

Rocky Mountain Health Plans Medicare Advantage Dual-Special Needs Plans – prior authorization

Effective January 1, 2024

General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Rocky Mountain Health Plan Medicare Advantage and Dual-Special Needs Plans (D-SNP) is the primary payer.

Services that are not a benefit of the Member's Evidence of Coverage will not be authorized.

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#).

If viewing a printed copy, please visit UHCprovider.com/priorauth > [Advance Notification and Clinical Submissions Requirements](#) > 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 RMHP: UHCprovider.com/priorauth > [Advance Notification and Clinical Submissions Requirements](#) > 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) 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			
Acupuncture	Prior authorization required.	97810	97811	97813	97814

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	0095T	0098T	0164T	23472
		23473	23474	23929	24999
		25999	26989	27130	27132
		27134	27137	27138	27279
		27412	27445	27446	27447
		27486	27487		
Arthroscopy	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			
Bariatric Surgery	Prior authorization required	43644	43645	43770	43771
		43772	43773	43774	43775
		43843	43845	43846	43847
		43848	43886	43887	43888
		95980	95981	95982	
Behavioral Health Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network	90899	97151	97152	97153
		97154	97155	97156	97157
		97158			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20957	20972	20973	
Breast Reconstruction	Prior authorization required.	11920	11921	11922	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	19499
Prior authorization not required for the following diagnosis codes:					
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	C50.219	C50.221
		C50.222	C50.229	C50.311	C50.312

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	0572T 0713T	0710T	0711T	0712T
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Standard Prior Authorization/Notification Transactions on your Provider Portal dashboard.Or, call 800-666-1353			
Cardiology services managed by evicore	Notification/prior authorization required for participating and non-participating providers through eviCore	33206 33213 33225 33230 33262 93452 93456 93460 93594	33207 33214 33227 33231 33263 93453 93457 93461 93595	33208 33221 33228 33240 33264 93454 93458 93462 93596	33212 33224 33229 33249 93451 93455 93459 93593 93597
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under Cardiology on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
using the Prior Authorization and Notification App .					
Cardiovascular	Prior authorization required.	33270 93799	33274 94799	33289	39599
Chemotherapy	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	96446 A9607 J0641 J1442 J1453 J1932 J2506 J9017 J9022 J9029 J9034 J9039 J9043 J9048 J9055 J9059 J9064 J9072 J9119 J9145 J9155 J9172 J9177 J9185 J9200 J9204 J9208 J9212 J9216 J9225 J9229 J9247 J9259 J9263 J9268 J9272 J9281 J9294 J9298 J9303 J9307 J9312 J9317	A9513 A9699 J0642 J1447 J1454 J1950 J2820 J9019 J9023 J9030 J9035 J9040 J9045 J9049 J9056 J9060 J9065 J9098 J9120 J9150 J9160 J9173 J9178 J9190 J9201 J9205 J9209 J9213 J9217 J9226 J9230 J9250 J9260 J9264 J9269 J9273 J9285 J9295 J9299 J9304 J9308 J9313 J9318	A9590 J0185 J0885 J1448 J1456 J1952 J9000 J9020 J9025 J9032 J9036 J9041 J9046 J9050 J9057 J9061 J9070 J9100 J9130 J9151 J9165 J9175 J9179 J9196 J9202 J9206 J9210 J9214 J9218 J9227 J9245 J9255 J9261 J9266 J9270 J9274 J9286 J9296 J9301 J9305 J9309 J9314 J9319	A9606 J0640 J0897 J1449 J1627 J1954 J9015 J9021 J9027 J9033 J9037 J9042 J9047 J9051 J9058 J9063 J9071 J9118 J9144 J9153 J9171 J9176 J9181 J9198 J9203 J9207 J9211 J9215 J9223 J9228 J9246 J9258 J9262 J9267 J9271 J9280 J9293 J9297 J9302 J9306 J9311 J9316 J9320

