

# Prior Authorization Requirements for Colorado Rocky Mountain IFP

Effective Mar. 1, 2024

## General Information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Rocky Mountain Health Plan (RMHP) IFP is the primary payor.

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](https://UHCprovider.com/priorauth) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.

### To request prior authorization for services listed:

- RMHP providers submit requests and supporting documentation to RMHP: (web) [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > [Advance Notification and Plan Requirement Resources](#) > 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) [www.evicore.com](https://www.evicore.com) (phone) 800-792-8750
- For Behavioral Health Services (including mental, health and substance use disorders) call (phone) 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 how to obtain prior authorization			
<b>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Arthroscopy</b>	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	S2112		
<b>Arthroplasty</b>	Prior authorization required	0095T	0098T	22856	22857

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Arthroplasty (cont.)</b>		22858	22861	22862	22864
		22865	22867	22868	22869
		22870			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43770	43771
Bariatric surgery and specific obesity-related services		43772	43773	43774	43775
		43842	43843	43845	43846
		43847	43848	43886	43887
		43888	S2083		
<b>Breast reconstruction</b>	Prior authorization required	19316	19318	19325	19328
Reconstruction of the breast except when following mastectomy		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	19499
		S2066	S2067	S2068	
		Prior authorization <b>NOT</b> 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
		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			
<b>Cardiology managed by eviCore</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echocardiograms prior to performance	0571T	0572T	0710T	0711T
		0712T	0713T	33207	33208
		33212	33213	33214	33221
		33224	33225	33227	33228
		33229	33230	33231	33240
		33249	33262	33263	33264
		68816	93451	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

<b>Cardiology managed by eviCore (cont.)</b>	For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the tool tile under <b>Radiology, Cardiology, Oncology and Radiation Oncology Transactions</b> on your Provider Portal dashboard. Providers can also call 1-877-PRE-AUTH or log onto the eviCore website using the <a href="#">Prior Authorization and Notification App</a> .				
	<b>NOTE:</b> For additional payment by specialty and accreditation requirements, please review the full policy: <b>Cardiology Procedures for eviCore Healthcare Arrangement.</b>				

<b>Cardiovascular</b>	Prior authorization required	36473	36474	36475	36476
		36478	36479	36482	36483
		36522	37501	37700	37718
		37722	37735	37760	37761
		37765	37766	37780	37785
		37788	37790		

<b>Chemotherapy services</b>	Notification/prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</li> <li>• Chemotherapy injectable drugs A9513, A9606, A9699</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul>			

<b>Cochlear implants</b>	Prior authorization required	69930	L8619	L8627	L8628
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					

<b>Congenital heart disease</b>	Prior authorization required	33927	33928	33929	93702
Congenital heart disease-related services, including pre-treatment evaluation					

<b>Congenital heart disease - managed by eviCore</b>	Prior authorization required	33270	33274	33289	93593
		93594	93595	93596	93597

<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A9274	A9276	A9277	A9278
		E2102	E2103	A4238	A4239

