

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

Effective October 1, 2024

General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Colorado Rocky Mountain Health Plan CHP Health Plan is the primary payor.

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 Plan Requirement Resources](#) > 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: [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#) > 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) 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 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			
Arthroscopy services	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		
Bariatric surgery	Prior authorization required	43644	43645	43770	43771
		43772	43773	43774	43775
		43842	43843	43845	43846

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery and specific obesity-related services		43847 43888	43848 S2083	43886	43887
Breast reconstruction (non-mastectomy)	Prior authorization required	19300	19328	19330	19340
		19355	19357	19361	19364
		19367	19368	19369	19370
Reconstruction of the breast, except when following mastectomy		19371 S2067	19380 S2068	19396	S2066
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	33206 33213 33225 33230 33262 33274 93452 93456 93460	33207 33214 33227 33231 33263 33289 93453 93457 93461	33208 33221 33228 33240 33264 34839 93454 93458	33212 33224 33229 33249 33270 93451 93455 93459
		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Cardiovascular	Prior authorization required	93702			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) J0885*, J1449*, J1932*, J1954*, Lutetium Lu (A9607) 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 * Codes are Effective November 1, 2023 ** Effective November 1, 2023 Codes no longer require a prior auth. J9015 J9098 J9151 J9160 J9165 J9202 J9212 J9213 J9230 J9270 J9600 J9203 J9285 J9044 J9247			
Cochlear implants and other Auditory implants	Prior authorization required	69930	L8619	L8627	L8629
Congenital heart disease		93593 93597	93594	93595	93596

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont.)		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4238 E2103	A4239	E0784	E2102
Cosmetic and reconstructive	Prior authorization required	11920 11970 17108 19105 21031 21080 21084 21088 21142 21147 21155 21181 21188 21196 21215 21245 21255 21263 21275 21296 21743 96922 Q2026*	11921 11971 17340 20930 21076 21081 21085 21089 21143 21150 21159 21182 21193 21198 21230 21246 21256 21267 21280 21497 96904 Q2028	11922 17106 17360 20931 21077 21082 21086 21100 21145 21151 21160 21183 21194 21199 21235 21248 21260 21268 21282 21740 96920 Q2029*	11960 17107 17380 21029 21079 21083 21087 21141 21146 21154 21180 21184 21195 21206 21244 21249 21261 21270 21295 21742 96921
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					
Diagnostic and therapeutic	Prior authorization required	91065 88375	95012 88749	95060 89240	95065 G0429
Durable medical equipment (DME)	Prior authorization required	K0891 C1840	A9520 E0170	K0898 E0194	A9999 E0196
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0250 E0261 E0290 E0294 E0300 E0304 E0372 E0457 E0467 E0482 E0500 E0636 E0640 E0651	E0255 E0265 E0291 E0295 E0301 E0328 E0373 E0459 K0899 E0483 E0625 E0637 E0641 E0652	E0256 E0266 E0292 E0296 E0302 E0329 E0445 E0465 K0886 E0485 E0630 E0638 E0642 E0655	E0260 E0277 E0293 E0297 E0303 E0371 E0446 E0466 T5001 E0486 E0635 E0639 E0650 E0656