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization								
Chemotherapy (cont.)		J9321		J9322	J9323	J9324	J9325	J9328	J9330	J9331
		J9332		J9333		J9334		J9348		J9349
		J9345		J9347		J9352		J9356		J9357
		J9350		J9351		J9359		J9360		J9370
		J9354		J9355		J9390		J9400		J9393
		J9358		J9380		Q0166		Q2017		Q2043
		J9371		J9395		Q2055		Q2055		Q2056
		J9394		J9395		Q5104		Q5104		Q5105
		J9999		Q0166		Q5108		Q5108		Q5110
		Q2049		Q2050		Q5113		Q5113		Q5114
		Q5101		Q5103		Q5117		Q5117		Q5118
		Q5106		Q5107		Q5121		Q5121		Q5122
		Q5111		Q5112		Q5126		Q5126		Q5127
		Q5115		Q5116						
		Q5119		Q5120						
		Q5123		Q5125						
		Q5129		Q5130						
Chiropractic Care	Prior authorization required.	98940	98941	98942	98943					
Cochlear implants	Prior authorization required.	69711	69714	69716	69717					
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		69799	69930							
Continuous Glucose Monitor	Prior authorization required		E2102	E2103		A4238		A4239		
Cosmetic and reconstructive	Prior authorization required.	11960		11970		11971		15769		
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		15819		15824		15825		15826		
		15828		15829		15999		17106		17106
		17107		17108		17340		17360		17360
		17380		17999		19105		19300		19300
		21120		21121		21122		21123		21123
		21125		21127		21137		21138		21138
		21139		21175		21179		21180		21180
		21181		21182		21183		21184		21184
		21188		21230		21235		21260		21260
Reconstructive procedures that treat a medical condition or improve physiologic function		21261		21263		21267		21268		
		21270		21275		21280		21282		21282
		21740		21742		21743		30620		30620
		30999		40799		67901		67902		67902

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		67903	67904	67906	67908
		67909	67911	67999	69300
		69399	96920	96921	96922
		96999	G0429	Q2026	
Diagnostic and Therapeutic Procedures	Prior authorization required.	0046U	0049U	0051U	0052U
		0054U	0058U	0059U	0061U
		0140U	0141U	0142U	0143U
		0144U	0145U	0146U	0147U
		0148U	0150U	0165U	0166U
		0167U	0176U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0194U
		0196U	0198U	0199U	0201U
		0207U	0210U	0218T	0219U
		0222U	0224U	0226U	0251U
		0256U	0257U	0275U	0279U
		0280U	0281U	0283U	0284U
		0308U	0309U	0310U	0312U
		0316U	0322U	0394T	0395T
		0402T	0449T	0609T	0610T
		0611T	0612T	95012	95060
		95065	95999	96904	
Digestive Procedures	Prior authorization required.	39499			
Durable medical equipment (DME)	Prior authorization required.	A4265	A4556	A4557	A4558
		A4595	A4633	A4640	A7020
		A7025	A7026	A9900	E0170
		E0171	E0181	E0182	E0184
		E0185	E0186	E0187	E0188
		E0189	E0193	E0194	E0196
		E0197	E0198	E0199	E0235
		E0250	E0251	E0255	E0256
		E0260	E0261	E0265	E0266
		E0271	E0272	E0277	E0290
		E0291	E0292	E0293	E0294
		E0295	E0296	E0297	E0300
		E0301	E0302	E0303	E0304
		E0371	E0372	E0373	E0424
		E0431	E0433	E0434	E0439
		E0441	E0442	E0443	E0444
		E0447	E0465	E0466	E0467
		E0470	E0471	E0472	E0482
		E0483	E0500	E0550	E0555
		E0560	E0621	E0630	E0635

