

Rocky Mountain Health Plan Prime RAE - 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 RAE 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 or (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		

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
		29824	29825	29826	29827
		29828	29868	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	S2112	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43770	43771
		43772	43773	43774	43775
		43842	43843	43845	43846
		43847	43848	43886	43887
		43888	S2083		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19300	19316	19318	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19367	19368	19369
		19370	19371	19380	19396
		S2066	S2067	S2068	
Cardiology	Prior authorization required 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	93462		
		For notification, please submit requests online www.evicore.com or call 800-792-8750			
Cardiovascular	Prior authorization required	34839			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot® (J1950)</p> <p>Chemotherapy injectable drugs that have a Q code</p> <p>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</p> <p>Antiemetic</p> <table border="1" data-bbox="964 743 1521 789"> <tr> <td>J0185</td> <td>J1453</td> <td>J1454</td> <td>J1627</td> </tr> </table> <p>Bone modifying agent</p> <p>J0897</p> <p>Colony stimulating factors</p> <table border="1" data-bbox="964 940 1521 1066"> <tr> <td>J1442</td> <td>J2820</td> <td>Q5101</td> <td>J1447</td> </tr> <tr> <td>Q5108</td> <td>Q5110</td> <td>Q5111</td> <td>Q5120</td> </tr> <tr> <td>Q5122</td> <td>J2506</td> <td></td> <td></td> </tr> </table>				J0185	J1453	J1454	J1627	J1442	J2820	Q5101	J1447	Q5108	Q5110	Q5111	Q5120	Q5122	J2506		
J0185	J1453	J1454	J1627																		
J1442	J2820	Q5101	J1447																		
Q5108	Q5110	Q5111	Q5120																		
Q5122	J2506																				
Cochlear implants and other auditory implants	Prior authorization required	69930 L8617 L8622 L8627 L8693	L8614 L8618 L8623 L8629	L8615 L8619 L8624 L8691	L8616 L8621 L8625 L8692																
Congenital heart disease		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750																			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A9274 E0784	A9276 K0553	A9277 K0554	A9278																
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11920 11970 17108 21029 21079 21083	11921 11971 17340 21031 21080 21084	11922 17106 17360 21076 21081 21085	11960 17107 19105 21077 21082 21086																

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	21087	21088	21089	21100
		21120	21121	21122	21123
		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).			
Diagnostic and therapeutic	Prior authorization required	91065	91112	91132	91133
		92512	93702	96904	96920
		96921	96922	97610	99183
		S2080	S2411		
Digestive	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	A0110	A4265	A4553	A4554
		A4555	A4556	A4557	A4558
		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
		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
		E0424	E0425	E0431	E0433
		E0434	E0435	E0439	E0440
		E0441	E0442	E0443	E0444
		E0445	E0457	E0459	E0465
		E0466	E0467	E0470	E0471
		E0472	E0482	E0483	E0500