*Not a benefit for Commercial or RMHP Prime. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0657	E0660	E0665	E0666
		E0675	E0676	E0691	E0692
		E0693	E0694	E0744	E0745
		E0747	E0748	E0749	E0760
		E0764	E0770	E0783	E0830
		E0849	E0855	E0920	E0930
		E0946	E0947	E0948	E0950
		E0951	E0952	E0953	E0954
		E0955	E0956	E0957	E0958
		E0959	E0960	E0961	E0966
		E0968	E0969	E0970	E0971
		E0973	E0974	E0978	E0980
		E0981	E0982	E0983	E0984
		E0986	E0988	E0990	E0992
		E0994	E0995	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1012	E1014	E1015	E1016
		E1017	E1018	E1020	E1028
		E1029	E1030	E1035	E1036
		E1037	E1050	E1060	E1070
		E1083	E1084	E1085	E1086
		E1087	E1088	E1089	E1090
		E1092	E1093	E1100	E1110
		E1130	E1140	E1150	E1160
		E1161	E1170	E1171	E1172
		E1180	E1190	E1195	E1200
		E1220	E1221	E1222	E1223
		E1224	E1225	E1226	E1227
		E1228	E1229	E1230	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1240	E1250	E1260	E1270
		E1280	E1285	E1290	E1295
		E1296	E1297	E1298	E1399
		E1510	E1580	E1590	E1592
		E1594	E1600	E1620	E1625
		E1629	E1630	E1632	E1634
		E1635	E1639	E1699	E1800
		E1801	E1802	E1805	E1806
	E1810	E1811	E1812	E1815	
	E1816	E1818	E1825	E1830	
	E1831	E1840	E2120	E2201	
	E2202	E2203	E2204	E2206	
	E2207	E2208	E2209	E2210	
	E2211	E2212	E2213	E2214	
	E2215	E2216	E2217	E2218	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E2219	E2220	E2221	E2222
		E2224	E2225	E2226	E2227
		E2228	E2230	E2231	E2291
		E2292	E2293	E2294	E2295
		K0890	E2301	E2310	E2311
		E2312	E2313	E2321	E2322
		E2323	E2324	E2325	E2326
		E2327	E2328	E2329	E2330
		E2331	E2340	E2341	E2342
		E2343	E2351	E2358	E2359
		E2360	E2361	E2362	E2363
		E2364	E2365	E2366	E2367
		E2368	E2369	E2370	E2371
		E2372	E2373	E2374	E2375
		E2376	E2377	E2378	E2381
		E2382	E2383	E2384	E2385
		E2386	E2387	E2388	E2389
		E2390	E2391	E2392	E2394
		E2395	E2396	E2397	E2402
		E2502	E2504	E2506	E2508
		E2510	E2512	E2599	E2601
		E2602	E2603	E2604	E2605
		E2606	E2607	E2608	E2609
		E2610	E2611	E2612	E2613
		E2614	E2615	E2616	E2617
		E2619	E2620	E2621	E2622
		E2623	E2624	E2625	E8000
		E8001	E8002	K0001	K0002
		K0003	K0004	K0005	K0006
		K0007	K0008	K0009	K0010
		K0011	K0012	K0014	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	K0108
		K0606	K0609	K0669	K0739
		K0800	K0801	K0802	K0806
	K0807	K0808	K0812	K0813	
	K0814	K0815	K0816	K0820	
	K0821	K0822	K0823	K0824	
	K0825	K0826	K0827	K0828	
	K0829	K0830	K0831	K0835	
	K0836	K0837	K0838	K0839	
	K0840	K0841	K0842	K0843	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		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	E2298
Enteral services	Prior authorization required	B4149	B4150	B4152	B4153
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
		B4164	B4168	B4172	B4176
		B4178	B4180	B4185	B4187
		B4189	B4193	B4197	B4199
		B4216	B5000	B5100	B5200
		B9998	S9432	S9433	S9434
	S9435				
Experimental and investigational	Prior authorization required	64454	64624	64625	91112
		91132	91133		
Eye, ear, nose and throat	Prior authorization required	68816	69705	69706	69719
		69726	69727	69728	69729
		69730			
Gastroenterology and general surgery	Prior authorization required	48160			
Gender dysphoria treatment	Prior authorization required	These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		15769	15771	15772	15773
		15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15819	15820	15821	15822
		15823	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15835	15836
		15837	15838	15839	15847
		15876	15877	15878	15879
		19316	19318	19325	19342
		19350	21120	21121	21122
		21123	21125	21127	21137
		21138	21139	21172	21175
		21179	21208	21209	21210
		30400	30410	30420	30430
		30435	30450	54400	54401
		54405	54408	54410	54411
		54416	54417	56805	67900
		17380	57291	57292	57296

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		57291	57292	57296	57335
Genetic tests/lab services (eviCore)	Prior authorization required	0001U	0004M	0005U	0006M
		0007M	0011M	0012M	0013M
		0016M	0414U	0417U	0418U
		0017M	0018U	0019U	0021U
		0022U	0026U	0029U	0030U
		0031U	0032U	0033U	0034U
		0036U	0037U	0045U	0047U
		0048U	0050U	0363U	0055U
		0419U	0060U	0067U	0069U
		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	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
		0278U	0282U	0285U	0286U
		0287U	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	0500T	81162
		81163	81164	81165	81166
		81167	81173	81174	81185

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		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	81431
		81432	81433	81434	81435
		81436	81437	81438	81439
		81440	81442	81443	81445
		81448	81450	81455	81460
		81465	81470	81471	81479
		81490	81503	81504	81507
		81518	81519	81520	81521
		81522	81523	81525	81529
		81535	81536	81538	81539
		81540	81541	81542	81546
		81551	81552	81554	81595
		81596	G9143	S3800	S3840
		S3841	S3842	S3844	S3845
		S3846	S3849	S3850	S3852
		S3853	S3854	S3861	S3865
		S3866	S3870	81418	81441
		81449	81451	81456	0355U
	0356U	0362U	0364U	0413U	
	0379U	0380U	0386U	0403U	
	0405U	0409U	0410U	0411U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Genetic tests/lab services (eviCore cont.)		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
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Genetic tests/lab services	Prior authorization required	0002U	0003U	0007U	0008U
		0009U	0010U	0011U	86849
		0015M	0016U	0017U	0023U
		0024U	0025U	0027U	0035U
		0038U	0039U	0040U	0041U
		0042U	0043U	0044U	0046U
		0049U	0051U	0052U	0054U
		0058U	0059U	0061U	0062U
		0063U	0071T	0072T	0077U
		0080U	0083U	0086U	0091U
		0092U	0093U	0095U	0096U
		0105U	0106T	0106U	0107T
		0107U	0108T	0108U	0109T
		0109U	0110T	0110U	0112U
		0115U	0116U	0117U	0119U
		0121U	0122U	0123U	0163U
		0164U	0165U	0166U	0167U
		0174U	0175T	0176U	0178U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0198T	0198U	0199U
		0200U	0201U	0202T	0202U
		0207T	0207U	0208T	0210T
		0210U	0211T	0212T	0213T
		0214T	0215T	0216T	0217T
		0218T	0219T	0219U	0220T
		0221U	0222U	0223U	0224U
		0225U	0226U	0227U	0232T
		0243U	0247U	0248U	0249U
		0251U	0253T	0255U	0256U
		0257U	0259U	0261U	0263T
		0263U	0264T	0265T	0266T
		0267T	0268T	0269T	0270T
		0271T	0272T	0272U	0273T
		0274T	0275T	0275U	0277U
		0278T	0279U	0280U	0281U
		0283U	0284U	0295U	0301U
		0302U	0303U	0304U	0305U
0308T	0308U	0309U	0310U		
0312U	0315U	0316U	0321U		
0322U	0329T	0330T	0331T		
0332T	0333T	0335T	0337U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		0338T	0338U	0339T	0342T
		0342U	0344U	0345T	0346U
		0347T	0348T	0349T	0350T
		0351T	0351U	0352T	0352U
		0353T	0353U	89398	0358T
		0378T	0379T	0394T	0395T
		0397T	0398T	0402T	0403T
		0408T	0409T	0410T	0411T
		0412T	0413T	0414T	0415T
		0416T	0417T	0418T	0419T
		0420T	0421T	0422T	0437T
		0439T	0440T	0441T	0442T
		0443T	0444T	0445T	0446T
		0447T	0448T	0449T	0450T
		0469T	0472T	0473T	0474T
		0479T	0480T	0481T	0488T
		0489T	0490T	0510T	0512T
		0513T	0515T	0516T	0517T
		0519T	0520T	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
		0571T	0572T	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	0609T	0610T	0611T
		0612T	0613T	0615T	0616T
		0617T	0618T	0619T	0620T
		0621T	0622T	0623T	0624T
		0625T	0626T	0627T	0628T
		0629T	0630T	0631T	0632T
		0633T	0634T	0635T	0636T
		0637T	0638T	0639T	0640T
		0643T	0644T	0645T	0646T
		0647T	0648T	0649T	0650T
		0651T	0652T	0653T	0654T
		0655T	0656T	0657T	0658T
		0659T	0660T	0661T	0662T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		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	0697T
		0698T	0699T	0700T	0701T
		0704T	0705T	0706T	0707T
		0708T	0709T	0710T	0711T
		0712T	0713T	81500	81506
		81560	82523	82542	82726
		82777	83006	83698	83700
		83704	83876	83883	83951
		83987	84431	86001	86152
		86153	86305	86343	0368U
Hearing/audio/vision	Prior authorization required	0100T	66989	66991	67901
		67902	67903	67904	67906
		67908	67909	67911	68841
		69300	69710	69711	69714
		69716	69717	92145	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	V5263
	V5264	V5265	V5266	V5267	
	V5336				
Home healthcare	Prior authorization required	G0176	G0248	G0249	G0250
		S9340	S9341	S9342	S9343
		S9355	S9364	S9365	S9366
		S9367	S9368		
Hyperbaric oxygen treatment	Prior authorization required	G0277			
Injectable medications	Prior authorization required	Q4082	90283	90284	Q5101
		A9513	A9590	A9606	A9699
		J1302	Q5125	J0129	J0180
		J0202	J0219	J0221	J0222
		J0224	J0256	J0257	J0490

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J0491	J0517	J0567	J0177
		J0584	J0585	J0586	J0587
		J0588	J0596	J0597	J0598
		J0638	J0739	J0172	J0225
		J0879	J0589	J1290	J1301
		J1303	J1305	J1306	J1322
		J1426	J1428	J1437	J1439
		J1458	J1459	J1551	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J1602
		J7171	J2267	J1743	J1745
		J2329	J1786	J1930	J1931
		J1950	J1951	J2182	J2326
		J2350	J2353	J2354	J2356
		J2502	J2506	J2507	J3247
		J2786	J2796	J2840	J2998
		J3060	J3111	J3245	J3262
		J3315	J3316	J3380	J3397
		J3398	J9155	J9202	J9210
		J9217	J9226	Q5103	Q5104
		Q5119	Q5124	J0801	J2781
		J1576	Q5128	J9381	J1411
		J0218	Q5130	Q5127	J1932
		J1449	J1411	J0178	J0179
		J2778	J2779	J0174	90759
		J2327	J1427	J1823	J2777
		J7352	Q5123	J1442	J1447
		J0802	J1203	J9345	J9376
		J0223	J0606	J0717	J0791
		J0896	J1300	J1429	J1558
		J2357	J3032	J3241	J3358
		J3399	J9311	J9312	Q5115
		90378	Q5121	J1961	J2765
		J2782	J9051	J9052	J9064
		J9072	J9172	J9255	J9258
		J9286	J9324	C9399*	J3490*
		J3590*	C9172*	Q5133***	Q5135***
		J1748***			

* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fylnetra, Lupaneta Pack, Nulibry, Recovi, Riabni, Rivfloza, Skyrizi, white blood cell colony stimulating factors, Veopoz.

* Effective January 1, 2024 – Izervay only use temp codes of J3490, J3590.

* Effective Oct 1, 2024: code C9172, prior authorization is only required for Beqvez.

** Effective Aug 1, 2023 Prior authorization required for J0174.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		***Effective Oct 1, 2024: Prior authorization required for Q5133, Q5135, and J1748.			
Medical and surgical supplies	Prior authorization required	C1761	C1772	C1821	Q4282
		C1891	C2626	C9352	C9353
Medical and surgical supplies (cont.)		C9354	C9355	C9356	C9358
		C9360	C9361	C9364	C9764
		C9778	M0076	P9020	Q2041
		Q2043	Q4114	Q4125	Q4130
		Q4138	Q4139	Q4142	Q4143
		Q4145	Q4149	Q4150	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	Q4283	Q4229
		Q4230	Q4231	Q4232	Q4233
		Q4234	Q4235	Q4236	Q4237
		Q4238	Q4239	Q4240	Q4241
		Q4242	Q4284	Q4245	Q4246
		Q4247	Q4248	Q4249	Q4250
		Q4251	Q4252	Q4253	Q4254
		Q4255	S1030	S1031	S2107
		S2300	S3650	S8948	S9024
		S9055	S9056	S9090	Q4256
		Q4257	Q4258	Q4259	Q4260
		Q4261	Q4262	Q4263	Q4264
		A2013	A4100	A4596	Q4272
		Q4273	Q4274	Q4275	Q4276
		Q4277	Q4278	Q4280	Q4281
Medicine services and procedures	Prior authorization required	90587	90626	90627	91113
		93895	95803	97533	97597
		97598	97602	97605	97606
		97607	97608	97610	97750
		99174	99177	99183	99500
Musculoskeletal	Prior authorization required	20957	20972	20973	26556
Obstetrical procedures	Prior authorization required	59897	59898	S2400	S2401
		S2402	S2403	S2404	S2405

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Obstetrical procedures (cont.)		S2409	S2411		
Orthotics and prosthetics	Prior authorization required	L1499	L3649	L4000	L4070
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5611	L5613
		L5614	L5616	L5617	L5638
		L5639	L5640	L5642	L5643
		L5644	L5645	L5647	L5649
		L5650	L5651	L5653	L5661
		L5671	L5673	L5679	L5681
		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5781	L5782	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5850	L5856	L5857
		L5858	L5920	L5930	L5940
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5969
		L5973	L5979	L5980	L5981
		L5982	L5987	L5990	L5999
		L6000	L6010	L6020	L6026
		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	L6628
		L6638	L6646	L6648	L6687
		L6689	L6693	L6694	L6695
		L6696	L6697	L6698	L6704
		L6706	L6708	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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	L7259	L7404
		L7405	L7499	L8500	L8507
		L8512	L8514	L8681	L8682
		L8683	L8684	L8685	L8686
		L8687	L8688	L8690	L8691
		L8692	L8693	L8694	L3330
		L5986	L5988		
Pain management	Prior authorization required	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495		
Radiation therapy	Prior authorization required	32701	61736	61737	77373
		77435	77520	77522	77523
		77525	77605	77620	96446
		G0339	G0340		
Radiology (eviCore)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70450	70460	70470	70480
		70481	70482	70486	70487
		70488	70490	70491	70492
		70496	70498	70540	70542
	Certain CT, MRI, MRA and PET scans	70543	70544	70545	70546
		70547	70548	70549	70551
	Nuclear medicine and nuclear cardiology procedures	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		
74263	74712	74713	75557		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		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	70336	

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70300	70310	70320	70328
		70330	70332	70350	70355
		75573	76120	76125	76496
		76978	76979	77084	78835
	Certain CT, MRI, MRA and PET scans	96379	C2616	C8900	C8901
		C8902	C8903	C8905	C8906
	Nuclear medicine and nuclear cardiology procedures	C8908	C8909	C8910	C8911
		C8912	C8913	C8914	C8918
		C8919	C8920	C9762	C9763
		G0219	G0235	G0252	G0281
		G0329	S2095	S8035	S8080

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont.)		S8085			
Rhinoplasty	Prior authorization required	92512	92700		
Skin substitutes	Prior authorization required	Q4117	Q4118	Q4122	Q4123
		Q4124	Q4126	Q4127	Q4132
		Q4133	Q4134	Q4135	Q4136
		Q4141	Q4146	Q4147	Q4148
		Q4161	Q4163	Q4164	Q4165
		Q4166	Q4176	Q4177	Q4178
		Q4179	Q4180	Q4181	Q4182
		Q4195	Q4196	Q4197	Q4137
		Q4140			
Sleep procedures	Prior authorization required	64553	64561	64566	64568
		64569	64570	64581	64582
		64583	64584	64585	64590
		64595	S2080		
Spine surgery	Prior authorization required	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
		64628	64629	64633	64634
		64635	64636	65770	65785
		27280	22556		
Stimulators	Prior authorization required	63655	63663	63664	63685
		63688	95836	95980	95981
		95982	95983	95984	E0762
		E0765	L8679		
Surgery	Prior authorization required	0095T	0098T	22870	23472
		23473	23474	23929	26989
		27130	27132	27134	27137
		27138	27279	27412	27445
		27446	27447	27486	27487
		29868	30465	30468	30620
		31295	31296	31297	31298
		31641	31647	31648	31649
		31651	31660	31661	32994
		33927	33928	33929	36473
		36474	36475	36476	36478
		36479	36482	36483	36522
		37501	37700	37718	37722
		37735	37760	37761	37765
		37766	37780	37785	37788
		37790	38129	38589	40806
		41120	41130	41512	41530

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery (cont.)		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	49329
		49659	50549	50949	53855
		55559	55706	55880	58578
		58579	58679	59072	59074
		59076	60659	61630	61635
		61850	61860	61863	61864
		61867	61868	61880	61885
		61886	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	
	63650				
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		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	50300
		50320	50323	50325	50327
		50328	50329	50340	50360
		50365	50370	50380	50547
		G0341	G0342	G0343	S2053
		S2054	S2055	S2060	S2061
		S2065	S2102	S2103	S2140
		S2142	33927	33928	33929
		J3394	Q2055	Q2056	J3393
			J3490*	J3590*	C9399*

* Effective 7/1/24 For Unclassified codes J3490, J3590, and C9399, Amtagvi and Lenmeldy will require Prior Authorization through Optum Transplant

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Urinary system	Prior authorization required	53451	53452	53453	53454
Vein procedures	Prior authorization required	36465 36471	36466	36468	36470

Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities