

Rocky Mountain Health Plans Medicare Advantage Dual-Special Needs Plans – prior authorization

Effective October 1, 2024

General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Rocky Mountain Health Plan Medicare Advantage and Dual-Special Needs Plans (D-SNP) is the primary payer.

Services that are not a benefit of the Member's Evidence of Coverage will not be authorized.

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#).

If viewing a printed copy, please visit UHCprovider.com/priorauth > [Advance Notification and Clinical Submissions Requirements](#) > Select a Plan Type for the most current information.

To request prior authorization for services listed:

- Rocky Mountain Health Plans providers submit requests and supporting documentation to RMHP: UHCprovider.com/priorauth > [Advance Notification and Clinical Submissions Requirements](#) > Select a Plan Type for the most current information.
- Non-participating providers may fax request and documentation to **800-262-2567** or **970-255-5681**
- eviCore healthcare: (web) 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 providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Acupuncture	Prior authorization required.	97810	97811	97813	97814

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	0095T	0098T	0164T	23472
		23473	23474	23929	24999
		25999	26989	27130	27132
		27134	27137	27138	27279
		27412	27445	27446	27447
		27486	27487		
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				
Bariatric Surgery	Prior authorization required	43644	43645	43770	43771
		43772	43773	43774	43775
		43843	43845	43846	43847
		43848	43886	43887	43888
		95980	95981	95982	
Behavioral Health Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network	90899	97151	97152	97153
		97154	97155	97156	97157
		97158			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20957	20972	20973	
Breast Reconstruction	Prior authorization required.	11920	11921	11922	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	19499
Prior authorization not required for the following diagnosis 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

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	0572T 0713T	0710T	0711T	0712T
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard.Or, call 800-666-1353			
Cardiology services managed by evicore	Notification/prior authorization required for participating and non-participating providers through eviCore	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	93451
		93452	93453	93454	93455
		93456	93457	93458	93459
		93460	93461	93462	93593
		93594	93595	93596	93597

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Cardiology** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
using the Prior Authorization and Notification App .					
Cardiovascular	Prior authorization required.	33270 93799	33274 94799	33289	39599
Chemotherapy	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	J0185 J0897 J1950 J9035 J9201 J9311 J9356 Q2043 Q5111 Q5115 Q5119	J0640 J1453 J2506 J9042 J9262 J9312 J9371 Q2050 Q5112 Q5116 Q5120	J0641 J1454 J9019 J9047 J9301 J9354 J9400 Q5101 Q5113 Q5117 Q5122	J0642 J1627 J9022 J9198 J9306 J9355 Q2017 Q5107 Q5114 Q5118 Q5123
Chiropractic Care	Prior authorization required.	98940	98941	98942	98943
Cochlear implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69711 69799	69714 69930	69716	69717
Continuous Glucose Monitor	Prior authorization required	E2102	E2103	A4238	A4239
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 physiologic function	Prior authorization required.	11960 15819 15828 17107 17380 21120 21125 21139 21181 21188 21261 21270 21740 30999 67903 67909	11970 15824 15829 17108 17999 21121 21127 21175 21182 21230 21263 21275 21742 40799 67904 67911	11971 15825 15999 17340 19105 21122 21137 21179 21183 21235 21267 21280 21743 67901 67906 67999	15769 15826 17106 17360 19300 21123 21138 21180 21184 21260 21268 21282 30620 67902 67908 69300

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization				
		69399 96999	96920 G0429	96921 Q2026	96922	
Diagnostic and Therapeutic Procedures	Prior authorization required.	0046U		0049U	0051U	0052U
		0054U		0058U	0059U	0061U
		0140U		0141U	0142U	0143U
		0144U		0145U	0146U	0147U
		0148U		0150U	0165U	0166U
		0167U		0176U	0180U	0181U
		0182U		0183U	0184U	0185U
		0186U		0187U	0188U	0189U
		0190U		0191U	0192U	0194U
		0196U		0198U	0199U	0201U
		0207U		0210U	0218T	0219U
		0222U		0224U	0226U	0251U
		0256U		0257U	0275U	0279U
		0280U		0281U	0283U	0284U
		0308U		0309U	0310U	0312U
		0316U		0322U	0394T	0395T
		0402T		0449T	0609T	0610T
0611T		0612T	95012	95060		
95065		95999	96904			
Digestive Procedures	Prior authorization required.	39499				
Durable medical equipment (DME)	Prior authorization required.	A4265		A4556	A4557	A4558
		A4595		A4633	A4640	A7020
		A7025		A7026	A9900	E0170
		E0171		E0181	E0182	E0184
		E0185		E0186	E0187	E0188
		E0189		E0193	E0194	E0196
		E0197		E0198	E0199	E0235
		E0250		E0251	E0255	E0256
		E0260		E0261	E0265	E0266
		E0271		E0272	E0277	E0290
		E0291		E0292	E0293	E0294
		E0295		E0296	E0297	E0300
		E0301		E0302	E0303	E0304
		E0371		E0372	E0373	E0424
		E0431		E0433	E0434	E0439
		E0441		E0442	E0443	E0444
		E0447		E0465	E0466	E0467
		E0470		E0471	E0472	E0482
		E0483		E0500	E0550	E0555
E0560		E0621	E0630	E0635		
E0636		E0639	E0640	E0650		
E0651		E0652	E0655	E0656		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
DME (cont.)		E0657	E0660	E0665	E0666
		E0667	E0668	E0669	E0671
		E0672	E0673	E0675	E0691
		E0692	E0693	E0694	E0840
		E0849	E0850	E0855	E0856
		E0860	E0870	E0880	E0890
		E0900	E0920	E0930	E0935
		E0946	E0947	E0948	E0950
		E0951	E0952	E0953	E0954
		E0955	E0956	E0957	E0958
		E0959	E0960	E0961	E0966
		E0967	E0968	E0969	E0971
		E0973	E0974	E0978	E0980
		E0981	E0982	E0983	E0984
		E0985	E0986	E0988	E0990
		E0992	E0994	E0995	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1012
		E1014	E1015	E1016	E1020
		E1028	E1029	E1030	E1031
		E1035	E1036	E1037	E1038
		E1039	E1050	E1060	E1070
		E1083	E1084	E1087	E1088
		E1092	E1093	E1100	E1110
		E1150	E1160	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1221
		E1222	E1223	E1224	E1225
		E1226	E1227	E1228	E1230
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1240
		E1270	E1280	E1285	E1296
		E1297	E1298	E1390	E1391
		E1392	E1405	E1406	E1520
		E1530	E1800	E1801	E1802
		E1805	E1806	E1810	E1811
		E1812	E1815	E1816	E1818
		E1820	E1821	E1825	E1830
		E1831	E1840	E2120	E2201
		E2202	E2203	E2204	E2205
		E2206	E2207	E2208	E2209
		E2210	E2211	E2212	E2213
		E2214	E2215	E2216	E2217
		E2218	E2219	E2220	E2221
		E2222	E2224	E2225	E2226
		E2227	E2228	E2231	E2310
		E2311	E2312	E2313	E2321

