

Rocky Mountain Children’s Health Plan - prior authorization

Effective May. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Colorado Rocky Mountain Children’s Health Plan (CHP) 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			
Arthroscopy services	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		29875	29876	29877	29879
		29880	29881	29882	S2112
Bariatric surgery	Prior authorization required	43644	43645	43770	43775
Bariatric surgery and specific obesity-related services		43842	43845	43846	43847
		43848	43860		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19328	19330	19340	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
Cardiology	Prior authorization required for participating physicians for outpatient	33206	33207	33208	33212



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiology (cont.)	and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		0614T	0571T	93319	
		Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750			
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	32731	93580	
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) J0885*, J1449*, J1932*, J1954*, 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.			
		Antiemetic			
		J1454			
		Bone modifying agent			
		J0897			
		Colony stimulating factors			
		J1442	J1447	Q5108	Q5110
		Q5111	Q5120	Q5122	
		J2506			
		* Codes are Effective Nov. 1, 2023			
		** Effective Nov. 1, 2023 Codes no longer require a prior auth.			
		J9015	J9098	J9151	J9160
		J9165	J9202	J9212	J9213
		J9230	J9270	J9600	J9203
		J9285	J9044	J9247	
Cochlear implants and other Auditory implants	Prior authorization required	69930	L8619	L8627	L8629
		L8614			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4239	E0784	E2102	E2103
Cosmetic and reconstructive	Prior authorization required	11960	11971	14020	14021
		14060	14061	14301	17106
		17107	17108	17999	20930
		20931	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21180	21181	21182
		21183	21184	21188	21193
		21194	21195	21196	21198
		21199	21206	21215	21230

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		21235	21244	21245	21246
		21248	21249	21255	21256
		21275	21280	21282	21295
		21296	21740	21742	21743
		28344	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2029*		
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
Durable medical equipment (DME)	Prior authorization required	A9520	A9279	A9280	A9900
		E0194	E0265	E0266	E0270
	Prosthetics are not DME – see Orthotics and prosthetics.	E0277	E0300	E0328	E0329
		E0445	E0446	E0457	E0460
		E0465	E0466	E0470	E0471
		E0483	E0485	E0625	E0636
		E0637	E0640	E0642	E0651
		E0652	E0653	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0747	E0748
		E0749	E0760	E0766	E0930
		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
		E1634	E1825	E1831	E2100
		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
		K0013	K0108	K0812	K0825
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861

Procedures and Services		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	S1040
		T1999	T5999		
Enteral services	Prior authorization required	B4149	B4150	B4152	B4153
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
		B9002	B9998	S9434	S9435
Experimental and investigational	Prior authorization required	33477	36514	64722	65765
		66180	A4638	A9274	
Eye, ear, nose and throat	Prior authorization required	69719	69726	69727	69728
		69729	69730		
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		
		14000	14001	14040	15734
		15738	15750	15757	15758
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	19316	19303	19318
		19325	19342	19350	21121
		21123	21125	21127	21137
		21138	21139	21172	21175
		21179	21208	21209	21210
		30400	30410	30420	30430
		30435	30450	53410	53430
		54125	54405	54520	54660
		54690	55175	55180	56805
		55970	55980	56625	56800
		57110	57335	58661	58720
		58940	64856	64892	64896
		67900			
Genetic tests/lab services (eviCore)	Prior authorization required	0417U	0018U	0022U	0026U
		0029U	0047U	0048U	0050U
		0055U	0419U	0094U	0101U
		0102U	0103U	0129U	0171U
		0172U	0173U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0306U	0307U
		0326U	0334U	0345U	81162
		81163	81164	81228	81229
		81277	81349	81400	81401

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	0409U
		81431	81432	81435	81437
		81439	81443	81445	81448
		81460	81465	81479	0411U
		81518	81519	81520	81521
		81522	81523	81541	81542
		81546	81552	81418	81449
		81451	81599	87505	87507
		G9143	S3854	S3865	S3870
		0364U	0379U		

Please submit requests online www.evicore.com to sign in. Or, you can call **800-792-8750**

Genetic tests/lab services	Prior authorization required	0071T	0072T	0198T	0202T
		0207T	0208T	0210T	0211T
		0212T	0213T	0214T	0215T
		0216T	0217T	0218T	0219T
		0220T	0232T	0263T	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	0278T
		0308T	0329T	0394T	0395T
		0397T	0402T	0403T	0409T
		0410T	0411T	0412T	0413T
		0414T	0415T	0416T	0417T
		0418T	0419T	0420T	0421T
		0422T			
Hearing/audio/vision	Prior authorization required	67901	67902	67903	67904
		67906	67908	67909	67911
		69710	69711	69714	69716
		69717	V5014	V5030	V5040
		V5050	V5060	V5070	V5080
		V5090	V5100	V5120	V5130
		V5140	V5150	V5160	V5190
		V5200	V5215	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 healthcare	Prior authorization required	G0176	G0248	G0249	G0250

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home healthcare (cont.)		S9340	S9341	S9342	S9343
		S9355	S9364	S9365	S9366
		S9367	S9368		
Injectable medications	Prior authorization required	J0175	90283	90284	Q5101
		A9513	A9590	A9606	A9699
		J1302	Q5125	J0129	J0180
		J0202	J0219	J0221	J0222
		J0224	J0256	J0257	J0490
		J0491	J0517	J0567	J0177
		J0584	J0585	J0586	J0587
		J0588	J0596	J0597	J0598
		J0638	J1628	J0172	J0225
		J0879	J0589	J1290	J1301
		J1303	J1305	J1306	J1322
		J1426	J1428	J1437	J1439
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J1602
		J7171	J2267	J1743	J1745
		J2329	J1786	J1930	J1931
		J1950	J1951	J2182	J2326
		J2350	J2353	J2354	J2356
		J2502	J2506	J2507	J3247
		J2786	J2802	J2840	J2998
		J3060	J3111	J3245	J3262
		J3315	J3316	J3380	J3397
		J3398	J9155	J9202	J9210
		J9217	J9226	Q5103	Q5104
		Q5119	Q5124	J0801	J2781
		J1576	Q5128	J9381	J1411
		J0218	Q5130	Q5127	J1932
		J1449	J1411	J0178	J0179
		J2778	J2779	J0174	J1414
		J2327	J1427	J1823	J2777
		J7352	Q5123	J1442	J1447
		J0802	J1203	J9345	J9376
		J0223	J0606	J0717	J0791
		J0896	J1299	J1429	J1558
		J2357	J3032	J3241	J3358
		J3399	J9311	J9312	Q5115
		90378	Q5121	J9324	J2765
		J2782	J9051	J9052	J9064
		J9072	J9172	J9255	J1552
		J9286	C9399*	J3490*	J3590*
		Q5133***	Q5135***	J1307	J2351
		Q5147	Q9997	Q9998	Q5138

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fynetra, Lupaneta Pack, Nulibry, Recovi, Riabni, Rivfloza, Skyrizi, white blood cell colony stimulating factors, Veopoz. * Effective Jan. 1, 2024 – Izervay only use temp codes of J3490, J3590. ** Effective Aug. 1, 2023 Prior authorization required for J0174. ***Effective Oct. 1, 2024: Prior authorization required for Q5133, Q5135.			
Medical and surgical supplies	Prior authorization required	C1821	Q4282	C9352	C9353
		C9356	C9358	C9360	C9361
		C9364	M0076	P9020	Q2041
		Q2043	Q4114	Q4125	Q4130
		Q4150	Q4152	Q4153	Q4154
		Q4155	Q4156	Q4157	Q4158
		Q4159	Q4160	Q4162	Q4278
		Q4283	Q4284	Q4280	Q4281
		Q4273	Q4274	Q4275	Q4276
		Q4272	S2107	S2300	S3650
		S8948	S9024	S9055	S9056
		S9090			
Medicine services and procedures	Prior authorization required	97533	97605	97606	97750
Musculoskeletal	Prior authorization required	23470			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Obstetrical procedures	Prior authorization required	S2400	S2401	S2402	S2403
		S2404	S2405	S2409	
Orthognathic surgery	Prior authorization required	21240	21242	21247	21299
Orthotics and prosthetics	Prior authorization required	L1499	L3649	L4000	L4070
		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	L5780	L5782	L5790

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5795	L5811	L5812	L5814
		L5816	L5826	L5848	L5850
		L5845	L5856	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5979	L5980	L5981
		L5982	L5987	L5990	L5999
		L6000	L6010	L6020	L6687
		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	L6689	L6693	L6694
		L6695	L6696	L6697	L6704
		L6708	L6709	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L7499	L8514	L8682	L8683
		L8685	L8686	L8687	L8688
		L8691	L8692	L8693	L8694
		L3330	L5986	L5988	L0112
		L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0632
		L0634	L0636	L0637	L0638
		L0640	L0700	L0710	L0810
		L0820	L0830	L1000	L1005
		L1200	L1300	L1310	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2128	L2136

Procedures and Services		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3671
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4010	L4020	L5646	L5648
		L5976	L5984	L6623	L6686
		L6690	L6692	L6707	L6711
		L6895	L6915	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8610	L8612
		L8631	L8659		
Pain management	Prior authorization required	64490	64491	64492	64493
		64494	64495		
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Radiation therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		G6017			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	
		Standard radiation therapy (2D/3D)			
		Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Y90			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		79445			
		Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054.			
Radiology (eviCore)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70450	70460	70470	70480
		70481	70482	70486	70487
		70488	70490	70491	70492
		70496	70498	70540	70542

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore)	Certain CT, MRI, MRA and PET scans	70543	70544	70545	70546
		70547	70548	70549	70551
	Nuclear medicine and nuclear cardiology procedures	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	78072	78075	75557
		75559	75561	75563	78226
		75571	75572	75574	75635
		76376	76377	76380	76390
		76391	76497	76498	77046
		77047	77048	77049	78012
		78013	78014	78015	78016
		78018	78227	78070	78071
		78264	78265	78266	78300
		78305	78306	78429	78430
		78431	78432	78433	78451
		78452	78453	78454	78608
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78579	78580	78582	78597
		78598	78609	78707	78708
		78709	78800	78801	78802
		78803	78811	78812	78813
		78814	78815	78816	78830
		78831	78832	70336	0633T
		0634T	0635T	0636T	0637T
		0638T	0697T	0698T	0710T
		0711T	0712T	0713T	75573
		75580	77021	77084	78099
		78199	78299	78315	78399

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		78499	78599	78699	78799
		78804	78999	G0235	G0252
		S8037	S8092		

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
Please submit requests online www.evicore.com to sign in. Or, you can call **800-792-8750**.

For more details and the CPT codes that require prior authorization, please see [Radiology Prior Authorization and Notification](#).

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	96379	G0281	S8035	S8085
	Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Please submit requests online using UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification .			
Rhinoplasty	Prior authorization required	30460	30462		
Skin substitutes	Prior authorization required	Q4117	Q4122	Q4123	Q4124
		Q4126	Q4127	Q4161	Q4163
		Q4164	Q4165		
Sleep procedures	Prior authorization required	64553	64568	64570	64590
		95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	21685
		41599			
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
		22590	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22858	22861	22899	63003
		63016	63040	63042	63046
		63050	63055	630856	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63251
		63286	63300	63301	63302

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		63303	63304	63305	63306
		63307	63308		
Stimulators	Prior authorization required	20975	20979	63655	63685
		95980	95981	95982	E0762
		E0765	64555	L8680	
Surgery	Prior authorization required	23473	0098T	23474	23472
		27130	27132	27134	27137
		27138	27412	27446	27447
		27446	27447	27486	27487
		29868	30465	36475	30620
		31295	31296	31297	31298
		29914	29915	29916	37700
		33927	33928	33929	36473
		36478	29840	29845	29846
		37718	37722	37765	37766
		37780	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288
		42145	43881	43882	J7330
		24360	24361	24362	24363
		24370	24371	27120	27125
		29866	29867	43648	43659
		58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	61863	61864
		49329	61867	61868	61885
		61886	63045	63047	63185
		63001	63005	63011	63012
		63015	63017	63020	63030
		63190	63191	63650	63200
		63250	63252	63265	63267
		63268	63270	63271	63272
		58570	58571	58572	58573
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	47135
		47140	47141	47142	47143
		47144	47145	47146	47147
		48551	48552	48554	50300
		50320	50323	50325	50340
		50360	50365	50370	50547
		38232	44137	44715	44720

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		44721	47133	J3393	J3394
		S2053	S2060	S2061	S2103
		33927	33928	33929	Q2042
		Q2053	Q2055	Q2056	J3392
		Q2057			
		J3490*	J3590*	C9399*	C9301**
*For Unclassified codes J3490, J3590, and C9399, Amtagvi, Aucatzyl, Lenmeldy will require Prior Authorization through Optum Transplant					
**Effective April.1, 2025: Prior authorization required for Aucatzyl, codes J3490, J3590, and C9301.					
Vein procedures	Prior authorization required	37799			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose					
Ventricular assist device	Prior authorization required	33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			