Rocky Mountain Health Plan Prime RAE - prior authorization Effective August 1, 2024

General information

This list contains prior authorization requirements for care providers for which UnitedHealthcare Colorado Rocky Mountain Health Plan Prime Health Plan 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 >** **Advance Notification and Plan Requirement Resources** > 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: **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** (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			
Arthroplasty services	Prior authorization required	23472	23473	23474	23929
		26556	26989	27130	27132
		27134	27137	27138	27279
		27412	27445	27446	27447
		27486	27487		
Arthroscopy services	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy services (cont.)		29883	29884	29885	29886
		29887	29868	S2112	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43770	43771
		43772	43773	43774	43775
		43842	43843	43845	43846
		43847	43848	43886	43887
		43888	S2083		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19300	19316	19318	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19367	19368	19369
		19370	19371	19380	19396
		S2066	S2067	S2068	
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
		33274	33289	93451	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	93998		
		For notification/prior authorization, please submit requests online **www.evicore.com** or call **800-792-8750**			
Cardiovascular	Prior authorization required	34839			
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			
Congenital heart disease		93593	93594	93595	93596
		93597			
		For notification/prior authorization, please submit requests online **www.evicore.com** or call **800-792-8750**			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4238	A4239	E0784	E2102
		E2103			
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	11920	11921	11922	11960
		11970	11971	17106	17107
		17108	17340	17360	19105
		21029	21031	21076	21077
		21079	21080	21081	21082
		21083	21084	21085	21086
		21087	21088	21089	21100
		21120	21121	21122	21123
		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
		67908	67909	67911	69300
		G0429*	67900		
		*Not a benefit for Commercial or RMHP Prime. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)			
Diagnostic and therapeutic	Prior authorization required	91065	91112	91132	91133
		92512	93702	96904	96920
		96921	96922	97610	99183
		S2080	S2411		
Digestive	Prior authorization required	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	49329
		49659	50549	50949	53855
Durable medical equipment (DME)	Prior authorization required Prosthetics are not DME – see *Orthotics and prosthetics.*	A0110	A9999	E0170	E0194
		E0196	E0250	E0255	E0256
		E0260	E0261	E0265	E0266
		E0277	E0290	E0291	E0292
		E0293	E0294	E0295	E0296
		E0297	E0300	E0301	E0302
		E0303	E0304	E0328	E0329
		E0371	E0372	E0373	E0445
		E0457	E0459	E0465	E0466
		E0467	E0482	E0483	E0500
		E0625	E0630	E0635	E0636

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E0637	E0638	E0639	E0641
		E0642	E0650	E0651	E0652
		E0655	E0656	E0657	E0660
		E0665	E0666	E0673	E0675
		E0676	E0691	E0692	E0693
		E0694	E0744	E0745	E0747
		E0748	E0749	E0760	E0770
		E0783	E0830	E0849	E0855
		E0920	E2362	E0947	E0948
		E0950	E0951	E0952	E0953
		E0954	E0955	E0956	E0957
		E0958	E0959	E0960	E0961
		E0966	E0968	E0969	E0970
		E0971	E0973	E0974	E0978
		E0980	E0981	E0982	E0983
		E0984	E0986	E0988	E0990
		E0992	E0994	E0995	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1011	E1012	E1014	E1015
		E1016	E1017	E1018	E1020
		E1028	E1029	E1030	E1035
		E1036	E1037	E1050	E1060
		E1070	E1083	E1084	E1085
		E1086	E1087	E1088	E1089
		E1090	E1092	E1093	E1100
		E1110	E1130	E1140	E1150
		E1160	E1161	E1170	E1171
		E1172	E1180	E1190	E1195
		E1200	E1220	E1221	E1222
		E1223	E1224	E1225	E1226
		E1227	E1228	E1229	E1230
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1240	E1250	E1260
		E1270	E1280	E1285	E1290
		E1295	E1296	E1297	E1298
		E1399	E1510	E1580	E1590
		E1592	E1594	E1600	E1620
		E2362	E1629	E1630	E1632
		E1635	E1639	E1699	E1800
		E1801	E1802	E1805	E1806
		E1810	E1811	E1812	E1815
		E1816	E1818	E1825	E1830
		E1831	E1840	E2120	E2201
		E2202	E2203	E2204	E2206
		E2207	E2208	E2209	E2210

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E2211	E2212	E2213	E2214
		E2215	E2216	E2217	E2218
		E2219	E2220	E2221	E2222
		E2224	E2225	E2226	E2227
		E2228	E2230	E2231	E2291
		E2292	E2293	E2294	E2295
		E2301	E2310	E2311	E2312
		E2313	E2321	E2322	E2323
		E2324	E2325	E2326	E2327
		E2328	E2329	E2330	E2342
		E2343	E2351	E2358	E2363
		E2364	E2365	E2366	E2367
		E2368	E2369	E2370	E2371
		E2372	E2373	E2374	E2375
		E2376	E2377	E2378	E2381
		E2382	E2383	E2384	E2385
		E2386	E2387	E2388	E2389
		E2390	E2391	E2392	E2394
		E2395	E2396	E2397	E2402
		E2502	E2504	E2506	E2508
		E2510	E2512	E2599	E2601
		E2602	E2603	E2604	E2605
		E2606	E2607	E2608	E2609
		E2610	E2611	E2612	E2613
		E2614	E2615	E2616	E2617
		E2619	E2620	E2621	E2622
		E2623	E2624	E2625	E8000
		E8001	E8002	K0001	K0002
		K0003	K0004	K0005	K0006
		K0007	K0008	K0009	K0010
		K0011	K0012	K0014	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	K0108
		K0195	K0606	K0609	K0669
		K0739	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		K0843	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	K0898
		K0899	T5001	T5999	E0193
		E0946	E1625	E2331	E2340
		E2341	E2359	E2360	E2361
		E2298			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	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
		B9998	S9432	S9433	
Experimental and investigational	Prior authorization required	53451	53452	53453	53454
		61736	61737	62263	62264
		64454	64624	64625	69705
		69706	C1761	C1772	C1891
		C2626	C9354	C9355	C9762*
		C9763*	C9764	C9778	
		S8080*			
		***Codes C9762, C9763 and S8080** require prior authorization Through EviCore. Please submit requests online www.evicore.com or call 800-792-8750			
Eye, ear, nose and throat	Prior authorization required	65770	65785	66989	66991
		68816	68841	V5090	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	V5264	V5266	V5267
Gastroenterology and general surgery	Prior authorization required	48160			
Gender dysphoria treatment	Prior authorization required	These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		15769	15771	15772	15773

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		15774	15776	15780	15781
		15782	15783	15786	15787
		15788	15789	15792	15793
		15819	15820	15821	15822
		15823	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15835	15836
		15837	15838	15839	15847
		15876	15877	15878	15879
		17380	56805	57291	57292
		57296	57335	21120	21899
		31599	31899	54400	54401
		54405	54408		
Genetic tests/lab services (eviCore)	Prior authorization required	0001U	0004M	0005U	0006M
		0007M	0011M	0012M	0013M
		0016M	0017M	0018U	0019U
		0021U	0022U	0026U	0029U
		0030U	0031U	0032U	0033U
		0034U	0036U	0037U	0045U
		0047U	0048U	0050U	0419U
		0055U	0060U	0067U	0069U
		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		0292U	0293U	0294U	0296U
		0297U	0298U	0299U	0300U
		0306U	0307U	0313U	0314U
		0315U	0317U	0318U	0319U
		0320U	0326U	0329U	0330T
		0331T	0331U	0332U	0333U
		0334U	0335U	0336U	0339U
		0340U	0341U	0343U	0345U
		0347U	0348U	0349U	0350U
		0439T	0500T	0418U	0571T
		0572T	0609T	0610T	0611T
		0612T	0623T	0624T	0625T
		0626T	0633T	0634T	0635T
		0636T	0637T	0638T	0648T
		0649T	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (eviCore cont.)		81503	81504	81507	81518
		81519	81520	81521	81522
		81523	81525	81529	81535
		81536	81538	81539	81540
		81541	81542	81546	81551
		81552	81554	81595	81596
		81599	S3800	S3840	S3841
		S3842	S3844	S3845	S3846
		S3849	S3850	S3852	S3853
		S3854	S3861	S3865	S3866
		S3870	81418	81441	81449
		81451	81456	0330U	0355U
		0356U	0362U	0363U	0364U
		0368U	0379U	0380U	0386U
		0403U	0405U	0409U	0410U
		0411U	0413U	0414U	0417U
		For notification/prior authorization, please submit requests online www.evicore.com or call 800-792-8750			
Genetic tests/lab services	Prior authorization requird	0002U	0003U	0007U	0008U
		0009U	0010U	0011U	95012
		0015M	0016U	0017U	0023U
		0024U	0025U	0027U	0035U
		0038U	0039U	0040U	0041U
		0042U	0043U	0044U	0046U
		0049U	0051U	0052U	0054U
		0058U	0059U	0061U	0062U
		0063U	0064U	0065U	95065
		0068U	0077U	0080U	0082U
		0083U	0086U	0091U	0092U
		0093U	0095T	0095U	0096U
		0098T	0100T	0105U	0106T
		0106U	0107T	0107U	0108T
		0108U	0109T	0109U	0110T
		0110U	0112U	0115U	0116U
		0117U	0119U	0121U	0122U
		0123U	0140U	0141U	0142U
		0152U	0153U	0154U	0155U
		0163U	0164U	0165U	0166U
		0167U	0169U	0174U	0175T
		0176U	0178U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0198U
		0199U	0200U	0201U	0202U
		0207U	0210U	0219U	0221U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		0222U	0223U	0224U	0225U
		0226U	0227U	0243U	0247U
		0248U	0249U	0251U	0253T
		0255U	0256U	0257U	0259U
		0261U	0263U	0272U	0275U
		0279U	0280U	0281U	0283U
		0284U	0295U	0301U	0302U
		0303U	0304U	0305U	0308U
		0309U	0310U	0312U	0316U
		0321U	0322U	0332T	0333T
		0335T	0337U	0338T	0338U
		0339T	0342T	0342U	0344U
		0345T	0346U	0347T	0348T
		0349T	0350T	0351T	0351U
		0352T	0352U	0353T	0353U
		95060	0358T	0378T	0379T
		0408T	0437T	0440T	0441T
		0442T	0443T	0444T	0445T
		0446T	0447T	0448T	0449T
		0450T	0469T	0472T	0473T
		0474T	0479T	0480T	0481T
		0488T	0489T	0490T	0510T
		0512T	0513T	0515T	0516T
		0517T	0519T	0520T	0523T
		0524T	0525T	0532T	0537T
		0538T	0539T	0540T	0541T
		0542T	0543T	0544T	0545T
		0546T	0547T	0552T	0553T
		0554T	0555T	89240	89398
		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	0627T
		0628T	0629T	0630T	0631T
		0632T	0639T	0640T	0643T
		0644T	0645T	0646T	0647T
		0650T	0651T	0652T	0653T
		0654T	0655T	0656T	0657T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic tests/lab services (cont.)		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
		0697T	0698T	0699T	0700T
		0701T	0704T	0705T	0706T
		0707T	0708T	0709T	0710T
		0711T	0712T	0713T	81506
		81560	82523	82542	82726
		82777	83006	83698	83700
		83704	83876	83883	83951
		83987	84431	86001	86152
		86153	86305	86343	86849
		88375	88749		
Hearing/audio/vision	Prior authorization required	92065	92145	99174	99177
		V5014	V5030	V5040	V5050
		V5060	V5070	V5080	V5100
		V5120	V5130	V5140	V5150
Hyperbaric treatment	Prior authorization required	G0277			
Hysterectomy	Prior authorization required	58578	58579	58679	
Infusion and injection services	Prior authorization required	M0300			
Injectable medications	Prior authorization required	90291	Q0515	Q2028	Q2041
		Q4082	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	J0570	J0584	J0585
		J0586	J0587	J0588	J0596
		J0597	J0598	J0606	J0638
		J0717	J0739	J0172	J0791
		J0225	J0879	J2329	J0896
		J0897	J1290	J1300	J1301
		J1303	J1305	J1306	J1322
		J1426	J1427	J1428	J1429
		J1437	J1439	J1458	J1459
		J1551	J1554	J1555	J1556

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		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	J2796	J2840
		J2998	J3032	J3060	J3111
		J3241	J3245	J3262	J3315
		J3316	J3358	J3380	J3397
		J3398	J3399	J7352	J2782
		J0177	J0589	J0801	J0802
		J1203	J1961	J9381	J2327
		J0218	J0178	J0179	J2778
		J2779	J0174**	J1932	J1413
		J9376	C9399*	J3490*	J3590*
		* For unclassified and temporary codes C9399, J3490, J3590 and Q5123 prior authorization is required only for Amvuttra, Fylnetra, Lupaneta Pack, Nulibry, Recovi, Riabni, Skyrizi, Syfovre, white blood cell colony stimulating factors, and Purified Cortrophine Gel. *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.			
Medical and surgical supplies	Prior authorization required	Q4118	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4138
		Q4139	Q4140	Q4141	Q4142
		Q4143	Q4145	Q4146	Q4147
		Q4148	Q4149	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
		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	Q4263	Q4229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Medical and surgical supplies (cont.)		Q4230	Q4231	Q4232	Q4233
		Q4234	Q4235	Q4236	Q4237
		Q4238	Q4239	Q4240	Q4241
		Q4242	Q4264	Q4245	Q4246
		Q4247	Q4248	Q4249	Q4250
		Q4251	Q4252	Q4253	Q4254
		Q4255	A2013	A4100	A4596
		Q4256	Q4257	Q4258	Q4259
		Q4260	Q4261	Q4262	
Medicine services and procedures	Prior authorization required	90587	90626	90627	90759
		91113	92700	93895	95803
		97537	97545	97546	97597
		97598	97602	97605	97606
		97607	97608	99500	
Musculoskeletal	Prior authorization required	20957	20972	20973	
Nerve stimulator devices	Prior authorization required	E0762			
Obstetrical	Prior authorization required	59072	59074	59076	59897
		59898			
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
		21260	21261	21263	21267
		21268	21270	21275	21280
		21282	21295	21296	21497
		21740	21742	21743	
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	L5611	L5613	L5614
		L5616	L5617	L5638	L5639
		L5640	L5642	L5643	L5644
		L5645	L5647	L5649	L5650
		L5651	L5653	L5661	L5671
		L5673	L5679	L5681	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5782	L5785	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5920	L5930	L5940	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5969	L5973
		L5979	L5980	L5981	L5982
		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	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6624
		L6628	L6638	L6646	L6648
		L6687	L6689	L6693	L6694
		L6695	L6696	L6697	L6698
		L6704	L6706	L6708	L6709
		L6712	L6713	L6714	L6715
		L6721	L6722	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	L7259	L7404
		L7405	L7499	L8500	L8507
		L8512	L8679	L8681	L8682
		L8683	L8684	L8685	L8686
		L8687	L8688	64451	64461
		64462	64463	64490	64491
		64492	64493	64494	64495
Psych testing	Prior authorization required	96112	96113		
Radiology **Radiology (eviCore cont.)**	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)	Nuclear medicine and nuclear cardiology procedures	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (eviCore cont.)		78740	78761	78800	78801
		78802	78803	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	
		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 **www.evicore.com** or call **800-792-8750**			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	70100	70110	70300	70310
		70320	70328	70330	70332
		70350	70355	75573	76120
		76125	76496	76978	76979
		77084	78835	C1840	C2616
		C8900	C8901	C8902	C8903
		C8905	C8906	C8908	C8909
		C8910	C8911	C8912	C8913
		C8914	C8918	C8919	C8920
		C9765	C9766	78599	78699
		C9767	G0219	G0235	G0252
		G0329	S2095	76499	78099*
		78199	78299	78399	78499
		78799			
		*For notification/prior authorization, please submit requests online **www.evicore.com** or call **800-792-8750**			
Radiation therapy	Prior authorization required	32701	77373	77435	77520
		77522	77523	77525	77605
		77620	96446	G0339	G0340
Respiratory	Prior authorization required	31641	31647	31648	31649
		31651	31660	31661	32994
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30465	30468
		30620			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Spine surgery	Prior authorization required	20930	20931	22505	22533
		22534	22548	22551	22552
		22554	22558	22585	22590
		22595	22600	22612	22614
		22630	22632	22633	22634
		22856	22857	22858	27280
		22556	22861	22862	22864
		22865	22867	22868	22869
		22870	63001	63005	63011
		63012	63015	63017	63020
		63030	63035	63045	63047
		63185	63190	63191	63197
		63200	63250	63252	63265
		63267	63268	63270	63271

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine surgery (cont.)		63272	63273	63275	63277
		63278	63280	63282	63283
		63285	64628	64629	64633
		64634	64635	64636	
Stimulators	Prior authorization required	41820	61850	61860	61863
		61864	61867	61868	61880
		61885	61886	61888	63650
		63655	63663	63664	63685
		63688	64553	64561	64566
		64568	64569	64570	64581
		64582	64583	64584	64585
		64590	64595	95836	95983
		95984			
Surgery and unlisted surgery	Prior authorization required	15999	17999	19499	20999
		21299	21499	32999	22899
		22999	24999	25999	27599
		27899	28899	29999	30999
		33999	84999	95999	96999
		36299	37799	38129	38589
		38999	39499	39599	40799
		40806	40899	41599	42299
		42699	42999	43499	43999
		44799	44899	45399	45499
		45999	46999	47399	47999
		48999	49999	51999	53899
		54699	55899	58999	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		68399	68899	69399	69799
		69949	69979	76999*	78999
		79999			
		***For notification/prior authorization, please submit requests online **www.evicore.com** or call **800-792-8750**			
Transplants	Prior authorization required	32850	32851	32852	32853
		32854	32855	32856	33927
		33928	33929	33930	33933
		33935	33940	33944	33945
		38205	38206	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
		50547	G0341	G0342	G0343
		S2054	S2055	S2060	S2061

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		S2065	S2140	S2142	38204
		38207	38208	38209	38210
		38211	38212	38213	38214
		38215	J3394	J3393	
		J3490*	J3590*	C9399*	
		* Effective 7/1/24 For Unclassified codes J3490, J3590, and C9399, Amtagvi and Lenmeldy will require Prior Authorization through Optum Transplant			
Unlisted	Prior authorization required	77299	77399	77499	77799
		91299	92499	93799	94799
		95199	99199		
Urological	Prior authorization required			54405	
		54410	54411	54416	54417
		55559	55706	55880	
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	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	61630
		61635			