

Rocky Mountain Children’s Health Plan (CHP +) - prior authorization

Effective March 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Colorado Rocky Mountain 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			
Arthroplasty services	Prior authorization required	23472	23473	23474	27130
		27132	27134	27137	27138
		27446	27447	27486	27487
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	43659	43770
		43775	43842	43845	43846
Bariatric surgery and specific obesity-related services		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	0571T	33206	33207	33208
		33212	33213	33214	33221
		33224	33225	33227	33228
		33229	33230	33231	33240
		33249	33262	33263	33264
		33270	93452	93453	93454
		93455	93456	93457	93458
		93459	93460	93461	0614T
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
Cartilage implants	Prior authorization required	27412	29868		
Cerebral seizure monitoring – inpatient video EEG	Prior authorization required	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	
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, J1448, J1449, J1932, 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.			
		Antiemetic J1454			
		Bone modifying agent J0897			
		Colony stimulating factors J1442 J1447 Q5108 Q5110 Q5111 Q5120 Q5122 J2506			
Cochlear implants and other Auditory implants	Prior authorization required	69710	69711	69714	69716
		69717	69719	69726	69727
		69728	69729	69730	69930
		L8619	L8627	L8691	L8692
		L8693	L8614		
Cosmetic and reconstructive	Prior authorization required	14020	14021	14041	14060
		14061	14301	17999	28344
		67912	67914	67915	67916
		67917	67921	67922	67923

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cosmetic and reconstructive (cont.)		67924	67950	67961	67966
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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

Digestive	Prior authorization required	49329			
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Durable medical equipment (DME)	Prior authorization required	A4239	E0194	E0265	E0266
		E0277	E0300	E0328	E0329
	Prosthetics are not DME – see Orthotics and prosthetics.	E0445	E0457	E0465	E0466
		E0483	E0625	E0636	E0637
		E0642	E0651	E0652	E0656
		E0675	E0693	E0694	E0745
		E0762	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	E2102
		E2103	E2203	E2227	E2228
		E2230	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2378	E2402	E2510
		E2512	E2599	E2609	E2617
		E2620	E2624	E2625	E8000
	E8001	E8002	K0005	K0008	
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		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	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
	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	L8629	L8683	L8694	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		A9279	A9280	A9900	E0270
		E0460	E0470	E0471	E0669
		E0670	E0700	E0710	E0766
		E2100	E2298	E2511	E2626
		E2627	E2628	E2629	E2630
		K0013	S1040	T1999	T5999
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
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 F64.9	F64.1 Z87.890	F64.2	F64.8
		56805	57335	14000	14001
		14040	15734	15738	15750
		15757	15758	19303	53410
		53430	54125	54520	54660
		54690	55175	55180	55970
		55980	56625	56800	57110
		58661	58720	58940	64856
		64892	64896		
Genetic tests/lab services (eviCore)	Prior authorization required	0018U 0037U 0094U 0129U 0175U 0212U 0216U 0239U 0250U 0326U 0379U 0419U 81228 81400 81404 81408 81414	0022U 0047U 0101U 0171U 0179U 0213U 0217U 0242U 0265U 0334U 0409U 81162 81229 81401 81405 81410 81418	0026U 0048U 0102U 0172U 0209U 0214U 0237U 0244U 0306U 0345U 0411U 81163 81277 81402 81406 81412 81432	0029U 0050U 0103U 0173U 0211U 0215U 0238U 0245U 0307U 0364U 0417U 81164 81349 81403 81407 81413 81433

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		81437	81438	81439	81443
		81448	81449	81451	81507
		81518	81519	81520	81521
		81522	81523	81541	81542
		81546	81552	S3854	S3865
		S3870			
Genetic tests/lab services	Prior authorization required	81420	81599	87505	87507
Genital organs	Prior authorization required	54405			
Hearing/audio/vision	Prior authorization required	V5014	V5030	V5040	V5050
		V5060	V5100	V5120	V5130
		V5140	V5190	V5215	V5230
		V5242	V5243	V5244	V5245
		V5246	V5247	V5248	V5249
		V5250	V5251	V5252	V5253
		V5254	V5255	V5256	V5257
		V5258	V5259	V5260	V5261
		V5264	V5267		
Home healthcare	Prior authorization required	97605	97606	B4149	B4150
		B4152	B4153	B4154	B4155
		B4157	B4158	B4159	B4160
		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		
Injectable medications	Prior authorization required	90283	90284	90378	A9513
		A9590	A9606	A9699	C9172
		J0129	J0172	J0174	J0175
		J0177	J0178	J0179	J0180
		J0202	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	J1305	J1306
		J1322	J1411	J1426	J1427
		J1428	J1429	J1437	J1439
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		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	J2777	J2778
		J2779	J2781	J2782	J2786
		J2796	J2840	J2998	J3032
		J3060	J3111	J3241	J3245
		J3262	J3315	J3316	J3358
		J3380	J3397	J3398	J3399
		J7171	J7325	J7352	J9051
		J9052	J9064	J9072	J9255
		J9258	J9286	J9324	J9332
		J9333	J9334	J9345	J9381
		Q5103	Q5104	Q5120	Q5121
		Q5122	Q5124	Q5125	Q5128
		Q5133	Q5135	Q5136	J0217
	J1304	J1412	J1413	J2508	
	J3247	J3401	J7321	J7324	
	J7327	Q0138			
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	
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21240	21242	21247	21299
Orthopedic surgeries	Prior authorization required	20930	20931	64491	64492
		64494	64495	29840	29845
		29846			
Orthotics and prothotics	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
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
L1836	L1840	L1844	L1845		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prothotics (cont.)		L1846	L1847	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2128
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3265
		L3671	L3674	L3720	L3730
		L3740	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	
Potentially unproven services	Prior authorization required	E1831			
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Radiation therapy	Prior authorization required	77373	G0339	G0340	77014
		77331	77370	77371	77372
		77385	77386	77387	77399
		77401	77402	77407	77412
		77470	79445	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: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		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
		75574	75635	76376	76377
		76380	76390	76391	76497
		76498	77046	77047	77048
		77049	78012	78013	78014
		78015	78016	78018	78070
		78071	78072	78075	78226
		78227	78264	78265	78266
		78300	78305	78306	78429
		78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78579	78580	78582	78597
		78598	78608	78609	78707
		78708	78709	78800	78801
		78802	78803	78811	78812
	78813	78814	78815	78816	
	78830	78831	78832	75580	
	78099	78199	78299	78315	
	78399	78499	78599	78699	
	78799	78804	78999		
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	0633T	0634T	0635T	0636T
		0637T	0638T	0697T	0698T
		0710T	0711T	0712T	0713T
		75573	77084	G0235	G0252
Reconstructive / potentially cosmetic	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	21121	21123
		21125	21127	21137	21138

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Reconstructive / potentially cosmetic (cont.)		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	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
Sleep apnea procedure and surgeries	Prior authorization required	21685	41599		
Sleep disorder test / treatment	Prior authorization required	42145			
Spine surgery	Prior authorization required	0098T	22533	22548	22551
		22554	22556	22558	22590
		22595	22600	22612	22630
		22633	22856	22858	22861
		63001	63005	63011	63012
		63015	63017	63020	63030
		63045	63047	63185	63190
		63191	63200	63250	63252
		63265	63267	63268	63270
		63271	63272	22100	22101
		22102	22110	22112	22114
		22206	22207	22210	22212
		22214	22220	22224	22510
		22511	22512	22513	22514
		22515	22532	22586	22610
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22899	63003	63016
		63040	63042	63046	63050
63055	63056	63064	63075		
63077	63081	63085	63087		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		63090	63101	63102	63170
		63172	63173	63251	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Stimulators	Prior authorization required	63650	63655	63685	64553
		64555	64570	L8680	L8682
		L8685	L8686	L8687	L8688
Transplants	Prior authorization required	0537T	0538T	0539T	0540T
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38240	38241	38242
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	C9399	J3490	J3590
		Q2041	Q2055	Q2056	S2060
		S2061	38232	44137	44715
		44720	44721	47133	J3393
		J3394	Q2042	Q2053	
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