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
DME (cont.)		E2322	E2323	E2324	E2325
		E2326	E2327	E2328	E2329
		E2330	E2340	E2341	E2342
		E2343	E2351	E2359	E2360
		E2361	E2362	E2363	E2364
		E2365	E2366	E2367	E2368
		E2369	E2370	E2371	E2373
		E2374	E2375	E2376	E2377
		E2378	E2381	E2382	E2383
		E2384	E2385	E2386	E2387
		E2388	E2389	E2390	E2391
		E2392	E2394	E2395	E2396
		E2397	E2398	E2402	E2500
		E2502	E2504	E2506	E2508
		E2510	E2601	E2602	E2603
		E2604	E2605	E2606	E2607
		E2608	E2611	E2612	E2613
		E2614	E2615	E2616	E2619
		E2620	E2621	E2622	E2623
		E2624	E2625	K0001	K0002
		K0003	K0004	K0005	K0006
		K0007	K0009	K0010	K0011
		K0012	K0015	K0017	K0018
		K0019	K0020	K0037	K0038
		K0039	K0040	K0041	K0042
		K0043	K0044	K0045	K0046
		K0047	K0050	K0051	K0052
		K0053	K0056	K0069	K0070
		K0071	K0072	K0073	K0077
		K0098	K0105	K0195	K0606
		K0607	K0608	K0609	K0738
		K0739	K0800	K0801	K0802
		K0806	K0807	K0808	K0813
		K0814	K0815	K0816	K0820
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0835	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
Endocrine Procedures	Prior authorization required.	60659	60699		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
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
Gastroenterology	Prior authorization required.	42699	42999	43206	43210
		43252	43257	43284	43285
		43289	43497	43499	43647
		43648	43659	43881	43882
		43999	44238	44799	44899
		44979	45399	45499	45999
		46707	46999	47379	47399
		47579	47999	49329	49659
		49999	50549	50949	51999
		53855	53899	91112	91132
91133	91299				
Gender dysphoria treatment	Prior authorization required	15771	15772	15773	15774
		15776	15780	15781	15782
		15783	15786	15787	15788
		15789	15792	15793	15820
		15821	15822	15823	15830
		15832	15833	15834	15835
		15836	15837	15838	15839
		15847	15876	15877	15878
		15879	21899	31599	42299
		54400	54401	54405	54408
		54410	54411	54416	54417
		54699	55559	55706	55880
		55899	56805	57291	57292
		57296	57335		

These surgical codes, when billed with one of the following DX codes:

F64.0	F64.1	F64.2	F64.8
F64.9	Z87.890		
14000	14001	14041	15734
15738	15750	15757	15758
15775	15776	15780	15781
15782	15783	15788	15789
15792	15793	19303	21899
31599	31899	53410	53420
53425	53430	54125	54400
54401	54405	54408	54520
54660	54690	55175	55180
55866	56625	56800	56805
57106	57110	57291	57292

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
Genetic Test/ Lab Services	Prior authorization required.	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	81420
		81422	81425	81426	81427
		81430	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	81506	81507
		81518	81519	81520	81521
		81522	81523	81525	81529
		81535	81536	81538	81539
		81540	81541	81542	81546
		81551	81552	81554	81560
		81595	81596	81599	82523
		82542	82726	82777	83006
		83698	83700	83704	83876
		83883	83951	83987	84431
		84999	86001	86152	86153