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
DME (cont.)		E0636	E0639	E0640	E0650
		E0651	E0652	E0655	E0656
		E0657	E0660	E0665	E0666
		E0667	E0668	E0669	E0671
		E0672	E0673	E0675	E0691
		E0692	E0693	E0694	E0840
		E0849	E0850	E0855	E0856
		E0860	E0870	E0880	E0890
		E0900	E0920	E0930	E0935
		E0946	E0947	E0948	E0950
		E0951	E0952	E0953	E0954
		E0955	E0956	E0957	E0958
		E0959	E0960	E0961	E0966
		E0967	E0968	E0969	E0971
		E0973	E0974	E0978	E0980
		E0981	E0982	E0983	E0984
		E0985	E0986	E0988	E0990
		E0992	E0994	E0995	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1012
		E1014	E1015	E1016	E1020
		E1028	E1029	E1030	E1031
		E1035	E1036	E1037	E1038
		E1039	E1050	E1060	E1070
		E1083	E1084	E1087	E1088
		E1092	E1093	E1100	E1110
		E1150	E1160	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1221
		E1222	E1223	E1224	E1225
		E1226	E1227	E1228	E1230
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1240
		E1270	E1280	E1285	E1296
		E1297	E1298	E1390	E1391
		E1392	E1405	E1406	E1520
		E1530	E1800	E1801	E1802
		E1805	E1806	E1810	E1811
		E1812	E1815	E1816	E1818
		E1820	E1821	E1825	E1830
		E1831	E1840	E2120	E2201
		E2202	E2203	E2204	E2205
		E2206	E2207	E2208	E2209
		E2210	E2211	E2212	E2213
		E2214	E2215	E2216	E2217
		E2218	E2219	E2220	E2221
		E2222	E2224	E2225	E2226

