Rocky Mountain Health Plan Prime RAE

Effective June. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Colorado Rocky Moutntain Health Plan Prime 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 **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 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	26989
		27130	27132	27134	27137
		27138	27412	27446	27447
		24786	27487		
Arthroscopy services	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		29875	29876	29877	29879
		29880	29881	29882	29868
		S2112			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43770	43775
		43842	43845	43846	43847
		43848	43860		

United Healthcare Community Plan

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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 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 93319 93350 93351 0571T 0614T 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 37231 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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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
		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) 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. **Bone modifying agent** J0897 **Colony stimulating factors** J1442 J1447 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 J2506 * Codes are Effective November 1, 2023			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4239	E0784	E2102	E2103
Cosmetic and reconstructive	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		21184	21188	21193	21194
		21195	21196	67900	67901
		67902	67903	67904	67906
		67909	67911	14020	14021
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14060	14061	14301	28344
		67912	67914	67915	67916
		67917	67921	67922	67923
		67249	67950	67961	67966
		Prior authorization not required when billed with the following Dx codes below:			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		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	43659	43881
		43882	49329		
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – see *Orthotics and prosthetics.*	E0194	E0265	E0266	E0277
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0483
		E0625	E0636	E0637	E0642
		E0651	E0652	E0656	E0657
		E0660	E0665	E0675	E0693
		E0694	E0745	E0747	E0748
		E0749	E0760	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
		E1329	E1399	E2298	E1825
		E1831	E2203	E2227	E2228
		E2230	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2329	E2351	E2373
		E2378	E2402	E2510	E2512
		E2599	E2609	E2617	E2620
		E2624	E2625	E8000	E8001
		E8002	K0008	K018	K012
		K0825	K0108	K0812	K0825
		K0830	K0831	K0848	K0849
		K0850	K0879	K0880	K0884
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0885	K0886	K0890	K0891
		T5999	E2331	A9279	A9280
		A9900	E0270	E0460	E0470
		E0471	E0669	E0670	E0700
		E0710	E0766	E2100	E2298
		E2511	E2626	E2627	E2628
		E2629	E2630	K0013	S1040

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		T1999			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4149 B4154 B4159 B9002	B4150 B4155 B4160 B9998	B4152 B4157 B4161	B4153 B4158 B4162
Experimental and investigational	Prior authorization required	33477 66180	36514 A4638	64722 A9274	65765
Gender dysphoria treatment	Prior authorization required	14000 15738 15820 15830 15879 54520 54660 55970 57110 64856 These surgical codes with the following Dx codes do require a prior auth: F64.0 F64.9	14001 15750 15821 15847 19303 56805 54690 55980 58661 64892 F64.1 Z87.890	14040 15757 15822 15877 53410 57335 55175 56625 58720 64896 F64.2	15734 15758 15823 15878 54125 64405 55180 56800 58940 F64.8
Genetic tests/lab services (eviCore)	Prior authorization required	0018U 0037U 0419U 0103U 0173U 0211U 0215U 0238U 0245U 0306U 0633T 0637T 81164 81349 81403 81407 81413 81437 0098T 81521 81542 S3854	0022U 0047U 0094U 0129U 0175U 0212U 0216U 0239U 0250U 0307U 0634T 0638T 81228 81400 81404 81408 81414 81439 81518 81522 81546 S3865	0026U 0048U 0101U 0171U 0179U 0213U 0217U 0242U 0265U 0326U 0635T 81162 81229 81401 81405 81410 87507 81443 81519 81523 81552 S3870	0029U 0050U 0102U 0172U 0209U 0214U 0237U 0244U 0282U 0334U 0636T 81163 81277 81402 81406 81412 81432 81448 81520 81541 81599 81418

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore)		81449	81451	0364U	0379U
		0409U	0411U	0417U	87505
		Please submit requests online **www.evicore.com** to sign in. Or, you can call **800-792-8750**			
Injectable medications	Prior authorization required	J1203	J9381	J2327	Q2041
		J1414	Q5103	Q5104	Q5120
		Q5122	90283	90284	90378
		A9513	A9590	A9606	A9699
		J1302	J2781	J1411	Q5128
		Q5121	Q5124	J1449	C9149
		Q5125	J2777	J0129	J0180
		J0202	J0219	J0221	J0222
		J0223	J0224	J0256	J0257
		Q5130	J0490	J0491	J0517
		J0567	J0175	J0584	J0585
		J0586	J0587	J0588	J0596
		J0597	J0598	J0606	J0638
		J0717	J1552	J0172	J0791
		J0225	J0879	J2329	J0896
		J0897	J1290	J1299	J1301
		J1303	J1305	J1306	J1322
		J1426	J1427	J1428	J1429
		J1437	J1439	J1458	J1459
		J1551	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599	J1602	J7171
		J2267	J1743	J1745	J1576
		J1786	J1823	J1930	J1931
		J1950	J1951	J2182	J2326
		J2350	J2353	J2354	J2356
		J2357	J2502	J2506	J2507
		J3247	J2786	J2802	J2840
		J2998	J3032	J3060	J3111
		J3241	J3245	J3262	J3315
		J3316	J3358	J3380	J3397
		J3398	J3399	J7352	J2782
		J0177	J0589	J0801	J0802
		J0218	J0178	J0179	J2778
		J2779	J0174* *	J1932	J1413
		J9376	C9399*	J3490*	J3590*
		J1628	Q5133***	Q5135***	J1307
		J2351	Q5147	Q9997	Q9998
		Q5138	Q9999		
		* For unclassified and temporary codes C9399, J3490, J3590 and Q5123 prior authorization is required only for Amvuttra,			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Fylnetra, Lupaneta Pack, Nulibry, Ocrevus Zunovo, Recovi, Riabni, Skyrizi, Steqeyma IV, Syfovre, white blood cell colony stimulating factors, Purified Cortrophine Gel, and Yesintek IV. *Effective July. 1, 2024 – Rivfloza only use temp codes of J3490, J3590 and C9399. *Effective April. 1, 2024 – Pombiliti and Lyfgenia only use temp codes of J3490, J3590 and C9399. ** Effective Aug. 1, 2023 Prior authorization required for J0174. ***Effective Oct. 1, 2024: Prior authorization required for Q5133, Q5135.			
Medicine services and procedures	Prior authorization required	91113	97605	97606	
Musculoskeletal	Prior authorization required	23470			
Nerve stimulator devices	Prior authorization required	E0762			
Non emergency trasnportation	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	21244	21245	21246
		21248	21249	21255	21256
		21275	21280	21282	21295
		21296	21740	21742	21743
		21240	21242	21247	
Orthotics and prosthetics	Prior authorization required	L1499	L3649	L4000	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	L5647	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5930	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5950	L5845
		L5848	L5856	L5857	L5858
		L5960	L5961	L5962	L5964

