

Prior authorization guidelines

Rocky Mountain Health Plans Medicare Advantage and Dual-Special Needs Plans

Effective Aug. 1, 2024

This list contains medical prior authorization requirements for health care professionals for which UnitedHealthcare Rocky Mountain Health Plan (RMHP) 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 **Network News**.

Requesting prior authorization

- RMHP providers submit requests and supporting documentation to RMHP
- For current prior authorization requirements, go to UHCprovider.com/COcommunityplan > Prior Authorization > **Current Prior Authorization Requirements**
- For physical health requests:
 - Hospital admissions and concurrent review:
 - Email: rmhpmedicalum@uhc.com
 - Fax: 833-787-9448
 - Prior authorization:
 - In-network RMHP providers must submit all requests via the UnitedHealthcare Provider Portal from UHCprovider.com using your One Healthcare ID
 - Non-participating providers may fax requests and documentation to 800-262-2567 or 970-255-5681 using the **Out-of-network prior authorization request form** at UHCprovider.com/COcommunityplan > Provider forms and references
 - Email: rmhpcmresearchteam@uhc.com
 - Provider portal troubleshooting, email: rmhpessettesupport@uhc.com
 - For any questions related to the above information, please contact 877-842-3210

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, 0095T, 0098T, 0164T, 23472
Arthroplasty	Prior authorization required	23473, 23474, 23929, 24999, 25999, 26989, 27130, 27132, 27134, 27137, 27138, 27279, 27412, 27445, 27446, 27447, 27486, 27487
Arthroscopy	Prior authorization required	29805, 29806, 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 or substance use disorder Behavioral health services through a designated behavioral health network	For specific codes requiring prior authorization, please refer to our Behavioral Health Prior authorization guides	For specific codes requiring prior authorization, please refer to our Behavioral Health Prior authorization guides
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, 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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, 0710T, 0711T, 0712T, 0713T 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 877-PRE-AUTH or log on to the EviCore website using the Prior Authorization and Notification App .
Cardiovascular	Prior authorization required	33270, 33274, 33289, 39599, 93799, 94799
Chemotherapy	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	96446, A9513, A9590, A9606, A9607, A9699, J0185, J0640, J0641, J0642, J0885, J0897, J1442, J1447, J1448, J1449, J1453, J1454, J1456, J1627, J1932, J1950, J1952, J1954, J2506, J2820, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9035, J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9051, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9064, J9065, J9071, J9072, J9073, J9074, J9075, J9098, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9172, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190,



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Chemotherapy (cont.)	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	J9196, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9223, J9225, J9226, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9248, J9249, J9255, J9258, J9259, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9274, J9280, J9281, J9285, J9286, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311, J9312, J9313, J9314, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9324, J9325, J9328, J9330, J9331, J9332, J9333, J9334, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9361, J9370, J9371, J9376, J9380, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q0166, Q2017, Q2043, Q2049, Q2050, Q2055, Q2056, Q5101, Q5103, Q5104, Q5105, Q5106, Q5107, Q5108, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5121, Q5122, Q5123, Q5125, Q5126, Q5127, Q5129, Q5130
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, 69714, 69716, 69717, 69799, 69930
Continuous glucose monitor	Prior authorization required	E2102, E2103, A4238, A4239

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p>Cosmetic and reconstructive</p> <p>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.</p>	Prior authorization required	21261, 21263, 21267, 21268, 21270, 21275, 21280, 21282, 21740, 21742, 21743, 30620, 30999, 40799, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67999, 69300, 69399, 96920, 96921, 96922, 96999, G0429, Q2026
<p>Diagnostic and therapeutic procedures</p>	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
<p>Digestive procedures</p>	Prior authorization required	39499
<p>Durable medical equipment (DME)</p>	Prior authorization required	4265 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 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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Durable medical equipment (DME) (cont.)	Prior authorization required	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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Durable medical equipment (DME) (cont.)	Prior authorization required	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
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 1 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 57295 57296 57335 57426 58661 58720 58940 64856 64892 64896 92507 92508



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Genetic test/lab services (cont.)	Prior authorization required	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 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 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 C9157 J0129 J0172 J0174 J0177 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 J0589 J0717 J0791 J0885 J0896 J0897 J1300 J1301 J1302 J1303 J1305 J1306 J1411 J1437 J1439 J1442 J1447 J1449 J1459 J1551 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 J1745 J1747 J1823 J2267 J2326 J2327 J2350 J2356 J2507 J2777 J2778 J2779 J2782 J2998 J3111 J3241 J3380 J3394 J3398 J3399 J7171



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Prior authorization required	J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7329 J7331 J7332 J7352 J9312 J9332 J9999 Q5108 Q5110 Q5115 Q5119 Q5123 Q5124 Q5125 Q5127 Q5128 Q5130 C9167* C9168* C9399* J3490* J3590* *For unclassified and temporary codes C9399, C9167, C9168, J3490, J3590, prior authorization is required for Amvuttra, Briumvi, Brixadi, Elevidys, Fylnetra, Roctavian, Rystiggo, Skyrizi, Sunlenca, Syfovre, Tzield, Vyvgart-Hytrulo.
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 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 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 Q0161 Q2009 Q3027 Q3028 Q4074
Medicine procedures	Prior authorization required	95199 99183 99199
Medicine services and procedures	Prior authorization required	97602 97605 97606 97607 97608 97610

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Musculoskeletal	Prior authorization required	21029 21031 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21497 21499 26556 27599 27899 28899 29868 29999 97750
Obstetrical procedures	Prior authorization required	59072 59074 59076 59897 59898 59899
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21100 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21172 21193 21194 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	Prior authorization required	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 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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Orthotics and prosthetics (cont.)	Prior authorization required	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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Potentially unproven	Prior authorization required	0014M 0015M 0062U 0063U 0064U 0065U 0066U 0068U 0077U 0080U 0086U 0091U 0092U 0093U 0095U 0096U 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
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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiology services managed by EviCore (cont.)	Notification/prior authorization required for participating and non-participating providers through EviCore	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 on to the EviCore website using the information CPT® or HCPCS codes and/or how to obtain prior authorization 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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 50365 50370 50380 50547 G0341 G0342 G0343 J3393 J3394 Unclassified and temporary* C9399 J3490 J3590 *Amtagvi, Casgevy, Lantidra, Lenmeldy
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 36466 36468 36470 36471 36473 36474 36475 36476 36478 36479 36482 36483 36522 37501 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785 37788 37790 37799 38129 38589 38999 61630 61635 93702
Ventricular assist device	Prior authorization required	33927 33928 33929 33999 36299
Wound care	Prior authorization required	G0277 G0281 G0329

CPT® is a registered trademark of the American Medical Association.