

# Rocky Mountain Children's Health Plan (CHP) - prior authorization

Effective Aug 1, 2023

## General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Colorado Rocky Mountain Health Plan CHP 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](http://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
		29879	29880	29881	29882

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy services (continued)</b>		29883	29884	29885	29886
		29887	29868	S2112	
<b>Bariatric surgery</b>	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		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19300	19316	19318	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19367	19368	19369
Reconstruction of the breast, except when following mastectomy		19370	19371	19380	19396
		S2066	S2067	S2068	
<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
		33274	33289	93451	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461			
				For notification/prior authorization, please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> or call <b>800-792-8750</b>	
<b>Cardiovascular</b>	Prior authorization required	34839			
<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)			
		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>Antiemetic</b>			
		J0185	J1453	J1454	J1627
		<b>Bone modifying agent</b>			
		J0897			
		<b>Colony stimulating factors</b>			
		J1442	J2820	Q5101	J1447
Q5108	Q5110	Q5111	Q5120		
Q5122	J2506				
<b>Congenital heart disease</b>		93593	93594	93595	93596
		93597			
		For notification/prior authorization, please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> or call <b>800-792-8750</b>			
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A9274	A9276	A9277	A9278
		E0784	A4238	A4239	E2102

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Continuous glucose monitor (cont.)</b>		E2103			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11920	11921	11922	11960
		11970	11971	17106	17107
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17108	17340	17360	19105
		21029	21031	21076	21077
		21079	21080	21081	21082
		21083	21084	21085	21086
		21087	21088	21089	21100
		21120	21121	21122	21123
Reconstructive procedures that treat a medical condition or improve or restore physiologic 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
		67908	67909	67911	69090
		69300	G0429*		
*Not a benefit for Commercial or RMHP Prime. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)					
<b>Diagnostic and therapeutic</b>	Prior authorization required	91065	91112	91132	91133
		92512	93702	96904	96920
		96921	96922	97610	99183
		S2080	S2411		
<b>Digestive</b>	Prior authorization required	41120	41130	41512	41530
		41800	41805	41806	41825
		41826	41827	42140	42145
		42160	43206	43210	43252
		43257	43284	43285	43289
		43497	43647	43648	43659
		43881	43882	44238	44979
		46707	47379	47579	49329
		49659	50549	50949	53855
<b>Durable medical equipment (DME)</b>	Prior authorization required	A0110	A4265	A4553	A4554
		A4555	A4556	A4557	A4558
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	A4595	A4606	A4640	A4660
		A4663	A4670	A4680	A4690
		A4714	A4719	A4720	A4721
		A4722	A4723	A4724	A4725
		A4726	A4730	A4740	A4750
		A4755	A4760	A4765	A4766
		A4770	A4771	A4772	A4773
		A4774	A4802	A4860	A4911