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5966	L5968	L6646	L5973
		L5979	L5980	L5981	L5982
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6648	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
		L6687	L6689	L6693	L6694
		L6695	L6696	L6697	L6704
		L6708	L6709	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6900	L6905	L6910	L6920
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L7499
		L8682	L8683	L8685	L8686
		L8687	L8688	64490	64491
		64492	64493	64494	64495
		L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0486
		L0624	L0629	L0631	L0632
		L0634	L0636	L0637	L0638
		L0640	L0700	L0710	L0810
		L0820	L0830	L1000	L1005
		L1200	L1300	L1310	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
		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	L2526	L2627
		L2628	L3230	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L3975	L3976	L3977	L3999
		L4010	L4020	L5646	L5648
		L5976	L5984	L6623	L6686
		L6690	L6692	L6707	L6711
		L6895	L6915	L6925	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8610
		L8612	L8631	L8659	
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
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
		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	74263	75557	75559
		75561	75563	75571	75572
		75574	75635	76376	76377
		76380	76390	76391	76497
		76498	77046	77047	77048
		77049	78012	78013	78014
		78015	78016	78018	78070
		78071	78072	78075	78226
		78227	78264	78265	78266
		78300	78305	78306	78429

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Radiology (eviCore cont.)		78430 78431 78432 78433 78451 78452 78453 78454 78459 78466 78468 78469 78472 78473 78481 78483 78491 78492 78494 78496 78579 78580 78582 78597 78598 78608 78609 78707 78708 78709 78800 78801 78802 78803 78811 78812 78813 78814 78815 78816 78830 78831 78832 75573 75580 77021 77084 78099 78199 78299 78315 78399 78499 78599 78699 78799 78804 78999 G0235 G0252 S8037 S8092 78399 0633T 0634T 0635T 0636T 0637T 0638T 0697T 0698T 0710T 0711T 0712T 0713T 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	**IGRT** 77014 77387 G6001 G6002 **IMRT** Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016 G6017 **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 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 **Y90**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		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	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	21685
Spine surgery	Prior authorization required	20930	20931	22533	22548
		22551	22554	22558	22590
		22595	22600	22612	22630
		22633	22856	22858	22556
		22861	63001	63005	63011
		63012	63015	63017	63020
		63030	63272	63045	63047
		63185	63190	63191	22100
		63200	63250	63252	63265
		63267	63268	63270	63271
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22510	22511	22512	22513
		22514	22515	22532	22586
		22610	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	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			
Stimulators	Prior authorization required	20975	20979	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64568	64570	64555	L8680
		64590			
Surgery and unlisted surgery	Prior authorization required	17999	21299	22899	21299
		29914	29915	29916	2999

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery and unlisted surgery (cont.)		37799	41599		31288
		31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	58150	58152
		58180	58260	58263	58267
		58270	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		24360	24361	24362	24363
		24370	24371	27120	27125
		29866	29867	J7330	29840
		29845	29846		
		* Please submit requests online **www.evicore.com** to sign in. Or, you can call **800-792-8750**			
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38240	38232	38241	38242
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	S2060	S2061	44137
		44715	44720	44721	47133
		J3392	J3393	J3394	Q2042
		Q2053	Q2057		
		J3490*	J3590*	C9399*	C9301**
		* For Unclassified codes J3490, J3590, and C9399, Amtagvi, Aucatzyl, Lenmeldy, will require Prior Authorization through Optum Transplant.			
		**Effective April.1, 2025: Prior authorization required for Aucatzyl, codes J3490, J3590, and C9301.			
Unlisted	Prior authorization required	77399			
Urological	Prior authorization required	54405			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	33975	33976	33979	33981
		33982	36473	33983	36475
		36478	37700	37718	37722
		37765	37766	37780	Q0507
		Q0508	Q0509		