Prior Authorization Requirements for Surest

Effective November 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan 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 in 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 **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms.**

Prior authorization is not required for emergency or urgent care.

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
		27445	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
		29847	29848	29860	29861
		29862	29863	29870	29873
		29874	29875	29876	29877

PCA-1-24-01406-Clinical-QRG_05202024

A UnitedHealthcare Company

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		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: • 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** 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 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		**Prior authorization required for both Surest plan and Surest Flex plan members**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Electronic stimulation or ultrasound to heal fractures		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. For oncology prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal.	**Prior authorization required for both Surest plan and Surest Flex plan members** when administered in an outpatient setting for a cancer Dx **<u>Antiemetics that require prior authorization:</u>** **Palonosetron/fosnetupitant (Akynzeo®)** J1454 **Aprepitant (Cinvanti™)** J0185 **Fosaprepitant (Emend®)** J1453 **Fosaprepitant (Teva®)** J1456 **Granisetron extended release (Sustol®)** J1627 J1434 J2468			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	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**	**Bone-modifying agent that requires prior authorization:** **Denosumab (Prolia®, Xgeva®)** J0897 **Injectable colony-stimulating factor drugs that require prior authorization:** **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* **Erythropoiesis-stimulating agents** **Epoetin alfa (Epogen®)** J0885
Cardiovascular system		**Prior authorization required for both Surest plan and Surest Flex plan members** 33285 33289* 37220* 37221* 37224* 37225* 37226* 37227* 37228* 37229* 37230* 37231* 93580** C2624 E0616 E0569T E0570T **Prior authorization is required for Surest plan members** **Flexible coverage activation is required for Surest Flex plan members** 93653 93656

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cardiovascular system (cont.)		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**/Prior Authorization and Notification homepage and select 'Oncology' from the 'Select prior authorization type for submission' dropdown Or, call **888-397-8129**	**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
Clinical trials A rigorously controlled study of a new drug,		**Prior authorization required for both Surest plan and Surest Flex plan members** S9988 S9990 S9991

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
medical device, or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB)		
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 33924 33925 33926 93580* 93581 93582 93583 93593 93594 93595 93596 93597 93598 For prior authorization, please call **888-936-7246** *For patients ages 18 and older, see the cardiovascular system section within this document. **Prior authorization is required for Surest plan members**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Congenital heart disease (cont.)		**Flexible coverage activation is required for Surest Flex plan members.** For prior authorization, please call **888-936-7246** 33465			
Continuous glucose monitor		**Prior authorization required for both Surest plan and Surest Flex plan members** with Type 2 Diabetes Diagnosis A4226 A4238 A4239 A9276 A9277 A9278 E0787 E2102 E2103			
Cosmetic and reconstructive procedures		**Prior authorization required for both Surest plan and Surest Flex plan members** 11960 11970 11971 14020* 14021* 14061* 14301* 14302 15570 15572 15574 15733 15740 15756 15730 15773 15820 15821 15769 15823 15830 15847 15822 15878 15879 17106 15877 17108 17999 21137 17107 21139 21172 21175 21138 21180 21181 21182 21179 21184 21230 21235 21183 21260 21261 21263 21256 21268 21275 21280 21267 21295 30540 30545 21282 28344 54401 54405 30620 54400 67902 67903 67900 67901 67908 67909 67904 67906 67914 67915 67911 67912 67921 67922 67916 67917 67950 67961 67923 67924 Q2026 67966 *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 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			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Durable medical equipment (DME) (cont.)		K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891 S1040
End-stage renal disease (ESRD) dialysis services 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 **UHCprovider.com** and click Sign In at the top-right corner. Or you can call **877-842-3210.** To enroll or refer a member to the UnitedHealthcare ESRD Disease Management program, please contact the Kidney Resource Service at **866-561-7518**.
Foot surgery		**Prior authorization is required for Surest plan members** **Flexible coverage activation is required for Surest Flex plan members** 28285 28289 28291 28292 28296 28297 28298 28299
Functional endoscopic sinus surgery (FESS)		**Prior authorization is required for Surest plan members** **Flexible coverage activation is required for Surest Flex plan members** 31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
Gender dysphoria treatment		**Prior authorization required for both Surest plan and Surest Flex plan members** **Notification or prior authorization required for the following regardless of Dx code:** 55970 55980 **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:** 14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 58661 58720 58940 64856 64892 64896
Genetic testing/lab services		Prior authorization required for both Surest plan and Surest Flex plan members When genetic and molecular testing is performed in an outpatient setting. Breast cancer (BRCA) genetic testing 81162 81163 81164 81432 Genetic and molecular testing 81228 81229 81277 81349 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81431 81425 81426 81427 81440 81435 81437 81439 81448 81441 81443 81445 81455 81449 81450 81451 81460 81457 81458