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Genetic Test/ Lab Services (cont.)		86305	86343	86849	88375
		88749	89240	89398	91065
		0001U	0002U	0003U	0004M
		0005U	0006M	0007M	0007U
		0008U	0009U	0010U	0011M
		0011U	0012M	0012U	0013M
		0013U	0014U	0016M	0016U
		0017M	0017U	0018U	0019U
		0021U	0022U	0023U	0024U
		0025U	0026U	0027U	0029U
		0030U	0031U	0032U	0033U
		0034U	0035U	0036U	0037U
		0038U	0039U	0040U	0041U
		0042U	0043U	0044U	0045U
		0047U	0048U	0050U	0053U
		0055U	0056U	0060U	0067U
		0069U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0078U	0079U	0082U	0083U
		0084U	0087U	0088U	0089U
		0090U	0094U	0101U	0102U
		0103U	0105U	0106U	0107U
		0108U	0110U	0111U	0113U
		0114U	0115U	0116U	0117U
		0118U	0119U	0120U	0121U
		0122U	0123U	0129U	0130U
		0131U	0132U	0133U	0134U
		0135U	0136U	0137U	0138U
		0156U	0157U	0158U	0159U
		0160U	0161U	0162U	0163U
		0164U	0169U	0170U	0171U
		0172U	0173U	0174U	0175U
		0177U	0178U	0179U	0193U
		0195U	0200U	0203U	0204U
		0205U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
		0217U	0218U	0220U	0221U
		0227U	0228U	0229U	0230U
		0231U	0232U	0233U	0234U
		0235U	0236U	0237U	0238U
	0239U	0242U	0243U	0244U	
	0245U	0246U	0247U	0248U	
	0249U	0250U	0252U	0253U	
	0254U	0258U	0260U	0262U	
	0265U	0266U	0267U	0268U	
	0269U	0270U	0271U	0272U	
	0273U	0274U	0276U	0277U	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Genetic Test/ Lab Services (cont.)		0278U	0282U	0285U	0286U
		0287U	0288U	0289U	0290U
		0291U	0292U	0293U	0294U
		0295U	0296U	0297U	0298U
		0299U	0300U	0301U	0302U
		0303U	0304U	0305U	0306U
		0307U	0313U	0314U	0315U
		0317U	0318U	0319U	0320U
		0326U	0329U	0331U	0332U
		0333U	0334U	0335U	0336U
		0337U	0338U	0339U	0340U
		0341U	0342U	0343U	0344U
		0345U	0346U	0347U	0348U
		0349U	0350T	0350U	0351U
		0352U	0353U	0354U	0500T
	0538T	0539T	G9143		
Hearing/Audio/Vision	Prior authorization required.	0308T	0378T	65770	65785
		66989	66991	66999	67299
		67399	67599	67900	68399
		68816	68841	68899	69949
		69979	92065	92145	92499
		69719	69726	69727	69728
	69729	69730	92066		
Home Health Care	Prior authorization required.	99600	G0248	G0249	G0250
		S9364	S9365	S9366	S9367
		S9368			
Hysterectomy	Prior authorization required.	58578	58579	58679	
Infusions and Injection	Prior authorization required.	96379			
Injectable medications	Prior authorization required.	90283	90284	90399	A9513
		A9590	A9606	A9699	C9149
		C9151	J0129	J0172	J0174
		J0178	J0179	J0218	J0219
		J0222	J0223	J0224	J0225
		J0285	J0287	J0288	J0289
		J0290	J0295	J0491	J0583
		J0584	J0585	J0585	J0586
		J0586	J0587	J0587	J0588
		J0588	J0717	J0791	J0879
