

Rocky Mountain Health Plan Prime RAE

Effective July 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** 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**.
- **eviCore healthcare:** (web) **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			
Arthroplasty services	Prior authorization required	23472	23473	23474	27130
		27132	27134	27137	27138
		27412	27446	27447	27486
		27487			
Arthroscopy services	Prior authorization required	29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	29868
		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)	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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast, except when following mastectomy		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
		33274	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	0614T	0795T	0571T
		0796T	0797T	0801T	0802T
Cardiovascular	Prior authorization required	0803T	0823T	0825T	
		Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750			
		0569T	0570T	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
		I70.339	I70.341	I70.342	I70.343

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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
		M86.40	M86.451	M86.452	M86.459

Cardiovascular

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(cont.)		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> J1434 J2468 Bone modifying agent J0897 Colony stimulating factors J1442 J1447 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 J2506 Q5136 Q5157 Q5158 Q5159			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4239	E0784	E2102	E2103
		Prior authorization is required with the following Type 2 and gestational diabetes Dx codes: E11.00 E11.01 E11.10 E11.11 E11.21 E11.22 E11.29 E11.311 E11.319 E11.3211 E11.3212 E11.3213 E11.3219 E11.3291 E11.3292 E11.3293			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor (cont.)		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive	Prior authorization required	11960	11971	17106	17107
		17108	21121	21123	67908
		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
		67912	67914	67915	67916
		67917	67921	67922	67923
		67950	67961	67966	67924
		14041			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		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
Cosmetic procedures that change or improve physical appearance without significantly		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
improving or restoring physiological function		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		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	
Digestive	Prior authorization required	42145	43648	43659	43881
		43882	49329		
Durable medical equipment (DME)	Prior authorization required	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0471	E0483	E0625	E0636
		E0637	E0642	E0651	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0747	E0748	E0749
		E0760	E0766	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	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	K0005	K0008	K0013
		K0108	K0812	K0825	K0830
		K0831	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	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		
Experimental and investigational	Prior authorization required	33477	36514	64722	65765
		66180	A4638	A9274	
Gender dysphoria treatment	Prior authorization required	14000	14001	14040	15734
		15738	15750	15757	15758
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	19303	53410	54125
		54520	54660	54690	55175

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		55180	55970	55980	56625
		56800	56805	57110	57335
		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
		F64.9	Z87.890		
Genetic tests/lab services (eviCore)	Prior authorization required	81162	81163	81164	81228
		81229	81277	81349	81354
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81412	81413
		81414	81432	81437	81439
		81443	81448	81449	81451
		81518	81519	81520	81521
		81522	81523	81524	81541
		81542	81546	81552	81599
		0018U	0022U	0026U	0037U
		0047U	0048U	0050U	0094U
		0098T	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	0306U	0307U
		0326U	0334U	0364U	0379U
		0409U	0411U	0417U	0419U
		0616U	0617U	0618U	0619U
		0620U	0621U	0622U	0623U
		0624U	0625U	0626U	0627U
		0628U	0630U	0631U	0632U
		0633T	0633U	0634T	0634U
		0635T	0635U	0636T	0637T
		0638T	0641U	0642U	0643U
		0644U	0645U	0646U	0647U
		0648U	0649U	0650U	0651U
		0652U	0653U	0657U	0658U
		0659U	81418	S3854	S3865
			S3870		
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			
Hysterectomy	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		
Injectable medications	Prior authorization required	90283	90284	90378	A9513
		A9590	A9606	A9615	A9699
	For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	C9399*	J0129	J0174	J0175
		J0177	J0178	J0179	J0180
		J0202	J0218	J0219	J0221
		J0222	J0223	J0224	J0225
		J0256	J0257	J0490	J0491
		J0517	J0567	J0570	J0584
		J0585	J0586	J0587	J0588
		J0589	J0596	J0597	J0598
		J0606	J0638	J0717	J0739
		J0791	J0801	J0802	J0879
		J0896	J0897	J1072	J1203
		J1289	J1290	J1299	J1301
		J1302	J1303	J1305	J1306
		J1307	J1322	J1411	J1413
		J1414	J1426	J1427	J1428
		J1429	J1437	J1439	J1449
		J1458	J1459	J1551	J1552
		J1553	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	J1602
		J1628	J1743	J1745	J1786
		J1809	J1823	J1930	J1931
		J1932	J1950	J1951	J1954**
		J1961	J2182	J2267	J2326
		J2327	J2329	J2350	J2351
		J2353	J2354	J2356	J2357
		J2502	J2506	J2507	J2777
		J2778	J2779	J2781	J2782
		J2786	J2802	J2840	J2998
		J3032	J3060	J3111	J3241
		J3245	J3262	J3315	J3316
		J3358	J3380	J3397	J3398
		J3399	J3403	J3404	J3405
		J3490*	J3590*	J7170	J7171
		J7172	J7173	J7174	J7325
		J7352	J9038	J9256	J9301
		J9332	J9376	J9381	Q2041

