Rocky Mountain Children's Health Plan - prior authorization

Effective September 1, 2026

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**.
- eviCore healthcare: (web) **www.evicore.com** (phone) **800-792-8750**
- For Behavioral Health Services (including mental, health and substance use disorders), call **877-668-5947**
- 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	29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828 29875 29876 29877 29879 29880 29881 29882 S2112
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43645 43770 43775 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 Prior Auth NOT required for diagnosis codes listed below: C50.011 C50.012 C50.019 C50.021 C50.022 C50.029 C50.111 C50.112 C50.119 C50.121 C50.122 C50.129

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Breast reconstruction (non-mastectomy) (cont.)		C50.211 C50.212 D05.219 D05.221 D05.222 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
Cardiology	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 93350 93351 93452 93453 93454 93455 93456 93457 93458 93459 93460 93461 0614T 0571T 0795T 0796T 0797T 0801T 0802T 0803T 33274 0823T 0825T Please submit requests online **www.evicore.com** to sign in. Or, you can call **800-792-8750**
Cardiovascular	Prior authorization required	37220 32731 37221 37224 37225 37226 37227 37228 37229 37230 93580 0569T 0570T No prior authorization required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 I70.228 I70.229 I70.231 I70.232 I70.233 I70.234 I70.235 I70.238 I70.239 I70.241 I70.242 I70.243 I70.244 I70.245 I70.248 I70.249 I70.25 I70.261 I70.262 I70.263 I70.268 I70.269 I70.321 I70.322 I70.323 I70.329 I70.331 I70.332

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cardiovascular (cont.)		M86.372 M86.379 M86.38 M86.39 M86.40 M86.451 M86.452 M86.459 M86.461 M86.462 M86.469 M86.471 M86.472 M86.479 M86.48 M86.49 M86.50 M86.551 M86.552 M86.559 M86.561 M86.562 M86.571 M86.572 M86.579 M86.58 M86.59 M86.60 M86.651 M86.652 M86.659 M86.661 M86.662 M86.669 M86.671 M86.672 M86.679 M86.68 M86.69 M86.8X0 M86.8X5 M86.8X6 M86.8X7 M86.8X8 M86.8X9 M86.9 I96 L03.115 L03.116 Q27.30 Q27.32 Q27.39 Q27.8 Q27.9 Q87.2 S35.511A S35.512A T82.312A T82.318A T82.319A T82.338A T82.392A T82.398A T82.399A T82.898A I73.00 I73.01 I73.1 I73.81
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) J1299, J1323, J1326, J2277, J3055, J3263, Q5148 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 codes that require prior authorization** J1454 J1434 J2468 **Bone modifying agent** J0897 **Colony stimulating factors** J1442 J1447 Q5108 Q5110 Q5111 Q5120 Q5122 Q5136 J2506 Q5157 Q5158 Q5159
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 Prior authorization is required with the following Type 2 and gestational diabetes Dx codes: E11.00 E11.01 E11.10 E11.11 E11.21 E11.22 E11.29 E11.311 E11.319 E11.3211 E11.3212 E11.3213

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor (cont.)		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
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	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
		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		
		Prior authorization not required when billed with the following Dx codes below:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – see Orthotics and prosthetics.	A9520 E0194 E0277 E0445	A9279 E0265 E0300 E0446	A9280 E0266 E0328 E0457	A9900 E0270 E0329 E0460

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		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
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	S1040
		T1999	T5999		
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
		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	14000	14001	14040	15734
		15738	15750	15757	15758

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Gender dysphoria treatment (cont.)		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 These surgical codes with the following Dx codes do require a prior auth: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890
Genetic tests/lab services (eviCore)	Prior authorization required	81162 81163 81164 81228 81229 81277 81349 81354 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81418 81431 81432 81435 81437 81439 81443 81445 81448 81449 81451 81460 81465 81479 81518 81519 81520 81521 81522 81523 81524 81541 81542 81546 81552 81599 87505 87507 0620U 0624U 0628U 0018U 0022U 0026U 0047U 0048U 0050U 0055U 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 0364U 0379U 0409U 0411U 0417U 0419U 0616U 0617U 0618U 0619U 0621U 0622U 0623U 0625U 0626U 0627U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore) (cont.)		0630U 0634U 0643U 0647U 0651U 0658U S3865	0631U 0635U 0644U 0648U 0652U 0659U S3870	0632U 0641U 0645U 0649U 0653U G9143	0633U 0642U 0646U 0650U 0657U S3854
		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 0207T 0212T 0216T 0220T 0265T 0395T 0417T 0422T	0072T 0208T 0213T 0217T 0232T 0274T 0397T 0418T	0198T 0210T 0214T 0218T 0263T 0278T 0402T 0419T	0202T 0211T 0215T 0219T 0264T 0308T 0403T 0420T
Hearing/audio/vision	Prior authorization required	67901 67906 69710 69717 V5050 V5090 V5140 V5200 V5242 V5246 V5250 V5254 V5258 V5262 V5266	67902 67908 69711 V5014 V5060 V5100 V5150 V5215 V5243 V5247 V5251 V5255 V5259 V5263 V5267	67903 67909 69714 V5030 V5070 V5120 V5160 V5230 V5244 V5248 V5252 V5256 V5260 V5264 V5336	67904 67911 69716 V5040 V5080 V5130 V5190 V5240 V5245 V5249 V5253 V5257 V5261 V5265
Home healthcare	Prior authorization required	G0176 S9341 S9364 S9368	G0249 S9342 S9365	G0250 S9343 S9366	S9340 S9355 S9367
Injectable medications	Prior authorization required Eff 3/1/24 - For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	90283 A9590 C9399* J0175 J0180 J0221 J0225 J0491	90284 A9606 J0013 J0177 J0202 J0222 J0256 J0517	90378 A9615 J0129 J0178 J0218 J0223 J0257 J0567	A9513 A9699 J0174 J0179 J0219 J0224 J0490 J0584

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J0585	J0586	J0587	J0588
		J0589	J0596	J0597	J0598
		J0606	J0638	J0717	J0791
		J0801	J0802	J0879	J0896
		J1072	J1203	J1289	J1290
		J1299	J1301	J1302	J1303
		J1305	J1306	J1307	J1322
		J1411	J1411	J1414	J1426
		J1427	J1428	J1429	J1437
		J1439	J1442	J1447	J1449
		J1458	J1459	J1551	J1552
		J1553	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	J1602
		J1628	J1743	J1745	J1786
		J1809	J1823	J1930	J1931
		J1932	J1950	J1951	J1954**
		J2182	J2267	J2326	J2327
		J2329	J2350	J2351	J2353
		J2354	J2356	J2357	J2502
		J2506	J2507	J2765	J2777
		J2778	J2779	J2781	J2782
		J2786	J2802	J2840	J2998
		J3032	J3060	J3111	J3241
		J3245	J3247	J3262	J3315
		J3316	J3358	J3380	J3397
		J3398	J3399	J3403	J3403
		J3405	J3490*	J3590*	J7170
		J7171	J7172	J7173	J7174
		J7321	J7322	J7352	J9038
		J9051	J9052	J9064	J9072
		J9155	J9172	J9202	J9210
		J9217	J9226	J9255	J9256
		J9286	J9301	J9311	J9312
		J9324	J9345	J9376	J9381
		Q5098	Q5099	Q5100	Q5101
		Q5103	Q5104	Q5115	Q5119
		Q5121	Q5123	Q5124	Q5125
		Q5127	Q5128	Q5130	Q5133
		Q5135	Q5136	Q5138	Q5147
		Q5148	Q5151	Q5152	Q5156
		Q5157	Q5158	Q5162	Q5164
		Q5166	Q9997	Q9998	Q9999

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
		* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fylnetra, Kebilidi, Lupaneta Pack, Recovi, Riabni, Rivfloza, Skyrizi, Steqeyma IV, white blood cell colony stimulating factors, Veopoz and Yesintek IV. ** For code J1954, Cancer DX is excluded from prior auth.
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 trasnportation	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	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 L1499 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 L2350 L2510 L2526 L2627 L2628 L3230 L3265 L3330 L3649 L3671 L3763 L3764 L3900 L3901

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	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	L5646	L5647
		L5648	L5649	L5651	L5653
		L5657	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5782	L5790	L5795
		L5811	L5812	L5814	L5816
		L5826	L5845	L5848	L5850
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6034
		L6035	L6036	L6038	L6039
		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	L6623	L6624
		L6646	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6694	L6695	L6696	L6697
		L6704	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Orthotics and prosthetics (cont.)		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 L8040 L8042 L8043 L8044 L8045 L8046 L8047 L8499 L8514 L8610 L8612 L8631 L8659 L8682 L8683 L8685 L8686 L8687 L8688 L8691 L8692 L8693 L8694
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
Psychological and neuropsychological testing	Prior authorization required	96132 96133 96136 96137 96138 96139 96146 96130 96131
Radiation therapy	Prior authorization required	**IGRT** 77387 **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 **Radiation treatment delivery** 77402* 77407 77412 * Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, 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,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Radiation therapy (cont.)		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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 **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: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	70336 70450 70460 70470 70471 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71271 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 72195 72196 72197 72198 73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700 73701 73702 73706 73718 73719 73720 73721 73722 73723 73725 74150 74160 74170 74174 74175 74176 74177 74178

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Radiology (eviCore)		74181 74182 74183 74185 74261 74262 74263 75557 75559 75561 75563 75571 75572 75573 75574 75577 75580 75635 76376 76377 76380 76390 76391 76497 76498 77021 77046 77047 77048 77049 77084 78429 78430 78431 78432 78433 78451 78452 78453 78454 78459 78466 78468 78469 78472 78473 78481 78483 78491 78492 78494 78496 78499 78608 78609 78811 78812 78813 78814 78815 78816 78830 0633T 0634T 0635T 0636T 0637T 0638T 0697T 0698T 0710T 0711T 0712T 0713T 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: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	96379 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	22836
		22837	22838	22849	22850
		22852	22855	22856	22858
		22861	22899	63003	63016
		63040	63042	63046	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63251	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0656T	0657T	0790T
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery (cont.)		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	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38208	38209	38210	38212
		38213	38214	38215	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	Q2057	J1289	J3386
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	Q2042
		Q2053	Q2055	Q2056	Q2058
		S2053	S2060	S2061	S2103
		J3490*	J3590*	C9399*	
		*For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy will require Prior Authorization through Optum Transplant			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose	Prior authorization required	37799			
Ventricular assist device	Prior authorization required	33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization