

Prior Authorization Requirements for Colorado Rocky Mountain IFP

Effective Nov. 1, 2024

General information

This list contains prior authorization requirements for participating UnitedHealthcare Colorado Rocky Mountain Health Plan (RMHP) IFP 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. 98If 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 how to obtain prior authorization			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Arthroscopy	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		
Arthroplasty	Prior authorization required	0095T	0098T	22856	22857
		22858	22861	22862	22864
		22865	22867	22868	22869
		22870			
Bariatric surgery	Prior authorization required	43644	43645	43770	43771
Bariatric surgery and specific obesity-related services		43772	43773	43774	43775
		43842	43843	43845	43846
		43847	43848	43886	43887
		43888	S2083		
Breast reconstruction	Prior authorization required	19316	19318	19325	19328
Reconstruction of the breast		19330	19340	19342	19350

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
except when following mastectomy		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	19499
		S2066	S2067	S2068	
		Prior authorization NOT required for the following diagnosis (Dx) 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			

Cardiology managed by eviCore	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

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

NOTE: For additional payment by specialty and accreditation requirements, please review the full policy: **Cardiology Procedures for eviCore Healthcare Arrangement.**

Cardiovascular	Prior authorization required	36473	36474	36475	36476
		36478	36479	36482	36483
		36522	37501	37700	37718

