

# Rocky Mountain Health Plans – Individual and Family Plans – prior authorization

Effective Jan. 1, 2023

## General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Rocky Mountain Health Plans Individual and Family Plans is the primary payer.

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](https://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](https://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) [evicore.com](https://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			
<b>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Arthroscopy</b>	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
		29883	29884	29885	29886
		29887	S2112		
<b>Arthroplasty</b>	Prior authorization required	0095T	0098T	0164T	22856
		22857	22858	22861	22862

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty (cont.)</b>		22864	22865	22867	22868
		22869	22870		
<b>Bariatric Surgery</b> 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		
<b>Breast Reconstruction</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	19499
		S2066	S2067	S2068	
		Prior authorization not required for the following diagnosis codes:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	C50.219	C50.221
		C50.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
	C50.622	C50.629	C50.811	C50.812	
	C50.819	C50.821	C50.822	C50.829	
	C50.911	C50.912	C50.919	C50.921	
	C50.922	C50.929	C79.81	D05.00	
	D05.01	D05.02	D05.10	D05.11	
	D05.12	D05.80	D05.81	D05.82	
	D05.90	D05.91	D05.92	Z42.1	
	Z85.3	Z90.10	Z90.11	Z90.12	
	Z90.13				
<b>Cardiology managed by eviCore</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance	0571T	0572T	0710T	0711T
		0712T	0713T	33207	33208
		33212	33213	33214	33221
		33224	33225	33227	33228
		33229	33230	33231	33240
		33249	33262	33263	33264
		68816	93451	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
	93462				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Cardiology managed by eviCore (cont.)**

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

<b>Cardiovascular</b>	Prior authorization required	36473	36474	36475	36476
		36478	36479	36482	36483
		36522	37501	37700	37718
		37722	37735	37760	37761
		37765	37766	37780	37785
		37788	37790		

**Chemotherapy Services**

Notification/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), Leuprolide acetate (J1950), Leuprolide (J1952)
- 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>Cochlear Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69930	L8614	L8615	L8616
		L8617	L8618	L8619	L8621
		L8622	L8623	L8624	L8625
		L8627	L8628	L8629	

**Congenital Heart Disease**

Congenital heart disease-related services, including pre-treatment evaluation

33927	33928	33929	93702
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**Continuous Glucose Monitor**

Prior authorization required with Type 2 Diabetes Diagnosis

A9274	A9276	A9277	A9278
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

0479T	0480T	0489T	0490T
11920	11921	11922	11960
11970	11971	15769	15771
15772	15773	15819	17106
17107	17108	17340	19105
19300	21120	21121	21122
21123	21125	21127	21137
21138	21139	69090	96904
96920	96921	96922	G0429
Q2028			

**Diagnostic and Therapeutic Procedures**

Prior authorization required

0213T	0214T	0215T	0216T
0217T	0218T	0378T	0394T
0395T	91065	96379	

**Digestive Surgery**

Prior authorization required

40806	41120	41130	41512
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Digestive Surgery (cont.)</b>		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
<b>Durable Medical Equipment (DME)</b>	Prior authorization required	A4556	A4557	A4595	A4633
	Prosthetics are not DME – see Orthotics and Prosthetics.	A4640	A4670	A4860	A7020
		A7025	A7026	A9520	E0118
		E0181	E0182	E0184	E0185
		E0186	E0187	E0193	E0194
		E0196	E0197	E0198	E0250
		E0251	E0255	E0256	E0260
		E0261	E0265	E0266	E0277
		E0290	E0291	E0292	E0293
		E0294	E0295	E0296	E0297
		E0300	E0301	E0302	E0303
		E0304	E0371	E0372	E0373
		E0424	E0431	E0433	E0434
		E0439	E0441	E0442	E0443
		E0444	E0447	E0465	E0466
		E0467	E0470	E0471	E0472
		E0482	E0483	E0500	E0550
		E0555	E0560	E0621	E0625
		E0630	E0635	E0636	E0637
		E0638	E0639	E0640	E0642
		E0650	E0651	E0652	E0655
		E0656	E0657	E0660	E0665
		E0666	E0667	E0668	E0669
		E0671	E0672	E0673	E0675
		E0691	E0692	E0693	E0694
		E0720	E0730	E0744	E0745
		E0747	E0748	E0749	E0760
		E0764	E0770	E0783	E0784
		E0840	E0849	E0850	E0855
		E0856	E0860	E0870	E0880
		E0890	E0900	E0920	E0930
	E0935	E0936	E0946	E0947	
E0948	E0951	E0952	E0953		
E0954	E0955	E0956	E0957		
E0958	E0959	E0960	E0961		
E0966	E0967	E0969	E0971		
E0973	E0974	E0981	E0982		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Durable Medical Equipment (DME) (cont.)</b>	E0983	E0984	E0985	E0986
	E0988	E0990	E0992	E0994
	E0995	E1002	E1003	E1004
	E1005	E1006	E1007	E1008
	E1010	E1012	E1014	E1015
	E1016	E1020	E1028	E1029
	E1030	E1035	E1036	E1050
	E1060	E1070	E1083	E1084
	E1087	E1088	E1092	E1093
	E1100	E1110	E1150	E1160
	E1161	E1170	E1171	E1172
	E1180	E1190	E1195	E1200
	E1220	E1221	E1222	E1223
	E1224	E1225	E1226	E1227
	E1228	E1230	E1232	E1233
	E1234	E1235	E1236	E1237
	E1238	E1240	E1270	E1280
	E1285	E1296	E1297	E1298
	E1390	E1391	E1392	E1405
	E1406	E1800	E1801	E1802
	E1805	E1806	E1810	E1811
	E1812	E1815	E1816	E1818
	E1820	E1821	E1825	E1830
	E1831	E1840	E2120	E2201
	E2202	E2203	E2204	E2205
	E2206	E2207	E2208	E2209
	E2210	E2211	E2212	E2213
	E2214	E2215	E2216	E2217
	E2218	E2219	E2220	E2221
	E2222	E2224	E2225	E2226
	E2227	E2228	E2231	E2310
	E2311	E2312	E2313	E2321
	E2322	E2323	E2324	E2325
	E2326	E2327	E2328	E2329
	E2330	E2340	E2341	E2342
	E2343	E2351	E2359	E2361
	E2363	E2365	E2366	E2367
	E2368	E2369	E2370	E2371
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (cont.)</b>		E2510	E2601	E2602	E2603
		E2604	E2605	E2606	E2607
		E2608	E2611	E2612	E2613
		E2614	E2615	E2616	E2619
		E2620	E2621	E2622	E2623
		E2624	E2625	K0001	K0002
		K0003	K0004	K0005	K0006
		K0007	K0009	K0010	K0011
		K0012	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	K0195	K0606
		K0607	K0608	K0609	K0738
		K0739	K0800	K0801	K0802
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	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	K0890	K0891	K0898	
<b>Enteral</b>	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
		S9432	S9433	S9434	S9435
<b>End Stage Renal Disease (ESRD)</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required	Q4081			
<b>Experimental/Investigational Procedures</b>	Prior authorization required	0014M	0015M	0062U	0063U
		0064U	0065U	0066U	0068U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Experimental/Investigational Procedures (cont.)	0077U	0080U	0086U	0091U
	0092U	0093U	0095U	0096U
	0106T	0107T	0108T	0109T
	0110T	0112U	0152U	0153U
	0154U	0155U	0175T	0202T
	0202U	0207T	0208T	0210T
	0211T	0212T	0219T	0220T
	0223U	0225U	0253T	0255U
	0259U	0261U	0263T	0263U
	0264T	0265T	0266T	0267T
	0268T	0269T	0270T	0271T
	0272T	0273T	0274T	0275T
	0278T	0312T	0313T	0314T
	0315T	0316T	0317T	0321U
	0329T	0330T	0333T	0335T
	0338T	0339T	0342T	0345T
	0347T	0348T	0349T	0350T
	0351T	0358T	0379T	0397T
	0398T	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
	0440T	0441T	0442T	0443T
	0444T	0445T	0446T	0447T
	0448T	0450T	0469T	0470T
	0471T	0472T	0473T	0474T
	0475T	0476T	0477T	0478T
	0488T	0510T	0512T	0513T
	0514T	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Experimental/Investigational Procedures (cont.)</b>		0594T	0596T	0597T	0598T
		0599T	0600T	0601T	0602T
		0603T	0604T	0605T	0606T
		0607T	0608T	0613T	0615T
		0616T	0617T	0618T	0619T
		0620T	0621T	0622T	0623T
		0624T	0625T	0626T	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	0699T	0700T
		0701T	0702T	0703T	0704T
		0705T	0706T	0707T	0708T
		0709T	34839	53451	53452
		53453	53454	61736	61737
		64454	64624	64625	69705
		69706	90587	90626	90627
		90671	90677	91113	93895
		95803	99500	A4575	A6000
		C1761	C1772	C1821	C1891
		C2626	C9352	C9353	C9354
		C9355	C9356	C9358	C9360
		C9361	C9364	C9764	C9778
		G0276	G0282	G0283	G0295
		G0460	G0465	G9147	M0076
		P9020	Q4112	S1030	S1031
		S2107	S2300	S3650	S8948
		S9024	S9055	S9056	S9090
	<b>Eye and Ocular Procedures</b>	Prior authorization required	0308T	0402T	0449T
		65785	66989	66991	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		68841	69300	69710	69711
		69714	69716	69717	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gastroenterology and General Surgery</b>	Prior authorization required	48160			
<b>Gastroenterology Procedures</b>	Prior authorization required	91112	91132	91133	
<b>Gender Dysphoria</b>	Prior authorization required	15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15820	15821	15822	15823
		15824	15825	15826	15828
		15829	15832	15833	15834
		15835	15836	15837	15838
		15839	15847	15876	15877
		15878	15879	17360	17380
<b>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</b>					
		55970	56805	57291	57292
		57296	57335		
<b>Genetic Tests/Lab Svcs</b>	Prior authorization required	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Genetic Tests/Lab Svcs (cont.)	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	0001U	0002U	0003U
	0004M	0005U	0006M	0007M
	0007U	0008U	0009U	0010U
	0011M	0011U	0012M	0012U
	0013M	0013U	0014U	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
	0067U	0069U	0070U	0071T
	0071U	0072T	0072U	0073U
	0074U	0075U	0076U	0078U
	0079U	0082U	0083U	0084U
	0087U	0088U	0089U	0090U
0094U	0101U	0102U	0103U	
0105U	0106U	0107U	0108U	
0109U	0110U	0111U	0113U	
0114U	0115U	0116U	0117U	
0118U	0119U	0120U	0121U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic Tests/Lab Svcs (cont.)	0122U	0123U	0129U	0130U	
	0131U	0132U	0133U	0134U	
	0135U	0136U	0137U	0138U	
	0140U	0141U	0142U	0143U	
	0144U	0145U	0146U	0147U	
	0148U	0150U	0156U	0157U	
	0158U	0159U	0160U	0161U	
	0162U	0163U	0164U	0165U	
	0166U	0167U	0169U	0170U	
	0171U	0172U	0173U	0174U	
	0175U	0176U	0177U	0178U	
	0179U	0180U	0181U	0182U	
	0183U	0184U	0185U	0186U	
	0187U	0188U	0189U	0190U	
	0191U	0192U	0193U	0194U	
	0195U	0196U	0198T	0198U	
	0199U	0200U	0201U	0203U	
	0204U	0205U	0207U	0209U	
	0210U	0211U	0212U	0213U	
	0214U	0215U	0216U	0217U	
	0218U	0219U	0220U	0221U	
	0222U	0224U	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	
	0253U	0254U	0256U	0257U	
	0258U	0260U	0262U	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	0306U	0307U	0308U		
0309U	0310U	0312U	0313U		
0314U	0315U	0316U	0317U		
0318U	0319U	0320U	0322U		
0337U	0338U	0342U	0344U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic Tests/Lab Svcs (cont.)</b>		0346U	0351U	0352U	0353U
		0354U	0500T	G9143	S3800
		S3840	S3841	S3842	S3844
		S3845	S3846	S3849	S3850
		S3852	S3853	S3854	S3854
		S3861	S3865	S3866	S3870
<b>Hearing/Audio/Vision</b>	Prior authorization required	92065	92145	L8690	L8691
		L8692	L8693	L8694	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		
<b>Hematology</b>	Prior authorization required	0481T			
<b>Home health care</b>	Prior authorization required	G0248	G0249	G0250	G0277
		M0300	S9341	S9342	S9343
		S9355	S9364	S9365	S9366
		S9367	S9368		
<b>Hysterectomy</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58578	58579	58679	59072
		59074	59076		
<b>Incontinence</b>	Prior authorization required	A4520	A4553	A4554	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
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	90283	90284	90378	A9513
		A9590	A9606	A9699	J0129
		J0172	J0178	J0179	J0180
		J0202	J0207	J0219	J0221
		J0222	J0223	J0224	J0256
		J0257	J0364	J0490	J0491
		J0517	J0565	J0567	J0570
		J0584	J0585	J0586	J0587

