

Rocky Mountain Children’s Health Plan - prior authorization

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Colorado Rocky Mountain Children’s Health Plan (CHP) health care professionals providing inpatient and outpatient services. Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don’t have a One Healthcare ID, visit **UHCprovider.com/access**.
- **eviCore healthcare:** (web) www.evicore.com (phone) **800-792-8750**
- For Behavioral Health Services (including mental, health and substance use disorders), call **877-668-5947**
- Notification by the admitting facility: (phone) **800-416-2157**, option 4 or **970-248-5197**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy services	Prior authorization required	29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	29875
		29876	29877	29879	29880
		29881	29882	S2112	
Bariatric surgery	Prior authorization required	43644	43645	43770	43775
Bariatric surgery and specific obesity-related services		43842	43845	43846	43847
		43848	43860		
Breast reconstruction (non-mastectomy)	Prior authorization required	19328	19330	19340	19357
		19361	19364	19367	19368
Reconstruction of the breast, except when following mastectomy		19369	19370	19371	19380
		19396	L8600		
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.)		C50.211	C50.212	D05.219	D05.221
		D05.222	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	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		0614T	0571T	0795T	0796T
		0797T	0801T	0802T	0803T
		33274	0823T	0825T	
Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750					
Cardiovascular	Prior authorization required	37220	32731	37221	37224
		37225	37226	37227	37228
		37229	37230	93580	0569T
		0570T			
	No prior authorization required for the following diagnosis codes:				
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
	I70.244	I70.245	I70.248	I70.249	
	I70.25	I70.261	I70.262	I70.263	
	I70.268	I70.269	I70.321	I70.322	
	I70.323	I70.329	I70.331	I70.332	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
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) J1299, J1323, J1326, J2277, J3055, J3263, Q5148			
		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.			
		<u>Antiemetic codes that require prior authorization</u>			
		J1454 J1434 J2468			
		<u>Bone modifying agent</u>			
		J0897			
		<u>Colony stimulating factors</u>			
		J1442	J1447	Q5108	Q5110
Cochlear implants and other Auditory implants	Prior authorization required	Q5111	Q5120	Q5122	Q5136
		J2506	Q5157	Q5158	Q5159
		69930	L8619	L8627	L8629
		L8614			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4239	E0784	E2102	E2103
		Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor (cont.)		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive	Prior authorization required	11960	11971	14020	14021
		14060	14061	14301	17106
		17107	17108	17999	20930
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		20931	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21180	21181	21182
		21183	21184	21188	21193
		21194	21195	21196	21198
		21199	21206	21215	21230
		21235	21244	21245	21246
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21248	21249	21255	21256
		21275	21280	21282	21295
		21296	21740	21742	21743
		28344	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2029		
Prior authorization not required when billed with the following Dx codes below:					
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required	A9520	A9279	A9280	A9900
		E0194	E0265	E0266	E0270
	Prosthetics are not DME – see Orthotics and prosthetics.	E0277	E0300	E0328	E0329
		E0445	E0446	E0457	E0460

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0465	E0466	E0470	E0471
		E0483	E0485	E0625	E0636
		E0637	E0640	E0642	E0651
		E0652	E0653	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0747	E0748
		E0749	E0760	E0766	E0930
		E0956	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1399
		E1634	E1825	E1831	E2100
		E2203	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2378	E2402	E2510
		E2511	E2512	E2599	E2609
		E2617	E2620	E2624	E2625
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0013	K0108	K0812	K0825
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	S1040
		T1999	T5999		
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
		B9002	B9998	S9434	S9435
Experimental and investigational	Prior authorization required	33477	36514	64722	65765
		66180	A4638	A9274	
Eye, ear, nose and throat	Prior authorization required	69719	69726	69727	69728
		69729	69730		
Gender dysphoria treatment	Prior authorization required	14000	14001	14040	15734
		15738	15750	15757	15758

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	19316	19303	19318
		19325	19342	19350	21121
		21123	21125	21127	21137
		21138	21139	21172	21175
		21179	21208	21209	21210
		30400	30410	30420	30430
		30435	30450	53410	53430
		54125	54405	54520	54660
		54690	55175	55180	56805
		55970	55980	56625	56800
		57110	57335	58661	58720
		58940	64856	64892	64896
		67900			
		These surgical codes with the following Dx codes do require a prior auth:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
Genetic tests/lab services (eviCore)	Prior authorization required	81162	81163	81164	81228
		81229	81277	81349	81354
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81418	81431	81432
		81435	81437	81439	81443
		81445	81448	81449	81451
		81460	81465	81479	81518
		81519	81520	81521	81522
		81523	81524	81541	81542
		81546	81552	81599	87505
		87507	0620U	0624U	0628U
		0018U	0022U	0026U	0047U
		0048U	0050U	0055U	0094U
		0101U	0102U	0103U	0129U
		0171U	0172U	0173U	0179U
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0306U
		0307U	0326U	0334U	0345U
		0364U	0379U	0409U	0411U
		0417U	0419U	0616U	0617U
		0618U	0619U	0621U	0622U
		0623U	0625U	0626U	0627U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore) (cont.)		0630U	0631U	0632U	0633U
		0634U	0635U	0641U	0642U
		0643U	0644U	0645U	0646U
		0647U	0648U	0649U	0650U
		0651U	0652U	0653U	0657U
		0658U	0659U	G9143	S3854
		S3865	S3870		

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

Genetic tests/lab services	Prior authorization required	0071T	0072T	0198T	0202T
		0207T	0208T	0210T	0211T
		0212T	0213T	0214T	0215T
		0216T	0217T	0218T	0219T
		0220T	0232T	0263T	0264T
		0265T	0274T	0278T	0308T
		0395T	0397T	0402T	0403T
		0417T	0418T	0419T	0420T
		0422T	0660U	0661U	0662U
		0663U	0664U	0668U	0670U
		0671U	0672U	0673U	0674U
		0675U	0676U	0677U	0678U
		0679U	0680U	0681U	0682U
		0683U	0684U	0685U	0686U
		0687U	0688U	0689U	0690U
		0693U	0695U	0696U	0697U
Hearing/audio/vision	Prior authorization required	67901	67902	67903	67904
		67906	67908	67909	67911
		69710	69711	69714	69716
		69717	V5014	V5030	V5040
		V5050	V5060	V5070	V5080
		V5090	V5100	V5120	V5130
		V5140	V5150	V5160	V5190
		V5200	V5215	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	G0249	G0250	S9340
		S9341	S9342	S9343	S9355
		S9364	S9365	S9366	S9367
		S9368			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications	Prior authorization required Eff 3/1/24 - For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	90283	90284	90378	A9513
		A9590	A9606	A9615	A9699
		C9399*	J0013	J0129	J0174
		J0175	J0177	J0178	J0179
		J0180	J0202	J0218	J0219
		J0221	J0222	J0223	J0224
		J0225	J0256	J0257	J0490
		J0491	J0517	J0567	J0584
		J0585	J0586	J0587	J0588
		J0589	J0596	J0597	J0598
		J0606	J0638	J0717	J0791
		J0801	J0802	J0879	J0896
		J1072	J1203	J1289	J1290
		J1299	J1301	J1302	J1303
		J1305	J1306	J1307	J1322
		J1411	J1411	J1414	J1426
		J1427	J1428	J1429	J1437
		J1439	J1442	J1447	J1449
		J1458	J1459	J1551	J1552
		J1553	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	J1602
		J1628	J1743	J1745	J1786
		J1809	J1823	J1930	J1931
		J1932	J1950	J1951	J1954**
		J2182	J2267	J2326	J2327
		J2329	J2350	J2351	J2353
		J2354	J2356	J2357	J2502
		J2506	J2507	J2765	J2777
		J2778	J2779	J2781	J2782
		J2786	J2802	J2840	J2998
		J3032	J3060	J3111	J3241
		J3245	J3247	J3262	J3315
		J3316	J3358	J3380	J3397
		J3398	J3399	J3403	J3403
		J3405	J3490*	J3590*	J7170
		J7171	J7172	J7173	J7174
		J7321	J7322	J7352	J9038
		J9051	J9052	J9064	J9072
		J9155	J9172	J9202	J9210
		J9217	J9226	J9255	J9256
		J9286	J9301	J9311	J9312
		J9324	J9345	J9376	J9381
		Q5098	Q5099	Q5100	Q5101
		Q5103	Q5104	Q5115	Q5119

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Q5121	Q5123	Q5124	Q5125
		Q5127	Q5128	Q5130	Q5133
		Q5135	Q5136	Q5138	Q5147
		Q5148	Q5151	Q5152	Q5156
		Q5157	Q5158	Q5162	Q5164
		Q5166	Q9997	Q9998	Q9999

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

** For code J1954, Cancer DX is excluded from prior auth.

Medical and surgical supplies	Prior authorization required	C1821	Q4282	C9352	C9353
		C9356	C9358	C9360	C9361
		C9364	M0076	P9020	Q2041
		Q2043	Q4114	Q4125	Q4130
		Q4150	Q4152	Q4153	Q4154
		Q4155	Q4156	Q4157	Q4158
		Q4159	Q4160	Q4162	Q4278
		Q4283	Q4284	Q4280	Q4281
		Q4273	Q4274	Q4275	Q4276
		Q4272	S2107	S2300	S3650
		S8948	S9024	S9055	S9056
		S9090			
Medicine services and procedures	Prior authorization required	97533	97605	97606	97750
Musculoskeletal	Prior authorization required	23470			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Obstetrical procedures	Prior authorization required	S2400	S2401	S2402	S2403
		S2404	S2405	S2409	
Orthognathic surgery	Prior authorization required	21240	21242	21247	21299
Orthotics and prosthetics	Prior authorization required	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L1000
		L1005	L1200	L1300	L1310
		L1499	L1680	L1685	L1700
		L1710	L1720	L1730	L1755
		L1820	L1830	L1831	L1832
		L1834	L1836	L1840	L1844

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L1845	L1846	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3330	L3649	L3671
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	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	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5657	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5782	L5790	L5795
		L5811	L5812	L5814	L5816
		L5826	L5845	L5848	L5850
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6034
		L6035	L6036	L6038	L6039
		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	L6623	L6624

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L6646	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6694	L6695	L6696	L6697
		L6704	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		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
		L7405	L7499	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8514	L8610
		L8612	L8631	L8659	L8682
		L8683	L8685	L8686	L8687
		L8688	L8691	L8692	L8693
		L8694			
Pain management	Prior authorization required	64490 64494	64491 64495	64492	64493
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Psychological and neuropsychological testing	Prior authorization required	96132 96138 96131	96133 96139	96136 96146	96137 96130
Radiation therapy	Prior authorization required	IGRT 77387 Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Special/associated services 77331 77370 77399 77470 SRS/SBRT 77371 77372 77373 Radiation treatment delivery 77402* 77407 77412			

* Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

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

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, 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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

79445

Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call 866-889-8054.

Radiology (eviCore)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470
		70471	70480	70481	70482
		70486	70487	70488	70490
		70491	70492	70496	70498
		70540	70542	70543	70544
	Certain CT, MRI, MRA and PET scans	70545	70546	70547	70548
		70549	70551	70552	70553
	Nuclear medicine and nuclear cardiology procedures	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore)		73202	73206	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		73706	73718	73719	73720
		73721	73722	73723	73725
		74150	74160	74170	74174
		74175	74176	74177	74178
		74181	74182	74183	74185
		74261	74262	74263	75557
		75559	75561	75563	75571
		75572	75573	75574	75577
		75580	75635	76376	76377
		76380	76390	76391	76497
		76498	77021	77046	77047
		77048	77049	77084	78429
		78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78608	78609	78811
		78812	78813	78814	78815
		78816	78830	0633T	0634T
		0635T	0636T	0637T	0638T
		0697T	0698T	0710T	0711T
		0712T	0713T	G0235	G0252
		S8037	S8092		
		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.			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	96379			
	Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Please submit requests online using 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.			
Rhinoplasty	Prior authorization required	30460	30462		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Skin substitutes	Prior authorization required	Q4117	Q4122	Q4123	Q4124
		Q4126	Q4127	Q4161	Q4163
		Q4164	Q4165		
Sleep procedures	Prior authorization required	64553	64568	64570	64590
		95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	21685
		41599			
Spine surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22590	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22836
		22837	22838	22849	22850
		22852	22855	22856	22858
		22861	22899	63003	63016
		63040	63042	63046	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63251	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0656T	0657T	0790T
Stimulators	Prior authorization required	20975	20979	63655	63685
		95980	95981	95982	E0762
		E0765	64555	L8680	
Surgery	Prior authorization required	23473	0098T	23474	23472
		27130	27132	27134	27137
		27138	27412	27446	27447
		27446	27447	27486	27487
		29868	30465	36475	30620
		31295	31296	31297	31298
		29914	29915	29916	37700
		33927	33928	33929	36473
		36478	29840	29845	29846
		37718	37722	37765	37766
		37780	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery (cont.)		42145	43881	43882	J7330
		24360	24361	24362	24363
		24370	24371	27120	27125
		29866	29867	43648	43659
		58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	61863	61864
		49329	61867	61868	61885
		61886	63045	63047	63185
		63001	63005	63011	63012
		63015	63017	63020	63030
		63190	63191	63650	63200
		63250	63252	63265	63267
		63268	63270	63271	63272
		58570	58571	58572	58573
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38208	38209	38210	38212
		38213	38214	38215	38232
		38240	38241	38242	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	Q2057	J1289	J3386
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	Q2042
		Q2053	Q2055	Q2056	Q2058
		S2053	S2060	S2061	S2103
			J3490*	J3590*	C9399*
		*For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy will require Prior Authorization through Optum Transplant			
Vein procedures	Prior authorization required	37799			
Removal and ablation of the main trunks and named branches of the saphenous veins for					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
treating venous disease and varicose					
Ventricular assist device	Prior authorization required	33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			