

Prior Authorization Requirements for Surest

Effective January 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Surest 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.
- **Phone:** Call **877-842-3210**

Notification/prior authorization is not required for emergency or urgent care.

Surest Flex plan - Flexible coverage activation

Some members have the Surest Flex plan, which includes the feature of flexible coverage. Services that require flexible coverage activation are listed in the following table. The member must activate flexible coverage at least 3 business days in advance of receiving the service. Services that require flexible coverage activation do not require prior authorization.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty		Prior authorization required for both Surest plan and Surest Flex plan members			
		24365	27120		
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	25441	25442
		25443	25444	25446	25449
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27446	27447	27486	27487
		27702			

Arthroscopy		Prior authorization required for both Surest plan and Surest Flex plan members			
		29871	29891	29892	
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29847	29848	29860	29861
		29862	29863	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29893
		29894	29895	29897	29898
		29899	29914	29915	29916
Bariatric surgery Bariatric surgery and specific obesity-related services		Bariatric surgery Prior authorization required for both Surest plan and Surest Flex plan members			
		43659	43772	43774	43886
		43887	43888		
		Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members			
		43644	43645	43770	43771
		43773	43775	43842	43843
		43845	43846	43847	43848
		43860*	43865*		
		*Prior authorization is required for these codes with the diagnosis codes below for Surest plan members			
		Diagnosis (Dx)			
		E66.01	E66.09	E66.1	E66.2
		E66.3	E66.8	E66.9	Z68.1
		Z68.20	Z68.21	Z68.22	Z68.30
		Z68.31	Z68.32	Z68.33	Z68.34
		Z68.35	Z68.36	Z68.37	Z68.38
		Z68.39	Z68.41	Z68.42	Z68.43
		Z68.44	Z68.45		
Behavioral health services		Flex Members do not require prior authorization, however IP cases require case creation for notification only.			
		The following behavioral health services require notification/prior authorization:			
		<ul style="list-style-type: none"> • Acute inpatient • Residential treatment center • Partial hospitalization 			
		Submit notification online or by calling 877-842-3210			
Behavioral health services - Outpatient: applied behavioral analysis		Flex Members do not require prior authorization			
		<ol style="list-style-type: none"> 1. Go to Optum Provider Express at providerexpress.com 2. Under the Autism/ABA Corner category, click on Autism/ABA Information 3. Click on: Treatment Plan Request for UHSS/BIND/NTCA providers 			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		4. Complete the Applied Behavior Analysis Treatment Request Form as instructed on the portal. As part of this form, the question will appear: What type of plan does the member have? You must choose Care Advocate Request from the dropdown options.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures		Prior authorization required for both Surest plan and Surest Flex plan members			
		20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy		Prior authorization required for both Surest plan and Surest Flex plan members			
		15771	19300	19316	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19396	L8600	
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		19318			
		Notification/prior authorization is <u>not</u> required for the following Dx 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			
Cancer supportive care	*Codes J1442, J1447, J1449, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology Dx. See injectable medications section.	Prior authorization required for both Surest plan and Surest Flex plan members when administered in an outpatient setting for a cancer Dx			
		Antiemetics that require prior authorization:			
		Palonosetron/fosnetupitant (Akynzeo®)			
		J1454			
		Aprepitant (Cinvanti™)			
		J0185			
		Fosaprepitant (Emend®)			
		J1453			
		Fosaprepitant (Teva®)			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal.	J1456 Granisetron extended release (Sustol®)
	Log into UHCProvider.com /Prior Authorization and Notification homepage and select 'Oncology' from the 'Select prior authorization type for submission' dropdown. Or, call 888-397-8129	<p>J1627 J1434 J2468 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Prolia®, Xgeva®) J0897 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon™) J1449* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filigrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Filgrasatim-txid (Nypozi™) Q5148 Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria®) Q5122* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (Udenyca®) Q5111* Pegfilgrastim-jmdb (Fulphila®) Q5108* Sargramostim (Leukine®) J2820 Trilaciclib J1448 Tbo-filgrastim (Granix®) J1447* <u>Erythropoiesis-stimulating agents</u> Epoetin alfa (Epogen®) J0885 </p>

Cardiovascular system

Prior authorization required for both Surest plan and Surest Flex plan members			
33285	37254	37256 *	37258 *
37260 *	37263 *	37265 *	37267 *
37269 *	37271 *	37273 *	37275 *



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		37277 *	37280 *	37282 *	37284 *
		37286 *	37288 *	37290 *	37292 *
		37294 *	37296 *	37298 *	93580**
		93653	93656	E0616	0569T
		0570T			
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		93653	93656		
		*Prior authorization for these codes is not required with the following Dx.			
		**Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.			
		Dx codes:			
		E08.52	E09.52	E10.52	E11.52
		I70.221	I70.222	I70.223	
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		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



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		I75.022 T82.818A S81.809A M86.051 M86.062 M86.079 M86.10 M86.161 M86.172 M86.20 M86.261 M86.272 M86.30 M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.30 Q27.8 S35.512A T82.312A T82.338A T82.392A T82.898A I73.00 I73.81	I75.023 T82.868A S91.301A M86.052 M86.069 M86.071 M86.08 M86.151 M86.162 M86.179 M86.251 M86.262 M86.279 M86.351 M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.318A T82.398A I73.01	I75.029 S81.801A S91.302A M86.059 M86.071 M86.09 M86.152 M86.169 M86.18 M86.252 M86.269 M86.28 M86.352 M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.319A T82.399A I73.1	I75.89 S81.802A S91.309A M86.061 M86.072 M86.1 M86.159 M86.171 M86.19 M86.259 M86.271 M86.29 M86.359 M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Cartilage implants		Prior authorization required for both Surest plan and Surest Flex plan members J7330			
		Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members			
		27412 29867	27415 29868	27416 S2112	29866
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center	Prior authorization required for both Surest plan and Surest Flex plan members receiving inpatient services			
		95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chemotherapy services	For oncology prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Log into UHCProvider.com /Prior Authorization and	Prior authorization is required for both Surest plan and Surest Flex plan members when administered in an outpatient setting for a cancer Dx. Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), leuprolide acetate (J1950, J1954), leuprolide (J1952) 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 HCPCS code 			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Notification homepage and select 'Oncology' from the 'Select prior authorization type for submission' dropdown Or, call 888-397-8129	
Clinical trials A rigorously controlled study of a new drug, medical device, or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB)		Prior authorization required for both Surest plan and Surest Flex plan members S9988 S9990 S9991
Cochlear and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		Prior authorization required for both Surest plan and Surest Flex plan members 69710 69714 69930 L8614 L8619 L8690 L8691 L8692
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation		Prior authorization required for both Surest plan and Surest Flex plan members 33250 33251 33254 33255 33256 33257 33258 33259 33261 33390 33391 33404 33414 33415 33416 33417 33468 33476 33478 33500 33501 33502 33503 33504 33505 33506 33507 33600 33602 33606 33608 33610 33611 33612 33615 33617 33619 33620 33622 33641 33645 33647 33660 33665 33670 33675 33676 33677 33681 33684 33688 33690 33692 33694 33697 33702 33710 33720 33724 33726 33730 33732 33735 33736 33741 33745 33746 33750 33755 33762 33764 33766 33767 33768 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33782 33783 33786 33788 33802 33803 33814 33820 33822 33824 33840 33845 33851 33852 33853 33894 33895 33897 33917 33920



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Congenital heart disease (cont.)		33924 93581 93594 93598	33925 93582 93595	33926 93583 93596	93580* 93593 93597
		<p>For prior authorization, please call 888-936-7246</p> <p>*For patients ages 18 and older, see the cardiovascular system section within this document.</p> <p>Prior authorization is required for Surest plan members</p> <p>Flexible coverage activation is required for Surest Flex plan members.</p> <p>For prior authorization, please call 888-936-7246 33465</p>			
Continuous glucose monitor		<p>Prior authorization required for both Surest plan and Surest Flex plan members</p> <p>with Type 2 Diabetes Diagnosis</p>			
		A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive procedures		<p>Prior authorization required for both Surest plan and Surest Flex plan members</p>			
		11960 14021 15570 15733 15773 15823 15878 17108 21139 21180 21184 21260 21268 21295 30620 54405 67903 67909 67915 67922 67961	11970 14061 15572 15740 15820 15830 15879 17999 21172 21181 21230 21261 21275 28344 38999 67900 67904 67911 67916 67923 67966	11971 14301* 15574 15756 15821 15847 17106 21137 21175 21182 21235 21263 21280 30540 54400 67901 67906 67912 67917 67924 Q2026	14020* 14302 15730 15769 15822 15877 17107 21138 21179 21183 21256 21267 21282 30545 54401 67902 67908 67914 67921 67950
		<p>*Prior authorization is not required when billed with the following Dx codes.</p>			
		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



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prosthetics are not DME SEE orthotics and prosthetics.	Prior authorization required for both Surest plan and Surest Flex plan members			
		For the DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000			
Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – See home health services.		A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
		E2506	E2508	E2510	E2511



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	E2512 K0014 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E2599 K0812 K0851 K0855 K0859 K0863 K0870 K0879 K0886	K0005 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	K0012 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services		<p>To provide notification for dialysis, please submit your request using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner. Or you can call 877-842-3210.</p> <p>To enroll or refer a member to the UnitedHealthcare ESRD Disease Management program, please contact the Kidney Resource Service at 866-561-7518.</p>			
Foot surgery		<p>Prior authorization is required for Surest plan members</p> <p>Flexible coverage activation is required for Surest Flex plan members</p>			
		28285 28296	28289 28297	28291 28298	28292 28299
Functional endoscopic sinus surgery (FESS)		<p>Prior authorization is required for Surest plan members</p> <p>Flexible coverage activation is required for Surest Flex plan members</p>			
		31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment		<p>Prior authorization required for both Surest plan and Surest Flex plan members</p> <p>Notification or prior authorization required for the following regardless of Dx code</p>			
		55970	55980		
		<p>Notification or prior authorization required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</p>			
		14000 15738 19303 54520 55180 57110 58290 58940	14001 15750 53410 54660 56625 57335 58291 64856	14041 15757 53430 54690 56800 58260 58661 64892	15734 15758 54125 55175 56805 58262 58720 64896
Genetic testing/lab services		<p>Prior authorization required for both Surest plan and Surest Flex plan members</p> <p>When genetic and molecular testing is performed in an outpatient setting.</p>			
		<p>Breast cancer (BRCA) genetic testing</p>			
		81162	81163	81164	81432
		<p>Genetic and molecular testing</p>			
		81228 81400 81404 81408	81229 81401 81405 81410	81277 81402 81406 81411	81349 81403 81407 81412



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		81413	81414	81415	81416
		81417	81431	81425	81426
		81427	81440	81435	81437
		81439	81448	81441	81443
		81445	81455	81449	81450
		81451	81460	81457	81458
		81459	81471	81463	81464
		81465	81519	81479	81521
		81518	81523	81520	81542
		81522	81552	81541	81599
		81546	87506	81595	0022U
		87505	0026U	0018U	0047U
		0023U	0050U	0037U	0087U
		0048U	0094U	0055U	0102U
		0088U	0111U	0101U	0129U
		0103U	0162U	0118U	0171U
		0154U	0209U	0170U	0212U
		0179U	0214U	0211U	0216U
		0213U	0218U	0215U	0237U
		0217U	0239U	0233U	0244U
		0238U	0246U	0242U	0258U
		0245U	0268U	0250U	0270U
		0265U	0272U	0269U	0274U
		0271U	0277U	0273U	0282U
		0276U	0289U	0278U	0291U
		0288U	0293U	0290U	0306U
		0292U	0318U	0294U	0320U
		0307U	0378U	0319U	0355U
		0326U	0389U	0334U	0387U
		0364U	0409U	0379U	0395U
		0388U	0437U	0391U	0425U
		0398U	0471U	0417U	0449U
		0426U	0478U	0444U	0474U
		0465U	0484U	0473U	0481U
		0475U	0495U	0480U	0487U
		0483U	0504U	0485U	0500U
		0493U	0509U	0499U	0506U
		0502U	S3854	0505U	S3870
		0508U	S3865		
Home health care		Prior authorization required for both Surest plan and Surest Flex plan members			
		T1000	T1002	T1003	
Hysterectomy - Inpatient only Vaginal hysterectomies		Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members			
		58267	58270	58292	58294
Hysterectomy - Inpatient and outpatient procedures		Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members			
		58150	58152	58180	58541
		58542	58543	58544	58550



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abdominal and laparoscopic surgeries		58552	58553	58554	58570
		58571	58572	58573	
Infertility		Prior authorization required for both Surest plan and Surest Flex plan members			
		55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
The following codes require prior authorization with the Dx codes listed below					
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		Dx codes			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectable medications	To submit a prior authorization request log into UHCProvider.com/Prior Authorization and Notification homepage and select 'Specialty Pharmacy' from the 'Select prior authorization type for submission' dropdown.	Prior authorization required for both Surest plan and Surest Flex plan members			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance	Alpha 1 proteinase inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Program): 1-888-397-8129	Cardiology	J1306		
		Central nervous system agents	J0174	J0175	J0222
			J1301	J1304	J1426
			J1428	J1429	J2326
			J9332	J9333	J9334
		Collagenase	J0775		
		Complement inhibitors - ophthalmologic use	J2781	J2782	
		Endocrine	J0224	J0584	J0801
			J1932	J2507	J3241
			J0180	J0217	J0218
			J0221	J1322	J1458
			J1931	J2840	J3397
		Enzyme replacement therapy	J0567	J1203	J1809
		Enzyme deficiency (Gaucher Disease) - POS 19 and 22 only	J1786	J3060	
		Enzyme deficiency (Gaucher Disease)	J3385		
		Erythropoiesis stimulating agents	J0885 ³		
		Gene therapy	J1411	J1412	J1413
			J3398	J3399	J3401
		Hematologic	J0596	J0597	J0598
			J7171	J9038	J1290
		Hemophilia	J7170	J7172	J7173
			J7175	J7177	J7178
			J7180	J7181	J7182
			J7185	J7186	J7187
			J7189	J7190	J7192
			J7194	J7195	J7198
			J7200	J7201	J7202
			J7204	J7205	J7207
			J7209	J7210	J7211
			J7213	J7214	J7212
		Immune globulin	90283	90284	J1459
					J1551



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J1555	J1556	J1557
		J1559	J1561	J1566
		J1569	J1572	J1575
	Immune modulator			
		J0490	J0491	J0638
		J7352	J9210	J9312
		Q5115	Q5119	Q5123
	Inflammatory conditions			
		J0129	J0717	J1602
		J1745	J1747	J2267
		J3245	J3247	J3262
		J3358	J3380	J7211
		J7213	J7214	Q5098
		Q5100	Q5103	Q5104
		Q5133	Q5135	Q5137
		Q9996	Q9997	Q9998
	Medical benefit therapeutic equivalent medications⁴			
		J0589	J1072	J0179
		J1554	J1576	J2508
		J7321	J7322	J7324
		J7326	J7327	J7329
		J7332	Q5124	Q5136
	Multiple sclerosis			
		J0202	J2329	J2350
	Multiple sclerosis - POS 19 and 22 only			
		J2323	Q5134	
	Neutropenia²			
		J1442	J1447	J1449
		Q5101	Q5108	Q5110
		Q5120	Q5122	Q5125
		Q5130	Q5148	Q5127
	Ophthalmologic VEGF Inhibitors			
		J2779		
	Rare conditions			
		J1305	J2998	
	RSV prophylaxis			
		90378		
	Sickle cell disease			
		J0791		
	Unclassified and temporary codes¹			
		C9399	J1599	J3490
				J3590

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Predetermination is highly recommended for the drugs on the list.



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																																				
		<p>¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Ocrevus Zunovo™, Revcov®®, Rivfloza™, Starjemza and Yimmugo</p> <p>² For some codes, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see <i>Cancer supportive care</i> sections above.</p> <p>³ For code J0885 prior authorization is required for both oncology and non-oncology DX. For oncology DX please see <i>Cancer supportive care</i> sections above</p> <p>Prior authorization is not required for ESRD diagnosis</p> <p>⁴ Some members may not have coverage for these drugs</p>																																																																				
Inpatient admissions - post-acute services		<p>Prior authorization and notification of admission date is required for both Surest plan and Surest Flex plan members</p> <p>For these facilities providing acute and post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 																																																																				
Orthognathic surgery Treatment of maxillofacial functional impairment		<p>Prior authorization required for both Surest plan and Surest Flex plan members</p> <table> <tbody> <tr><td>21050</td><td>21060</td><td>21121</td><td>21123</td></tr> <tr><td>21125</td><td>21127</td><td>21141</td><td>21142</td></tr> <tr><td>21143</td><td>21145</td><td>21146</td><td>21147</td></tr> <tr><td>21150</td><td>21151</td><td>21154</td><td>21155</td></tr> <tr><td>21159</td><td>21160</td><td>21188</td><td>21193</td></tr> <tr><td>21194</td><td>21195</td><td>21196</td><td>21198</td></tr> <tr><td>21199</td><td>21206</td><td>21208</td><td>21209</td></tr> <tr><td>21210</td><td>21215</td><td>21240</td><td>21242</td></tr> <tr><td>21243</td><td>21244</td><td>21245</td><td>21246</td></tr> <tr><td>21247</td><td>21248</td><td>21249</td><td>21255</td></tr> <tr><td>21296</td><td>21299</td><td></td><td></td></tr> </tbody> </table>	21050	21060	21121	21123	21125	21127	21141	21142	21143	21145	21146	21147	21150	21151	21154	21155	21159	21160	21188	21193	21194	21195	21196	21198	21199	21206	21208	21209	21210	21215	21240	21242	21243	21244	21245	21246	21247	21248	21249	21255	21296	21299																										
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Orthotics and prosthetics		<p>Prior authorization required for both Surest plan and Surest Flex plan members</p> <p>When the codes listed have a retail purchase or cumulative rental cost of more than \$1,000</p> <table> <tbody> <tr><td>L0220</td><td>L0482</td><td>L0484</td><td>L0486</td></tr> <tr><td>L0636</td><td>L0638</td><td>L1640</td><td>L1680</td></tr> <tr><td>L1685</td><td>L1700</td><td>L1710</td><td>L1720</td></tr> <tr><td>L1755</td><td>L1844</td><td>L1846</td><td>L2005</td></tr> <tr><td>L2020</td><td>L2034</td><td>L2036</td><td>L2037</td></tr> <tr><td>L2038</td><td>L2330</td><td>L3251</td><td>L3253</td></tr> <tr><td>L3485</td><td>L3766</td><td>L3900</td><td>L3901</td></tr> <tr><td>L3904</td><td>L3961</td><td>L3971</td><td>L3975</td></tr> <tr><td>L3976</td><td>L3977</td><td>L5010</td><td>L5050</td></tr> <tr><td>L5060</td><td>L5100</td><td>L5105</td><td>L5150</td></tr> <tr><td>L5160</td><td>L5200</td><td>L5210</td><td>L5230</td></tr> <tr><td>L5250</td><td>L5270</td><td>L5280</td><td>L5301</td></tr> <tr><td>L5321</td><td>L5331</td><td>L5400</td><td>L5420</td></tr> <tr><td>L5530</td><td>L5535</td><td>L5540</td><td>L5585</td></tr> <tr><td>L5590</td><td>L5616</td><td>L5639</td><td>L5643</td></tr> <tr><td>L5649</td><td>L5651</td><td>L5681</td><td>L5683</td></tr> <tr><td>L5703</td><td>L5707</td><td>L5724</td><td>L5726</td></tr> </tbody> </table>	L0220	L0482	L0484	L0486	L0636	L0638	L1640	L1680	L1685	L1700	L1710	L1720	L1755	L1844	L1846	L2005	L2020	L2034	L2036	L2037	L2038	L2330	L3251	L3253	L3485	L3766	L3900	L3901	L3904	L3961	L3971	L3975	L3976	L3977	L5010	L5050	L5060	L5100	L5105	L5150	L5160	L5200	L5210	L5230	L5250	L5270	L5280	L5301	L5321	L5331	L5400	L5420	L5530	L5535	L5540	L5585	L5590	L5616	L5639	L5643	L5649	L5651	L5681	L5683	L5703	L5707	L5724	L5726
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5728	L5780	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5858	L5930
		L5960	L5966	L5968	L5973
		L5979	L5980	L5981	L5987
		L5988	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
		L8049	V2629		
Pain management		Prior authorization required for both Surest plan and Surest Flex plan members			
		62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Potentially unproven services (including experimental, investigational, and/or linked services)		Prior authorization required for both Surest plan and Surest Flex plan members			
		26340	36514	64722	A9274
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		33361	33362	33363	33364
		33365	33366	33369	33477
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or					



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
cohort studies in the prevailing published, peer-reviewed medical literature					
Prostate procedures		Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members			
52441	52442	53850			
Radiation therapy		Prior authorization required for both Surest plan and Surest Flex plan members			
Prior authorization is required for an oncology diagnosis					
IGRT					
77014	77387	G6001	G6002		
G6017					
Special/Associated Services					
77331	77370	77399	77470		
SRS/SBRT					
77371	77372	77373	G0339		
G0340					
Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)					
79445	S2095				
Prior authorization is required only when obtained with Dx codes in the following ranges: C34.00-C34.92, C50.011-C50.929, C61, C79.51-C79.52, C84.7A, D05.00-D05.92					
IMRT					
77385	77386	G6015	G6016		
Proton beam therapy (PBT)					
77520	77522	77523	77525		
Standard radiation therapy (2D/3D)					
77401	77402	77407	77412		
G6003	G6004	G6005	G6006		
G6007	G6008	G6009	G6010		
G6011	G6012	G6013	G6014		
Rhinoplasty		Prior authorization required for both Surest plan and Surest Flex plan members			
Treatment of nasal functional impairment and septal deviation					
30400	30410	30420	30430		
30435	30450	30460	30462		
30465					
Sinuplasty		Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members			
31295	31296	31297	31298		
Sleep disorder tests/treatment	Applies to inpatient or outpatient procedures	Prior authorization required for both Surest plan and Surest Flex plan members			



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	and surgeries, including, but not limited to, palatopharyngoplasty - Oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	Sleep apnea procedures and surgeries	21685	41599	42145
		Sleep studies	95805	95807	95808
			95811		95810
Spinal cord stimulators		Prior authorization required for both Surest plan and Surest Flex plan members			
Spinal cord stimulators when implanted for pain management		63661	63650	63655	63662
		63663	63664	63688	64553
		64570	L8679	L8680	L8682
		L8683	L8685	L8686	L8687
		L8688			
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		63685			
Spine surgery		Prior authorization required for both Surest plan and Surest Flex plan members			
		20930	20931	20939	22101
		22103	22110	22112	22114
		22116	22206	22208	22212
		22216	22222	22226	22510
		22511	22512	22513	22514
		22515	22532	22556	22585
		22610	22614	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22859	22899	27279
		27280	63003	63016	63035
		63046	63048	63055	63064
		63066	63077	63078	63085
		63086	63101	63170	63172
		63173	63185	63190	63191
		63197	63250	63251	63252
		63266	63271	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63301
		63302	63305	63306	63308
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		22100	22102	22207	22210
		22214	22220	22224	22533
		22534	22548	22551	22552



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		22554	22558	22586	22590
		22595	22600	22612	22630
		22632	22633	22634	22840
		22856	22857	22858	22861
		22862	63001	63005	63011
		63012	63015	63017	63020
		63030	63040	63042	63043
		63044	63045	63047	63050
		63051	63056	63057	63075
		63076	63081	63082	63087
		63088	63090	63091	63102
		63103	63200	63265	63267
		63268	63270	63272	63273
		63300	63303	63304	63307
		0098T			
Stimulators	Prior authorization required for both Surest plan and Surest Flex plan members				
Implantation of a device that sends electrical impulses	Bone growth stimulator	E0747	E0748	E0749	E0760
	Neurostimulator	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590*	64595	64561	64581
	*Prior authorization is not required for the following DX:	N32.81	N32.9	N39.3	N39.41
		N39.42	N39.46	N39.490	N39.498
		R15.0	R15.1	R15.2	R15.9
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0
		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.81	R39.89	R39.9
		R39.191	R39.192	R39.198	
Therapeutic radiopharmaceuticals	To submit a Therapeutic Radiopharmaceuticals prior authorization request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log onto		Prior authorization required for both Surest plan and Surest Flex plan members		
	UHCProvider.com /Prior Authorization and	A9513	A9590	A9606	A9607
	Notification homepage and select 'Oncology'	A9615	A9699		
	from the 'Select prior authorization type for submission' dropdown				



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant Organ or tissue transplant or transplant related services including pre-treatment or evaluation	Prior authorization is required for transplant and cellular and gene therapy services. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including: • Aucatzyl® (obecabtagene autoleucel) • Abecma® (idecogtagene Cicleucel) • Amtagvi™ (lifileucel) • Breyanzi® (lisocabtagene Maralucel) • Carvykti™ (ciltacabtagene autoleucel) • Casgevy™ (exagamglogene autotemcel) • Kebilidi (eldocagene exuparvovec-tneq) • Kymriah™ (tisagenlecleucel) • Lantidra™ (donislecel) • Lenmeldy™ (atidarsagene autotemcel) • Lyfgenia™ (lovtibeglogene autotemcel) • Ryoncil® (remestemcel-L-rknd) • Skysona® (elivaldagine autoemcel) • Tecartus™ (brexucabtagene autoleucel) • Tecelra™ (afamitresogene autoleucel) • Yescarta™ (axicabtagene ciloleucel) • Zevaskyn™ (prademagene zamikeracel) • Zynteglo™ (betibeglogene autotemcel)	Prior authorization required for both Surest plan and Surest Flex plan members for transplant or transplant-related services including pre-treatment or evaluation. Please call 888-936-7246 . Bone marrow harvest 38240 38241 38242 S2150 Cellular and gene therapy C9399 J3387 J3389 J3391 J3392 J3393 J3394 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 Evaluation for transplant 99205 Heart 33940 33944 33945 Heart/lung 33930 33935 Intestine 44132 44133 44135 44136 S2053 Kidney 50300 50320 50323 50340 50360 50365 50370 50547 Kidney/pancreas S2065 Liver 47135 47143 47147 Lung 32850 32851 32852 32853 32854 32856 S2060 S2061 Pancreas 48551 48552 48554 Services related to transplants 32855 33933 38206 38208 38209 38210 38212 38213 38214 38215 38232 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2054 S2140 S2142 S2152			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transportation		Prior authorization required for both Surest plan and Surest Flex plan members			
Uterine fibroid MR-guided focus ultrasound		Prior authorization required for both Surest plan and Surest Flex plan members			
Vein procedures		Prior authorization required for both Surest plan and Surest Flex plan members			
Ventricular assist devices (VAD)		Prior authorization required for both Surest plan and Surest Flex plan members			
		Please call 888-936-7246 . Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.			
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