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952, J1954), Fosaprepitant (J1453, J1454), Granisetron (J1627); Filagrastim (J1442, J1447, J1449); Sargramostim (J2820) • Chemotherapy injectable drugs A9513, A9602, A9606, A9607, A9699, A9800 • 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 			
Cochlear implants	Prior authorization required	69930	L8619	L8627	L8628
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Congenital heart disease	Prior authorization required	33927	33928	33929	93702
Congenital heart disease-related services, including pre-treatment evaluation					
Congenital heart disease - managed by eviCore	Prior authorization required	33270	33274	33289	93593
		93594	93595	93596	93597
Please submit requests online at www.evicore.com to sign in. Or, you can call 800-792-8750					
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A9274	A9276	A9277	A9278
		E2102	E2103	A4238	A4239
Cosmetic and reconstructive	Prior authorization required	0479T	0480T	0489T	0490T
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.					
		11920	11921	11922	11960
		11970	11971	15769	15771
		15772	15773	15819	17106
		17107	17108	17340	19105
		19300	21120	21121	21122
		21123	21125	21127	21137
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
		21138	21139	96904	96920
		96921	96922	G0429	Q2028
Diagnostic and therapeutic procedures	Prior authorization required	0213T	0214T	0215T	0216T
		0217T	0218T	0378T	0394T
		0395T	91065	96379	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Digestive surgery	Prior authorization required	40806	41120	41130	41512
		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
Durable medical equipment (DME)	Prior authorization required	49329	49659	50549	50949
	Prosthetics are not DME – see Orthotics and prosthetics.	A4670	E0118	E0302	E0304
		E0193	E0194	E0467	E0482
		E0465	E0466	E0625	E0636
		E0483	E0555	E0642	E0650
		E0637	E0638	E0671	E0675
		E0651	E0652	E0693	E0694
		E0691	E0692	E0760	E0764
		E0747	E0748	E0936	E0947
		E0770	E0783	E0952	E0953
		E0948	E0951	E0956	E0957
		E0954	E0955	E0960	E0961
		E0958	E0959	E0969	E0971
		E0966	E0967	E0981	E0982
		E0973	E0974	E0985	E0986
		E0983	E0984	E0992	E0994
		E0988	E0990	E1003	E1004
		E0995	E1002	E1007	E1008
		E1005	E1006	E1014	E1015
		E1010	E1012	E1028	E1029
		E1016	E1020	E1036	E1050
		E1030	E1035	E1083	E1084
		E1060	E1070	E1092	E1093
		E1087	E1088	E1150	E1160
		E1100	E1110	E1171	E1172
		E1161	E1170	E1195	E1200
		E1180	E1190	E1222	E1223
		E1220	E1221	E1226	E1227
		E1224	E1225	E1232	E1233
E1228	E1230	E1236	E1237		
E1234	E1235	E1270	E1280		
E1238	E1240	E1297	E1298		
E1285	E1296	E2201	E2202		
E1840	E2120	E2205	E2206		
E2203	E2204	E2209	E2210		
E2207	E2208	E2213	E2214		
E2211	E2212	E2217	E2218		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	E2215	E2216	E2221	E2222	
	E2219	E2220	E2226	E2227	
	E2224	E2225	E2310	E2311	
	E2228	E2231	E2321	E2322	
	E2312	E2313	E2325	E2326	
	E2323	E2324	E2329	E2330	
	E2327	E2328	E2342	E2343	
	E2340	E2341	E2361	E2363	
	E2351	E2359	E2367	E2368	
	E2365	E2366	E2371	E2373	
	E2369	E2370	E2376	E2377	
	E2374	E2375	E2382	E2383	
	E2378	E2381	E2386	E2387	
	E2384	E2385	E2390	E2391	
	E2388	E2389	E2395	E2396	
	E2392	E2394	E2500	E2502	
	E2397	E2402	E2508	E2510	
	E2504	E2506	E2603	E2604	
	E2601	E2602	E2607	E2608	
	E2605	E2606	E2613	E2614	
	E2611	E2612	E2619	E2620	
	E2615	E2616	E2623	E2624	
	E2621	E2622	K0002	K0003	
	E2625	K0001	K0006	K0007	
	K0004	K0005	K0011	K0012	
	K0009	K0010	K0018	K0019	
	K0015	K0017	K0038	K0039	
	K0020	K0037	K0042	K0043	
	K0040	K0041	K0046	K0047	
	K0044	K0045	K0052	K0053	
	K0050	K0051	K0070	K0071	
	K0056	K0069	K0077	K0098	
	K0072	K0073	K0606	K0607	
	K0105	K0195	K0739	K0800	
	K0608	K0609	K0813	K0814	
	K0801	K0802	K0820	K0821	
	K0815	K0816	K0824	K0825	
	K0822	K0823	K0828	K0829	
	K0826	K0827	K0836	K0837	
	K0830	K0835	K0840	K0841	
	K0838	K0839	K0848	K0849	
	K0842	K0843	K0852	K0853	
	K0850	K0851	K0856	K0857	
	K0854	K0855	K0860	K0861	
	K0858	K0859	K0864	K0890	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0862	K0863	K0891	K0898
Enteral	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
End stage renal disease (ESRD)	Prior authorization required	Q4081			
Services for treating end-stage renal disease, including outpatient dialysis services					
Experimental/investigational procedures	Prior authorization required	34839	53451	53452	53453
		53454	61736	61737	64454
		64624	64625	69705	69706
		90587	90626	90627	91113
		93895	95803	99500	0015M
		0062U	0063U	0064U	0065U
		0068U	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	0321U	0329T
		0330T	0333T	0335T	0338T
		0339T	0342T	0345T	0347T
		0348T	0349T	0350T	0351T
		0358T	0379T	0397T	0398T
		0403T	0408T	0409T	0410T
		0411T	0412T	0413T	0414T
		0415T	0416T	0417T	0418T
		0419T	0420T	0421T	0422T
		0437T	0440T	0441T	0442T
		0443T	0444T	0445T	0446T
		0447T	0448T	0450T	0469T

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Experimental/investigational procedures (cont.)	0472T	0473T	0474T	0488T
	0510T	0512T	0513T	0523T
	0524T	0525T	0532T	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	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	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	0704T	0705T	0706T
	0707T	0708T	0709T	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Experimental/investigational procedures (cont.)		S8948	S9024	S9055	S9056
		S9090			

Gastroenterology and general surgery	Prior authorization required	48160			
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Gastroenterology procedures	Prior authorization required	91112	91132	91133	
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Gender dysphoria	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

Notification or prior authorization required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z89.890

