

Rocky Mountain Health Plans – Children’s Health Plan – prior authorization

Effective Jan. 1, 2023

General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Colorado Rocky Mountain Health Plans Prime and CHIP 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 Clinical Submission Requirements](#) > 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 Clinical Submission Requirements](#) > 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			
Arthroscopy services	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy services (cont.)	Prior authorization required	29824	29825	29826	29827
		29828	29870	29871	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	S2112		
Bariatric surgery	Prior authorization required	43644	43645	43770	43771
		43772	43773	43774	43775
		43842	43843	43845	43846
Bariatric surgery and specific obesity related services	Prior authorization required	43847	43848	43886	43887
		43888	S2083		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	S2066	S2067	S2068	19300
		19328	19330	19340	19355
		19357	19361	19364	19371
		19368	19369	19370	19371
		19380	19396		
Cardiology managed by eviCore	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	34839	93451
		93452	93453	93454	93455
		93456	93457	93458	93459
		93460	93461	93462	
		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Cardiovascular	Prior authorization required	93702			
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)			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (cont.)	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	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.			
		Antiemetic			
		J0185	J1453	J1454	J1627
		Bone modifying agent			
		J0897			
		Colony stimulating factors			
		J1442	J1447	J2820	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122	J2506		
Cochlear implants and other auditory implants	Prior authorization required	69930	L8614	L8615	L8616
		L8617	L8618	L8619	L8621
		L8622	L8623	L8624	L8625
		L8627	L8629		
Congenital heart disease		93593	93594	J2820	93595
		93597			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A9274	A9276	A9277	A9278
		E0784	K0553	K0554	
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11920	11921	11922	11960
		11970	11971	17106	17107
		17108	17340	17360	17380
		19105	20930	20931	21029
		21031	21076	21077	21079
		21080	21081	21082	21083
		21084	21085	21086	21087
		21088	21089	21100	21141
		21142	21143	21145	21146
		21147	21150	21151	21154
		21155	21159	21160	21180
		21181	21182	21183	21184

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.) Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	21188	21193	21194	21195
		21196	21198	21199	21206
		21215	21230	21235	21244
		21245	21246	21248	21249
		21255	21256	21260	21180
		21181	21182	21183	21184
		21188	21193	21194	21195
		21196	21198	21199	21206
		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	69090	96904	96920
		96921	96922	G0429	Q2026
		Q2028			
Diagnostic and therapeutic	Prior authorization required	91065	95012	95060	95065
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	A4265	A4520	A4553	A4554
		A4555	A4556	A4557	A4558
		A4595	A4606	A4633	A4558
		A4640	A4660	A4663	A4670
		A4671	A4672	A4673	A4674
		A4680	A4690	A4706	A4707
		A4708	A4709	A4714	A4719
		A4720	A4721	A4722	A4723
		A4724	A4725	A4726	A4728
		A4730	A4736	A4737	A4740
		A4750	A4755	A4760	A4765
		A4766	A4770	A4771	A4772
		A4773	A4774	A4802	A4772
		A4870	A4890	A4911	A4913

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	A4918	A4927	A4928	A4929
		A4930	A4931	A4932	A7020
		A7025	A7026	A9520	A9900
		A9999	C1840	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	E0424	E0425	E0431
		E0433	E0434	E0435	E0439
		E0440	E0441	E0442	E0443
		E0444	E0445	E0446	E0457
		E0459	E0465	E0466	E0467
		E0470	E0471	E0472	E0482
		E0483	E0485	E0486	E0500
		E0550	E0555	E0560	E0621
		E0625	E0630	E0635	E0636
		E0637	E0638	E0639	E0640
		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	E0731	E0744	E0745		
E0747	E0748	E0749	E0760		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	E0764	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	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		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	E1295	E1296	E1297	E1298
		E1390	E1391	E1392	E1399
		E1405	E1406	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1570	E1575	E1580
		E1590	E1592	E1594	E1600
		E1610	E1615	E1620	E1625
		E1629	E1630	E1632	E1634
		E1635	E1636	E1637	E1639
		E1699	E1800	E1801	E1802
		E1805	E1806	E1810	E1811
		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		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	E2376	E2377	E2378	E2381
		E2382	E2383	E2384	E2385
		E2386	E2387	E2388	E2389
		E2390	E2391	E2392	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	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	K0738	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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	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		
Eternal services 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
		B9998	S9432	S9433	S9434
		S9435			
Experimental and investigational	Prior authorization required	64454	64624	64625	91112
		91132	91133		
Eye, ear, nose and throat	Prior authorization required	68816	69705	69706	
Gastroenterology and general surgery	Prior authorization required	48160			
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z89.890			
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)	Prior authorization required	15833	15834	15835	15836
		15837	15838	15839	15847
		15876	15877	15878	15879
		19316	19318	19325	19342
		19350	21120	21121	21122
		21122	21125	21127	21137
		21138	21139	21172	21175
		21179	21208	21209	21210
		30400	30410	30420	30430
		30435	30450	54400	54401
		54405	54408	54410	54411
		54416	54417	56805	67900
		17380	56805	57291	57292
		57296	57335		
		Genetic tests/lab services	Prior authorization required	0001U	0002U
0005U	0006M			0007M	0007U
0008U	0009U			0010U	0011M
0011U	0012M			0012U	0013M
0013U	0014M			0014U	0015M
0016M	0016U			0017M	0017U
0018U	0019U			0021U	0022U
0023U	0024U			0025U	0026U
0027U	0029U			0030U	0031U
0032U	0033U			0034U	0035U
0036U	0037U			0038U	0039U
0040U	0041U			0042U	0043U
0044U	0045U			0046U	0047U
0048U	0049U			0050U	0051U
0052U	0053U			0054U	0055U
0056U	0058U			0059U	0060U
0061U	0062U			0063U	0067U
0069U	0070U			0071T	0071U
0072T	0072U			0073U	0074U
0075U	0076U			0077U	0078U

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)	Prior authorization required	0079U	0080U	0083U	0084U
		0086U	0087U	0088U	0089U
		0090U	0091U	0092U	0093U
		0094U	0095U	0096U	0101U
		0102U	0103U	0105U	0106T
		0106U	0107T	0107U	0108T
		0108U	0109T	0109U	0110T
		0110U	0111U	0112U	0113U
		0114U	0115U	0116U	0117U
		0118U	0119U	0120U	0121U
		0122U	0123U	0129U	0130U
		0044U	0045U	0046U	0047U
		0048U	0049U	0050U	0051U
		0052U	0053U	0054U	0055U
		0056U	0058U	0059U	0060U
		0061U	0062U	0063U	0067U
		0069U	0070U	0071T	0071U
		0072T	0072U	0073U	0074U
		0001U	0002U	0003U	0004M
		0005U	0006M	0007M	0007U
		0008U	0009U	0010U	0011M
		0011U	0012M	0012U	0013M
		0013U	0014M	0014U	0015M
		0016M	0016U	0017M	0017U
		0018U	0019U	0120U	0121U
		0122U	0123U	0129U	0130U
		0131U	0132U	0133U	0134U
		0135U	0136U	0137U	0138U
		0163U	0164T	0164U	0165U
		0166U	0167U	0169U	0170U
		0171U	0172U	0173U	0174U
		0175T	0175U	0176U	0177U
		0178U	0179U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)	Prior authorization required	0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0198T
		0198U	0199U	0200U	0201U
		0202T	0202U	0203U	0204U
		0205U	0207T	0207U	0208T
		0209U	0210T	0210U	0211T
		0211U	0212T	0212U	0213T
		0213U	0214T	0214U	0215T
		0215U	0216T	0216U	0217T
		0217U	0218T	0218U	0219T
		0219U	0220T	0220U	0221U
		0222U	0223U	0224U	0225U
		0226U	0227U	0228U	0229U
		0230U	0231U	0232T	0232U
		0233U	0234U	0235U	0236U
		0237U	0238U	0239U	0242U
		0243U	0244U	0245U	0246U
		0247U	0248U	0249U	0250U
		0251U	0252U	0253T	0253U
		0254U	0255U	0256U	0257U
		0258U	0259U	0260U	0261U
		0262U	0263T	0263U	0264T
		0264U	0265T	0265U	0266T
		0266U	0267T	0267U	0268T
		0268U	0269T	0269U	0270T
		0270U	0271T	0271U	0272T
		0272U	0273T	0273U	0274T
		0274U	0275T	0275U	0276U
		0277U	0278T	0278U	0279U
		0280U	0281U	0282U	0283U
		0284U	0285U	0286U	0287U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0295U
		0296U	0297U	0298U	0299U
0300U	0301U	0302U	0303U		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)	Prior authorization required	0304U	0305U	0306U	0307U
		0308T	0308U	0309U	0310U
		0312T	0312U	0313T	0313U
		0314T	0314U	0315T	0315U
		0316T	0316U	0317T	0317U
		0318U	0319U	0320U	0321U
		0322U	0326U	0329T	0329U
		0330T	0331T	0331U	0332T
		0332U	0333T	0333U	0334U
		0335T	0335U	0336U	0337U
		0338T	0338U	0339T	0339U
		0340U	0341U	0342T	0342U
		0343U	0344U	0345T	0345U
		0346U	0347T	0347U	0348T
		0348U	0349T	0349U	0350T
		0350U	0351T	0351U	0352T
		0352U	0353T	0353U	0354U
		0358T	0378T	0379T	0394T
		0395T	0397T	0398T	0402T
		0403T	0404T	0408T	0409T
		0410T	0411T	0412T	0413T
		0414T	0415T	0416T	0417T
		0418T	0419T	0420T	0421T
		0422T	0424T	0425T	0426T
		0427T	0428T	0429T	0430T
		0431T	0432T	0433T	0434T
		0435T	0436T	0437T	0439T
		0440T	0441T	0442T	0443T
		0444T	0445T	0446T	0447T
		0448T	0449T	0450T	0469T
		0470T	0471T	0472T	0473T
		0474T	0475T	0476T	0477T
0478T	0479T	0480T	0481T		
0487T	0488T	0489T	0490T		
0491T	0492T	0499T	0500T		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)	Prior authorization required	0501T	0502T	0503T	0504T
		0510T	0512T	0513T	0514T
		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	0571T
		0572T	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
		0609T	0610T	0611T	0612T
		0613T	0615T	0616T	0617T
		0618T	0619T	0620T	0621T
		0622T	0623T	0624T	0625T
		0626T	0627T	0628T	0629T
		0630T	0631T	0632T	0633T
		0634T	0635T	0636T	0637T
		0638T	0639T	0640T	0641T
		0642T	0643T	0644T	0645T
		0646T	0647T	0648T	0649T
		0650T	0651T	0652T	0653T
		0654T	0655T	0656T	0657T
		0658T	0659T	0660T	0661T
0662T	0663T	0664T	0665T		
0666T	0667T	0671T	0672T		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)	Prior authorization required	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	0702T	0703T	0704T
		0705T	0706T	0707T	0708T
		0709T	0710T	0711T	0712T
		0713T	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		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)	Prior authorization required	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	81506
		81507	81518	81519	81520
		81521	81522	81523	81525
		81529	81535	81536	81538
		81539	81540	81541	81542
		81546	81551	81552	81554
		81560	81595	81596	82523
		82542	82726	82777	83006
		83698	83700	83704	83876
		83883	83951	83987	84431
		86001	86152	86153	86305
		86343	86849	88375	88749
		89240	89398	G9143	S3800
		S3840	S3841	S3842	S3844
		S3845	S3846	S3849	S3850
S3852	S3853	S3854	S3854		
S3861	S3865	S3866	S3870		
Hearing/audio/vision	Prior authorization required	0100T	66989	66991	67901
		67902	67903	67904	67906
		67908	67909	67911	68841
		69300	69710	69711	69714
		69716	69717	92065	92145
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5090
		V5100	V5120	V5130	V5140
		V5150	V5160	V5171	V5172
		0100T	66989	66991	67901

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hearing/audio/vision (cont.)	Prior authorization required	67902	67903	67904	67906
		67908	67909	67911	68841
		69300	69710	69711	69714
		69716	69717	92065	92145
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5090
		V5100	V5120	V5130	V5140
		V5150	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	V5262
		V5263	V5264	V5265	V5266
V5267	V5336				
Home health care	Prior authorization required	G0176	G0248	G0249	G0250
		S9340	S9341	S9342	S9343
		S9355	S9364	S9365	S9366
		S9367	S9368		
Hyperbaric treatment	Prior authorization required	A4575	G0277		
Incontinence	Prior authorization required	T4521	T4522	T4523	T4524
		T4525	T4526	T4527	T4528
		T4529	T4530	T4531	T4532
		T4533	T4534	T4535	T4536
		T4537	T4538	T4539	T4540
		T4541	T4542	T4543	T4544
		T4545			
Injectable medications	Prior authorization required	90283	90284	90378	90759
		A9513	A9590	A9590	A9606
		A9699	J0129	J0172	J0180
		J0202	J0219	J0221	J0222
		J0223	J0224	J0225	J0256
		J0257	J0490	J0491	J0517
		J0567	J0570	J0584	J0585
		J0586	J0587	J0588	J0596
		J0597	J0598	J0606	J0638

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	Prior authorization required	J0717	J0739	J0741	J0791
		J0800	J0879	J0885	J0896
		J0897	J1290	J1300	J1301
		J1302	J1303	J1305	J1306
		J1322	J1426	J1427	J1428
		J1429	J1437	J1439	J1442
		J1447	J1458	J1459	J1551
		J1554	J1555	J1556	J1557
		J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599	J1602	J1726	J1729
		J1743	J1745	J1746	J1786
		J1823	J1930	J1931	J1950
		J1951	J2182	J2326	J2327
		J2350	J2353	J2354	J2356
		J2357	J2502	J2506	J2507
		J2675	J2777	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	Q0138	Q0138
		Q0138	Q4081	Q4081	Q4082
		Q5101	Q5101	Q5103	Q5104
		Q5108	Q5108	Q5110	Q5110
		Q5111	Q5111	Q5115	Q5115
		Q5119	Q5119	Q5120	Q5121
Q5123	Q5124	Q5125	Q9991		
Q9992	S0013				
<p>* For unclassified and temporary codes C9399, J3490, J3590 and Q5123 prior authorization is required only for Fynetra®, Lupaneta Pack, Nulibry®, Purified Cortro pin Gel and Revcovi</p>					

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medical and surgical supplies	Prior authorization required	A2001	A2002	A2003	A2004
		A2005	A2006	A2007	A2008
		A2009	A2010	A6000	C1761
		C1772	C1821	C1849	C1891
		C2626	C9352	C9353	C9354
		C9355	C9356	C9358	C9360
		C9361	C9364	C9764	C9778
		G0276	G0282	G0283	G0295
		G0460	G0465	G9147	M0076
		P9020	Q2041	Q2043	Q4112
		Q4113	Q4114	Q4125	Q4130
		Q4138	Q4139	Q4142	Q4143
		Q4145	Q4149	Q4150	Q4151
		Q4152	Q4153	Q4154	Q4155
		Q4156	Q4157	Q4158	Q4159
		Q4160	Q4162	Q4167	Q4168
		Q4169	Q4170	Q4171	Q4173
		Q4174	Q4175	Q4183	Q4184
		Q4185	Q4188	Q4189	Q4190
		Q4191	Q4192	Q4193	Q4194
		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	S1030	S1031		
S2107	S2300	S3650	S8948		
S9024	S9055	S9056	S9090		
Medicine services and procedures	Prior authorization required	Q0511	Q0512	Q0513	Q0514
		90587	90626	90627	90671
		90677	91113	93895	95803
		97533	97597	97598	97602

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medicine services and procedures (cont.)	Prior authorization required	97605	97606	97607	97608
		97610	97750	99174	99177
		99183	99500		
Musculoskeletal	Prior authorization required	20957	20972	20973	26556
Obstetrical procedures	Prior authorization required	59897	59898	S2400	S2401
		S2402	S2403	S2404	S2405
		S2409	S2411		
Orthotics and prosthetics	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
		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		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	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	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	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5850	L5855	L5856
		L5857	L5858	L5859	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		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	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
L7400	L7401	L7402	L7403		
L7404	L7405	L7499	L7510		
L7520	L8500	L8501	L8505		
L8507	L8509	L8510	L8511		
L8512	L8513	L8514	L8515		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	L8658	L8680	L8681	L8682
		L8683	L8684	L8685	L8686
		L8687	L8688	L8689	L8690
		L8691	L8692	L8693	L8694
		L8695			
Pain management	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495		
Radiation therapy	Prior authorization required	32701	61736	61737	77373
		77435	77520	77522	77523
		77525	77605	77620	96446
		G0339	G0340		
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	70300	70310	70320	70328
		70330	70332	70350	70355
		71100	71101	71110	71111
		71120	71130	72020	72040
		72050	72052	72070	72072
		72074	72080	72081	72082
		72083	72084	72100	72110
		72114	72120	72170	72190
		72200	72202	72220	72240
		72255	72265	72270	72285
		72295	73000	73010	73020
		73030	73040	73050	73060
		73070	73080	73085	73090
		73092	73100	73110	73115
		73120	73130	73140	73501
		73502	73503	73521	73522
		73523	73525	73551	73552
		73560	73562	73564	73565
		73580	73590	73592	73600
		73610	73615	73620	73630
		73650	73660	75573	76120
		76125	76496	76978	76979
		77084	78835	96379	C2616
		C8900	C8901	C8902	C8903
C8905	C8906	C8908	C8909		
C8910	C8911	C8912	C8913		
C8914	C8918	C8919	C8920		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont.)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	C9762	C9763	G0219	G0235
		G0252	G0281	G0329	S2095
		S8035	S8080	S8085	
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard. Or, call 800-666-1353			
Radiology managed by eviCore	Prior authorization required	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
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					
Radiology managed by eviCore (cont.)	Prior authorization required	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			
		<p>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</p>					

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Rhinoplasty	Prior authorization required	92512	92700		
Skin substitutes	Prior authorization required	Q4101	Q4102	Q4103	Q4104
		Q4105	Q4106	Q4107	Q4108
		Q4110	Q4111	Q4115	Q4116
		Q4117	Q4118	Q4121	Q4122
		Q4123	Q4124	Q4126	Q4127
		Q4128	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4140
		Q4141	Q4146	Q4147	Q4148
		Q4161	Q4163	Q4164	Q4165
		Q4166	Q4176	Q4177	Q4178
		Q4179	Q4180	Q4181	Q4182
		Q4195	Q4196	Q4197	Q4199
Skin substitutes	Prior authorization required	64553	64561	64566	64568
		64569	64570	64581	64582
		64583	64584	64585	64590
		64595	S2080		
Sleep procedures	Prior authorization required	64553	64561	64566	64568
		64569	64570	64581	64582
		64583	64584	64585	64590
		64595	S2080		
Spinal surgery	Prior authorization required	22505	22533	22534	22548
		22551	22552	22554	22558
		22585	22590	22595	22600
		22612	22614	22630	22632
		22633	22634	22856	22857
		22858	22861	22862	22864
		22865	22867	22868	22869
		64628	64629	64633	64634
		64635	64636	65770	65785
Stimulators	Prior authorization required	20974	20975	63655	63663
		63664	63685	63688	95836

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (cont.)	Prior authorization required	95980	95981	95982	95983
		95984	E0762	E0765	L8679
Surgery and unlisted surgery	Prior authorization required	0095T	0098T	22870	23472
		23473	23474	23929	26989
		27130	27132	27134	27137
		27138	27279	27412	27445
		27446	27447	27486	27487
		29868	30465	30468	30620
		31295	31296	31297	31298
		31641	31647	31648	31649
		31651	31660	31661	32994
		33927	33928	33929	36473
		36474	36475	36476	36478
		36479	36482	36483	36522
		37501	37700	37718	37722
		37735	37760	37761	37765
		37766	37780	37785	37788
		37790	38129	38589	40806
		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
		55559	55706	55880	57291
		57292	57296	57335	58578
		58579	58679	59072	59074
		59076	60659	61630	61635
		61850	61860	61863	61864
61867	61868	61880	61885		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery and unlisted surgery (cont.)	Prior authorization required	61886	61888	62263	62264
		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
		63650			
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38204	38205	38206
		38207	38208	38209	38210
		38211	38212	38213	38214
		38215	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	S2053
		S2054	S2055	S2060	S2061
		S2065	S2102	S2103	S2140
S2142	33927	33928	33929		
Transportation	Prior authorization required	A0430	A0431	A0435	A0436
Urinary system	Prior authorization required	53451	53452	53453	53454

Procedures and services	Additional information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<p>Vein procedures</p> <p>Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities</p>	<p>Prior authorization required</p>	36465	36466	36468	36470
		36471			

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