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Q5098	Q5099	Q5100	Q5103
		Q5104	Q5120	Q5121	Q5122
		Q5123	Q5124	Q5125	Q5128
		Q5130	Q5133	Q5135	Q5136
		Q5138	Q5147	Q5148	Q5151
		Q5152	Q5156	Q5157	Q5158
		Q5162	Q5164	Q5166	Q9997
		Q9998	Q9999		
		* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Kebilidi, Lupaneta Pack, Recovi, Riabni, white blood cell colony stimulating factors and Purified Cortrophine Gel			
		** For code J1954, Cancer DX is excluded from prior auth.			
Medicine services and procedures	Prior authorization required	91113	97605	97606	
Musculoskeletal	Prior authorization required	23470			
Nerve stimulator devices	Prior authorization required	E0762			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21198	21199	21206	21208
		21209	21210	21215	21230
		21235	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21256	21275
		21280	21282	21295	21296
		21740	21742	21743	
Orthotics and prosthetics	Prior authorization required	64490	64491	64492	64493
		64494	64495	L0112	L0170
		L0456	L0462	L0464	L0480
		L0482	L0484	L0486	L0624
		L0629	L0631	L0632	L0634
		L0636	L0637	L0638	L0640
		L0700	L0710	L0810	L0820
		L0830	L1000	L1005	L1200
		L1300	L1310	L1499	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		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	L5646	L5647
		L5648	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	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5856
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	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
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	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	L7191	L7405	L7499
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8610	L8612	L8631	L8659
		L8682	L8683	L8685	L8686
		L8687	L8688		
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	96133	96136	96137
		96138	96139	96146	96130
		96131			
Radiology (eviCore)	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	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
		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/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		74182	74183	74185	74261
		74262	74263	75557	75559
		75561	75563	75571	75572
		75573	75574	75580	75635
		76376	76377	76380	76390
		76391	76497	76498	77021
		77046	77047	77048	77049
		77084	78429	78430	78431
		78432	78433	78451	78452
		78453	78454	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78499	78608
		78609	78811	78812	78813
		78814	78815	78816	78830
		0633T	0634T	0635T	0636T
		0637T	0638T	0697T	0698T
		0710T	0711T	0712T	0713T
		0742T	0865T	0866T	G0235
		G0252	S8037	S8092	
		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 .			
		For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification .			
Radiation therapy	Prior authorization required	G0339	G0340	S2095	
		IGRT			
		77387			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		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:					

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

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.

Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30620
		30460	30462		
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep procedures	Prior authorization required	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	21685
Spine surgery	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		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			
Stimulators	Prior authorization required	20975	20979	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64568	64570	64555	L8680
		64590			
Surgery and unlisted surgery	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
		24362	24363	24370	24371
		27120	27125	29866	29867
		J7330			
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38204	38205	38206	38207
		38208	38209	38210	38211
		38212	38213	38214	38215
		38230	38232	38240	38241
		38242	38243	44137	44715
		44720	44721	47133	47135
		47140	47141	47142	47143
		47144	47145	47146	47147
		48551	48552	48554	48556
		50300	50320	50323	50325

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		50327	50328	50329	50340
		50360	50365	50370	50380
		50547	J3387	J3490*	C9399*
		J1289	J3386	J3389	J3391
		J3392	J3393	J3394	J3402
		J3590*	Q2042	Q2053	Q2055
		Q2056	Q2057	Q2058	S2054
		S2055	S2060	S2061	S2065
		S2140	S2142		
		* For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy will require Prior Authorization through Optum Transplant.			
Unlisted	Prior authorization required	77399			
Urological	Prior authorization required	54405			
Vein procedures	Prior authorization required	33975	33976	33979	33981
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		33982	36473	33983	36475
		36478	37700	37718	37722
		37765	37766	37780	Q0507
		Q0508	Q0509		