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cosmetic and reconstructive</b> 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	0479T	0480T	0489T	0490T
		11920	11921	11922	11960
		11970	11971	15769	15771
		15772	15773	15819	17106
		17107	17108	17340	19105
		19300	21120	21121	21122
		21123	21125	21127	21137
		21138	21139	96904	96920
<b>Diagnostic and therapeutic procedures</b>	Prior authorization required	0213T	0214T	0215T	0216T
		0217T	0218T	0378T	0394T
		0395T	91065	96379	
<b>Digestive surgery</b>	Prior authorization required	40806	41120	41130	41512
		41530	41800	41805	41806
		41825	41826	41827	42140
		42145	42160	43206	43210
		43252	43257	43284	43285
		43289	43497	43647	43648
		43659	43881	43882	44238
		44979	46707	47379	47579
<b>Durable medical equipment (DME)</b>	Prior authorization required  Prosthetics are not DME – see Orthotics and prosthetics.	A4633	A4670	A4860	E0118
		E0193	E0194	E0302	E0304
		E0465	E0466	E0467	E0482
		E0483	E0555	E0625	E0636
		E0637	E0638	E0642	E0650
		E0651	E0652	E0671	E0675
		E0691	E0692	E0693	E0694
		E0747	E0748	E0760	E0764
		E0770	E0783	E0936	E0947
		E0948	E0951	E0952	E0953
		E0954	E0955	E0956	E0957
		E0958	E0959	E0960	E0961
		E0966	E0967	E0969	E0971
		E0973	E0974	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	E1035	E1036	E1050		
E1060	E1070	E1083	E1084		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	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	
	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	E2227	
	E2228	E2231	E2310	E2311	
	E2312	E2313	E2321	E2322	
	E2323	E2324	E2325	E2326	
	E2327	E2328	E2329	E2330	
	E2340	E2341	E2342	E2343	
	E2351	E2359	E2361	E2363	
	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	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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		K0056	K0069	K0070	K0071
		K0072	K0073	K0077	K0098
		K0105	K0195	K0606	K0607
		K0608	K0609	K0739	K0800
		K0801	K0802	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	K0890
	K0891	K0898			
<b>Enteral</b>	Prior authorization required	B4149	B4150	B4152	B4153
		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
		B4164	B4168	B4172	B4176
		B4178	B4180	B4185	B4187
		B4189	B4193	B4197	B4199
		B4216	B5000	B5100	B5200
		S9432	S9433	S9434	S9435
<b>End stage renal disease (ESRD)</b>	Prior authorization required	Q4081			
Services for treating end-stage renal disease, including outpatient dialysis services					
<b>Experimental/investigational procedures</b>	Prior authorization required	34839	53451	53452	53453
		53454	61736	61737	64454
		64624	64625	69705	69706
		90587	90626	90627	91113
		93895	95803	99500	0014M
		0015M	0062U	0063U	0064U
		0065U	0068U	0077U	0080U
		0086U	0091U	0092U	0093U
		0095U	0096U	0106T	0107T
		0108T	0109T	0110T	0112U