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		A4913	A4918	A4927	A4930
		A7020	A7025	A7026	A9520
		A9999	E0118	E0170	E0171
		E0181	E0182	E0184	E0185
		E0186	E0187	E0188	E0189
		E0193	E0194	E0196	E0197
		E0198	E0199	E0235	E0250
		E0255	E0256	E0260	E0261
		E0265	E0266	E0271	E0272
		E0277	E0290	E0291	E0292
		E0293	E0294	E0295	E0296
		E0297	E0300	E0301	E0302
		E0303	E0304	E0328	E0329
		E0370	E0371	E0372	E0373
		E0445	E0457	E0459	E0465
		E0466	E0467	E0470	E0471
		E0472	E0482	E0483	E0500
		E0550	E0555	E0560	E0621
		E0625	E0630	E0635	E0636
		E0637	E0638	E0639	E0641
		E0642	E0650	E0651	E0652
		E0655	E0656	E0657	E0660
		E0665	E0666	E0667	E0668
		E0669	E0671	E0672	E0673
		E0675	E0676	E0691	E0692
		E0693	E0694	E0720	E0730
		E0744	E0745	E0747	E0748
		E0749	E0760	E0770	E0783
		E0830	E0840	E0849	E0850
		E0855	E0856	E0860	E0870
		E0880	E0890	E0900	E0920
		E0930	E0935	E0936	E0946
		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	E1031	E1035	E1036	
	E1037	E1038	E1039	E1050	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		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	E1500	E1510
		E1530	E1540	E1550	E1560
		E1570	E1580	E1590	E1592
		E1594	E1600	E1610	E1615
		E1620	E1625	E1629	E1630
		E1632	E1635	E1636	E1637
		E1639	E1699	E1800	E1801
		E1802	E1805	E1806	E1810
		E1811	E1812	E1815	E1816
		E1818	E1820	E1821	E1825
		E1830	E1831	E1840	E2120
		E2201	E2202	E2203	E2204
		E2206	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	E2331	E2340	E2341
		E2342	E2343	E2351	E2358
		E2359	E2360	E2361	E2362
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E2394	E2395	E2396	E2397
	E2402	E2500	E2502	E2504	
	E2506	E2508	E2510	E2511	
	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	
	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	K0105	
	K0108	K0195	K0606	K0607	
	K0608	K0609	K0669	K0739	
	K0740	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	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		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4149	B4150	B4152	B4153
	B4154	B4155	B4157	B4158	
	B4159	B4160	B4161	B4162	
	B4164	B4168	B4172	B4176	
	B4178	B4180	B4185	B4187	
	B4189	B4193	B4197	B4199	
	B4216	B5000	B5100	B5200	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services (cont.)</b>		B9998	S9432	S9433	
<b>Experimental and investigational</b>	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 <a href="http://www.evicore.com">www.evicore.com</a> or call 800-792-8750					
<b>Eye, ear, nose and throat</b>	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
<b>Gastroenterology and general surgery</b>	Prior authorization required	48160			
<b>Gender dysphoria treatment</b>	Prior authorization required	These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	0053U	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
		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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		0626T	0633T	0634T	0635T
		0636T	0637T	0638T	0648T
		0649T	81162	81163	81164
		81165	81166	81167	81173
		81174	81185	81186	81189
		81190	81201	81202	81203
		81212	81215	81216	81217
		81221	81222	81223	81225
		81226	81227	81228	81229
		81230	81231	81232	81234
		81238	81239	81248	81249
		81252	81253	81257	81258
		81259	81269	81277	81283
		81286	81289	81291	81292
		81293	81294	81295	81296
		81297	81298	81299	81300
		81302	81303	81304	81306
		81307	81308	81313	81317
		81318	81319	81321	81322
		81323	81325	81326	81327
		81328	81335	81336	81337
		81346	81349	81350	81351
		81353	81355	81361	81362
		81363	81364	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81419
		81420	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		0330U 0363U	0355U	0356U	0362U
For notification/prior authorization, please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> 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	0066U
		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic tests/lab services (cont.)</b>		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	95065	
<b>Hearing/audio/vision</b>	Prior authorization required	92065	92145	99174	99177
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5100
		V5120	V5130	V5140	V5150
<b>Hyperbaric treatment</b>	Prior authorization required	G0277			
<b>Hysterectomy</b>	Prior authorization required	58578	58579	58679	
<b>Incontinence</b>	Prior authorization required	T4521	T4522	T4523	T4524
		T4525	T4526	T4527	T4528
		T4529	T4530	T4531	T4532
		T4533	T4534	T4535	T4543
		T4544	T4545		
<b>Infusion and injection services</b>	Prior authorization required	M0300			
<b>Injectable medications</b>	Prior authorization required	Q4082	90283	90284	90378
		90759	A9513	A9590	A9606
		A9699	J0129	J0174	J0178
		J0179	J0180	J0202	J0218
		J0219	J0221	J0222	J0223
		J0224	J0225	J0256	J0257
		J0490	J0491	J0517	J0567
		J0570	J0584	J0585	J0586
		J0587	J0588	J0596	J0597
		J0598	J0606	J0638	J0717
		J0739	J0741	J0791	J0800
		J0879	J0885	J0896	J0897
		J1290	J1300	J1301	J1302
		J1303	J1305	J1306	J1322
		J1411	J1411	J1426	J1427
		J1428	J1429	J1437	J1439
		J1442	J1447	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J1951	J1961	J2182	J2326
		J2327	J2350	J2353	J2354
		J2356	J2357	J2502	J2506
		J2507	J2675	J2777	J2778
		J2779	J2786	J2796	J2840
		J2998	J3032	J3060	J3111
		J3241	J3245	J3262	J3315
		J3316	J3358	J3380	J3397
		J3398	J3399	J7320	J7321
		J7322	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		J7352	J9155	J9202	J9210
		J9217	J9226	J9311	J9312
		J9332	J9381	Q4081	Q5101
		Q5103	Q5104	Q5108	Q5110
		Q5111	Q5115	Q5119	Q5120
		Q5121	Q5123	Q5124	Q5125
		Q5127	Q5128	Q5130	Q9991
		Q9992	S0013		
			C9399*	J3490*	J3590*

\* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fynetra, Lupaneta Pack, Nulibry, Purified Cortropin Gel, Recovi, Riabni, Skyrizi, and white blood cell colony stimulating factors

Medical and surgical supplies	Prior authorization required	A2001	A2002	A2003	A2004
		A2005	A2006	A2007	A2008
		A2009	A2010	C1849	Q4101
		Q4102	Q4103	Q4104	Q4105
		Q4106	Q4107	Q4108	Q4110
		Q4111	Q4112	Q4113	Q4114
		Q4115	Q4116	Q4118	Q4121
		Q4128	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4138
		Q4139	Q4140	Q4141	Q4142
		Q4143	Q4145	Q4146	Q4147
		Q4148	Q4149	Q4151	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	Q4199	Q4200	Q4201

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Medical and surgical supplies (cont.)</b>		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	S0126
		S0128	A2013	A4100	A4596
		Q4256	Q4257	Q4258	Q4259
		Q4260	Q4261	Q4262	Q4263
		Q4264			
<b>Medicine services and procedures</b>	Prior authorization required	90587	90626	90627	90671
		90677	90759	91113	92700
		93895	95803	97537	97542
		97545	97546	97597	97598
		97602	97605	97606	97607
		97608	99500		
<b>Musculoskeletal</b>	Prior authorization required	20957	20972	20973	
<b>Nerve stimulator devices</b>	Prior authorization required	E0762			
<b>Obstetrical</b>	Prior authorization required	59072 59898	59074	59076	59897
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21198	21199	21206	21208
		21209	21210	21215	21230
		21235	21244	21245	21246
		21248	21249	21255	21256
		21260	21261	21263	21267
		21268	21270	21275	21280
		21282	21295	21296	21497
		21740	21742	21743	
<b>Orthotics and prosthetics</b>	Prior authorization required	L1499	L3000	L3001	L3002
		L3003	L3010	L3020	L3030
		L3031	L3040	L3050	L3060
		L3070	L3080	L3090	L3100
		L3140	L3150	L3160	L3170
		L3215	L3216	L3217	L3219
		L3221	L3222	L3224	L3225
		L3230	L3250	L3251	L3252
		L3253	L3254	L3255	L3257
		L3260	L3265	L3300	L3310
L3320	L3330	L3332	L3334		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L3340	L3350	L3360	L3370
		L3380	L3390	L3400	L3410
		L3420	L3430	L3440	L3450
		L3455	L3460	L3465	L3470
		L3480	L3485	L3500	L3510
		L3520	L3530	L3540	L3550
		L3560	L3570	L3580	L3590
		L3595	L3600	L3610	L3620
		L3630	L3640	L3649	L4000
		L4002	L4010	L4020	L4030
		L4040	L4045	L4050	L4055
		L4060	L4070	L4080	L4090
		L4100	L4110	L4130	L4205
		L4210	L5000	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5410
		L5420	L5430	L5450	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5611
		L5613	L5614	L5616	L5617
		L5618	L5620	L5622	L5624
		L5626	L5628	L5629	L5630
		L5631	L5632	L5634	L5636
		L5637	L5638	L5639	L5640
		L5642	L5643	L5644	L5645
		L5646	L5647	L5648	L5649
		L5650	L5651	L5652	L5653
		L5654	L5655	L5656	L5658
		L5661	L5665	L5666	L5668
		L5670	L5671	L5672	L5673
		L5676	L5677	L5678	L5679
		L5680	L5681	L5682	L5683
		L5684	L5685	L5686	L5688
		L5690	L5692	L5694	L5695
		L5696	L5697	L5698	L5699
	L5700	L5701	L5702	L5703	
	L5704	L5705	L5706	L5707	
	L5710	L5711	L5712	L5714	
	L5716	L5718	L5722	L5724	
	L5726	L5728	L5780	L5781	
	L5782	L5785	L5790	L5795	
	L5810	L5811	L5812	L5814	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5850	L5855
		L5856	L5857	L5858	L5910
		L5920	L5925	L5930	L5940
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5969
		L5970	L5971	L5972	L5973
		L5974	L5975	L5976	L5978
		L5979	L5980	L5981	L5982
		L5984	L5985	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	L6386	L6388	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6600	L6605
		L6610	L6611	L6615	L6616
		L6620	L6621	L6623	L6624
		L6625	L6628	L6629	L6630
		L6632	L6635	L6637	L6638
		L6640	L6641	L6642	L6645
		L6646	L6647	L6648	L6650
		L6655	L6660	L6670	L6672
		L6675	L6676	L6677	L6680
		L6682	L6684	L6686	L6687
		L6688	L6689	L6690	L6691
		L6692	L6693	L6694	L6695
		L6696	L6697	L6698	L6703
		L6704	L6706	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6721	L6722
		L6805	L6810	L6880	L6881
		L6882	L6883	L6884	L6885
		L6890	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	L7259	L7360	L7362	
	L7364	L7366	L7367	L7368	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		L7400	L7401	L7402	L7403
		L7404	L7405	L7499	L7510
		L7520	L8500	L8501	L8505
		L8507	L8509	L8510	L8511
		L8512	L8513	L8514	L8515
		L8658	L8679	L8680	L8681
		L8682	L8683	L8684	L8685
		L8686	L8687	L8688	L8689
		L8695			
<b>Pain management</b>	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495		
<b>Psych testing</b>	Prior authorization required	96112	96113		
<b>Radiology (eviCore)</b>	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		
75635	76376	76377	76380		
76390	76391	76497	76498		
77046	77047	77048	77049		
78012	78013	78014	78015		
78016	78018	78020	78070		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology</b> (eviCore cont.)		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](http://www.evicore.com) or call **800-792-8750**