55970	56805	57291	57292
57296	57335		

Genetic tests/lab services	Prior authorization required	81506	81560	82523	82542
		82726	82777	83006	83698
		83700	83704	83876	83883
		83951	83987	84431	86001
		86305	86343	86849	88375
		88749	89240	89398	0002U
		0003U	0007U	0008U	0009U
		0010U	0011U	0016U	0017U
		0023U	0024U	0025U	0027U
		0035U	0038U	0039U	0040U
		0041U	0042U	0043U	0044U
		0046U	0049U	0051U	0052U
		0054U	0058U	0059U	0061U
		0069U	0071T	0072T	0082U
		0083U	0105U	0106U	0107U
		0108U	0109U	0110U	0115U
		0116U	0117U	0119U	0121U
		0122U	0123U	0140U	0141U
		0142U	0163U	0164U	0165U
		0166U	0167U	0174U	0176U
0178U	0180U	0181U	0182U		
0183U	0184U	0185U	0186U		
0187U	0188U	0189U	0190U		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic tests/lab services (cont.)	0191U	0192U	0193U	0194U	
	0195U	0196U	0198T	0198U	
	0199U	0200U	0201U	0207U	
	0210U	0219U	0221U	0222U	
	0224U	0226U	0227U	0232T	
	0243U	0247U	0248U	0249U	
	0251U	0256U	0257U	0272U	
	0275U	0279U	0280U	0281U	
	0283U	0284U	0295U	0301U	
	0302U	0303U	0304U	0305U	
	0308U	0309U	0310U	0312U	
	0315U	0316U	0322U	0337U	
	0338U	0342U	0344U	0346U	
	0351U	0352U	0353U	0365U	
	0366U	0367U	0375U	0376U	
	0377U	0378U	0381U	0382U	
	0465U	0471U	0473U	0474U	
	0475U				
	Genetic tests/lab services – managed by eviCore	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	81422		
81425	81426	81427	81430		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic tests/lab services – managed by eviCore (cont.)	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	81507	81518	81519	
	81520	81521	81522	81523	
	81525	81529	81535	81536	
	81538	81539	81540	81541	
	81542	81546	81551	81552	
	81554	81595	81596	86152	
	86153	0001U	0004M	0005U	
	0006M	0007M	0011M	0012M	
	0013M	0016M	0017M	0018U	
	0019U	0021U	0022U	0026U	
	0029U	0030U	0031U	0032U	
	0033U	0034U	0036U	0037U	
	0045U	0047U	0048U	0050U	
	0055U	0060U	0067U	0070U	
	0071U	0072U	0073U	0074U	
	0075U	0076U	0078U	0079U	
	0084U	0087U	0088U	0089U	
	0090U	0094U	0101U	0102U	
	0103U	0111U	0113U	0114U	
	0118U	0120U	0129U	0130U	
	0131U	0132U	0133U	0134U	
	0135U	0136U	0137U	0138U	
	0156U	0157U	0158U	0159U	
	0160U	0161U	0162U	0169U	
	0170U	0171U	0172U	0173U	
	0175U	0177U	0179U	0203U	
	0204U	0205U	0209U	0211U	
	0212U	0213U	0214U	0215U	
	0216U	0217U	0218U	0220U	
	0228U	0229U	0230U	0231U	
	0232U	0233U	0234U	0235U	
	0236U	0237U	0238U	0239U	
	0242U	0244U	0245U	0246U	
	0250U	0252U	0253U	0254U	
	0258U	0260U	0262U	0264U	
	0265U	0266U	0267U	0268U	
0269U	0270U	0271U	0273U		
0274U	0276U	0277U	0278U		
0282U	0285U	0286U	0287U		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Genetic tests/lab services – managed by eviCore (cont.)		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0296U
		0297U	0298U	0299U	0300U
		0306U	0307U	0313U	0314U
		0317U	0318U	0319U	0320U
		0326U	0329U	0331U	0332U
		0333U	0334U	0335U	0336U
		0339U	0340U	0341U	0343U
		0345U	0347U	0348U	0349U
		0350U	0364U	0368U	0379U
		0380U	0388U	0389U	0391U
		0392U	0395U	0396U	0398U
		0400U	0401U	0403U	0405U
		0409U	0410U	0411U	0413U
		0414U	0417U	0418U	0419U
		0500T	81418	81441	81449
		81451	G9143	S3800	S3840
		S3841	S3842	S3844	S3845
		S3846	S3849	S3850	S3852
		S3853	S3854	S3861	S3865
		S3866	S3870		

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

Hearing/audio/vision	Prior authorization required				
		69719	69726	69727	69728
		69729	69730	92066	0308T
		0402T	0449T	65770	65785
		66989	66991	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	68841
		69300	69710	69711	69714
		69716	69717	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Hearing/audio/vision (cont.)		V5263 V5267	V5264	V5265	V5266
Hematology	Prior authorization required	0481T			
Home healthcare	Prior authorization required	G0248 M0300 S9355 S9367	G0249 S9341 S9364 S9368	G0250 S9342 S9365	G0277 S9343 S9366
Hysterectomy Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58578 59074	58579 59076	58679	59072
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	90283 J0129 J0178 J0202 J0219 J0224 J0364 J0565 J0585 J0596 J0638 J0791 J0879 J0896 J1301 J1305 J1411 J1427 J1439 J1551 J1557 J1561 J1572 J1602 J1650 J1740 J1786 J1932 J2315 J2329 J2356 J2503 J2562 J2781 J2840	90284 J0172 J0179 J0207 J0221 J0225 J0490 J0567 J0586 J0597 J0717 J0801 J0881 J1203 J1302 J1306 J1412 J1428 J1458 J1554 J1558 J1566 J1575 J1632 J1652 J1743 J1823 J1951 J2323 J2350 J2357 J2506 J2724 J2782 J2998	90378 J0174 J0180 J0217 J0222 J0256 J0491 J0570 J0587 J0598 J0739 J0802 J0885 J1290 J1303 J1322 J1413 J1429 J1459 J1555 J1559 J1568 J1576 J1640 J1726 J1745 J1930 J2182 J2326 J2353 J2425 J2507 J2777 J2786 J3032	A9590 J0177 J0185 J0218 J0223 J0257 J0517 J0584 J0588 J0606 J0775 J0850 J0888 J1300 J1304 J1325 J1426 J1437 J1460 J1556 J1560 J1569 J1599 J1645 J1729 J1747 J1931 J2267 J2327 J2354 J2502 J2508 J2778 J2796 J3060

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3095	J3111	J3240	J3241
		J3245	J3247	J3262	J3285
		J3304	J3315	J3316	J3358
		J3380	J3385	J3396	J3397
		J3398	J3399	J3401	J3489
		J7171	J7196	J7197	J7318
		J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327
		J7328	J7329	J7331	J7332
		J7352	J7504	J7511	J9312
		J9332	J9333	J9376	J9381
		Q0139	Q5103	Q5104	Q5106
		Q5115	Q5119	Q5120	Q5121
		Q5122	Q5124	Q5125	Q5128

Injectable medications- unclassified	Prior authorization required	C9399	J3490	J3590
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For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel , Revcovi™ and Voraxaze

Medical and surgical supplies	Prior authorization required	A2013	A4100	A4596	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	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	Q4229	Q4230
		Q4231	Q4232	Q4233	Q4234
		Q4235	Q4236	Q4237	Q4238
		Q4239	Q4240	Q4241	Q4242
		Q4248	Q4245	Q4246	Q4247
		Q4252	Q4249	Q4250	Q4251
		Q4256	Q4253	Q4254	Q4255
		Q4260	Q4257	Q4258	Q4259

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Medical and surgical supplies (cont.)		Q4264	Q4261	Q4262	Q4263
		S0137	S0013	S0091	S0136
		S0155	S0156	S0160	
Medicine services and procedures	Prior authorization required	95012	95060	95065	99183
Musculoskeletal	Prior authorization required	20957	20972	20973	21740
		21742	21743	23472	23473
		23474	23929	26556	26989
		27130	27132	27134	27137
		27138	27279	27412	27445
		27446	27447	27486	27487
		29868	33206		
Obstetrical procedures	Prior authorization required	59897	59898	S2400	S2401
		S2402	S2403	S2404	S2405
		S2409	S2411		
Ophthalmology	Prior authorization required	0100T			
Orthognathic surgery	Prior authorization required	21029	21031	21076	21077
		21079	21080	21081	21082
		21083	21084	21085	21086
		21087	21088	21089	21100
		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	21260	21261	21263
		21267	21268	21270	21275
		21280	21282	21295	21296
21497					
Orthotics and prosthetics	Prior authorization required	C1840	L1499	L3649	L4000
		L4010	L4020	L4030	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
		L5420	L5430	L5450	L5460

