

Prior authorization requirements for Surest health plans

Effective March 1, 2025

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](#) 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
		27445	27446	27447	27486
		27487	27700	27702	27703
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



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

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

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

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.



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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. For oncology prior authorization requests, please submit requests online by using the Prior Authorization and	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®)			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	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	<p>J1456</p> <p>Granisetron extended release (Sustol®)</p> <p>J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Prolia®, Xgeva®)</p> <p>J0897</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Eflapegrastim-xnst (Rolvedon™)</p> <p>J1449*</p> <p>Filgrastim (Neupogen®)</p> <p>J1442*</p> <p>Filgrastim-aafi (Nivestym®)</p> <p>Q5110*</p> <p>Filgrastim-ayow (Releuko®)</p> <p>Q5125*</p> <p>Filgrastim-sndz (Zarxio®)</p> <p>Q5101*</p> <p>Pegfilgrastim (Neulasta®)</p> <p>J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria®)</p> <p>Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®)</p> <p>Q5120*</p> <p>Pegfilgrastim-cbqv (Udenyca®)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila®)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p><u>Erythropoiesis-stimulating agents</u></p> <p>Epoetin alfa (Epogen®)</p> <p>J0885</p>



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



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



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



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		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	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81420	81427	81431	81435
		81437	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	0037U	0047U
		0048U	0050U	0055U	0087U
		0088U	0094U	0101U	0102U
		0103U	0111U	0118U	0129U
		0154U	0170U	0171U	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	0355U	0364U
		0378U	0379U	0387U	0388U
		0391U	0395U	0398U	0409U
		0417U	0425U	0426U	0437U



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		0444U	0448U	0449U	0465U
		0471U	0473U	0474U	0475U
		0478U	0480U	0481U	0483U
		0484U	0485U	0487U	0493U
		0495U	0499U	0500U	0502U
		0504U	0505U	0506U	0508U
		0509U	S3854	S3865	S3870
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			
Vaginal hysterectomies		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			
Abdominal and laparoscopic surgeries		Flexible coverage activation is required for Surest Flex plan members			
		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
		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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		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	J1300	J1302	J1303
		J9376			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0172 ⁴	J0174	J0175	J0222
		J0225	J1301	J1304	J1426
		J1427	J1428	J1429	J2326
		J3032	J9332	J9333	J9334
		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		
		Enzyme deficiency (Gaucher Disease) - POS 19 and 22 only			
		J1786	J3060		
		Enzyme deficiency (Gaucher Disease)			
		J3385			
		Erythropoiesis stimulating agents			
		J0885 ³			



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Gene therapy			
		J1411	J1412	J1413	J1414
		J3398	J3399	J3401	
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171			
		Hemophilia			
		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	
		Immune globulin			
		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	
		Immune modulator			
		J0490	J0491	J0638	J1823
		J7352	J9210	J9312	J9381
		Q5115	Q5119	Q5123	
		Inflammatory conditions			
		J0129	J0717	J1602	J1628
		J1745	J1747	J2327	J2267
		J3245	J3247	J3262	J3358
		J3380	Q5103	Q5104	Q5121
		Medical benefit therapeutic equivalent medications⁵			
		J0179	J1552	J1554	J1576
		J2508	J7320	J7321	J7322
	J7324	J7325	J7326	J7327	
	J7329	J7331	J7332	Q5124	
	Multiple sclerosis				
	J0202	J2329	J2350		
	Multiple sclerosis - POS 19 and 22 only				
	J2323				



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

Neutropenia²

J1442	J1447	J1449	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122	Q5125	Q5127
Q5130			

Rare conditions

J1305	J2998
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RSV prophylaxis

90378

Sickle cell disease

J0791

Unclassified and temporary codes¹

C9399	J3490	J3590
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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 Nulibry®, 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.

³For 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 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

⁵ 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

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



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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
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					
Prostate procedures		Prior authorization required for both Surest plan and Surest Flex plan members			
		52441	55874		
		Prior authorization is required for Surest plan members			
	Flexible coverage activation is required for Surest Flex plan members				
	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	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		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 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			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea		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			
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			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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
63076	63081	63082	63087
63088	63090	63091	63102
63103	63200	63265	63267
63268	63270	63272	63273
63300	63303	63304	63307



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		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	R39.19	R39.81	R39.89
		R39.9			
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
		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: • Abecma® (Idescaptogene Cicleucel) • Amtagvi™ (lifileucel) • Breyanzi® (Lisocabtagene Maralucel)	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	J3392	J3393	J3394
		J3490	J3590	Q2041	Q2042
		Q2053	Q2054	Q2055	Q2056
		Evaluation for transplant			
		99205			
		Heart			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)	• Carvykti™ (ciltacabtagene autoleucel)	33940	33944	33945	
	• Casgevy™ (exagamglogene autotemcel)	33930	33935		
	• Kymriah™ (tisagenlecleucel)	44132	44133	44135	44136
	• Lantidra™ (donislecel)	S2053			
	• Lenmeldy™ (atidarsagene autotemcel)	50300	50320	50323	50340
	• Lyfgenia™ (lovotibeglogene autotemcel)	50360	50365	50370	50547
	• Skysona® (elivaldagene autoemcel)	S2065			
	• Tecartus™ (brexucabtagene autoleucel)	47135	47143	47147	
	• Tecelra™ (afamitresgene autoleucel)	32850	32851	32852	32853
	• Yescarta™ (axicabtagene ciloleucel)	32854	32856	S2060	S2061
	• Zynteglo™ (betibeglogene autotemcel)	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		Prior authorization required for both Surest plan and Surest Flex plan members			
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			



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

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