

Rocky Mountain Children’s Health Plan - prior authorization

Effective February 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**.
- 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 **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	29805	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
		19369	19370	19371	19380
		19396	L8600		
Reconstruction of the breast, except when following mastectomy		Prior Auth NOT required for diagnosis codes listed below: C50.011 C50.012 C50.019 C50.021			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Breast reconstruction (non-mastectomy) (cont.)		C50.022	C50.029	C50.111	C50.112	
		C50.119	C50.121	C50.122	C50.129	
		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	
		93452	93453	93454	93455	
		93456	93457	93458	93459	
		93460	93461	0571T		
Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750						
Cardiovascular	Prior authorization required	37220	37221	37224	37225	
		37226	37227	37228	37229	
		37230	32731	93580		
	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	
		I70.333	I70.334	I70.335	I70.338	
		I70.339	I70.341	I70.342	I70.343	
		I70.344	I70.345	I70.348	I70.349	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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	
		J2506			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	69930	L8619	L8627	L8629
		L8614			
Cosmetic and reconstructive	Prior authorization required	A4239	E0784	E2102	E2103
		11960	11971	14020	14021
		14060	14061	14301	17106
		17107	17108	17999	20930
		20931	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21180	21181	21182

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.) Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		21183	21184	21188	21193
		21194	21195	21196	21198
		21199	21206	21215	21230
		21235	21244	21245	21246
		21248	21249	21255	21256
		21275	21280	21282	21295
		21296	21740	21742	21743
		28344	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		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
		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	K0866
		K0869	K0870	K0871	K0877

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	S1040
		T1999	T5999		
Enteral services	Prior authorization required	B4149	B4150	B4152	B4153
In-home nutritional		B4154	B4155	B4157	B4158
therapy, either enteral		B4159	B4160	B4161	B4162
or through a gastrostomy tube		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
		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	0417U	0018U	0022U	0026U
		0029U	0047U	0048U	0050U
		0055U	0419U	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	81162
		81163	81164	81228	81229
		81277	81349	81400	81401

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore) (cont.)		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	0409U
		81431	81432	81435	81437
		81439	81443	81445	81448
		81460	81465	81479	0411U
		81518	81519	81520	81521
		81522	81523	81541	81542
		81546	81552	81418	81449
		81451	81599	87505	87507
		G9143	S3854	S3865	S3870
		0364U	0379U	81354	81524

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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
		0329T	0395T	0397T	0402T
		0403T	0409T	0410T	0411T
		0412T	0413T	0414T	0415T
		0416T	0417T	0418T	0419T
		0420T	0422T		
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	G0248	G0249	G0250
		S9340	S9341	S9342	S9343
		S9355	S9364	S9365	S9366

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home healthcare (cont.)		S9367	S9368		
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.	J0175	90283	90284	Q5101
		A9513	A9590	A9606	A9699
		J1302	Q5125	J0129	J0180
		J0202	J0219	J0221	J0222
		J0224	J0256	J0257	J0490
		J0491	J0517	J0567	J0177
		J0584	J0585	J0586	J0587
		J0588	J0596	J0597	J0598
		J0638	J1628	J9038	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	J2802	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	J1414
		J2327	J1427	J1823	J2777
		J7352	Q5123	J1442	J1447
		J0802	J1203	J9345	J9376
		J0223	J0606	J0717	J0791
		J0896	J1299	J1429	J1558
		J2357	J3032	J3241	J3358
		J3399	J9311	J9312	Q5115
		90378	Q5121	J9324	J2765
		J2782	J9051	J9052	J9064
		J9072	J9172	J9255	J1552
		J9286	C9399*	J3490*	J3590*
		Q5133	Q5135	J1307	J2351
		Q5147	Q9997	Q9998	Q5138

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Q9999	J7170	Q5099	Q5100
		J7172	Q5148	J1072	Q5151
		Q5098	Q5136	Q5152	J1954**
		J7173	J3403	J7174	J1809
		A9615	Q5156	Q5157	Q5158
		J0013			
* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Amvuttra, Fylnetra, Kebilidi, Lupaneta Pack, Recovi, Riabni, Rivfloza, Skyrizi, Starjemza, 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	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	L5613	L5614
		L5616	L5639	L5640	L5642

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5643	L5644	L5647	L5649
		L5651	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5782	L5790
		L5795	L5811	L5812	L5814
		L5816	L5826	L5848	L5850
		L5845	L5856	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5979	L5980	L5981
		L5982	L5987	L5990	L5999
		L6000	L6010	L6020	L6687
		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	L6646
		L6648	L6689	L6693	L6694
		L6695	L6696	L6697	L6704
		L6708	L6709	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	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	L7405
		L7499	L8514	L8682	L8683
		L8685	L8686	L8687	L8688
		L8691	L8692	L8693	L8694
		L3330	L5986	L5988	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	L1680

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
		L1840	L1844	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	L3671
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4010	L4020	L5646	L5648
		L5976	L5984	L6623	L6686
		L6690	L6692	L6707	L6711
		L6895	L6915	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8610	L8612
		L8631	L8659		
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
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 Standard radiation therapy (2D/3D) Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 77402 77407 77412 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		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:	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
		70552	70553	70554	70555
		71250	71260	71270	71271
	Nuclear medicine and nuclear cardiology procedures	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	78429	78430	75557
		75559	75561	75563	78609
		75571	75572	75574	75635
		76376	76377	76380	76390
		76391	76497	76498	77046
		77047	77048	77049	77084
		78431	78432	78433	78451
		78452	78453	78454	78608
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78811	78812	78813	78814
		78815	78816	78830	70336
		0633T	0634T	0635T	0636T
		0637T	0638T	0697T	0698T
		0710T	0711T	0712T	0713T
		75573	75580	77021	G0252
		S8037	S8092	G0235	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore)		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: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	96379	G0281	S8035	S8085
		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		
Skin substitutes	Prior authorization required	Q4117 Q4126 Q4164	Q4122 Q4127 Q4165	Q4123 Q4161	Q4124 Q4163
Sleep procedures	Prior authorization required	64553 95700 95714 95720 41599	64568 95711 95715 95722	64570 95712 95716 95724	64590 95713 95718 21685
Spine surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22590 22630 22804 22818 22850 22858 63016 63050 63075 63087 63170 63286 63303	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22861 63040 63055 63077 63090 63172 63300 63304	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 22899 63042 63056 63081 63101 63173 63301 63305	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63046 63064 63085 63102 63251 63302 63306

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		63307	63308		
Stimulators	Prior authorization required	20975 95980 E0765	20979 95981 64555	63655 95982 L8680	63685 E0762
Surgery	Prior authorization required	23473 27130 27138 27446 29868 31295 29914 33927 36478 37718 37780 31255 31267 42145 24360 24370 29866 58150 58263 58291 58543 58553 49329 61886 63001 63015 63190 63250 63268 58570	0098T 27132 27412 27447 30465 31296 29915 33928 29840 37722 31240 31256 31276 43881 24361 24371 29867 58152 58267 58292 58544 58554 61867 63045 63005 63017 63191 63252 63270 58571	23474 27134 27446 27486 36475 31297 29916 33929 29845 37765 31253 31257 31287 43882 24362 27120 43648 58180 58270 58541 58550 61863 61868 63047 63011 63020 63650 63265 63271 58572	23472 27137 27447 27487 30620 31298 37700 36473 29846 37766 31254 31259 31288 J7330 24363 27125 43659 58260 58290 58542 58552 61864 61885 63185 63012 63030 63200 63267 63272 58573
Transplants	Prior authorization required	32850 32854 33933 33945 38212 38240 47140 47144 48551 50320 50360	32851 32855 33935 38208 38213 38241 47141 47145 48552 50323 50365	32852 32856 33940 38209 38214 38242 47142 47146 48554 50325 50370	32853 33930 33944 38210 38215 47135 47143 47147 50300 50340 50547

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		38232	44137	44715	44720
		44721	47133	J3393	J3394
		S2053	S2060	S2061	S2103
		33927	33928	33929	Q2042
		Q2053	Q2055	Q2056	J3392
		Q2057	J3391	Q2058	J3402
		J3387	J3389		
		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 treating venous disease and varicose					
Ventricular assist device	Prior authorization required	33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			