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
DME (cont.)		E2227	E2228	E2231	E2310
		E2311	E2312	E2313	E2321
		E2322	E2323	E2324	E2325
		E2326	E2327	E2328	E2329
		E2330	E2340	E2341	E2342
		E2343	E2351	E2359	E2360
		E2361	E2362	E2363	E2364
		E2365	E2366	E2367	E2368
		E2369	E2370	E2371	E2373
		E2374	E2375	E2376	E2377
		E2378	E2381	E2382	E2383
		E2384	E2385	E2386	E2387
		E2388	E2389	E2390	E2391
		E2392	E2394	E2395	E2396
		E2397	E2398	E2402	E2500
		E2502	E2504	E2506	E2508
		E2510	E2601	E2602	E2603
		E2604	E2605	E2606	E2607
		E2608	E2611	E2612	E2613
		E2614	E2615	E2616	E2619
		E2620	E2621	E2622	E2623
		E2624	E2625	K0001	K0002
		K0003	K0004	K0005	K0006
		K0007	K0009	K0010	K0011
		K0012	K0015	K0017	K0018
		K0019	K0020	K0037	K0038
		K0039	K0040	K0041	K0042
		K0043	K0044	K0045	K0046
		K0047	K0050	K0051	K0052
		K0053	K0056	K0069	K0070
		K0071	K0072	K0073	K0077
		K0098	K0105	K0195	K0606
		K0607	K0608	K0609	K0738
		K0739	K0800	K0801	K0802
		K0806	K0807	K0808	K0813
		K0814	K0815	K0816	K0820
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0835	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Endocrine Procedures	Prior authorization required.	60659	60699		
Enteral	Prior authorization required.	B4149 B4154 B4159 B4164 B4178 B4189 B4216	B4150 B4155 B4160 B4168 B4180 B4193 B5000	B4152 B4157 B4161 B4172 B4185 B4197 B5100	B4153 B4158 B4162 B4176 B4187 B4199 B5200
Gastroenterology	Prior authorization required.	42699 43252 43289 43648 43999 44979 46707 47579 49999 53855 91133	42999 43257 43497 43659 44238 45399 46999 47999 50549 53899 91299	43206 43284 43499 43881 44799 45499 47379 49329 50949 91112	43210 43285 43647 43882 44899 45999 47399 49659 51999 91132
Gender dysphoria treatment	Prior authorization required	15771 15776 15783 15789 15821 15832 15836 15847 15879 54400 54410 54699 55899 57296	15772 15780 15786 15792 15822 15833 15837 15876 21899 54401 54411 55559 56805 57335	15773 15781 15787 15793 15823 15834 15838 15877 31599 54405 54416 55706 57291	15774 15782 15788 15820 15830 15835 15839 15878 42299 54408 54417 55880 57292
These surgical codes, when billed with one of the following DX codes:					
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
Genetic Test/ Lab Services	Prior authorization required.	81162	81163	81164	81165
		81166	81167	81173	81174
		81185	81186	81189	81190
		81201	81202	81203	81212
		81215	81216	81217	81221
		81222	81223	81225	81226
		81227	81228	81229	81230
		81231	81232	81234	81238
		81239	81248	81249	81252
		81253	81257	81258	81259
		81269	81277	81283	81286
		81289	81291	81292	81293
		81294	81295	81296	81297
		81298	81299	81300	81302
		81303	81304	81306	81307
		81308	81313	81317	81318
		81319	81321	81322	81323
		81325	81326	81327	81328
		81335	81336	81337	81346
		81349	81350	81351	81353
		81355	81361	81362	81363
		81364	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81422	81425	81426	81427
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
81443	81445	81448	81450		
81455	81460	81465	81470		
81471	81479	81490	81500		
81503	81504	81506	81507		
81518	81519	81520	81521		
81522	81523	81525	81529		
81535	81536	81538	81539		
81540	81541	81542	81546		
81551	81552	81554	81560		
81595	81596	81599	82523		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Genetic Test/ Lab Services (cont.)		82542	82726	82777	83006
		83698	83700	83704	83876
		83883	83951	83987	84431
		84999	86001	86152	86153
		86305	86343	86849	88375
		88749	89240	89398	91065
		0001U	0002U	0003U	0004M
		0005U	0006M	0007M	0007U
		0008U	0009U	0010U	0011M
		0011U	0012M	0012U	0013M
		0013U	0014U	0016M	0016U
		0017M	0017U	0018U	0019U
		0021U	0022U	0023U	0024U
		0025U	0026U	0027U	0029U
		0030U	0031U	0032U	0033U
		0034U	0035U	0036U	0037U
		0038U	0039U	0040U	0041U
		0042U	0043U	0044U	0045U
		0047U	0048U	0050U	0053U
		0055U	0056U	0060U	0067U
		0069U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0078U	0079U	0082U	0083U
		0084U	0087U	0088U	0089U
		0090U	0094U	0101U	0102U
		0103U	0105U	0106U	0107U
		0108U	0110U	0111U	0113U
		0114U	0115U	0116U	0117U
		0118U	0119U	0120U	0121U
		0122U	0123U	0129U	0130U
		0131U	0132U	0133U	0134U
		0135U	0136U	0137U	0138U
		0156U	0157U	0158U	0159U
		0160U	0161U	0162U	0163U
		0164U	0169U	0170U	0171U
		0172U	0173U	0174U	0175U
		0177U	0178U	0179U	0193U
		0195U	0200U	0203U	0204U
		0205U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
	0217U	0218U	0220U	0221U	
	0227U	0228U	0229U	0230U	
	0231U	0232U	0233U	0234U	
	0235U	0236U	0237U	0238U	
	0239U	0242U	0243U	0244U	
	0245U	0246U	0247U	0248U	
	0249U	0250U	0252U	0253U	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Genetic Test/ Lab Services (cont.)		0254U	0258U	0260U	0262U
		0265U	0266U	0267U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0286U
		0287U	0288U	0289U	0290U
		0291U	0292U	0293U	0294U
		0295U	0296U	0297U	0298U
		0299U	0300U	0301U	0302U
		0303U	0304U	0305U	0306U
		0307U	0313U	0314U	0315U
		0317U	0318U	0319U	0320U
		0326U	0329U	0331U	0332U
		0333U	0334U	0335U	0336U
		0337U	0338U	0339U	0340U
		0341U	0342U	0343U	0344U
		0345U	0346U	0347U	0348U
	0349U	0350T	0350U	0351U	
	0352U	0353U	0354U	0500T	
	0538T	0539T	G9143		
Hearing/Audio/Vision	Prior authorization required.	0308T	0378T	65770	65785
		66989	66991	66999	67299
		67399	67599	67900	68399
		68816	68841	68899	69949
		69979	92065	92145	92499
		69719	69726	69727	69728
	69729	69730	92066		
Home Health Care	Prior authorization required.	99600	G0248	G0249	G0250
		S9364	S9365	S9366	S9367
		S9368			
Hysterectomy	Prior authorization required.	58578	58579	58679	
Infusions and Injection	Prior authorization required.	96379			
Injectable medications	Prior authorization required.	90283	90284	90399	A9513
		A9590	A9606	A9699	C9149
		C9151	J0129	J0172	J0174
		J0178	J0179	J0218	J0219
		J0222	J0223	J0224	J0225
		J0285	J0287	J0288	J0289
		J0290	J0295	J0491	J0583
J0584	J0585	J0585	J0586		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0586	J0587	J0587	J0588
		J0588	J0717	J0791	J0879
		J0885	J0896	J0897	J1300
		J1301	J1302	J1303	J1305
		J1306	J1411	J1442	J1447
		J1449	J1459	J1551	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		J1745	J1747	J1823	J2326
		J2327	J2350	J2356	J2507
		J2777	J2778	J2998	J3111
		J3241	J3380	J3398	J3399
		J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327
		J7329	J7331	J7332	J7352
		J9312	J9332	J9999	Q5110
		Q5115	Q5119	Q5123	Q5124
		Q5125	Q5127	Q5130	
			C9399*	J3490*	J3590*
		* For unclassified and temporary codes C9399, J3490, J3590 Prior authorization is required for Amvuttra, Briumvi, Brixadi, Cimerli, Elevidys, Fylnetra, Roctavian, Rystiggo, Skyrizi, Sunlenca, Syfovre, Tzield, Vyvgart-Hytrulo			
Medical and surgical supplies	Prior authorization required.	Q4101	Q4102	Q4103	Q4104
		Q4105	Q4106	Q4107	Q4108
		Q4110	Q4111	Q4113	Q4114
		Q4115	Q4116	Q4117	Q4118
		Q4121	Q4122	Q4123	Q4124
		Q4125	Q4126	Q4127	Q4128
		Q4130	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4138
		Q4139	Q4140	Q4141	Q4142
		Q4143	Q4145	Q4146	Q4147
		Q4148	Q4149	Q4150	Q4151
		Q4152	Q4153	Q4154	Q4155
		Q4156	Q4157	Q4158	Q4159
		Q4160	Q4161	Q4162	Q4163
		Q4164	Q4165	Q4166	Q4167
		Q4168	Q4169	Q4170	Q4171
		Q4173	Q4174	Q4175	Q4176
		Q4177	Q4178	Q4179	Q4180
		Q4181	Q4182	Q4183	Q4184
		Q4185	Q4188	Q4189	Q4190
Q4191	Q4192	Q4193	Q4194		
Q4195	Q4196	Q4197	Q4198		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		Q4199	Q4200	Q4201	Q4202
		Q4203	Q4204	Q4205	Q4206
		Q4208	Q4209	Q4210	Q4211
		Q4212	Q4213	Q4214	Q4215
		Q4216	Q4217	Q4218	Q4219
		Q4220	Q4221	Q4222	Q4224
		Q4225	Q4226	Q4227	Q4228
		Q4229	Q4230	Q4231	Q4232
		Q4233	Q4234	Q4235	Q4236
		Q4237	Q4238	Q4239	Q4240
		Q4241	Q4242	Q4244	Q4245
		Q4246	Q4247	Q4248	Q4249
		Q4250	Q4251	Q4252	Q4253
		Q4254	Q4255	A2013	A4100
		A4596	Q4256	Q4257	Q4258
		Q4259	Q4260	Q4261	Q4262
		Q4263			
Medicare Special Processing	Prior authorization required.	Q0139 Q3028	Q0161 Q4074	Q2009	Q3027
Medicine Procedures	Prior authorization required.	95199	99183	99199	
Medicine Services and Procedures	Prior authorization required.	97602 97608	97605 97610	97606	97607
Musculoskeletal	Prior authorization required.	21029	21031	21076	21077
		21079	21080	21081	21082
		21083	21084	21085	21086
		21087	21088	21089	21497
		21499	26556	27599	27899
		28899	29868	29999	97750
Obstetrical Procedures	Prior authorization required.	59072 59898	59074 59899	59076	59897

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthognathic Surgery	Prior authorization required	21100	21141	21142	21143
		21145	21146	21147	21150
Treatment of		21151	21154	21155	21159
maxillofacial (jaw)		21160	21172	21193	21194
functional impairment		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21244	21245	21246
		21248	21249	21255	21256
		21295	21296	21299	40806
		40899	41120	41130	41800
		41805	41806	41825	41826
		41827	42140		
Orthotics and Prosthetics		L1499	L3000	L3001	L3002
		L3003	L3010	L3020	L3030
		L3031	L3040	L3050	L3060
		L3070	L3080	L3090	L3100
		L3140	L3150	L3160	L3170
		L3224	L3225	L3230	L3250
		L3251	L3252	L3253	L3254
		L3255	L3257	L3260	L3265
		L3300	L3310	L3320	L3330
		L3332	L3334	L3340	L3350
		L3360	L3370	L3380	L3390
		L3400	L3410	L3420	L3430
		L3440	L3450	L3455	L3460
		L3465	L3470	L3480	L3485
		L3500	L3510	L3520	L3530
		L3540	L3550	L3560	L3570
		L3580	L3590	L3595	L3600
		L3610	L3620	L3630	L3640
		L3649	L4000	L4002	L4010
		L4020	L4030	L4040	L4045
		L4050	L4055	L4060	L4070
		L4080	L4090	L4100	L4110
		L4130	L4205	L4210	L5000
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5410	L5420	L5430
		L5450	L5460	L5500	L5505
	L5510	L5520	L5530	L5535	
	L5540	L5560	L5570	L5580	
	L5585	L5590	L5595	L5600	
	L5610	L5611	L5613	L5614	
	L5616	L5617	L5618	L5620	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthotics and Prosthetics (cont.)		L5622	L5624	L5626	L5628
		L5629	L5630	L5631	L5632
		L5634	L5636	L5637	L5638
		L5639	L5640	L5642	L5643
		L5644	L5645	L5646	L5647
		L5648	L5649	L5650	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5666
		L5668	L5670	L5671	L5672
		L5673	L5676	L5677	L5678
		L5679	L5680	L5681	L5682
		L5683	L5684	L5685	L5686
		L5688	L5690	L5692	L5694
		L5695	L5696	L5697	L5698
		L5699	L5700	L5701	L5702
		L5703	L5704	L5705	L5706
		L5707	L5710	L5711	L5712
		L5714	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5781	L5782	L5785	L5790
		L5795	L5810	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5850
		L5855	L5856	L5857	L5858
		L5859	L5910	L5920	L5925
		L5930	L5940	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5969	L5970	L5971
		L5972	L5973	L5974	L5975
		L5976	L5978	L5979	L5980
		L5981	L5982	L5984	L5985
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6026	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6386
		L6388	L6400	L6450	L6500
	L6550	L6570	L6580	L6582	
	L6584	L6586	L6588	L6590	
	L6600	L6605	L6610	L6611	
	L6615	L6616	L6620	L6621	
	L6623	L6624	L6625	L6628	
	L6629	L6630	L6632	L6635	
	L6637	L6638	L6640	L6641	