		J0885	J0896	J0897	J1300
J1301	J1302	J1303	J1305		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1306	J1411	J1442	J1447
		J1449	J1459	J1551	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		J1745	J1747	J1748	J1823
		J2326	J2327	J2350	J2356
		J2507	J2777	J2778	J2998
		J3111	J3241	J3380	J3398
		J3399	J7320	J7321	J7322
		J7323	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		J7352	J9312	J9332	J9999
		Q5110	Q5115	Q5119	Q5123
		Q5124	Q5125	Q5127	Q5130
			C9172*	C9399*	J3490*
		* For unclassified and temporary codes C9172, C9399, J3490, J3590			
		Prior authorization is required for Amvuttra, Beqvez, Briumvi, Brixadi, Cimerli, Elevidys, Fylnetra, Roctavian, Rystiggo, Skyrizi, Sunlenca, Syfovre, Tzield, Vyvgart-Hytrulo, Yimmugo			
Medical and surgical supplies	Prior authorization required.	Q4101	Q4102	Q4103	Q4104
		Q4105	Q4106	Q4107	Q4108
		Q4110	Q4111	Q4113	Q4114
		Q4115	Q4116	Q4117	Q4118
		Q4121	Q4122	Q4123	Q4124
		Q4125	Q4126	Q4127	Q4128
		Q4130	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4138
		Q4139	Q4140	Q4141	Q4142
		Q4143	Q4145	Q4146	Q4147
		Q4148	Q4149	Q4150	Q4151
		Q4152	Q4153	Q4154	Q4155
		Q4156	Q4157	Q4158	Q4159
		Q4160	Q4161	Q4162	Q4163
		Q4164	Q4165	Q4166	Q4167
		Q4168	Q4169	Q4170	Q4171
		Q4173	Q4174	Q4175	Q4176
		Q4177	Q4178	Q4179	Q4180
		Q4181	Q4182	Q4183	Q4184
		Q4185	Q4188	Q4189	Q4190
		Q4191	Q4192	Q4193	Q4194
		Q4195	Q4196	Q4197	Q4198
		Q4199	Q4200	Q4201	Q4202
Q4203	Q4204	Q4205	Q4206		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		Q4208	Q4209	Q4210	Q4211
		Q4212	Q4213	Q4214	Q4215
		Q4216	Q4217	Q4218	Q4219
		Q4220	Q4221	Q4222	Q4224
		Q4225	Q4226	Q4227	Q4228
		Q4229	Q4230	Q4231	Q4232
		Q4233	Q4234	Q4235	Q4236
		Q4237	Q4238	Q4239	Q4240
		Q4241	Q4242	Q4244	Q4245
		Q4246	Q4247	Q4248	Q4249
		Q4250	Q4251	Q4252	Q4253
		Q4254	Q4255	A2013	A4100
		A4596	Q4256	Q4257	Q4258
		Q4259	Q4260	Q4261	Q4262
		Q4263			
Medicare Special Processing	Prior authorization required.	Q0139 Q3028	Q0161 Q4074	Q2009	Q3027
Medicine Procedures	Prior authorization required.	95199	99183	99199	
Medicine Services and Procedures	Prior authorization required.	97602 97608	97605 97610	97606	97607
Musculoskeletal	Prior authorization required.	21029 21079 21083 21087 21499 28899	21031 21080 21084 21088 26556 29868	21076 21081 21085 21089 27599 29999	21077 21082 21086 21497 27899 97750
Obstetrical Procedures	Prior authorization required.	59072 59898	59074 59899	59076	59897
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21100 21145 21151 21160	21141 21146 21154 21172	21142 21147 21155 21193	21143 21150 21159 21194

