

Rocky Mountain Health Plan Prime RAE

Effective March 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Colorado Rocky Mountain Health Plan Prime RAE health care professionals providing inpatient and outpatient services. Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- 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 professionals must request prior authorization for all procedures and services.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty services	Prior authorization required	23472	23473	23474	27130
		27132	27134	27137	27138
		27446	27447	27486	27487
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Arthroscopy services	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		29875	29876	29877	29879
		29880	29881	29882	
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy)	Prior authorization required	L8600			
Reconstruction of the breast, except when following mastectomy					
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	33206 33213 33225 33230 33262 93350 93454 93458 0571T	33207 33214 33227 33231 33263 93351 93455 93459 0614T	33208 33221 33228 33240 33264 93452 93456 93460	33212 33224 33229 33249 33270 93453 93457 93461
Cardiovascular	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
Cartilage implants	Prior authorization required	27412	29868	S2112	
Cerebral seizure monitoring – inpatient video EEG		95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718
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), Denosumab (J0897), Lupron Depot (J1950) J0885, J1448, J1449, J1952, Lutetium Lu (A9607) 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.			
		Bone modifying agent J0897			
		Colony stimulating factors J1442 Q5110 J2506			
		J1447	Q5101 Q5120	Q5108 Q5122	
Cosmetic and reconstructive procedures	Prior authorization required	14020 14061 67914 67921 67950	14021 14301 67915 67922 67961	14041 28344 67916 67923 67966	14060 67912 67917 67924
Digestive	Prior authorization required	49329			
Durable medical equipment (DME)	Prior authorization required	A4239 E0194	A9279 E0265	A9280 E0266	A9900 E0270
	Prosthetics are not DME – see Orthotics and prosthetics.	E0277 E0445 E0466 E0625	E0300 E0457 E0470 E0636	E0328 E0460 E0471 E0637	E0329 E0465 E0483 E0642

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0651	E0652	E0656	E0669
		E0670	E0675	E0693	E0694
		E0700	E0710	E0745	E0762
		E0766	E0784	E0956	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1035
		E1036	E1130	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1399	E1825	E2100
		E2102	E2103	E2203	E2227
		E2228	E2230	E2298	E2301
		E2310	E2311	E2312	E2321
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2378
		E2402	E2510	E2511	E2512
		E2599	E2609	E2617	E2620
		E2624	E2625	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0812	K0825
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		L1499	L3649	L4000	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5647	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		L5780	L5782	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5979	L5980	L5981	L5982
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6646
		L6648	L6687	L6689	L6693
		L6694	L6695	L6696	L6697
		L6704	L6708	L6709	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6900	L6905	L6910
		L6920	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L7499	L8683	S1040	T1999
			T5999		
Enteral services	Prior authorization required	B9002	B9998		
In-home nutritional therapy, either enteral or through a gastrostomy tube					
Experimental and investigational	Prior authorization required	33477 66180	36514 A4638	64722 A9274	65765
Femoroacetabular impingement syndrome	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	These surgical codes with the following Dx codes: F64.0 F64.1 F64.2 F64.8			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		F64.9	Z87.890		
		14000	14001	14040	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	55970	55980	56625
		56800	56805	57110	57335
		58661	58720	58940	64856
		64892	64896		
	Genetic tests/lab services (eviCore)	Prior authorization required	81162	81163	81164
81229			81277	81349	81400
81401			81402	81403	81404
81405			81406	81407	81408
81410			81412	81413	81414
81418			81432	81433	81437
81438			81439	81448	81443
81449			81451	81507	81518
81519			81520	81521	81522
81523			81541	81546	81542
81552			81599	0018U	0022U
0026U			0029U	0037U	0047U
0048U			0050U	0094U	0101U
0102U			0103U	0129U	0171U
0172U			0173U	0175U	0179U
0209U			0211U	0212U	0213U
0214U			0215U	0216U	0217U
0237U			0238U	0239U	0242U
0244U			0245U	0250U	0265U
0306U			0307U	0326U	0334U
0345U	0364U	0379U	0409U		
0411U	0417U	0419U	S3854		
81420	S3865	S3870			
Genetic tests/lab services	Prior authorization required	81420	87505	87507	
Genital organs	Prior authorization required	54405			
Home healthcare	Prior authorization required	97605	97606	B4149	B4150
		B4152	B4153	B4154	B4155
		B4157	B4158	B4159	B1460
		B4161	B4162		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571
		58572	58573		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications	Prior authorization required	90283	90284	90378	A9513
		A9590	A9606	A9699	C9172
		J0129	J0172	J0174	J0175
		J0177	J0178	J0179	J0180
		J0202	J0217	J0218	J0219
		J0221	J0222	J0223	J0224
		J0225	J0256	J0257	J0490
		J0491	J0517	J0567	J0584
		J0585	J0586	J0587	J0588
		J0589	J0596	J0597	J0598
		J0606	J0638	J0717	J0739
		J0791	J0801	J0802	J0879
		J0896	J1203	J1290	J1300
		J1301	J1302	J1303	J1304
		J1305	J1306	J1322	J1411
		J1412	J1413	J1426	J1427
		J1428	J1429	J1437	J1439
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1576
		J1599	J1602	J1743	J1745
		J1748	J1786	J1823	J1930
		J1931	J1932	J1950	J1951
		J1954	J2182	J2267	J2326
		J2327	J2329	J2350	J2353
		J2354	J2356	J2357	J2502
		J2506	J2507	J2508	J2777
		J2778	J2779	J2781	J2782
		J2786	J2796	J2840	J2998
		J3032	J3060	J3111	J3241
		J3245	J3247	J3262	J3315
		J3316	J3358	J3380	J3397
		J3398	J3399	J3401	J7171
		J7321	J7324	J7325	J7327
J7352	J9332	J9381	Q0138		
Q5103	Q5104	Q5120	Q5121		
Q5122	Q5124	Q5125	Q5128		
Q5133	Q5135	Q5136			
Joint replacement	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		29866	29867	J7330	
Musculoskeletal	Prior authorization required	23470			
Neurostimulators	Prior authorization required	43648	43881	43882	61863
		61864	61867	61868	61885
		61886	64568	64590	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21240	21242	21247	
Orthopedic surgeries	Prior authorization required	20930 29846 64494	20931 29999 64495	29840 64491	29845 64492
Orthotics and prosthetics	Prior authorization required	L0112 L0464 L0486 L0632 L0638 L0810 L1005 L1680 L1720 L1830 L1836 L1846 L1950 L2010 L2036 L2106 L2136 L2627 L3671 L3740 L3901 L3971 L3999 L5648 L6686 L6711 L8040 L8045 L8610	L0170 L0480 L0624 L0634 L0640 L0820 L1200 L1685 L1730 L1831 L1840 L1847 L1970 L2020 L2037 L2108 L2350 L2628 L3674 L3763 L3904 L3975 L4010 L5976 L6690 L6895 L8042 L8046 L8612	L0456 L0482 L0629 L0636 L0700 L0830 L1300 L1700 L1755 L1832 L1844 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3720 L3764 L3905 L3976 L4020 L5984 L6692 L6915 L8043 L8047 L8631	L0462 L0484 L0631 L0637 L0710 L1000 L1310 L1710 L1820 L1834 L1845 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3730 L3900 L3961 L3977 L5646 L6623 L6707 L6925 L8044 L8499 L8659
Potentially unproven services	Prior authorization required	E1831			
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Radiation therapy	Prior authorization required	77014 77372 77387	77331 77373 77399	77370 77385 77401	77371 77386 77402

