

Rocky Mountain Health Plans PRIME

Effective October 1, 2026

General information

- This list contains prior authorization requirements for participating UnitedHealthcare Colorado Rocky Mountain Health Plans 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 **800-421-6204**
- Notification by the admitting facility: (phone) **800-416-2157**

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			
Arthroplasty services	Prior authorization required	23472	23473	23474	27130
		27132	27134	27137	27138
		27412	27446	27447	27486
		27487			
Arthroscopy services	Prior authorization required	29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	29868
		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) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	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
		C50.211	C50.212	D05.219	D05.221

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Breast reconstruction (non-mastectomy) (cont.)		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		33224	
		33225	33227	33228	33229	
		33230	33231	33240	33249	
			33263	33264	33270	
		33274	93350	93351	93452	
		93453	93454	93455	93456	
		93457	93458	93459	93460	
		93461	0614T	0795T	0571T	
		0796T	0797T	0801T	0802T	
		0803T	0823T	0825T		
Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750						
Cardiovascular	Prior authorization required	0569T	0570T	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	
		I70.35	I70.361	I70.362	I70.363	
		I70.369	I70.421	I70.422	I70.423	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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>			
		J1434	J2468		
		Bone modifying agent			
		J0897			
		Colony stimulating factors			
		J1442	J1447	Q5101	Q5108
		Q5110	Q5111	Q5120	Q5122
		J2506	Q5136	Q5157	Q5158
		Q5159			
		A4239	E0784	E2102	E2103
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis				
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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor (cont.)		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 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	Prior authorization required	11960	11971	17106	17107
		17108	21121	21123	67908
		21125	21127	21137	21138
		21139	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21172	21175	21179
		21180	21181	21182	21183
		21184	21188	21193	21194
		21195	21196	67900	67901
		67902	67903	67904	67906
		67909	67911	14020	14021
		14060	14061	14301	28344
		67912	67914	67915	67916
		67917	67921	67922	67923
		67950	67961	67966	67924
		14041			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		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	
Digestive	Prior authorization required	42145	43648 49329	43659	43881
Durable medical equipment (DME)	Prior authorization required	A9279	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0328	E0329	E0445	E0457
		E0465	E0466	E0470	E0471
		E0483	E0636	E0637	E0642
		E0656	E0669	E0670	E0675
		E0693	E0694	E0745	E0747

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0748	E0749	E0760	E0766
		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
		E1825	E1831	E2100	E2227
		E2228	E2230	E2298	E2301
		E2310	E2311	E2312	E2321
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2402
		E2510	E2620	E2624	E2625
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0008	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	K0891	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		
Experimental and investigational	Prior authorization required	33477	36514	64722	65765
		66180	A4638	A9274	
Gender dysphoria treatment	Prior authorization required	14000	14001	14040	15734
		15738	15750	15757	15758
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	19303	53410	54125
		54520	54660	54690	55175
		55180	55970	55980	56625
		56800	56805	57110	57335
		58661	58720	58940	64856
		64892	64896		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		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	81412	81413
		81414	81432	81437	81439
		81443	81448	81449	81451
		81518	81519	81520	81521
		81522	81523	81524	81541
		81542	81546	81552	81599
		0018U	0022U	0026U	0037U
		0047U	0048U	0050U	0094U
		0098T	0101U	0102U	0103U
		0129U	0171U	0173U	0175U
		0179U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
		0217U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0265U	0306U	0307U	0326U
		0334U	0364U	0379U	0409U
		0411U	0419U	0616U	0617U
		0618U	0619U	0620U	0621U
		0622U	0623U	0624U	0625U
		0626U	0627U	0628U	0630U
		0631U	0632U	0633T	0633U
		0634T	0634U	0635T	0635U
		0636T	0637T	0638T	0641U
		0642U	0643U	0644U	0645U
		0646U	0647U	0648U	0649U
		0650U	0651U	0652U	0653U
		0657U	0658U	0659U	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	81418	S3854
		S3865	S3870		
		Please submit requests online www.evicore.com to sign in. Or, you can call 800-792-8750			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571
		58572	58573		
Injectable medications	Prior authorization required	90283	90284	90378	A9513
		A9590	A9606	A9615	A9699
	For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	C9399*	J0129	J0174	J0175
		J0177	J0178	J0179	J0180
		J0202	J0218	J0219	J0221
		J0222	J0223	J0224	J0225
		J0256	J0257	J0490	J0491
		J0517	J0567	J0570	J0584
		J0585	J0586	J0587	J0588
		J0589	J0596	J0597	J0598
		J0606	J0638	J0717	J0791
		J0801	J0802	J0879	J0896
		J0897	J1072	J1203	J1289
		J1290	J1299	J1301	J1302
		J1303	J1305	J1306	J1307
		J1322	J1411	J1413	J1414
		J1426	J1427	J1428	J1429
		J1437	J1439	J1449	J1458
		J1459	J1551	J1552	J1553
		J1554	J1555	J1556	J1557
		J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1576	J1599	J1602	J1628
		J1743	J1745	J1757	J1786
		J1809	J1818	J1823	J1930
		J1931	J1932	J1950	J1951
		J1954**	J1961	J2182	J2267
		J2326	J2327	J2329	J2350
		J2351	J2353	J2354	J2356
		J2357	J2361	J2502	J2506
		J2507	J2777	J2778	J2779
		J2781	J2782	J2786	J2802
		J2840	J2998	J3032	J3060
		J3111	J3241	J3245	J3262
		J3315	J3316	J3358	J3380
		J3397	J3398	J3399	J3403
		J3404	J3405	J3490 *	J3590*
		J7170	J7171	J7172	J7173
		J7174	J7321	J7322	J7325
		J7352	J9038	J9256	J9301

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J9332	J9376	J9381	Q2041
		Q5098	Q5099	Q5100	Q5103
		Q5104	Q5120	Q5121	Q5122
		Q5123	Q5124	Q5125	Q5128
		Q5130	Q5133	Q5135	Q5136
		Q5138	Q5147	Q5148	Q5151
		Q5152	Q5156	Q5157	Q5158
		Q5159	Q5161	Q5162	Q5164
		Q5166	Q9997	Q9998	Q9999
		* For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required only for Kebilidi, Lupaneta Pack, Recovi, Riabni, white blood cell colony stimulating factors and Purified Cortrophine Gel			
		** For code J1954, Cancer DX is excluded from prior auth.			
Medicine services and procedures	Prior authorization required	91113	97605	97606	
Musculoskeletal	Prior authorization required	23470			
Nerve stimulator devices	Prior authorization required				
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21198	21199	21206	21208
		21209	21210	21215	21230
		21235	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21256	21275
		21280	21282	21295	21296
		21740	21742	21743	
Orthotics and prosthetics	Prior authorization required	64491	64492	64494	64495
		L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0820	L0830	L1000	L1005
		L1200	L1300	L1310	L1499
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844
		L1845	L1846	L1847	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L2526	L2627	L2628	L3230
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3900	L3901	L3904	L3905
		L3961	L3971	L3975	L3976
		L3977	L3999	L4000	L4010
		L4020	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	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	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	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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	L8610
		L8612	L8631	L8659	L8682
		L8683	L8685	L8686	L8687
		L8688			
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
Psychological and neuropsychological testing	Prior authorization required	96132	96133	96136	96137
		96138	96139	96146	96130
		96131			
Radiology (eviCore)	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	70336	70450	70460	70470
		70471	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		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	78811
		78499	78608	78609	78815
		78812	78813	78814	0634T
		78816	78830	0633T	0638T
		0635T	0636T	0637T	0711T
		0697T	0698T	0710T	0865T
		0712T	0713T	0742T	S8037
		0866T	G0235	G0252	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.					
Radiation therapy	Prior authorization required	G0339	G0340	S2095	
		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:

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

Applicable ICD10 codes for cancer types in scope for Hypofractionation:

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.

Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30620
		30460	30462		
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep procedures	Prior authorization required	21685			
Spine surgery	Prior authorization required	20930	20931	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22836
		22837	22838	22849	22852
		22856	22858	22861	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63185	63190
		63191	63267	63268	63270
		63271	63272	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0656T
		0657T	0790T		
Stimulators	Prior authorization required	20975	20979	61863	
		61867		61885	61886
		63650	63655	63685	64553
		64568		64555	L8680
		64590			
Surgery and unlisted surgery	Prior authorization required	17999	21299	22899	21299
		29914	29915	29916	29845
		37799	41599	29846	31288
		31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	24370	24371
		27120	27125	29866	29867
		J7330			
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38204	38205	38206	38207
		38208	38209	38210	38211
		38212	38213	38214	38215
		38230	38232	38240	38241
		38242	38243	44137	44715
		44720	44721	47133	47135
		47140	47141	47142	47143
		47144	47145	47146	47147
		48551	48552	48554	48556
		50300	50320	50323	50325
		50327	50328	50329	50340

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		50360	50365	50370	50380
		50547	J3387	J3490*	C9399*
		J1289	J3386	J3389	J3391
		J3392	J3393	J3394	J3402
		J3590*	Q2042	Q2053	Q2055
		Q2056	Q2057	Q2058	S2054
		S2055	S2060	S2061	S2065
		S2140	S2142		
		* For Unclassified codes J3490, J3590, and C9399, Amtagvi, Kresladi, Lenmeldy will require Prior Authorization through Optum Transplant.			
Unlisted	Prior authorization required	77399			
Urological	Prior authorization required	54405			
Vein procedures	Prior authorization required	33975	33976	33979	33981
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		33982	36473	33983	36475
		36478	37700	37718	37722
		37765	37766	37780	Q0507
		Q0508	Q0509		