805	E1806	
	E1810	E1811	E1812	E1815	
	E1816	E1818	E1825	E1830	
	E1831	E1840	E2120	E2201	
	E2202	E2203	E2204	E2206	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E2207	E2208	E2209	E2210
		E2211	E2212	E2213	E2214
		E2215	E2216	E2217	E2218
		E2219	E2220	E2221	E2222
		E2224	E2225	E2226	E2227
		E2228	E2230	E2231	E2291
		E2292	E2293	E2294	E2295
		E2300	E2301	E2310	E2311
		E2312	E2313	E2321	E2322
		E2323	E2324	E2325	E2326
		E2327	E2328	E2329	E2330
		E2342	E2343	E2351	E2358
		E2363	E2364	E2365	E2366
		E2367	E2368	E2369	E2370
		E2371	E2372	E2373	E2374
		E2375	E2376	E2377	E2378
		E2381	E2382	E2383	E2384
		E2385	E2386	E2387	E2388
		E2389	E2390	E2391	E2392
		E2394	E2395	E2396	E2397
		E2402	E2502	E2504	E2506
		E2508	E2510	E2512	E2599
		E2601	E2602	E2603	E2604
		E2605	E2606	E2607	E2608
		E2609	E2610	E2611	E2612
		E2613	E2614	E2615	E2616
		E2617	E2619	E2620	E2621
		E2622	E2623	E2624	E2625
		E8000	E8001	E8002	K0001
		K0002	K0003	K0004	K0005
		K0006	K0007	K0008	K0009
		K0010	K0011	K0012	K0014
		K0015	K0017	K0018	K0019
		K0020	K0037	K0038	K0039
		K0040	K0041	K0042	K0043
		K0044	K0045	K0046	K0047
		K0050	K0051	K0052	K0053
		K0056	K0069	K0070	K0071
		K0072	K0073	K0077	K0098
		K0108	K0195	K0606	K0609
	K0669	K0739	K0800	K0801	
	K0802	K0806	K0807	K0808	
	K0812	K0813	K0814	K0815	
	K0816	K0820	K0821	K0822	
	K0823	K0824	K0825	K0826	
	K0827	K0828	K0829	K0830	
	K0831	K0835	K0836	K0837	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		K0898	K0899	S0013	T5001
		T5999	A4555	E0193	E0946
		E1625	E2331	E2340	E2341
		E2359	E2360	E2361	E2362
Enteral services	Prior authorization required	B4149	B4150	B4152	B4153
		B4154	B4155	B4157	B4158
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4159	B4160	B4161	B4162
		B4164	B4168	B4172	B4176
		B4178	B4180	B4185	B4187
		B4189	B4193	B4197	B4199
		B4216	B5000	B5100	B5200
		B9998	S9432	S9433	
Experimental and investigational	Prior authorization required	53451	53452	53453	53454
		61736	61737	62263	62264
		64454	64624	64625	69705
		69706	C1761	C1772	C1891
		C2626	C9354	C9355	C9762*
		C9763*	C9764	C9778	G0276
		G0460	G0465	S8080*	
*Codes C9762, C9763 and S8080 require prior authorization Through EviCore. Please submit requests online www.evicore.com or call 800-792-8750					
Eye, ear, nose and throat	Prior authorization required	65770	65785	66989	66991
		68816	68841	V5090	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	V5264	V5266	V5267
Gastroenterology and general surgery	Prior authorization required	48160			
Gender dysphoria treatment	Prior authorization required	These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		15769	15771	15772	15773
		15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15819	15820	15821	15822
		15823	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15835	15836
		15837	15838	15839	15847
		15876	15877	15878	15879
		17380	56805	57291	57292
		57296	57335	21120	21121
		21122	21123	21125	21127
		21137	21138	21139	21172
		21175	21179	21208	21209
		21210	21899	30400	30410
		30420	30430	30435	30450
		31599	31899	54400	54401
		54405	54408	54410	54411
		54416	54417	56805	67900
Genetic tests/lab services (eviCore)	Prior authorization required	0001U	0004M	0005U	0006M
		0007M	0011M	0012M	0012U
		0013M	0013U	0014U	0016M
		0017M	0018U	0019U	0021U
		0022U	0026U	0029U	0030U
		0031U	0032U	0033U	0034U
		0036U	0037U	0045U	0047U
		0048U	0050U	0419U	0055U
		0056U	0060U	0067U	0069U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0078U
		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
		0170U	0171U	0172U	0173U
	0175U	0177U	0179U	0203U	
	0204U	0205U	0209U	0211U	
	0212U	0213U	0214U	0215U	
	0216U	0217U	0218U	0220U	
	0228U	0229U	0230U	0231U	
	0232U	0233U	0234U	0235U	
	0236U	0237U	0238U	0239U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		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
		0315U	0317U	0318U	0319U
		0320U	0326U	0329U	0330T
		0331T	0331U	0332U	0333U
		0334U	0335U	0336U	0339U
		0340U	0341U	0343U	0345U
		0347U	0348U	0349U	0350U
		0439T	0500T	0504T	0571T
		0572T	0609T	0610T	0611T
		0612T	0623T	0624T	0625T
		0626T	0633T	0634T	0635T
		0636T	0637T	0638T	0648T
		0649T	81162	81163	81164
			81165	81166	81173
			81174	81185	81186
			81185	81185	81189
			81190	81201	81202
			81212	81215	81216
			81221	81222	81223
			81226	81227	81228
			81230	81231	81232
			81238	81239	81248
			81252	81253	81257
			81259	81269	81277
			81286	81289	81291
			81293	81294	81295
			81297	81298	81299
			81302	81303	81304
			81307	81308	81313
			81318	81319	81321
		81323	81325	81326	
		81328	81335	81336	
		81346	81349	81350	
		81353	81355	81361	
		81363	81364	81400	
		81402	81403	81404	
		81406	81407	81408	
		81411	81412	81413	
				81414	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		81415	81416	81417	81419
		81422	81425	81426	81427
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81443	81445	81448	81450
		81455	81460	81465	81470
		81471	81479	81490	81500
		81503	81504	81507	81518
		81519	81520	81521	81522
		81523	81525	81529	81535
		81536	81538	81539	81540
		81541	81542	81546	81551
		81552	81554	81595	81596
		81599	S3800	S3840	S3841
		S3842	S3844	S3845	S3846
		S3849	S3850	S3852	S3853
		S3854	S3854	S3861	S3865
		S3866	S3870	81418	81441
		81449	81451	81456	0330U
		0355U	0356U	0362U	0363U
		0364U	0368U	0379U	0380U
		0386U	0403U	0405U	0409U
		0410U	0411U	0413U	0414U
		0417U	0418U		
	For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750				

Genetic tests/lab services	Prior authorization required	0002U	0003U	0007U	0008U
		0009U	0010U	0011U	0014M
		0015M	0016U	0017U	0023U
		0024U	0025U	0027U	0035U
		0038U	0039U	0040U	0041U
		0042U	0043U	0044U	0046U
		0049U	0051U	0052U	0054U
		0058U	0059U	0061U	0062U
		0063U	0064U	0065U	95065
		0068U	0077U	0080U	0082U
		0083U	0086U	0091U	0092U
		0093U	0095T	0095U	0096U
		0098T	0100T	0105U	0106T
		0106U	0107T	0107U	0108T
		0108U	0109T	0109U	0110T
		0110U	0112U	0115U	0116U
		0117U	0119U	0121U	0122U
		0123U	0140U	0141U	0142U
		0143U	0144U	0145U	0146U
		0147U	0148U	0150U	0152U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		0153U	0154U	0155U	0163U
		0164U	0165U	0166U	0167U
		0169U	0174U	0175T	0176U
		0178U	0180U	0181U	0182U
		0183U	0184U	0185U	0186U
		0187U	0188U	0189U	0190U
		0191U	0192U	0193U	0194U
		0195U	0196U	0198U	0199U
		0200U	0201U	0202U	0207U
		0210U	0219U	0221U	0222U
		0223U	0224U	0225U	0226U
		0227U	0243U	0247U	0248U
		0249U	0251U	0253T	0255U
		0256U	0257U	0259U	0261U
		0263U	0272U	0275U	0279U
		0280U	0281U	0283U	0284U
		0295U	0301U	0302U	0303U
		0304U	0305U	0308U	0309U
		0310U	0312U	0316U	0321U
		0322U	0332T	0333T	0335T
		0337U	0338T	0338U	0339T
		0342T	0342U	0344U	0345T
		0346U	0347T	0348T	0349T
		0350T	0351T	0351U	0352T
		0352U	0353T	0353U	0354U
		0358T	0378T	0379T	0408T
		0424T	0437T	0440T	0441T
		0442T	0443T	0444T	0445T
		0446T	0447T	0448T	0449T
		0450T	0469T	0472T	0473T
		0474T	0479T	0480T	0481T
		0488T	0489T	0490T	0499T
		0501T	0502T	0503T	0510T
		0512T	0513T	0515T	0516T
		0517T	0519T	0520T	0523T
		0524T	0525T	0532T	0533T
		0534T	0535T	0536T	0537T
		0538T	0539T	0540T	0541T
		0542T	0543T	0544T	0545T
		0546T	0547T	0552T	0553T
	0554T	0555T	0556T	0557T	
	0558T	0559T	0560T	0561T	
	0562T	0563T	0564T	0565T	
	0566T	0567T	0568T	0569T	
	0570T	0581T	0582T	0583T	
	0584T	0585T	0586T	0587T	
	0588T	0589T	0590T	0591T	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		0592T	0593T	0594T	0596T
		0597T	0598T	0599T	0600T
		0601T	0602T	0603T	0604T
		0605T	0606T	0607T	0608T
		0613T	0615T	0616T	0617T
		0618T	0619T	0620T	0621T
		0622T	0627T	0628T	0629T
		0630T	0631T	0632T	0639T
		0640T	0641T	0642T	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
		0697T	0698T	0699T	0700T
		0701T	0704T	0705T	0706T
		0707T	0708T	0709T	0710T
		0711T	0712T	0713T	81506
		81560	82523	82542	82726
		82777	83006	83698	83700
		83704	83876	83883	83951
		83987	84431	86001	86152
		86153	86305	86343	86849
	88375	88749	89240	89398	
	95012	95060			
Hearing/audio/vision	Prior authorization required	92065	92145	99174	99177
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5100
		V5120	V5130	V5140	V5150
Hyperbaric treatment	Prior authorization required	G0277			
Hysterectomy	Prior authorization required	58578	58579	58679	
Infusion and injection services	Prior authorization required	M0300			
Injectable medications	Prior authorization required	90283	90284	90291	90378
		A9513	A9590	A9590	A9606
		A9699	C9149	C9151	C9157
		C9160*	C9162*	C9399*	J0129
		J0174	J0178	J0179	J0180
		J0202	J0217	J0218	J0219
J0221	J0222	J0223	J0224		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J0256	J0257	J0271	J0490
		J0491	J0517	J0567	J0570
		J0584	J0585	J0586	J0587
		J0588	J0596	J0597	J0598
		J0606	J0638	J0717	J0739
		J0741	J0791	J0800	J0801
		J0802	J0879	J0885	J0896
		J0897	J1290	J1300	J1301
		J1302	J1303	J1304	J1305
		J1306	J1322	J1411	J1412
		J1413	J1426	J1427	J1428
		J1429	J1437	J1439	J1449
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		J1602	J1726	J1729	J1743
		J1745	J1746	J1747	J1786
		J1823	J1930	J1931	J1932
		J1950	J1951	J2182	J2326
		J2327	J2329	J2350	J2353
		J2354	J2356	J2357	J2502
		J2506	J2507	J2508	J2675
		J2777	J2778	J2779	J2781
		J2786	J2796	J2840	J2998
		J3032	J3060	J3111	J3241
		J3245	J3262	J3315	J3316
		J3358	J3380	J3397	J3398
		J3399	J3401	J3490*	J3590*
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332	J7352	J9155
		J9202	J9210	J9217	J9225
		J9226	J9311	J9312	J9332
		J9333	J9334	Q0515	Q2028
		Q2041	Q2043	Q4082	Q5101
		Q5103	Q5104	Q5107	Q5108
		Q5110	Q5111	Q5115	Q5119
		Q5120	Q5121	Q5122	Q5123
		Q5124	Q5125	Q5127	Q5128
	Q5130	S0013			

* For unclassified and temporary codes C9399, J3490, J3590 and Q5123 prior authorization is required only for Amvuttra, Flyneta, Lupaneta Pack, Nulibry, Recovi, Riabni, Skyrizi, Syfovre, white blood cell colony stimulating factors Veopoz, and Purified Cortrophine Gel.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Effective January 1, 2024 – IZERVAY only use temp codes of J3490, J3590 and C9162.			
		Effective January 1, 2024 – DAXXIFY only use temp codes of C9160			
Medical and surgical supplies	Prior authorization required	Q4118	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4138
		Q4139	Q4140	Q4141	Q4142
		Q4143	Q4145	Q4146	Q4147
		Q4148	Q4149	Q4166	Q4167
		Q4168	Q4169	Q4170	Q4171
		Q4173	Q4174	Q4175	Q4176
		Q4177	Q4178	Q4179	Q4180
		Q4181	Q4182	Q4183	Q4184
		Q4185	Q4188	Q4189	Q4190
		Q4191	Q4192	Q4193	Q4194
		Q4195	Q4196	Q4197	Q4198
		Q4200	Q4201	Q4202	Q4203
		Q4204	Q4205	Q4206	Q4208
		Q4209	Q4210	Q4211	Q4212
		Q4213	Q4214	Q4215	Q4216
		Q4217	Q4218	Q4219	Q4220
		Q4221	Q4222	Q4224	Q4225
		Q4226	Q4227	Q4228	Q4229
		Q4230	Q4231	Q4232	Q4233
		Q4234	Q4235	Q4236	Q4237
		Q4238	Q4239	Q4240	Q4241
		Q4242	Q4244	Q4245	Q4246
		Q4247	Q4248	Q4249	Q4250
		Q4251	Q4252	Q4253	Q4254
		Q4255	S0128	A2013	A4100
		A4596	Q4256	Q4257	Q4258
		Q4259	Q4260	Q4261	Q4262
Q4263	Q4264	C1849			
Medicine services and procedures	Prior authorization required	90587	90626	90627	90759
		91113	92700	93895	95803
		97537	97542	97545	97546
		97597	97598	97602	97605
		97606	97607	97608	99500
Musculoskeletal	Prior authorization required	20957	20972	20973	
Nerve stimulator devices	Prior authorization required	E0762			
Obstetrical	Prior authorization required	59072	59074	59076	59897
		59898			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21198	21199	21206	21208
		21209	21210	21215	21230
		21235	21244	21245	21246

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont.)		21248	21249	21255	21256
		21260	21261	21263	21267
		21268	21270	21275	21280
		21282	21295	21296	21497
		21740	21742	21743	
Orthotics and prosthetics	Prior authorization required	L1499	L3649	L4000	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	L5617	L5638	L5639
		L5640	L5642	L5643	L5644
		L5645	L5647	L5649	L5650
		L5651	L5653	L5661	L5671
		L5673	L5679	L5681	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5785	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5920	L5930	L5940	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5969	L5973
		L5979	L5980	L5981	L5982
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6026	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		
L6628	L6638	L6646	L6648		
L6687	L6689	L6693	L6694		
L6695	L6696	L6697	L6698		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L6704	L6706	L6708	L6709
		L6712	L6713	L6714	L6715
		L6721	L6722	L6880	L6881
		L6882	L6883	L6884	L6885
		L6900	L6905	L6910	L6920
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7259	L7404
		L7405	L7499	L8500	L8507
		L8512	L8679	L8681	L8682
		L8683	L8684	L8685	L8686
		L8687	L8688	64451	64461
		64462	64463	64490	64491
		64492	64493	64494	64495
Psych testing	Prior authorization required	96112	96113		
Radiology (eviCore)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
	Certain CT, MRI, MRA and PET scans	70542	70543	70544	70545
		70546	70547	70548	70549
	Nuclear medicine and nuclear cardiology procedures	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		
74182	74183	74185	74261		
74262	74263	74712	74713		
75557	75559	75561	75563		
75565	75571	75572	75574		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (eviCore cont.)		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	

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online www.evicore.com or call **800-792-8750**

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	70100	70110	70300	70310
		70320	70328	70330	70332
		70350	70355	75573	76120
		76125	76496	76978	76979
		77084	78835	C1840	C2616
		C8900	C8901	C8902	C8903
		C8905	C8906	C8908	C8909
		C8910	C8911	C8912	C8913
		C8914	C8918	C8919	C8920
		C9085	C9086	C9765	C9766
		C9767	G0219	G0235	G0252
		G0329	S2095	76499	78099*
		78199	78299	78399	78499
		78599	78699	78799	93998

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont.)		*For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Radiation therapy	Prior authorization required	32701 77522 77620	77373 77523 96446	77435 77525 G0339	77520 77605 G0340
Respiratory	Prior authorization required	31641 31651	31647 31660	31648 31661	31649 32994
Rhinoplasty	Prior authorization required	30400 30435 30620	30410 30450	30420 30465	30430 30468
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Spine surgery	Prior authorization required	20930 22534 22554 22595 22630 22856 22556 22865 22870 63012 63030 63185 63200 63267 63272 63278 63285 64634	20931 22548 22558 22600 22632 22857 22861 22867 63001 63015 63035 63190 63250 63268 63273 63280 64628 64635	22505 22551 22585 22612 22633 22858 22862 22868 63005 63017 63045 63191 63252 63270 63275 63282 64629 64636	22533 22552 22590 22614 22634 27280 22864 22869 63011 63020 63047 63197 63265 63271 63277 63283 64633
Stimulators	Prior authorization required	41820 61864 61885 63655 63688 64568 64582 64590 95984	61850 61867 61886 63663 64553 64569 64583 64595	61860 61868 61888 63664 64561 64570 64584 95836	61863 61880 63650 63685 64566 64581 64585 95983
Surgery and unlisted surgery	Prior authorization required	15999 21299 22999 27899 31599 36299 38999 40806	17999 21499 24999 28899 31899 37799 39499 40899	19499 21899 25999 29999 32999 38129 39599 41599	20999 22899 27599 30999 33999 38589 40799 42299

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery and unlisted surgery (cont.)		42699	42999	43499	43999
		44799	44899	45399	45499
		45999	46999	47399	47999
		48999	49999	51999	53899
		54699	55899	58999	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		68399	68899	69399	69799
		69949	69979	76999*	78999
		79999	84999	95999	96999
*For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750					
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38205	38206	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
		50547	G0341	G0342	G0343
		S2054	S2055	S2060	S2061
		S2065	S2140	S2142	38204
38205	38206	38207	38208		
38209	38210	38211	38212		
38213	38214	38215			
Unlisted	Prior authorization required	77299	77399	77499	77799
		91299	92499	93799	94799
		95199	99199		
Urological	Prior authorization required	54400	54401	54405	54408
		54410	54411	54416	54417
		55559	55706	55880	
Vein procedures	Prior authorization required	36465	36466	36468	36470
		36471	36473	36474	36475
		36476	36478	36479	36482
		36483	36522	37501	37700
		37718	37722	37735	37760
		37761	37765	37766	37780
		37785	37788	37790	61630
		61635			