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		77407	77412	77470	79445
		G0339	G0340	G6001	G6002
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		G6015	G6016	G6017	
Radiology (eviCore)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470
	Certain CT, MRI, MRA and PET scans	70480	70481	70482	70486
	Nuclear medicine and nuclear cardiology procedures	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	75557	75559
		75561	75563	75571	75572
		75580	75574	75635	76376
		76377	76380	76390	76391
		76497	76498	77046	77047
		77048	77049	78012	78013
		78014	78015	78016	78018
		78070	78071	78072	78075
		78099	78226	78227	78264
		78265	78266	78300	78305
		78306	78315	78429	78430
		78431	78432	78433	78451
		78452	78453	78454	78466
		78468	78469	78472	78473
		78481	78483	78459	78491
		78494	78496	78579	78580

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		78582	78597	78598	78492
		78608	78609	78707	78708
		78709	78800	78801	78802
		78803	78804	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	0633T
		0634T	0635T	0636T	0637T
		0638T			
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	75573	77084	78199	78299
		78399	78499	78599	78699
		78799	78999	0697T	0698T
		0710T	0711T	0712T	0713T
		G0235	G0252		
Reconstructive / potentially cosmetic	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	19316
		19318	19325	19328	19330
		19340	19342	19350	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	21121	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	21198	21199	21206
		21208	21209	21210	21215
		21230	21235	21244	21245
		21246	21248	21249	21255
		21256	21275	21280	21282
		21295	21296	21299	21740
		21742	21743	30400	30410
30420	30430	30435	30450		
30465	30620	31295	31296		
31297	31298	67900	67901		
67902	67903	67904	67906		
67908	67909	67911			
Rhinoplasty	Prior authorization required	30460	30462		
Site of service	Prior authorization required	37765	37766	64490	64493

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep apnea procedure and surgeries	Prior authorization required	21685			
Sleep disorder test / treatment	Prior authorization required	41599	42145		
Spine surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22858	22861	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0098T			
Stimulators	Prior authorization required	63650	63655	63685	64553
		64555	64570	L8680	L8682
		L8685	L8686	L8687	L8688
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38232	38240	38241
		38242	44137	44715	44720
		44721	47133	47135	47140
		47141	47142	47143	47144
		47145	47146	47147	48551
		48552	48554	50300	50320
		50323	50325	50340	50360
		50365	50370	50547	0537T
		0538T	0539T	0540T	C9399

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		J3393	J3394	J3490	J3590
		Q2041	Q2042	Q2053	Q2055
		Q2056	S2060	S2061	
Vein procedures	Prior authorization required	36473	36475	36478	37700
		37718	37722	37780	37799
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
Ventricular assist devices	Prior authorization required	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509