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required	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.)	Prior authorization required	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	E1390	E1391	E1392
		E1399	E1405	E1406	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required	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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Prior authorization required	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	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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral 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	
Experimental and investigational	Prior authorization required	53451	53452	53453	53454
		61736	61737	62263	62264
		64454	64624	64625	69705
		69706	C1761	C1772	C1891
		C2626	C9354	C9355	C9762*
		C9763*	C9764	C9778	G0276
		G0460	G0465	S8080	
		*C9762 and C9763 are Radiology Diagnostic			
Eye, ear, nose and throat	Prior authorization required	65770	65785	66989	66991
		68816	68841	V5090	V5160
		V5171	V5172	V5181	V5190
		V5200	V5211	V5212	V5213
		V5214	V5215	V5221	V5230
		V5240	V5242	V5243	V5244
		V5245	V5246	V5247	V5248
		V5249	V5250	V5251	V5252
		V5253	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
		V5261	V5264	V5266	V5267
Gastroenterology and general surgery	Prior authorization required	48160			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment	Prior authorization required	These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		15769	15771	15772	15773
		15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15819	15820	15821	15822
		15823	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15835	15836
		15837	15838	15839	15847
		15876	15877	15878	15879
		17380	56805	57291	57292
		57296	57335	21120	21121
		21122	21123	21125	21127
		21137	21138	21139	21172
		21175	21179	21208	21209
		21210	21899	30400	30410
		30420	30430	30435	30450
31599	31899	54400	54401		
54405	54408	54410	54411		
54416	54417	56805	67900		
Genetic tests/lab services (eviCore)	Prior authorization required	0306U	0307U	0313U	0314U
		0315U	0317U	0318U	0319U
		0320U	0326U	0329U	0330T
		0331T	0331U	0332U	0333U
		0334U	0335U	0336U	0339U
		0340U	0341U	0343U	0345U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore)	Prior authorization required	0347U	0348U	0349U	0350U
		0439T	0504T	0571T	0572T
		0609T	0610T	0611T	0612T
		0623T	0624T	0625T	0626T
		0633T	0634T	0635T	0636T
		0637T	0638T	0648T	0649T
		81420	81507		
		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Genetic tests/lab services treatment	Prior authorization required	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	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	0064U
		0065U	0066U	0067U	0068U
		0069U	0070U	0071U	0072U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services treatment (cont.)	Prior authorization required	0073U	0074U	0075U	0076U
		0077U	0078U	0079U	0080U
		0082U	0083U	0084U	0086U
		0087U	0088U	0089U	0090U
		0091U	0092U	0093U	0094U
		0095T	0095U	0096U	0098T
		0100T	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	0131U	0132U
		0133U	0134U	0135U	0136U
		0137U	0138U	0140U	0141U
		0142U	0143U	0144U	0145U
		0146U	0147U	0148U	0150U
		0152U	0153U	0154U	0155U
		0156U	0157U	0158U	0159U
		0160U	0161U	0162U	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	0190U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services treatment (cont.)	Prior authorization required	0191U	0192U	0193U	0194U
		0195U	0196U	0198U	0199U
		0200U	0201U	0202U	0203U
		0204U	0205U	0207U	0209U
		0210U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0218U	0219U	0220U	0221U
		0222U	0223U	0224U	0225U
		0226U	0227U	0228U	0229U
		0230U	0231U	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
		0263U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0275U	0276U	0277U	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	0304U	0305U	0308U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services treatment (cont.)	Prior authorization required	0309U	0310U	0312T	0312U
		0316U	0321U	0322U	0332T
		0333T	0335T	0337U	0338T
		0338U	0339T	0342T	0342U
		0344U	0345T	0346U	0347T
		0348T	0349T	0350T	0351T
		0351U	0352T	0352U	0353T
		0353U	0354U	0358T	0378T
		0379T	0408T	0424T	0437T
		0440T	0441T	0442T	0443T
		0444T	0445T	0446T	0447T
		0448T	0449T	0450T	0469T
		0470T	0471T	0472T	0473T
		0474T	0475T	0476T	0477T
		0478T	0479T	0480T	0481T
		0487T	0488T	0489T	0490T
		0491T	0492T	0499T	0500T
		0501T	0502T	0503T	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services treatment (cont.)	Prior authorization required	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	0701T	0702T	0703T
		0704T	0705T	0706T	0707T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services treatment (cont.)	Prior authorization required	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	81415	81416	81417
		81419	81422	81425	81426

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services treatment (cont.)	Prior authorization required	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
		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	95012	95060	95065
		S3800	S3840	S3841	S3842
		S3844	S3845	S3846	S3849
		S3850	S3852	S3853	S3854
		S3854	S3861	S3865	S3866
S3870					
Hearing/audio/vision	Prior authorization required	92065	92145	99174	99177
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5100
		V5120	V5130	V5140	V5150

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hyperbaric treatment	Prior authorization required	G0277			
Hysterectomy	Prior authorization required	58578	58579	58679	
Incontinence	Prior authorization required	T4523	T4524	T4525	T4526
		T4527	T4528	T4529	T4530
		T4531	T4532	T4533	T4534
		T4535	T4543	T4544	T4545
Infusion and injection Prior authorization required M0300	Prior authorization required	M0300			
Injectable medications	Prior authorization required	90291	Q0138	Q0161	Q0511
		Q0512	Q0513	Q0514	Q0515
		Q2028	Q2041	Q2043	Q4081
		Q4082	Q5101	Q5103	Q5104
		Q5107	Q5108	Q5110	Q5111
		Q5115	Q5118	Q5119	Q5120
		Q5121	Q5122	Q5123	90283
		90284	90378	A9513	A9590
		A9590	A9606	A9699	J1302
		Q5125	J2777	J0129	J0180
		J0202	J0219	J0221	J0222
		J0223	J0224	J0256	J0257
		J0271	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
		J1303	J1305	J1306	J1322