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21244	21245	21246
		21248	21249	21255	21256
		21295	21296	21299	40806
		40899	41120	41130	41800
		41805	41806	41825	41826
		41827	42140		
Orthotics and Prosthetics		L1499	L3000	L3001	L3002
		L3003	L3010	L3020	L3030
		L3031	L3040	L3050	L3060
		L3070	L3080	L3090	L3100
		L3140	L3150	L3160	L3170
		L3224	L3225	L3230	L3250
		L3251	L3252	L3253	L3254
		L3255	L3257	L3260	L3265
		L3300	L3310	L3320	L3330
		L3332	L3334	L3340	L3350
		L3360	L3370	L3380	L3390
		L3400	L3410	L3420	L3430
		L3440	L3450	L3455	L3460
		L3465	L3470	L3480	L3485
		L3500	L3510	L3520	L3530
		L3540	L3550	L3560	L3570
		L3580	L3590	L3595	L3600
		L3610	L3620	L3630	L3640
		L3649	L4000	L4002	L4010
		L4020	L4030	L4040	L4045
		L4050	L4055	L4060	L4070
		L4080	L4090	L4100	L4110
		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	L5410	L5420	L5430
		L5450	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
	L5610	L5611	L5613	L5614	
	L5616	L5617	L5618	L5620	
	L5622	L5624	L5626	L5628	
	L5629	L5630	L5631	L5632	
	L5634	L5636	L5637	L5638	
	L5639	L5640	L5642	L5643	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthotics and Prosthetics (cont.)		L5644	L5645	L5646	L5647
		L5648	L5649	L5650	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5666
		L5668	L5670	L5671	L5672
		L5673	L5676	L5677	L5678
		L5679	L5680	L5681	L5682
		L5683	L5684	L5685	L5686
		L5688	L5690	L5692	L5694
		L5695	L5696	L5697	L5698
		L5699	L5700	L5701	L5702
		L5703	L5704	L5705	L5706
		L5707	L5710	L5711	L5712
		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	L5850
		L5855	L5856	L5857	L5858
		L5859	L5910	L5920	L5925
		L5930	L5940	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5969	L5970	L5971
		L5972	L5973	L5974	L5975
		L5976	L5978	L5979	L5980
		L5981	L5982	L5984	L5985
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6026	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6386
		L6388	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6600	L6605	L6610	L6611
		L6615	L6616	L6620	L6621
	L6623	L6624	L6625	L6628	
	L6629	L6630	L6632	L6635	
	L6637	L6638	L6640	L6641	
	L6642	L6645	L6646	L6647	
	L6648	L6650	L6655	L6660	
	L6670	L6672	L6675	L6676	
	L6677	L6680	L6682	L6684	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization				
Orthotics and Prosthetics (cont.)		L6686	L6687	L6688	L6689	
		L6690	L6691	L6692	L6693	
		L6694	L6695	L6696	L6697	
		L6698	L6703	L6704	L6706	
		L6707	L6708	L6709	L6711	
		L6712	L6713	L6714	L6715	
		L6721	L6722	L6805	L6810	
		L6880	L6881	L6882	L6883	
		L6884	L6885	L6890	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	
		L7360	L7362	L7364	L7366	
		L7367	L7368	L7400	L7401	
		L7402	L7403	L7404	L7405	
		L7499	L7510	L7520	L8500	
		L8501	L8505	L8507	L8509	
		L8510	L8511	L8512	L8513	
		L8514	L8515	L8614	L8615	
		L8616	L8617	L8618	L8619	
		L8621	L8622	L8623	L8624	
		L8625	L8627	L8628	L8629	
		L8658	L8679	L8680	L8681	
		L8682	L8683	L8684	L8685	
		L8686	L8687	L8688	L8689	
		L8690	L8691	L8692	L8693	
		L8694	L8695			
	OT/PT/ST/RT	Prior authorization required.	97533	97597	97598	
	Pain management	Prior authorization required.	64451	64461	64462	64463
		64490	64491	64492	64493	
		64494	64495	64628	64629	
		64633	64634	64635	64636	
Potentially Unproven	Prior authorization required.	0014M	0015M	0062U	0063U	
		0064U	0065U	0066U	0068U	
		0077U	0080U	0086U	0091U	
		0092U	0093U	0095U	0096U	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		0109U	0112U	0152U	0153U
		0154U	0155U	0202U	0223U
		0225U	0253T	0255U	0259U
		0261U	0263U	0275T	0321U
		0345T	0379T	0398T	0403T
		0419T	0420T	0421T	0437T
		0443T	0446T	0447T	0450T
		0470T	0471T	0475T	0476T
		0477T	0478T	0514T	0523T
		0524T	0537T	0540T	0541T
		0542T	0546T	0553T	0554T
		0555T	0556T	0557T	0558T
		0568T	0587T	0588T	0589T
		0590T	0594T	0600T	0601T
		0602T	0603T	0604T	0605T
		0606T	0607T	0608T	0613T
		0615T	0616T	0617T	0618T
		0619T	0620T	0621T	0622T
		0623T	0624T	0625T	0626T
		0632T	0639T	0643T	0644T
		0645T	0650T	0652T	0653T
		0654T	0659T	0660T	0661T
		0662T	0663T	0673T	0674T
		0675T	0676T	0677T	0678T
		0679T	0680T	0681T	0682T
		0683T	0684T	0685T	0686T
		0689T	0690T	0691T	0695T
		0696T	0699T	0700T	0701T
		0702T	0703T	0707T	0708T
		0709T	34839	53451	53452
		53453	53454	61736	61737
		64454	64624	64625	69705
		69706	90671	90677	91113
		95803	99500	C1761	C1772
		C1821	C1840	C1849	C1891
		C2616	C2626	C9352	C9353
		C9354	C9355	C9356	C9358
		C9360	C9361	C9364	C9762
		C9763	C9764	C9765	C9766
		C9767	C9778	P9020	Q4112
		S2107	G0176	G0276	G0283
		G0460	G0465		
Radiation Therapy	Prior authorization required.	32701	77299	77373	77399
		77435	77499	77520	77522
		77523	77525	77605	77620
		77799	G0339	G0340	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Radiology	Prior authorization required	70300	70310	70320	70328
		70330	70332	70350	70355
		75573	76120	76125	76496
		76499	76978	76979	78199
		78299	78399	78499	78599
		78699	78799	78835	78999
		79999	93998	0347T	0348T
		0349T	0648T	0649T	0697T
		0698T	C8900	C8901	C8902
		C8903	C8905	C8906	C8908
		C8909	C8910	C8911	C8912
		C8913	C8914	C8918	C8919
		C8920			
Radiology services managed by evicore	Notification/prior authorization required for participating and non-participating providers through eviCore	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
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74712	74713	75557
		75559	75561	75563	75565
		75571	75572	75574	75635
		76376	76377	76380	76390
		76391	76497	76498	77046
		77047	77048	77049	77084
		78012	78013	78014	78015
		78016	78018	78020	78070
78071	78072	78075	78099		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Radiology services (continued)		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
		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	0439T
	0501T	0502T	0503T	0504T	
	0571T				

