

# Rocky Mountain Health Plan Prime RAE

Effective April 1, 2026

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Colorado Rocky Mountain Health Plan Prime 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](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 providers may fax request and documentation to **800-262-2567** or **970-255-5681**
- eviCore healthcare: (web) [www.evicore.com](https://www.evicore.com) (phone) **800-792-8750**
- For Behavioral Health Services (including mental, health and substance use disorders), call **800-421-6204**
- 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			
<b>Arthroplasty services</b>	Prior authorization required	23472	23473	23474	26989
		27130	27132	27134	27137
		27138	27412	27446	27447
		24786	27487		
<b>Arthroscopy services</b>	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		29875	29876	29877	29879
		29880	29881	29882	29868
	S2112				
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43770	43775
		43842	43845	43846	43847
		43848	43860		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		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
		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					
<b>Cardiology</b>	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
		93452	93453	93454	93455
		93456	93457	93458	93459
		93460	93461	93350	93351
		0571T	0614T	0795T	0796T
		0797T	0801T	0802T	0803T
33274	0823T	0825T			
Please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> to sign in. Or, you can call <b>800-792-8750</b>					
<b>Cardiovascular</b>	Prior authorization required	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (cont.)</b>		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	
		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				
	<b>Chemotherapy</b>	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>			
			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.			
			<b><u>Antiemetic codes that require prior authorization</u></b>			
			J1434 J2468			
		<b>Bone modifying agent</b>				
		J0897				
		<b>Colony stimulating factors</b>				
		J1442	J1447	Q5101	Q5108	
		Q5110	Q5111	Q5120	Q5122	
		J2506	Q5136	Q5157	Q5158	
		Q5159				
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4239	E0784	E2102	E2103	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	17106	17107	
		17108	21121	21123	67908	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		21125	21127	21137	21138	
		21139	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	67900	67901	
		67902	67903	67904	67906	
		67909	67911	14020	14021	
		14060	14061	14301	28344	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67912	67914	67915	67916
			67917	67921	67922	67923
			67249	67950	67961	67966
		14041	67924			
		Prior authorization not required when billed with the following 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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	
		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		
	<b>Digestive</b>	Prior authorization required	42145 43882	43648 49329	43659	43881
<b>Durable medical equipment (DME)</b>	Prior authorization required	E0194	E0265	E0266	E0277	
		E0300	E0328	E0329	E0445	
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>		E0457	E0465	E0466	E0483
			E0625	E0636	E0637	E0642
			E0651	E0652	E0656	E0657
			E0660	E0665	E0675	E0693
			E0694	E0745	E0747	E0748
			E0749	E0760	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
			E1329	E1399	E2298	E1825
			E1831	E2203	E2227	E2228
			E2230	E2301	E2310	E2311
			E2312	E2321	E2322	E2325
			E2327	E2329	E2351	E2373
			E2378	E2402	E2510	E2512
	E2599	E2609	E2617	E2620		
	E2624	E2625	E8000	E8001		
	E8002	K0008	K0825	K0108		
	K0812	T1999	K0830	K0831		
	K0848	K0849	K0850	K0879		
	K0880	K0884	K0851	K0852		
	K0853	K0854	K0855	K0856		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont.)</b>		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0885	K0886
		K0890	K0891	T5999	E2331
		A9279	A9280	A9900	E0270
		E0460	E0470	E0471	E0669
		E0670	E0700	E0710	E0766
		E2100	E2298	E2511	E2626
		E2627	E2628	E2629	E2630
		K0013	S1040		
	<b>Enteral services</b>	Prior authorization required	B4149	B4150	B4152
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
		B9002	B9998		
<b>Experimental and investigational</b>	Prior authorization required	33477	36514	64722	65765
		66180	A4638	A9274	
<b>Gender dysphoria treatment</b>	Prior authorization required	14000	14001	14040	15734
		15738	15750	15757	15758
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	19303	53410	54125
		54520	56805	57335	64405
		54660	54690	55175	55180
		55970	55980	56625	56800
		57110	58661	58720	58940
		64856	64892	64896	