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	Prior authorization required	J1426	J1427	J1428	J1429
		J1437	J1439	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
		J2350	J2353	J2354	J2356
		J2357	J2502	J2506	J2507
		J2675	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	J9225	J9226	J9311
		J9312	J9332	Q0138	Q5103
		Q5104	Q5115	Q5119	Q5121
		Q5124	Q9991	Q9992	S0013
		C9399*	J3490*	J3590*	Q5123*
		<p>* For unclassified and temporary codes C9399, J3490, J3590 and Q5123 prior authorization is required only for Amvuttra™, Fynetra®, Lupaneta Pack, Nulibry®, Purified Cortrophin® Gel, Recovi®, Riabni® and Skyrizi®</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	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medical and surgical supplies (cont.)	Prior authorization required	Q4236	Q4237	Q4238	Q4239
		Q4240	Q4241	Q4242	Q4244
		Q4245	Q4246	Q4247	Q4248
		Q4249	Q4250	Q4251	Q4252
		Q4253	Q4254	Q4255	S0126
		S0128			
Medicine services and procedures	Prior authorization required	90587	90626	90627	90671
		90677	90759	91113	92700
		93895	95803	97537	97542
		97545	97546	97597	97598
		97602	97605	97606	97607
		97608	98941	98942	98943
		99500			
Musculoskeletal	Prior authorization required	20957	20972	20973	
Nerve stimulator devices	Prior authorization required	E0762			
Obstetrical	Prior authorization required	59072	59074	59076	59897
		59898			
Orthognathic surgery Treatment of maxillofacial/jaw	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	
Orthotics and prosthetics	Prior authorization required	L1499	L3000	L3001	L3002
		L3003	L3010	L3020	L3030
		L3031	L3040	L3050	L3060

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	L5420	L5430	L5450	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	Prior authorization required	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
		L8658	L8679	L8680	L8681
		L8682	L8683	L8684	L8685
		L8686	L8687	L8688	L8689
L8695					
Outpatient therapy	Prior authorization required	92605	92606	92607	92608
		92609	92610	92611	92612
		92613	92614	95980	95981
		95982	97010	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039
		97110	97112	97113	97116
		97124	97140	97161	97162
		97163	97164	97165	97166
		97167	97168	97169	97170
		97171	97172	97530	97533
		97535	G0176		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pain management	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495		
Psych testing	Prior authorization required	96112	96113		
Radiology (eviCore)	Prior authorization required	70336	70450	70460	70470
	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans	70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore) (cont.)	Prior authorization required	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
		78071	78072	78075	78099
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore) (cont.)	Prior authorization required	78812	78813	78814	78815
		78816	78830	78831	78832
		Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750 .			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	70100	70110	70300	70310
		70320	70328	70330	70332
		70350	70355	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont.)	Prior authorization required	76499	76978	76979	77084
		78199	78299	78399	78499
		78599	78699	78799	78835
		93998	C1840	C2616	C8900
		C8901	C8902	C8903	C8905
		C8906	C8908	C8909	C8910
		C8911	C8912	C8913	C8914
		C8918	C8919	C8920	C9085
		C9086	C9765	C9766	C9767
		G0219	G0235	G0252	G0329
		S2095			
Radiation therapy	Prior authorization required	32701	77373	77435	77520
		77522	77523	77525	77605
		77620	96446	G0339	G0340
		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Respiratory	Prior authorization required	31641	31647	31648	31649
		31651	31660	31661	32994
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30468
		30620	31295	31296	31297
		31298			
Spine surgery septoplasty	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	22861
		22862	22864	22865	22867
		22868	22869	22870	63001

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery septoplasty (cont.)	Prior authorization required	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			
Stimulators	Prior authorization required	20974	20975	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	
Surgery and unlisted surgery	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery and unlisted surgery (cont.)	Prior authorization required	45999	46999	47399	47999
		48999	49999	51999	53899
		54699	55899	58999	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		68399	68899	69399	69799
		69949	69979	76999	78999
		79999	84999	95999	96999
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38205	38206	38230	38240
		38241	38242	38243	47135
		47140	47141	47142	47143
		47144	47145	47146	47147
		48551	48552	48554	48556
		50300	50320	50323	50325
		50327	50328	50329	50340
		50360	50365	50370	50380
		50547	G0341	G0342	G0343
		S2054	S2055	S2060	S2061
		S2065	S2140	S2142	38204
		38205	38206	38207	38208
		38209	38210	38211	38212
		38213	38214	38215	
Transportation	Prior authorization required	A0430	A0431	A0435	A0436
Unlisted	Prior authorization required	77299	77399	77499	77799
		81599	91299	92499	93799

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Unlisted (cont.)	Prior authorization required	94799	95199	99199	
Urological	Prior authorization required	54400	54401	54405	54408
		54410	54411	54416	54417
		55559	55706	55880	
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	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			