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Orthotics and Prosthetics (cont.)		L6642	L6645	L6646	L6647
		L6648	L6650	L6655	L6660
		L6670	L6672	L6675	L6676
		L6677	L6680	L6682	L6684
		L6686	L6687	L6688	L6689
		L6690	L6691	L6692	L6693
		L6694	L6695	L6696	L6697
		L6698	L6703	L6704	L6706
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6721	L6722	L6805	L6810
		L6880	L6881	L6882	L6883
		L6884	L6885	L6890	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7259
		L7360	L7362	L7364	L7366
		L7367	L7368	L7400	L7401
		L7402	L7403	L7404	L7405
		L7499	L7510	L7520	L8500
		L8501	L8505	L8507	L8509
		L8510	L8511	L8512	L8513
		L8514	L8515	L8614	L8615
		L8616	L8617	L8618	L8619
		L8621	L8622	L8623	L8624
		L8625	L8627	L8628	L8629
		L8658	L8679	L8680	L8681
		L8682	L8683	L8684	L8685
		L8686	L8687	L8688	L8689
	L8690	L8691	L8692	L8693	
	L8694	L8695			
OT/PT/ST/RT	Prior authorization required.	97533	97597	97598	
Pain management	Prior authorization required.	64451	64461	64462	64463
		64490	64491	64492	64493
		64494	64495	64628	64629
		64633	64634	64635	64636

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Potentially Unproven	Prior authorization required.	0014M	0015M	0062U	0063U
		0064U	0065U	0066U	0068U
		0077U	0080U	0086U	0091U
		0092U	0093U	0095U	0096U
		0109U	0112U	0152U	0153U
		0154U	0155U	0202U	0223U
		0225U	0253T	0255U	0259U
		0261U	0263U	0275T	0321U
		0345T	0379T	0398T	0403T
		0419T	0420T	0421T	0437T
		0443T	0446T	0447T	0450T
		0470T	0471T	0475T	0476T
		0477T	0478T	0514T	0523T
		0524T	0537T	0540T	0541T
		0542T	0546T	0553T	0554T
		0555T	0556T	0557T	0558T
		0568T	0587T	0588T	0589T
		0590T	0594T	0600T	0601T
		0602T	0603T	0604T	0605T
		0606T	0607T	0608T	0613T
		0615T	0616T	0617T	0618T
		0619T	0620T	0621T	0622T
		0623T	0624T	0625T	0626T
		0632T	0639T	0643T	0644T
		0645T	0650T	0652T	0653T
		0654T	0659T	0660T	0661T
		0662T	0663T	0673T	0674T
		0675T	0676T	0677T	0678T
		0679T	0680T	0681T	0682T
		0683T	0684T	0685T	0686T
		0689T	0690T	0691T	0695T
		0696T	0699T	0700T	0701T
		0702T	0703T	0707T	0708T
		0709T	34839	53451	53452
		53453	53454	61736	61737
		64454	64624	64625	69705
		69706	90671	90677	91113
		95803	99500	C1761	C1772
		C1821	C1840	C1849	C1891
		C2616	C2626	C9352	C9353
		C9354	C9355	C9356	C9358
		C9360	C9361	C9364	C9762
		C9763	C9764	C9765	C9766
		C9767	C9778	P9020	Q4112
		S2107	G0176	G0276	G0283
		G0460	G0465		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Radiation Therapy	Prior authorization required.	32701	77299	77373	77399
		77435	77499	77520	77522
		77523	77525	77605	77620
		77799	G0339	G0340	
Radiology	Prior authorization required	70300	70310	70320	70328
		70330	70332	70350	70355
		75573	76120	76125	76496
		76499	76978	76979	78199
		78299	78399	78499	78599
		78699	78799	78835	78999
		79999	93998	0347T	0348T
		0349T	0648T	0649T	0697T
		0698T	C8900	C8901	C8902
		C8903	C8905	C8906	C8908
		C8909	C8910	C8911	C8912
		C8913	C8914	C8918	C8919
		C8920			
Radiology services managed by evicore	Notification/prior authorization required for participating and non-participating providers through eviCore	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71271	71275	71550	71551
		71552	71555	72125	72126
		72127	72128	72129	72130
		72131	72132	72133	72141
		72142	72146	72147	72148
		72149	72156	72157	72158
		72159	72191	72192	72193
		72194	72195	72196	72197
		72198	73200	73201	73202
		73206	73218	73219	73220
		73221	73222	73223	73225
		73700	73701	73702	73706
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74174	74175
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74712	74713	75557
		75559	75561	75563	75565
75571	75572	75574	75635		
76376	76377	76380	76390		
76391	76497	76498	77046		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Radiology services (continued)		77047	77048	77049	77084
		78012	78013	78014	78015
		78016	78018	78020	78070
		78071	78072	78075	78099
		78102	78103	78104	78185
		78195	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266
		78278	78290	78291	78300
		78305	78306	78414	78428
		78429	78430	78431	78432
		78433	78434	78445	78451
		78452	78453	78454	78456
		78457	78458	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78579	78580
		78582	78597	78598	78600
		78601	78605	78606	78608
		78610	78630	78635	78645
		78650	78660	78700	78701
		78707	78708	78709	78730
		78740	78761	78800	78801
		78802	78803	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	0439T
	0501T	0502T	0503T	0504T	
	0571T				

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top corner. Then, select the tool tile under **Radiology** on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the [Prior Authorization and Notification App](#).

Respiratory Procedures	Prior authorization required	31641	31647	31648	31649
		31651	31660	31661	31899
		32994	32999		
Rhinoplasty	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30465	30468
		92512	92700		

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Sinuplasty	Prior authorization required.	31295	31296	31297	31298
Sleep Disorder Tests/Treatment	Prior authorization required.	41512 42160	41530	41599	42145
Spine Surgery	Prior authorization required.	20930 22533 22552 22590 22614 22634 22861 22867 22899 63001 63015 63035 63190 63250 63268 63273 63280 64999	20931 22534 22554 22595 22630 22856 22862 22868 22999 63005 63017 63045 63191 63252 63270 63275 63282	20999 22548 22558 22600 22632 22857 22864 22869 62263 63011 63020 63047 63197 63265 63271 63277 63283	22505 22551 22585 22612 22633 22858 22865 22870 62264 63012 63030 63185 63200 63267 63272 63278 63285
Stimulators	Prior authorization required.	20974 61863 61880 63650 63685 64566 64581 64585 95983 E0744 E0748 E0764	20975 61864 61885 63655 63688 64568 64582 64590 95984 E0745 E0749 E0765	61850 61867 61886 63663 64553 64569 64583 64595 E0720 E0746 E0760 E0770	61860 61868 61888 63664 64561 64570 64584 95836 E0730 E0747 E0762
Transplants	Prior authorization required.	32850 32854 33933 38205 38209 38213 38240	32851 32855 33935 38206 38210 38214 38241	32852 32856 33945 38207 38211 38215 38242	32853 33930 38204 38208 38212 38230 38243

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		48556	4859	48999	50300
		50320	50323	50325	50327
		50328	50329	50340	50360
		50365	50370	50380	50547
		G0341	G0342	G0343	
Transportation	Prior authorization required	A0430	A0431	A0435	A0436
Urological Procedures	Prior authorization required.	0499T			
Uterine Procedures	Prior authorization required.		58999		
Vein Procedures	Prior authorization required.	36465	36466	36468	36470
		36471	36473	36474	36475
		36476	36478	36479	36482
		36483	36522	37501	37700
		37718	37722	37735	37760
		37761	37765	37766	37780
		37785	37788	37790	37799
		38129	38589	38999	61630
		61635	93702		
Ventricular Assist Device	Prior authorization required	33927	33928	33929	33999
		36299			
Wound Care	Prior authorization required	G0277	G0281	G0329	