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		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		**Prior authorization is required for Surest plan members** **Flexible coverage activation is required for Surest Flex plan members**			
Vaginal hysterectomies		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**			
Abdominal and laparoscopic surgeries		58150	58152	58180	58541
		58542	58543	58544	58550
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		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 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	**Prior authorization required for both Surest plan and Surest Flex plan members**			
		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		
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		**Collagenase**			
		J0775			
		Complement inhibitors - ophthalmologic use			
		J2781	J2782		
		Endocrine			
		J0224	J0584	J0801	J0802
		J1932	J2507	J3241	
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		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	J1414
		J3398	J3399	J3401	J3403
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		Hemophilia			
		J7170	J7172	J7174	J7175
		J7177	J7178	J7179	J7181
		J7182	J7183	J7180	J7186
		J7187	J7188	J7185	J7190
		J7192	J7193	J7189	J7195
		J7198	J7199	J7194	J7201
		J7202	J7203	J7200	J7205
		J7207	J7208	J7204	J7210
		J7211	J7212	J7209	J7214
				J7213	
		Immune globulin			
		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	
		Immune modulator			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0490	J0491	J0638	J1823
		J7352	J9210	J9312	J9381
		Q5115	Q5119	Q5123	
		Inflammatory conditions			
		J0129	J0717	J1602	J1628
		J1745	J1747	J2267	J2327
		J3245	J3247	J3262	J3357
		J3358	J3380	J7211	J7212
		J7213	J7214	Q5099	Q5100
		Q5103	Q5104	Q5121	Q5133
		Q5135	Q5137	Q5138	Q9996
		Q9997	Q9998	Q9999	
		Medical benefit therapeutic equivalent medications[4]			
		J0179	J1552	J1554	J1576
		J2508	J7320	J7321	J7322
		J7324	J7325	J7326	J7327
		J7329	J7331	J7332	Q5124
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia[2]			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Rare conditions			
		J1305	J2998		
		RSV prophylaxis			
		90378			
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes[1]			
		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.

[1] For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Ocrevus Zunovo™, Revcovi®, and Rivfloza™

[2] For some codes, prior authorization is required for both oncology and non-oncology DX.
For oncology DX please see *Cancer supportive care* sections above.

[3]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

[4] Some members may not have coverage for these drugs

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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
Orthognathic surgery Treatment of maxillofacial functional impairment		**Prior authorization required for both Surest plan and Surest Flex plan members** 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
Orthotics and prosthetics		**Prior authorization required for both Surest plan and Surest Flex plan members** 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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) 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 cohort studies in the prevailing published, peer-reviewed medical literature		**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
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**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		**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 Treatment of nasal functional impairment and septal deviation		**Prior authorization required for both Surest plan and Surest Flex plan members** 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 Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – Oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	**Prior authorization required for both Surest plan and Surest Flex plan members** **Sleep apnea procedures and surgeries** 21685 41599 42145 **Sleep studies** 95805 95807 95808 95810 95811
Spinal cord stimulators		**Prior authorization required for both Surest plan and Surest Flex plan members**

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		63076	63081	63082	63087
		63088	63090	63091	63102
		63103	63200	63265	63267
		63268	63270	63272	63273
		63300	63303	63304	63307
		0098T			
Stimulators Implantation of a device that sends electrical impulses		**Prior authorization required for both Surest plan and Surest Flex plan members** **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 **UHCProvider.com**/Prior Authorization and Notification homepage and select 'Oncology' from the 'Select prior authorization type for submission' dropdown	**Prior authorization required for both Surest plan and Surest Flex plan members**			
		A9513	A9590	A9606	A9607
		A9615	A9699		
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, including: • Aucatzyl® (obecabtagene autoleucel) • Abecma® (Idecaptagene Cicleucel) • Amtagvi™ (lifileucel)	**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	J3391	J3392	J3393
		J3394	J3490	J3590	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)	• Breyanzi® (Lisocabtagene Maraluecel) • Carvykti™ (ciltacabtagene autoleucel) • Casgevy™ (exagamglogene autotemcel) • Kymriah™ (tisagenlecleucel) • Lantidra™ (donislecel) • Lenmeldy™ (atidarsagene autotemcel) • Lyfgenia™ (lovotibeglogene autotemcel) • Ryoncil® (remestemcel-L-rknd) • Skysona® (elivaldagene autoemcel) • Tecartus™ (brexucabtagene autoleucel) • Tecelra ™ (afamitresgene autoleucel) • Yescarta™ (axicabtagene ciloleucel) • Zevaskyn™ (prademagene zamikeracel) • Zynteglo™ (betibeglogene autotemcel	**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		
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		
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the		**Prior authorization required for both Surest plan and Surest Flex plan members** 36470 36471 36473 36474 36475 36476 36478 36479 37243 37700 37718 37722 37780		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
treatment of venous disease and varicose veins of the extremities		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		**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. 33927 33928 33929 33975 33976 33979 33981 33982 33983