		0152U	0153U	0154U	0155U
		0175T	0202T	0202U	0207T
		0208T	0210T	0211T	0212T
		0219T	0220T	0223U	0225U
		0253T	0255U	0259U	0261U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Experimental/investigational procedures (cont.)</b>	0263T	0263U	0264T	0265T	
	0266T	0267T	0268T	0269T	
	0270T	0271T	0272T	0273T	
	0274T	0275T	0278T	0321U	
	0329T	0330T	0333T	0335T	
	0338T	0339T	0342T	0345T	
	0347T	0348T	0349T	0350T	
	0351T	0358T	0379T	0397T	
	0398T	0403T	0404T	0408T	
	0409T	0410T	0411T	0412T	
	0413T	0414T	0415T	0416T	
	0417T	0418T	0419T	0420T	
	0421T	0422T	0424T	0425T	
	0426T	0427T	0428T	0429T	
	0430T	0431T	0432T	0433T	
	0434T	0435T	0436T	0437T	
	0440T	0441T	0442T	0443T	
	0444T	0445T	0446T	0447T	
	0448T	0450T	0469T	0472T	
	0473T	0474T	0488T	0510T	
	0512T	0513T	0523T	0524T	
	0525T	0532T	0533T	0534T	
	0535T	0536T	0537T	0538T	
	0539T	0540T	0541T	0542T	
	0543T	0544T	0545T	0546T	
	0547T	0552T	0553T	0554T	
	0555T	0556T	0557T	0558T	
	0559T	0560T	0561T	0562T	
	0563T	0564T	0565T	0566T	
	0567T	0568T	0569T	0570T	
	0581T	0582T	0583T	0584T	
	0585T	0586T	0587T	0588T	
	0589T	0590T	0591T	0592T	
	0593T	0594T	0596T	0597T	
	0598T	0599T	0600T	0601T	
	0602T	0603T	0604T	0605T	
	0606T	0607T	0608T	0613T	
	0615T	0616T	0617T	0618T	
	0619T	0620T	0621T	0622T	
	0623T	0624T	0625T	0626T	
0627T	0628T	0629T	0630T		
0631T	0632T	0639T	0640T		
0641T	0642T	0643T	0644T		
0645T	0646T	0647T	0650T		
0651T	0652T	0653T	0654T		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Experimental/investigational procedures (cont.)</b>		0655T	0656T	0657T	0658T
		0659T	0660T	0661T	0662T
		0663T	0664T	0665T	0666T
		0667T	0671T	0672T	0673T
		0674T	0675T	0676T	0677T
		0678T	0679T	0680T	0681T
		0682T	0683T	0684T	0685T
		0686T	0687T	0688T	0689T
		0690T	0691T	0692T	0693T
		0694T	0695T	0696T	0699T
		0700T	0701T	0704T	0705T
		0706T	0707T	0708T	0709T
		A4575	A6000	C1761	C1772
		C1821	C1891	C2626	C9352
		C9353	C9354	C9355	C9356
		C9358	C9360	C9361	C9364
		C9764	C9778	G0276	G0282
		G0283	G0295	G0460	G0465
		G9147	M0076	P9020	Q4112
		S1030	S1031	S2107	S2300
	S3650	S8948	S9024	S9055	
	S9056	S9090			
<b>Gastroenterology and general surgery</b>	Prior authorization required	48160			
<b>Gastroenterology procedures</b>	Prior authorization required	91112	91132	91133	
<b>Gender dysphoria</b>	Prior authorization required	15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15820	15821	15822	15823
		15824	15825	15826	15828
		15829	15832	15833	15834
		15835	15836	15837	15838
		15839	15847	15876	15877
		15878	15879	17360	17380
<b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z89.890</b>					
		55970	56805	57291	57292
		57296	57335		
<b>Genetic tests/lab services</b>	Prior authorization required	0002U	0003U	0007U	0008U
		0009U	0010U	0011U	0016U
		0017U	0023U	0024U	0025U



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Genetic tests/lab services (cont.)</b>		0027U	0035U	0038U	0039U	
		0040U	0041U	0042U	0043U	
		0044U	0046U	0049U	0051U	
		0052U	0054U	0058U	0059U	
		0061U	0069U	0071T	0072T	
		0082U	0083U	0105U	0106U	
		0107U	0108U	0109U	0110U	
		0115U	0116U	0117U	0119U	
		0121U	0122U	0123U	0140U	
		0141U	0142U	0163U	0164U	
		0165U	0166U	0167U	0174U	
		0176U	0178U	0180U	0181U	
		0182U	0183U	0184U	0185U	
		0186U	0187U	0188U	0189U	
		0190U	0191U	0192U	0193U	
		0194U	0195U	0196U	0198T	
		0198U	0199U	0200U	0201U	
		0207U	0210U	0219U	0221U	
		0222U	0224U	0226U	0227U	
		0232T	0243U	0247U	0248U	
		0249U	0251U	0256U	0257U	
		0272U	0275U	0279U	0280U	
		0281U	0283U	0284U	0295U	
		0301U	0302U	0303U	0304U	
		0305U	0308U	0309U	0310U	
		0312U	0315U	0316U	0322U	
		0337U	0338U	0342U	0344U	
		0346U	0351U	0352U	0353U	
		0354U	81506	81560	82523	
		82542	82726	82777	83006	
		83698	83700	83704	83876	
		83883	83951	83987	84431	
		86001	86305	86343	86849	
		88375	88749	89240	89398	
		0365U	0366U	0367U	0375U	
		0376U	0377U	0378U	0381U	
		0382U	0383U			
	<b>Genetic tests/lab services – managed by eviCore</b>		0001U	0004M	0005U	0006M
			0007M	0011M	0012M	0012U
			0013M	0013U	0014U	0016M
			0017M	0018U	0019U	0021U
			0022U	0026U	0029U	0030U
			0031U	0032U	0033U	0034U
			0036U	0037U	0045U	0047U
			0048U	0050U	0055U	0056U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic tests/lab services – managed by eviCore (cont.)</b>	0060U	0067U	0070U	0071U	
	0072U	0073U	0074U	0075U	
	0076U	0078U	0079U	0084U	
	0087U	0088U	0089U	0090U	
	0094U	0101U	0102U	0103U	
	0111U	0113U	0114U	0118U	
	0120U	0129U	0130U	0131U	
	0132U	0133U	0134U	0135U	
	0136U	0137U	0138U	0156U	
	0157U	0158U	0159U	0160U	
	0161U	0162U	0169U	0170U	
	0171U	0172U	0173U	0175U	
	0177U	0179U	0203U	0204U	
	0205U	0209U	0211U	0212U	
	0213U	0214U	0215U	0216U	
	0217U	0218U	0220U	0228U	
	0229U	0230U	0231U	0232U	
	0233U	0234U	0235U	0236U	
	0237U	0238U	0239U	0242U	
	0244U	0245U	0246U	0250U	
	0252U	0253U	0254U	0258U	
	0260U	0262U	0264U	0265U	
	0266U	0267U	0268U	0269U	
	0270U	0271U	0273U	0274U	
	0276U	0277U	0278U	0282U	
	0285U	0286U	0287U	0288U	
	0289U	0290U	0291U	0292U	
	0293U	0294U	0296U	0297U	
	0298U	0299U	0300U	0306U	
	0307U	0313U	0314U	0317U	
	0318U	0319U	0320U	0326U	
	0329U	0331U	0332U	0333U	
	0334U	0335U	0336U	0339U	
	0340U	0341U	0343U	0345U	
	0347U	0348U	0349U	0350U	
	0364U	0368U	0379U	0380U	
	0388U	0389U	0391U	0392U	
	0395U	0396U	0397U	0398U	
	0400U	0401U	0403U	0405U	
	0409U	0410U	0411U	0413U	
0414U	0417U	0418U	0419U		
0500T	81162	81163	81164		
81165	81166	81167	81173		
81174	81185	81186	81189		
81190	81201	81202	81203		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic tests/lab services – managed by eviCore (cont.)</b>		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	81418
		81419	81422	81425	81426
		81427	81430	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81441	81442	81443	81445
		81448	81449	81450	81451
		81455	81460	81465	81470
		81471	81479	81490	81500
		81503	81504	81507	81518
		81519	81520	81521	81522
		81523	81525	81529	81535
		81536	81538	81539	81540
		81541	81542	81546	81551
		81552	81554	81595	81596
		86152	86153	G9143	S3800
		S3840	S3841	S3842	S3844
		S3845	S3846	S3849	S3850
		S3852	S3853	S3854	S3854
	S3861	S3865	S3866	S3870	
<b>Hearing/audio/vision</b>	Prior authorization required	69719	69726	69727	69728
		69729	69730	92066	0308T
		0402T	0449T	65770	65785
		66989	66991	67900	67901