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable Medications (cont.)</b>		J0588	J0596	J0597	J0598
		J0606	J0638	J0739	J0741
		J0775	J0791	J0800	J0850
		J0879	J0881	J0885	J0888
		J0896	J0897	J1290	J1300
		J1301	J1302	J1303	J1305
		J1306	J1322	J1325	J1426
		J1427	J1428	J1429	J1437
		J1439	J1442	J1447	J1458
		J1459	J1460	J1551	J1555
		J1556	J1557	J1558	J1559
		J1560	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		J1602	J1632	J1640	J1645
		J1650	J1652	J1726	J1729
		J1740	J1743	J1745	J1746
		J1786	J1823	J1930	J1931
		J1950	J1951	J2182	J2315
		J2323	J2326	J2350	J2353
		J2354	J2356	J2357	J2425
		J2502	J2503	J2506	J2507
		J2562	J2724	J2777	J2778
		J2786	J2796	J2820	J2840
		J2998	J3032	J3060	J3095
		J3111	J3240	J3241	J3245
		J3262	J3285	J3304	J3315
		J3316	J3358	J3380	J3385
		J3396	J3397	J3398	J3399
		J3489	J3490	J3590	J7196
		J7197	J7318	J7320	J7321
		J7322	J7323	J7324	J7325
		J7326	J7327	J7328	J7329
		J7331	J7332	J7352	J7504
		J7511	J9332	Q0138	Q0139
	Q5101	Q5103	Q5104	Q5106	
	Q5108	Q5110	Q5111	Q5120	
	Q5121	Q5122	Q5123	Q5125	
	Q9991	Q9992	S0013		
<b>Medical and Surgical Supplies</b>	Prior authorization required	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Medical and Surgical Supplies (cont.)</b>		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	S0013	S0091
	S0136	S0137	S0155	S0156	
	S0160				
<b>Medicine Services and Procedures</b>	Prior authorization required	95012 99177	95060 99183	95065	99174
<b>Musculoskeletal</b>	Prior authorization required	20957 21742 23474 27130 27138 27446 29868	20972 21743 23929 27132 27279 27447 33206	20973 23472 26556 27134 27412 27486	21740 23473 26989 27137 27445 27487
<b>Nerve Stimulators and Devices</b>	Prior authorization required	E0762	E0765		
<b>Obstetrical Procedures</b>	Prior authorization required	59897 S2402 S2409	59898 S2403 S2411	S2400 S2404	S2401 S2405
<b>Ophthalmology</b>	Prior authorization required	0100T			
<b>Orthognathic Surgery</b>	Prior authorization required	21029 21079 21083 21087 21141 21146 21154 21172 21181	21031 21080 21084 21088 21142 21147 21155 21175 21182	21076 21081 21085 21089 21143 21150 21159 21179 21183	21077 21082 21086 21100 21145 21151 21160 21180 21184

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic Surgery (cont.)</b>		21188	21193	21194	21195
		21196	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			
<b>Orthotics and Prosthetics</b>	Prior authorization required	C1840	L1499	L3100	L3215
		L3216	L3217	L3219	L3221
		L3222	L3260	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	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

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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (cont.)</b>		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	L8507	L8509
		L8510	L8511	L8658	L8679
		L8680	L8681	L8682	L8683
		L8684	L8685	L8686	L8687
		L8688	L8689	L8695	
<b>OT/PT/ST/RT</b>	Prior authorization required	97533			
<b>Pain Management</b>	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495	64628	64629
		64633	64634	64635	64636
<b>Radiation Therapy</b>	Prior authorization required	32701	77373	77435	77520
		77522	77523	77525	77605
		77620	96446	G0339	G0340
<b>Radiology managed by Evicore</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	0331T	0332T	0439T	0501T
		0502T	0503T	0504T	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology managed by Evicore	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	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 <a href="http://evicore.com">evicore.com</a> or call <b>800-792-8750</b>.</p>					
Radiology	Prior authorization required	0352T	0353T	0487T	0609T
		0610T	0611T	0612T	0633T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (cont.)</b>		0634T	0635T	0636T	0637T
		0638T	0648T	0649T	0697T
		0698T	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	C2616
		C8900	C8901	C8902	C8903
		C8905	C8906	C8908	C8909
		C8910	C8911	C8912	C8913
		C8914	C8918	C8919	C8920
		C9762	C9763	G0219	G0235
		G0252	G0281	G0329	S2095
		S8035	S8080	S8085	S8092

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://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

<b>Respiratory Procedures</b>	Prior authorization required	31641	31647	31648	31649
		31651	31660	31661	32994
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30468
		30620	92512	92700	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Skin Substitutes</b>	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
		S0157			
<b>Sleep Procedures</b>	Prior authorization required	S2080			
<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
		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	
<b>Stimulators</b>	Prior authorization required	20974	20975	61850	61860
Implantation of a device that sends electrical impulses		61863	61864	61867	61868
		61880	61885	61886	63650
		63655	63663	63664	63685
		63688	64553	64561	64566
		64568	64569	64570	64581
		64582	64583	64584	64585
		64590	64595	95836	95983
		95984			
<b>Surgery-Unlisted</b>	Prior authorization required	15999	17999	20999	21299
		21499	21899	22899	22999
		24999	25999	27599	27899
		28899	29999	30999	31599
		31899	32999	33999	36299

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Surgery-Unlisted (cont.)</b>		37799	38999	40799	40899
		41599	42299	42699	42999
		43499	43999	44799	44899
		45399	45499	45999	46999
		47399	47999	48999	49999
		51999	53899	54699	55899
		58999	59899	64999	66999
		67299	67399	67599	67999
		68399	68899	69399	69799
		69949	69979	76499	76999
		77299	77399	77499	77799
		78099	78199	78299	78399
		78499	78599	78699	78799
		78999	79999	81599	84999
		90899	91299	92499	93799
		93998	94799	95199	95999
	96999	99199	99600	B9998	
	L5999				
<b>Transplants</b>	Prior authorization required	32850	32851	32852	32853
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38204	38205	38206
		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	G0341	G0342
		G0343			
<b>Transportation</b>	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations					
<b>Unlisted</b>	Prior authorization required	38129	38589	39499	39599
		60659	60699		
<b>Urological Procedures</b>	Prior authorization required	53855	54400	54401	54405
		54408	54410	54411	54416
		54417	55559	55706	55880
<b>Urology</b>	Prior authorization required	0499T			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36465	36466	36468	36470
		36471	61630	61635	C9765
		C9766	C9767		
<b>Wound Treatment</b>	Prior authorization required	0491T	0492T	97597	97598
		97602	97605	97606	97607
		97608	97610	C1849	