<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70100	70110	70300	70310
		70320	70328	70330	70332
		70350	70355	75573	76120
		76125	76496	76978	76979
	Certain CT, MRI, MRA and PET scans	77084	78835	C1840	C2616
		C8900	C8901	C8902	C8903
	Nuclear medicine and nuclear cardiology procedures	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

\*For notification/prior authorization, please submit requests online [www.evicore.com](http://www.evicore.com) or call **800-792-8750**

<b>Radiation therapy</b>	Prior authorization required	32701	77373	77435	77520
		77522	77523	77525	77605
		77620	96446	G0339	G0340

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (cont.)</b>		For notification/prior authorization, please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> or call 800-792-8750			
<b>Respiratory</b>	Prior authorization required	31641	31647	31648	31649
		31651	31660	31661	32994
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30468
		30620			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Spine surgery</b>	Prior authorization required	20930	20931	22505	22533
		22534	22548	22551	22552
		22554	22558	22585	22590
		22595	22600	22612	22614
		22630	22632	22633	22634
		22856	22857	22858	27280
		22556	22861	22862	22864
		22865	22867	22868	22869
		22870	63001	63005	63011
		63012	63015	63017	63020
		63030	63035	63045	63047
		63185	63190	63191	63197
		63200	63250	63252	63265
		63267	63268	63270	63271
		63272	63273	63275	63277
		63278	63280	63282	63283
		63285	64628	64629	64633
		64634	64635	64636	
<b>Stimulators</b>	Prior authorization required	41820	61850	61860	61863
		61864	61867	61868	61880
		61885	61886	61888	63650
		63655	63663	63664	63685
		63688	64553	64561	64566
		64568	64569	64570	64581
		64582	64583	64584	64585
		64590	64595	95836	95983
		95984			
<b>Surgery and unlisted surgery</b>	Prior authorization required	15999	17999	19499	20999
		21299	21499	21899	22899
		22999	24999	25999	27599
		27899	28899	29999	30999
		31599	31899	32999	33999
		36299	37799	38129	38589
		38999	39499	39599	40799
		40806	40899	41599	42299
		42699	42999	43499	43999
		44799	44899	45399	45499
		45999	46999	47399	47999

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Surgery and unlisted surgery (cont.)</b>		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 <a href="http://www.evicore.com">www.evicore.com</a> or call <b>800-792-8750</b>						
<b>Transplants</b>	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				
<b>Transportation</b>	Prior authorization required	A0430	A0431	A0435	A0436	
<b>Unlisted</b>	Prior authorization required	77299	77399	77499	77799	
		91299	92499	93799	94799	
		95199	99199			
<b>Urological</b>	Prior authorization required	54400	54401	54405	54408	
		54410	54411	54416	54417	
		55559	55706	55880		
<b>Vein procedures</b>	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				
		Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities				