

# Prior authorization requirements for Surest health plans

Effective Nov. 1, 2024

## General information

This list contains notification/prior authorization review requirements for participating UnitedHealthcare commercial plan health care professionals providing inpatient and outpatient services for members enrolled in Surest® plans.

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

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](https://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](https://UHCprovider.com/access).
- **Phone:** Call **877-237-0006**

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		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		24365	27120		
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		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
		27445	27446	27447	27486
		27487	27700	27702	27703
Arthroscopy		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		29871	29891	29892	
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		29805	29806	29807	29819
		29820	29821	29822	29823



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PCA-1-24-01406-Clinical-QRG\_05202024



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Arthroscopy (cont.)</b>		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		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

<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	<b><u>Bariatric surgery</u></b>			
	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
	43659	43772	43774	43886
	43887	43888		
	<b>Prior authorization is required for Surest plan members</b>			
	<b>Flexible coverage activation is required for Surest Flex plan members</b>			
	43644	43645	43770	43771
	43773	43775	43842	43843
	43845	43846	43847	43848
	43860*	43865*		
	<b>*Prior authorization is required for these codes with the diagnosis codes below for Surest plan members</b>			
	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**

The following behavioral health services require notification/prior authorization:

- Acute inpatient
- Residential treatment center
- Partial hospitalization

Submit notification online or by calling **877-237-0006**

**Behavioral health services – Outpatient: applied behavioral analysis**

1. Go to Optum Provider Express at [providerexpress.com](http://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
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.



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		15771	19300	19316	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19396	L8600	
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		19318			
		<b>Notification/prior authorization is <u>not</u> required for the following Dx codes:</b>			
		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>Cancer supportive care</b>	<b>*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.</b> For oncology prior authorization requests, please submit requests online by using the Prior Authorization and	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b> when administered in an outpatient setting for a cancer Dx			
		<b><u>Antiemetics that require prior authorization:</u></b>			
		<b>Palonosetron/fosnetupitant (Akinzeo®)</b>			
		J1454			
		<b>Aprepitant (Cinvanti™)</b>			
		J0185			
		<b>Fosaprepitant (Emend®)</b>			
		J1453			
		<b>Fosaprepitant (Teva®)</b>			



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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		33285	33289*	37220*	37221*
		37224*	37225*	37226*	37227*
		37228*	37229*	37230*	37231*
		93580**	C2624	E0616	
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		93653	93656		
		*Prior authorization for these codes is <b>not</b> 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.			
	<b>Dx codes:</b>				
	E08.52	E09.52	E10.52	E11.52	
	E13.52	I70.221	I70.222	I70.223	
	I70.228	I70.229	I70.231	I70.232	
	I70.233	I70.234	I70.235	I70.238	
	I70.239	I70.241	I70.242	I70.243	
	I70.244	I70.245	I70.248	I70.249	
	I70.25	I70.261	I70.262	I70.263	
	I70.268	I70.269	I70.321	I70.322	
	I70.323	I70.329	I70.331	I70.332	
	I70.333	I70.334	I70.335	I70.338	
	I70.339	I70.341	I70.342	I70.343	
	I70.344	I70.345	I70.348	I70.349	
	I70.35	I70.361	I70.362	I70.363	
	I70.369	I70.421	I70.422	I70.423	
	I70.428	I70.429	I70.431	I70.432	
	I70.433	I70.434	I70.435	I70.438	
	I70.439	I70.441	I70.442	I70.443	
	I70.444	I70.445	I70.448	I70.449	
	I70.461	I70.462	I70.463	I70.468	
	I70.469	I70.521	I70.522	I70.523	
	I70.528	I70.529	I70.531	I70.532	
	I70.533	I70.534	I70.535	I70.538	
	I70.539	I70.541	I70.542	I70.543	
	I70.544	I70.545	I70.548	I70.549	
	I70.561	I70.562	I70.563	I70.568	
	I70.569	I70.621	I70.622	I70.623	
	I70.628	I70.629	I70.631	I70.632	
	I70.633	I70.634	I70.635	I70.638	
	I70.639	I70.641	I70.642	I70.643	
	I70.644	I70.645	I70.648	I70.649	
	I70.661	I70.662	I70.663	I70.668	
	I70.669	I70.721	I70.722	I70.723	
	I70.728	I70.729	I70.731	I70.732	
	I70.733	I70.734	I70.735	I70.738	
	I70.739	I70.741	I70.742	I70.743	
	I70.744	I70.745	I70.748	I70.749	
	I70.761	I70.762	I70.763	I70.768	
	I70.769	I72.3	I72.4	I72.8	
	I72.9	I77.2	I77.70	I77.72	
	I77.77	I77.79	I74.3	I74.4	
	I74.5	I74.8	I74.9	I75.021	
	I75.022	I75.023	I75.029	I75.89	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular system (cont.)</b>		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
	I73.81				