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under **Radiology** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#).

Respiratory Procedures	Prior authorization required	31641	31647	31648	31649
		31651	31660	31661	31899
		32994	32999		
Rhinoplasty	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30465	30468
		92512	92700		
Sinuplasty	Prior authorization required.	31295	31296	31297	31298

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Sleep Disorder Tests/Treatment	Prior authorization required.	41512	41530	41599	42145
		42160			
Spine Surgery	Prior authorization required.	20930	20931	20999	22505
		22533	22534	22548	22551
		22552	22554	22558	22585
		22590	22595	22600	22612
		22614	22630	22632	22633
		22634	22856	22857	22858
		22861	22862	22864	22865
		22867	22868	22869	22870
		22899	22999	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
64999					
Stimulators	Prior authorization required.	20974	20975	61850	61860
		61863	61864	61867	61868
		61880	61885	61886	61888
		63650	63655	63663	63664
		63685	63688	64553	64561
		64566	64568	64569	64570
		64581	64582	64583	64584
		64585	64590	64595	95836
		95983	95984	E0720	E0730
		E0744	E0745	E0746	E0747
E0748	E0749	E0760	E0762		
E0764	E0765	E0770			
Transplants	Prior authorization required.	32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33945	38204
		38205	38206	38207	38208
		38209	38210	38211	38212
		38213	38214	38215	38230
		38240	38241	38242	38243
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		48556	4859	48999	50300
		50320	50323	50325	50327
		50328	50329	50340	50360

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		50365 G0341	50370 G0342	50380 G0343	50547
Transportation	Prior authorization required	A0430	A0431	A0435	A0436
Urological Procedures	Prior authorization required.	0499T			
Uterine Procedures	Prior authorization required.		58999		
Vein Procedures	Prior authorization required.		36465 36471 36476 36483 37718 37761 37785 38129 61635	36466 36473 36478 36522 37722 37765 37788 38589 93702	36468 36474 36479 37501 37735 37766 37790 38999 61630
Ventricular Assist Device	Prior authorization required		33927 36299	33928	33929 33999
Wound Care	Prior authorization required		G0277 Skin substitutes Q4276 Q4314 Q4318 Q4322 Q4326 Q4330 Q4334 Q4338 Q4342 Q5135	G0281 Q4311 Q4315 Q4319 Q4323 Q4327 Q4331 Q4335 Q4339 Q4343 Q5136	G0329 Q4312 Q4316 Q4320 Q4324 Q4328 Q4332 Q4336 Q4340 Q4344