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	L5500	L5505	L5510	L5520	
	L5530	L5535	L5540	L5560	
	L5570	L5580	L5585	L5590	
	L5595	L5600	L5611	L5613	
	L5614	L5616	L5617	L5626	
	L5628	L5630	L5631	L5638	
	L5639	L5640	L5642	L5643	
	L5644	L5645	L5646	L5647	
	L5648	L5649	L5650	L5651	
	L5652	L5653	L5661	L5671	
	L5673	L5676	L5677	L5679	
	L5681	L5682	L5683	L5700	
	L5701	L5702	L5703	L5704	
	L5705	L5706	L5707	L5711	
	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	L5856	
	L5857	L5858	L5859	L5910	
	L5920	L5925	L5930	L5940	
	L5950	L5960	L5961	L5962	
	L5964	L5966	L5968	L5969	
	L5972	L5973	L5975	L5976	
	L5979	L5980	L5981	L5982	
	L5984	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	L6388	
	L6400	L6450	L6500	L6550	
	L6570	L6580	L6582	L6584	
	L6586	L6588	L6590	L6621	
	L6623	L6624	L6625	L6628	
	L6646	L6647	L6648	L6686	
	L6687	L6688	L6689	L6690	
	L6692	L6693	L6694	L6695	
	L6696	L6697	L6698	L6704	
	L6706	L6707	L6708	L6709	
	L6711	L6712	L6713	L6714	
	L6715	L6721	L6722	L6880	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6881	L6882	L6883	L6884
		L6885	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7259	L7366	L7368
		L7404	L7405	L7499	L7510
		L7520	L8500	L8679	L8680
		L8681	L8682	L8683	L8684
		L8685	L8686	L8687	L8688
		L8689			
Pain management	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495	64628	64629
		64633	64634	64635	64636
Radiation therapy	Prior authorization required	32701	77373	77435	77520
		77522	77523	77525	77605
		77620	96446	G0339	G0340
Radiology – managed by eviCore	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans • Nuclear medicine, nuclear cardiology and ultrasound 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
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology – managed by eviCore (cont.)		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	0331T
			0332T	0439T	

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](#).

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization					
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	70300	70310	70320	70328		
		70330	70332	70350	70355		
		75573	75580	76120	76125		
		76496	76978	76979	77084		
		78835	0352T	0353T	0609T		
		0610T	0611T	0612T	0633T		
		0634T	0635T	0636T	0637T		
		0638T	0648T	0649T	0697T		
		0698T	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				
		Please submit requests online using the 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 .					
		Respiratory procedures	Prior authorization required	31641	31647	31648	31649
31651	31660			31661	32994		
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430		
		30435	30450	30465	30468		
		30620	92512	92700			
Sinuplasty	Prior authorization required	31295	31296	31297	31298		
Skin substitutes	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					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Sleep procedures	Prior authorization required	S2080			
Spine surgery	Prior authorization required	20930	20931	22505	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22590	22595	22600	22612
		22614	22630	22632	22633
		22634	22860	27280	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		
Stimulators	Prior authorization required	61850	61860	61863	61864
Implantation of a device that sends electrical impulses		61867	61868	61880	61885
		61886	63650	63655	63663
		63664	63685	63688	64553
		64561	64566	64568	64569
		64570	64581	64582	64583
		64584	64585	64590	64595
		81456	95836	95983	95984
		0515T	0516T	0517T	0519T
		0520T			
Surgery- unlisted	Prior authorization required	15999	17999	20999	21299
		21499	21899	22899	22999
		24999	25999	27599	27899
		28899	29999	30999	31599
		31899	32999	33999	36299
		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