These surgical codes with the following Dx codes do require a prior auth:

		F64.0	F64.1	F64.2	F64.8
<b>Genetic tests/lab services (eviCore)</b>	Prior authorization required	F64.9	Z87.890		
		0018U	0022U	0026U	0029U
		0037U	0047U	0048U	0050U
		0419U	0094U	0101U	0102U
		0103U	0129U	0171U	0172U
		0173U	0175U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0265U	0282U
		0306U	0307U	0326U	0334U
		0633T	0634T	0635T	0636T
		0637T	0638T	81162	81163

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic tests/lab services (eviCore)</b>		81164	81228	81229	81277
		81349	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81412
		81413	81414	87507	81432
		81437	81439	81443	81448
		0098T	81518	81519	81520
		81521	81522	81523	81541
		81542	81546	81552	81599
		S3854	S3865	S3870	81418
		81449	81451	0364U	0379U
		0409U	0411U	0417U	87505
		81354	81524	0616U	0617U
		0618U	0619U	0620U	0621U
		0622U	0623U	0624U	0625U
		0626U	0627U	0628U	0630U
Please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> to sign in. Or, you can call <b>800-792-8750</b>					
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571
		58572	58573		
<b>Injectable medications</b>	Prior authorization required	J1203	J9381	J2327	Q2041
		J1414	Q5103	Q5104	Q5120
	Eff 3/1/24 - For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	Q5122	90283	90284	90378
		A9513	A9590	A9606	A9699
		J1302	J2781	J1411	Q5128
		Q5121	Q5124	J1449	C9149
		Q5125	J2777	J0129	J0180
		J0202	J0219	J0221	J0222
		J0223	J0224	J0256	J0257
		Q5130	J0490	J0491	J0517
		J0567	J0175	J0584	J0585
		J0586	J0587	J0588	J0596
		J0597	J0598	J0606	J0638
		J0717	J1552	J9038	J0791
		J0225	J0879	J2329	J0896
		J0897	J1290	J1299	J1301
		J1303	J1305	J1306	J1322
		J1426	J1427	J1428	J1429
J1437	J1439	J1458	J1459		
J1551	J1554	J1555	J1556		
J1557	J1558	J1559	J1561		
J1566	J1568	J1569	J1572		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Injectable medications (cont.)</b>		J1575	J1599	J1602	J7171	
		J2267	J1743	J1745	J1576	
		J1786	J1823	J1930	J1931	
		J1950	J1951	J2182	J2326	
		J2350	J2353	J2354	J2356	
		J2357	J2502	J2506	J2507	
		J3247	J2786	J2802	J2840	
		J2998	J3032	J3060	J3111	
		J3241	J3245	J3262	J3315	
		J3316	J3358	J3380	J3397	
		J3398	J3399	J7352	J2782	
		J0177	J0589	J0801	J0802	
		J0218	J0178	J0179	J2778	
		J2779	J0174	J1932	J1413	
		J9376	C9399*	J3490*	J3590*	
		J1628	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	J1553	J3404	
		Q5162				
			* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fylnetra, Kebilidi, Lupaneta Pack, Ocrevus Zunovo, Recovi, Riabni, Skyrizi, Starjemza, Steqeyma IV, Syfovre, white blood cell colony stimulating factors, Purified Cortrophine Gel, and Yesintek IV.			
			** For code J1954, Cancer DX is excluded from prior auth.			
<b>Medicine services and procedures</b>	Prior authorization required	91113	97605	97606		
<b>Musculoskeletal</b>	Prior authorization required	23470				
<b>Nerve stimulator devices</b>	Prior authorization required	E0762				
<b>Non emergency transportation</b>	Prior authorization required	A0430	A0431	A0435	A0436	
<b>Orthognathic surgery</b>	Prior authorization required	21198	21199	21206	21208	
		21209	21210	21215	21230	
Treatment of maxillofacial/jaw functional impairment		21235	21244	21245	21246	
		21248	21249	21255	21256	
		21275	21280	21282	21295	
		21296	21740	21742	21743	
		21240	21242	21247		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics</b>	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	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5647	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5930	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5950	L5845
		L5848	L5856	L5857	L5858
		L5960	L5961	L5962	L5964
		L5966	L5968	L6646	L5973
		L5979	L5980	L5981	L5982
		L5986	L5987	L5988	L5990
		L5999	L6648	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	L6687	L6689	L6693
		L6694	L6695	L6696	L6697
		L6704	L6708	L6709	L6712
		L6713	L6714	L6715	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		L7186	L7190	L7191	L7405
		L7499	L8682	L8683	L8685
		L8686	L8687	L8688	64490
		64491	64492	64493	64494
		64495	L0112	L0170	L0456
		L0462	L0464	L0480	L0482
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L1000
		L1008	L1200	L1300	L1310
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1846	L1847	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2128
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3730
		L3740	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	L6925
		L8040	L8042	L8043	L8044
	L8045	L8046	L8047	L8499	
	L8610	L8612	L8631	L8659	
<b>Private duty nursing</b>	Prior authorization required	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Psychological and neuropsychological testing</b>	Prior authorization required	96132	96133	96136	96137
		96138	96139	96146	96130
		96131			
<b>Radiology (eviCore)</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (eviCore cont.)</b>	Nuclear medicine and nuclear cardiology procedures	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	75557	75559
		75561	75563	75571	75572
		75574	75635	76376	76377
		76380	76390	76391	76497
		76498	77046	77047	77048
		77049	78429	78608	78609
		78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78811	78812	78813	78814
		78815	78816	78830	75573
		75580	77021	77084	78499
		G0235	G0252	S8037	S8092
70473	0633T	0634T	0635T		
0636T	0637T	0638T	0697T		
0698T	0710T	0711T	0712T		
0713T	0742T	0865T	0866T		
70472					

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](http://www.evicore.com) to sign in. 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/or How to Obtain Prior Authorization
<b>Radiation therapy</b>	Prior authorization required	<p><b>IGRT</b> 77387</p> <p><b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520      77522      77523      77525</p> <p><b>Special/associated services</b> 77331      77370      77399      77470</p> <p><b>SRS/SBRT</b> 77371      77372      77373</p> <p><b>Radiation treatment delivery</b> 77402*      77407      77412</p>

\* 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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30620
		30460	30462		
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep procedures</b>	Prior authorization required	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	21685
<b>Spine surgery</b>	Prior authorization required	20930	20931	22533	22548
		22551	22554	22558	22590
		22595	22600	22612	22630
		22633	22856	22858	22556
		22861	63001	63005	63011
		63012	63015	63017	63020
		63030	63272	63045	63047
		63185	63190	63191	22100
		63200	63250	63252	63265
		63267	63268	63270	63271
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22510	22511	22512	22513
		22514	22515	22532	22586
		22610	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	63003	63016
		63040	63042	63046	63050
63055	63056	63064	63075		
63077	63081	63085	63087		
63090	63101	63102	63170		
63172	63173	63251	63286		
63300	63301	63302	63303		
63304	63305	63306	63307		
63308					
<b>Stimulators</b>	Prior authorization required	20975	20979	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64568	64570	64555	L8680
		64590			
<b>Surgery and unlisted surgery</b>	Prior authorization required	17999	21299	22899	21299
		29914	29915	29916	29845
		37799	41599	29846	31288
		31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	24360	24361

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Surgery and unlisted surgery (cont.)</b>		24362	24363	24370	24371
		27120	27125	29866	29867
		J7330	29840		
<b>Transplants</b>	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38240	38232	38241	38242
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	S2060	S2061	44137
		44715	44720	44721	47133
		J3392	J3393	J3394	Q2042
		Q2053	Q2057	J3391	Q2058
		J3490*	J3590*	C9399*	J3402
		J3387	J3389		
		* For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy will require Prior Authorization through Optum Transplant.			
<b>Unlisted</b>	Prior authorization required	77399			
<b>Urological</b>	Prior authorization required	54405			
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	33975	33976	33979	33981
		33982	36473	33983	36475
		36478	37700	37718	37722
		37765	37766	37780	Q0507
		Q0508	Q0509		