**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	27415	27416	29866
29867	29868	S2112	

**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	95711	95712	95713
95714	95715	95716	95718
95720	95722	95724	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](https://UHCProvider.com)/Prior Authorization and Notification homepage and select 'Oncology'

**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:**

- 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			
<b>Chemotherapy services (cont.)</b>	from the 'Select prior authorization type for submission' dropdown Or, call <b>888-397-8129</b>				
<b>Clinical trials</b> 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)		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		S9988	S9990	S9991	
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		For prior authorization, please call <b>888-936-7246</b>			
		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
		33737	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	33813
		33814	33820	33822	33824



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Congenital heart disease (cont.)</b>		33840	33845	33851	33852
		33853	33894	33895	33897
		33917	33920	33924	33925
		33926	93580*	93581	93582
		93583	93593	93594	93595
		93596	93597	93598	
		*For patients ages 18 and older, see the cardiovascular system section within this document.			
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members.</b>			
		For prior authorization, please call <b>888-936-7246</b>			
		33465			
<b>Continuous glucose monitor</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members with Type 2 Diabetes Diagnosis</b>			
		A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
<b>Cosmetic and reconstructive procedures</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		11960	11970	11971	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30620	54400
		54401	54405	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
			*Prior authorization is not required when billed with the following Dx codes.		
		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





Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		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. Some home health care services may qualify

**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

A7025	A7026	E0194	E0265
E0266	E0277	E0296	E0297



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (cont.)</b>	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. Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	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
		E2512	E2599	K0005	K0012
		K0014	K0812	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		
	S1040				
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services		To provide notification for dialysis, please submit your request using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In at the top-right corner. Or you can call <b>877-237-0006</b> . To enroll or refer a member to the UnitedHealthcare ESRD Disease Management program, please contact the Kidney Resource Service at <b>866-561-7518</b> .			
<b>Foot surgery</b>		<b>Prior authorization is required for Surest plan members</b> <b>Flexible coverage activation is required for Surest Flex plan members</b>			
		28285	28289	28291	28292
		28296	28297	28298	28299
<b>Functional endoscopic sinus surgery (FESS)</b>		<b>Prior authorization is required for Surest plan members</b> <b>Flexible coverage activation is required for Surest Flex plan members</b>			
		31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b> <b>Notification or prior authorization required for the following regardless of Dx code:</b>			
		55970	55980		
		<b>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:</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		57110	57335	58260	58262
		58290	58291	58661	58720
		58940	64856	64892	64896
Genetic testing/lab services	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>				
	When genetic and molecular testing is performed in an outpatient setting.				
	<b>Breast cancer (BRCA) genetic testing</b>				
		81162	81163	81164	81432
		81433			
	<b>Genetic and molecular testing</b>				
		81228	81229	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81418	81420	81427	81431
		81435	81436	81437	81438
		81439	81440	81441	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81507
		81518	81519	81520	81521
		81522	81523	81541	81546
		81552	81595	81599	87505
		87506	0018U	0022U	0023U
		0026U	0029U	0037U	0047U
		0048U	0050U	0055U	0087U
		0088U	0094U	0101U	0102U
		0103U	0111U	0118U	0129U
		0154U	0170U	0171U	0173U
		0175U	0179U	0209U	0211U
		0212U	0213U	0214U	0215U
		0216U	0217U	0218U	0233U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0258U
		0265U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0288U	0289U	0290U
		0291U	0292U	0293U	0294U
		0306U	0307U	0318U	0319U
		0320U	0326U	0327U	0334U
		0345U	0355U	0364U	0378U



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic testing/lab services (cont.)</b>		0379U	0387U	0388U	0391U
		0395U	0398U	0409U	0411U
		0417U	0419U	0423U	0425U
		0426U	0437U	0444U	0448U
		0449U	0465U	0471U	0473U
		0474U	0475U	0476U	0477U
		0478U	0480U	0481U	0483U
		0484U	0485U	0487U	0493U
		0495U	0499U	0500U	0502U
		0504U	0505U	0506U	0508U
	0509U	S3854	S3865	S3870	
<b>Home health care</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b>		<b>Prior authorization is required for Surest plan members</b>			
Vaginal hysterectomies		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		58267	58270	58292	58294
<b>Hysterectomy – Inpatient and outpatient procedures</b>		<b>Prior authorization is required for Surest plan members</b>			
Abdominal and laparoscopic surgeries		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		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
		<b>The following codes require prior authorization with the Dx codes listed below</b>			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		<b>Dx codes</b>			
		E23.0	N46.01	N46.021	N46.022



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		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

<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	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. For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		<b>Alpha 1 proteinase inhibitors</b>			
		J0256	J0257		
		<b>Anemia</b>			
		J0896	J1437	J1439	Q0138
		<b>Asthma</b>			
		J0517	J2182	J2356	J2357
		J2786			
		<b>Blood modifying agents</b>			
		J0223	J1300	J1302	J1303
		J9376			
		<b>Cardiology</b>			
		J1306			
		<b>Central nervous system agents</b>			
		J0172 <sup>4</sup>	J0174	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	
		<b>Collagenase</b>			
		J0775			
		<b>Complement inhibitors - ophthalmologic use</b>			
		J2781	J2782		
		<b>Endocrine</b>			
J0224	J0584	J0801	J0802		
J1932	J2507	J3241			
<b>Enzyme replacement therapy - POS 19 and 22 only</b>					
J0180	J0217	J0218	J0219		
J0221	J1322	J1458	J1743		
J1931	J2840	J3397			
<b>Enzyme replacement therapy</b>					
J0567	J1203				
<b>Enzyme deficiency (Gaucher Disease) - POS 19 and 22 only</b>					
J1786	J3060				
<b>Enzyme deficiency (Gaucher Disease)</b>					



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J3385		
	<b>Erythropoiesis stimulating agents</b>			
	J0885 <sup>3</sup>			
	<b>Gene therapy</b>			
	J1411	J1412	J1413	J3398
	J3399	J3401		
	<b>Hematologic</b>			
	J0596	J0597	J0598	J1290
	J7171			
	<b>Hemophilia</b>			
	J7170	J7175	J7177	J7178
	J7179	J7180	J7181	J7182
	J7183	J7185	J7186	J7187
	J7188	J7189	J7190	J7192
	J7193	J7194	J7195	J7198
	J7199	J7200	J7201	J7202
	J7203	J7204	J7205	J7207
	J7208	J7209	J7210	J7211
	J7212	J7213	J7214	
	<b>HIV</b>			
	J0739			
	<b>Immune globulin</b>			
	90283	90284	J1459	J1555
	J1556	J1557	J1558	J1559
	J1561	J1566	J1568	J1569
	J1572	J1575		
	<b>Immune modulator</b>			
	J0490	J0491	J0638	J1823
	J7352	J9210	J9312	J9381
	Q5115	Q5119	Q5123	
	<b>Inflammatory conditions</b>			
	J0129	J0717	J1602	J1745
	J1747	J2327	J2267	J3245
J3247	J3262	J3358	J3380	
Q5103	Q5104	Q5121		
<b>Medical benefit therapeutic equivalent medications<sup>5</sup></b>				
J0179	J1551	J1554	J1576	
J2508	J7320	J7321	J7322	
J7324	J7325	J7326	J7327	



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 PCA-1-24-01406-Clinical-QRG\_05202024

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7329	J7331	J7332	Q5124
		<b>Multiple sclerosis</b>			
		J0202	J2329	J2350	
		<b>Multiple sclerosis - POS 19 and 22 only</b>			
		J2323			
		<b>Neutropenia<sup>2</sup></b>			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		<b>Rare conditions</b>			
		J1305	J2998		
		<b>RSV prophylaxis</b>			
		90378			
		<b>Sickle cell disease</b>			
		J0791			
		<b>Unclassified and temporary codes<sup>1</sup></b>			
	C9172	C9399	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.

<sup>1</sup> For unclassified and temporary codes C9172, C9399, J3490 and J3590, notification/prior authorization is only required for Beqvez™, Nulibry®, Revcovi®, and Rivfloza™

<sup>2</sup> For some codes, prior authorization is required for both oncology and non-oncology DX.

For oncology DX please see *Cancer supportive care* sections above.

<sup>3</sup>For code J0885 prior authorization is required for both oncology and non-oncology DX.

For oncology DX please see *Cancer supportive care* sections above

Prior authorization is not required for ESRD diagnosis

<sup>4</sup> As stated in the UHC medical drug policy, Aduhelm® is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy

<sup>5</sup> Some members may not have coverage for these drugs

**Inpatient admissions – post-acute services**

**Prior authorization and notification of admission date is required for both Surest plan and Surest Flex plan members**

For these facilities providing acute and post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthognathic surgery</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
Treatment of maxillofacial functional impairment		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		
<b>Orthotics and prosthetics</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		When the codes listed have a retail purchase or cumulative rental cost of more than \$1,000			
		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
		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





Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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		
<b>Pain management</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
<b>Potentially unproven services (including experimental, investigational, and/or linked services)</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		26340	36514	64722	A9274
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		33361	33362	33363	33364
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes		33365	33366	33369	33477
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
<b>Prostate procedures</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		52441	55874		
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		52442	53850		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Radiation therapy</b>	To submit an online request for prior authorization, Log onto <a href="http://UHCProvider.com">UHCProvider.com</a> /Prior Authorization and Notification homepage and select 'Radiation oncology' from the 'Select prior authorization type for submission' dropdown	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		<b>Prior authorization is required for an oncology diagnosis</b>			
		<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b>			
		79445	S2095		
		<b>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</b>			
		<b>IMRT</b>			
		77385	77386	G6015	G6016
		<b>Proton beam therapy (PBT)</b>			
		77520	77522	77523	77525
		<b>Standard radiation therapy (2D/3D)</b>			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
<b>Rhinoplasty</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
Treatment of nasal functional impairment and septal deviation		30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		31295	31296	31297	31298
<b>Sleep disorder tests/treatment</b>	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – Oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		<b>Sleep apnea procedures and surgeries</b>			
		21685	41599	42145	
		<b>Sleep studies</b>			
		95805	95807	95808	95810
		95811			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal cord stimulators</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
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			
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		63685			
<b>Spine surgery</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		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
		<b>Prior authorization is required for Surest plan members</b>			
		<b>Flexible coverage activation is required for Surest Flex plan members</b>			
		22100	22102	22207	22210
		22214	22220	22224	22533
		22534	22548	22551	22552
		22554	22558	22586	22590
		22595	22600	22612	22630
		22632	22633	22634	22840
		22856	22857	22858	22861
		22862	63001	63005	63011
		63012	63015	63017	63020



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spine surgery (cont.)</b>		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			
<b>Stimulators</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
Implantation of a device that sends electrical impulses		<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64555	64568
		64590*	64595	64561	64581
		<b>*Prior authorization is not required for the following DX:</b>			
		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	R39.19	R39.81	R39.89	
	R39.9				
<b>Therapeutic radiopharmaceuticals</b>	To submit a Therapeutic Radiopharmaceuticals prior authorization request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log onto <a href="http://UHCProvider.com">UHCProvider.com</a> /Prior Authorization and Notification homepage and select 'Oncology' from the 'Select prior authorization type for submission' dropdown	<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
		A9513	A9590	A9606	A9607
		A9699			
<b>Transplant</b>	Prior authorization is required for transplant and cellular and gene therapy services, including:	<b>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.</b>			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	S2150



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Transplant (cont.)</b> Organ or tissue transplant or transplant related services including pre-treatment or evaluation	<ul style="list-style-type: none"> <li>• Abecma® (Idcaptagene Cicleucel)</li> <li>• Amtagvi™ (lifileucel)</li> <li>• Breyanzi® (Lisocabtagene Maralucecl)</li> <li>• Carvykti™ (ciltacabtagene autoleucel)</li> <li>• Casgevy™ (exagamglogene autotemcel)</li> <li>• Kymriah™ (tisagenlecleucel)</li> <li>• Lantidra™ (donislecel)</li> <li>• Lenmeldy™ (atidarsagene autotemcel)</li> <li>• Lyfgenia™ (lovotibeglogene autotemcel)</li> <li>• Skysona® (elivaldagene autoemcel)</li> <li>• Tecartus™ (brexucabtagene autoleucel)</li> <li>• Yescarta™ (axicabtagene ciloleucel)</li> <li>• Zynteglo™ (betibeglogene autotemcel)</li> </ul>	<b>Cellular and gene therapy</b>			
		0537T	0538T	0539T	0540T
		C9399	J3393	J3394	J3490
		J3590	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	44136
		S2053			
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Kidney/pancreas</b>			
		S2065			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
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			

**Transportation**

**Prior authorization required for both Surest plan and Surest Flex plan members**

A0430	A0431	A0435	A0436
S9960	S9961		

**Uterine fibroid MR-guided focus ultrasound**

**Prior authorization required for both Surest plan and Surest Flex plan members**

0071T	0072T
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Vein procedures</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
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		36470	36471	36473	36474
		36475	36476	36478	36479
		37243	37700	37718	37722
		37780			
<b>Ventricular assist devices (VAD)</b>		<b>Prior authorization required for both Surest plan and Surest Flex plan members</b>			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Please call <b>888-936-7246</b> . Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

Insurance coverage for fully insured plans is provided by All Savers Insurance Company (for FL, GA, OH, UT and VA), by UnitedHealthcare Insurance Company of IL (for IL), by United Healthcare of Kentucky, Ltd. (for KY), or by UnitedHealthcare Insurance Company (for AL, AR, AZ, CO, DC, DE, GA, IA, ID, IL, IN, KS, LA, MI, MN, MO, MS, MT, NC, NE, NH, NV, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV and WY). These policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Administrative services for insurance products underwritten by All Savers Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA.

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