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Hearing/audio/vision (cont.)</b>		67902	67903	67904	67906
		67908	67909	67911	68841
		69300	69710	69711	69714
		69716	69717	92145	L8690
		L8691	L8692	L8693	L8694
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5090
		V5100	V5120	V5130	V5140
		V5150	V5160	V5171	V5172
		V5181	V5190	V5200	V5211
		V5212	V5213	V5214	V5215
		V5221	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			
	<b>Hematology</b>	Prior authorization required	0481T		
<b>Home healthcare</b>	Prior authorization required	G0248	G0249	G0250	G0277
		M0300	S9341	S9342	S9343
		S9355	S9364	S9365	S9366
		S9367	S9368		
<b>Hysterectomy</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies	58578	58579	58679	59072
		59074	59076		
<b>Incontinence</b>	Prior authorization required	T4521	T4522	T4523	T4524
		T4525	T4526	T4527	T4528
		T4529	T4530	T4531	T4532
		T4533	T4534	T4535	T4536
		T4537	T4538	T4539	T4540
		T4541	T4542	T4543	T4544
		T4545			
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	90283	90284	90378	A9513
		A9590	A9606	A9699	J2777
		J0129	J0172	J0178	J0179
		J0180	J0202	J0207	J0219
		J0221	J0222	J0223	J0224
		J0256	J0257	J0364	J0490
		J0491	J0517	J0565	J0567
		J0570	J0584	J0585	J0586
		J0587	J0588	J0596	J0597
		J0598	J0606	J0638	J0739

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J0741	J0775	J0791	J0800
		J0850	J0879	J0881	J0885
		J0888	J0896	J0897	J1290
		J1300	J1301	J1303	J1305
		J1306	J1322	J1325	J1426
		J1427	J1428	J1429	J1437
		J1439	J1442	J1447	J1458
		J1459	J1460	J1551	J1555
		J1556	J1557	J1558	J1559
		J1560	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		J1602	J1632	J1640	J1645
		J1650	J1652	J1726	J1729
		J1740	J1743	J1745	J1746
		J1786	J1823	J1930	J1931
		J1950	J1951	J2182	J2315
		J2323	J2326	J2350	J2353
		J2354	J2356	J2357	J2425
		J2502	J2503	J2506	J2507
		J2562	J2724	J2778	J2786
		J2796	J2820	J2840	J2998
		J3032	J3060	J3095	J3111
		J3240	J3241	J3245	J3262
		J3285	J3304	J3315	J3316
		J3358	J3380	J3385	J3396
		J3397	J3398	J3399	J3489
		J7196	J7197	J7318	J7320
		J7321	J7322	J7323	J7324
		J7325	J7326	J7327	J7328
		J7329	J7331	J7332	J7352
		J7504	J7511	J9332	Q0139
		Q5101	Q5103	Q5104	Q5106
		Q5108	Q5110	Q5111	Q5120
		Q5121	Q5122	Q5123	S0013
		Q5115	Q5119	J0218	J1747
		Q5130	Q5127	J1449	J1411
		J2327	J0225	J0717	Q5128
		J1932	J2329	J9381	J0174
		Q5124	J9312	J1413	J0217
		J3401	J1304	C9162	Q5125
		J1412	J9333		
	<b>Injectable medications-unclassified</b>	Prior authorization required	C9162	J1302	J3490
For unclassified and temporary codes J3490 and J3590, notification/prior authorization is only required for Izervay, Amvuttra, Nulibry™ Purified Cortrophin™ Gel, Revcovi™					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Skyrizi™, and Voraxaze					
<b>Medical and surgical supplies</b>	Prior authorization required	A2013	A4100	A4596	Q4113
		Q4114	Q4125	Q4130	Q4138
		Q4139	Q4142	Q4143	Q4145
		Q4149	Q4150	Q4151	Q4152
		Q4153	Q4154	Q4155	Q4156
		Q4157	Q4158	Q4159	Q4160
		Q4162	Q4167	Q4168	Q4169
		Q4170	Q4171	Q4173	Q4174
		Q4175	Q4183	Q4184	Q4185
		Q4188	Q4189	Q4190	Q4191
		Q4192	Q4193	Q4194	Q4198
		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	Q4256	Q4257	Q4258
		Q4259	Q4260	Q4261	Q4262
		Q4263	Q4264	S0013	S0091
		S0136	S0137	S0155	S0156
		S0160			
		<b>Medicine services and procedures</b>	Prior authorization required	95012	95060
99177	99183				
<b>Musculoskeletal</b>	Prior authorization required	20957	20972	20973	21740
		21742	21743	23472	23473
		23474	23929	26556	26989
		27130	27132	27134	27137
		27138	27279	27412	27445
		27446	27447	27486	27487
		29868	33206		
<b>Obstetrical procedures</b>	Prior authorization required	59897	59898	S2400	S2401
		S2402	S2403	S2404	S2405
		S2409	S2411		
<b>Ophthalmology</b>	Prior authorization required	0100T			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization					
<b>Orthognathic surgery</b>	Prior authorization required	21029	21031	21076	21077		
		21079	21080	21081	21082		
		21083	21084	21085	21086		
		21087	21088	21089	21100		
		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	21198	21199	21206		
		21208	21209	21210	21215		
		21230	21235	21244	21245		
		21246	21248	21249	21255		
		21256	21260	21261	21263		
		21267	21268	21270	21275		
		21280	21282	21295	21296		
		21497					
		<b>Orthotics and prosthetics</b>	Prior authorization required	C1840	L1499	L3649	L4000
				L4010	L4020	L4030	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		
L5420	L5430			L5450	L5460		
L5500	L5505			L5510	L5520		
L5530	L5535			L5540	L5560		
L5570	L5580			L5585	L5590		
L5595	L5600			L5611	L5613		
L5614	L5616			L5617	L5626		
L5628	L5630			L5631	L5638		
L5639	L5640			L5642	L5643		
L5644	L5645			L5646	L5647		
L5648	L5649			L5650	L5651		
L5652	L5653			L5661	L5671		
L5673	L5676			L5677	L5679		
L5681	L5682			L5683	L5700		
L5701	L5702			L5703	L5704		
L5705	L5706			L5707	L5711		
L5714	L5716			L5718	L5722		
L5724	L5726			L5728	L5780		
L5781	L5782			L5785	L5790		
L5795	L5810			L5811	L5812		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		L5857	L5858	L5859	L5910
		L5920	L5925	L5930	L5940
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5969
		L5972	L5973	L5975	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6388
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6625	L6628
		L6646	L6647	L6648	L6686
		L6687	L6688	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6698	L6704
		L6706	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6721	L6722	L6880
		L6881	L6882	L6883	L6884
		L6885	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	L7366	L7368
		L7404	L7405	L7499	L7510
		L7520	L8500	L8679	L8680
		L8681	L8682	L8683	L8684
		L8685	L8686	L8687	L8688
		L8689			
	<b>Pain management</b>	Prior authorization required	L64451	L64461	L64462
L64490			L64491	L64492	L64493
L64494			L64495	L64628	L64629
L64633			L64634	L64635	L64636



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiation therapy	Prior authorization required	32701	77373	77435	77520
		77522	77523	77525	77605
		77620	96446	G0339	G0340
Radiology – managed by eviCore	Prior authorization required for participating and non-participating provider through eviCore Certain CT, MRI, MRA and PET scans • Nuclear medicine, nuclear cardiology and ultrasound 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	74712	74713
		75557	75559	75561	75563
		75565	75571	75572	75574
		75635	76376	76377	76380
		76390	76391	76497	76498
		77046	77047	77048	77049
		78012	78013	78014	78015
		78016	78018	78020	78070
78071	78072	78075	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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Radiology – managed by eviCore (cont.)</b>		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	78609	
		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	0331T	
		0332T	0439T			
	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For notification/prior authorization, please submit requests online <a href="http://www.evicore.com">www.evicore.com</a> or call 800-792-8750					

<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	• Certain CT, MRI, MRA and PET scans	0352T	0353T	0609T	0610T
			0611T	0612T	0633T	0634T
			0635T	0636T	0637T	0638T
			0648T	0649T	0697T	0698T
			70300	70310	70320	70328
			70330	70332	70350	70355
		• Nuclear medicine and nuclear cardiology procedures	75573	76120	76125	76496
			76978	76979	77084	78835
			C2616	C8900	C8901	C8902
			C8903	C8905	C8906	C8908
			C8909	C8910	C8911	C8912
			C8913	C8914	C8918	C8919
			C8920	C9762	C9763	G0219
			G0235	G0252	G0281	G0329
			S2095	S8035	S8080	S8085
	S8092					
<b>Respiratory procedures</b>	Prior authorization required	31641	31647	31648	31649	
		31651	31660	31661	32994	
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430	
Treatment of nasal functional impairment and septal deviation		30435	30450	30465	30468	
		30620	92512	92700		
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Skin substitutes</b>	Prior authorization required	Q4101	Q4102	Q4103	Q4104	
		Q4105	Q4106	Q4107	Q4108	
		Q4110	Q4111	Q4115	Q4116	
		Q4117	Q4118	Q4121	Q4122	
		Q4123	Q4124	Q4126	Q4127	
		Q4128	Q4132	Q4133	Q4134	
		Q4135	Q4136	Q4137	Q4140	
		Q4141	Q4146	Q4147	Q4148	
		Q4161	Q4163	Q4164	Q4165	
		Q4166	Q4176	Q4177	Q4178	
		Q4179	Q4180	Q4181	Q4182	
		Q4195	Q4196	Q4197	Q4199	
			S0157			
		<b>Sleep procedures</b>	Prior authorization required	S2080		
<b>Spine surgery</b>	Prior authorization required	22556	22860	27280	0775T	
		20930	20931	22505	22533	
		22534	22548	22551	22552	
		22554	22558	22585	22590	
		22595	22600	22612	22614	
		22630	22632	22633	22634	
		61888	62263	62264	63001	
		63005	63011	63012	63015	
		63017	63020	63030	63035	
		63045	63047	63185	63190	
		63191	63197	63200	63250	
		63252	63265	63267	63268	
		63270	63271	63272	63273	
		63275	63277	63278	63280	
	63282	63283	63285			
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	61850	61860	61863	61864	
		61867	61868	61880	61885	
		61886	63650	63655	63663	
		63664	63685	63688	64553	
		64561	64566	64568	64569	
		64570	64581	64582	64583	
		64584	64585	64590	64595	
		81456	95836	95983	95984	
		0515T	0516T	0517T	0519T	
			0520T			
<b>Surgery- unlisted</b>	Prior authorization required	15999	17999	20999	21299	
		21499	21899	22899	22999	
		24999	25999	27599	27899	
		28899	29999	30999	31599	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Surgery – unlisted (cont.)</b>		31899	32999	33999	36299
		37799	38999	40799	40899
		41599	42299	42699	42999
		43499	43999	44799	44899
		45399	45499	45999	46999
		47399	47999	48999	49999
		51999	53899	54699	55899
		58999	59899	64999	66999
		67299	67399	67599	67999
		68399	68899	69399	69799
		69949	69979	76499	76999
		77299	77399	77499	77799
		78099	78199	78299	78399
		78499	78599	78699	78799
		78999	79999	81599	84999
		90899	91299	92499	93799
		93998	94799	95199	95999
	96999	99199	99600	B9998	
	L5999				
<b>Transplants</b>	Prior authorization required	32850	32851	32852	32853
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38204	38205	38206
		38208	38209	38210	38211
		38212	38213	38214	38215
		38230	38240	38241	38242
		38243	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	48556	50300	50320
		50323	50325	50327	50328
		50329	50340	50360	50365
		50370	50380	G0341	G0342
		G0343	Q2026	Q2041	Q2042
		Q2053	Q2054	Q2055	S2053
		S2054	S2055	S2060	S2061
		S2065	S2102	S2103	S2140
		S2142			
<b>Unlisted</b>	Prior authorization required	38129	38589	39499	39599
		60659	60699		
<b>Urological procedures</b>	Prior authorization required	53855	54400	54401	54405
<b>Urological procedures (cont.)</b>		54408	54410	54411	54416
		54417	55559	55706	55880
<b>Urology</b>	Prior authorization required	0499T			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Vein procedures</b>	Prior authorization required	36465	36466	36468	36470
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36471	61630	61635	C9765
		C9766	C9767		
<b>Wound treatment</b>	Prior authorization required	97597	97598	97602	97605
		97606	97607	97608	97610
		C1849			

