

Prior Authorization Requirements for Surest

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Surest health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **877-842-3210**

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

Surest Flex plan – Flexible coverage activation

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty		Prior authorization required for both Surest plan and Surest Flex plan members			
		27120			
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		23470	23472	23473	23474
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27446	27447	27486	27487
		27702			
Arthroscopy		Prior authorization required for both Surest plan and Surest Flex plan members			
		29871	29891	29892	
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		29806	29807	29819	29820
		29821	29822	29823	29824
		29825	29826	29827	29828
		29844	29845	29846	29847
		29848	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880



CPT® is a registered trademark of the American Medical Association.
PCA-1-24-01406-Clinical-QRG_05202024



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
Bariatric surgery		<u>Bariatric surgery</u>			
Bariatric surgery and specific obesity-related services		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			
Electronic stimulation or		20974	20975	20979	



CPT® is a registered trademark of the American Medical Association.
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			
-------------------------	------------------------	--	--	--	--

ultrasound to heal fractures

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 not 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

Q5136	Q5157	Q5158	Q5159
-------	-------	-------	-------

Antiemetics that require prior authorization:

Palonosetron/fosnetupitant (Akynzeo®)

J1454

Fosaprepitant (Emend®)

J1453

Fosaprepitant (Teva®)

J1456

Granisetron extended release (Sustol®)

J1627

Bone-modifying agent that requires prior authorization:

Denosumab (Prolia®, Xgeva®)



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	J0897 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon™) J1449* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filgrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Filgrasatim-txid (Nypozi™) Q5148 Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria®) Q5122* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (Udenyca®) Q5111* Pegfilgrastim-jmdb (Fulphila®) Q5108* Sargramostim (Leukine®) J2820 Trilaciclib J1448 Tbo-filgrastim (Granix®) J1447* <u>Erythropoiesis-stimulating agents</u> Epoetin alfa (Epogen®) J0885 <u>Medical Benefit Therapeutic Equivalent Medications¹</u> Cinvanti™ (aprepitant) J0185 Focinvez (fosaprepitant) J1434 Posfrea (Palonosetron, avyxa) J2468 ¹Some members may not have coverage for these drugs.

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	37254	37256 *	37258 *
		37260 *	37263 *	37265 *	37267 *
		37269 *	37271 *	37273 *	37275 *
		37277 *	37280 *	37282 *	37284 *
		37286 *	37288 *	37290 *	37292 *
		37294 *	37296 *	37298 *	93580**
		93653	93656	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.			
		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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular system (cont.)		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
		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	
Chemotherapy services	For oncology prior authorization requests,	Prior authorization is required for both Surest plan and Surest Flex plan members			



CPT® is a registered trademark of the American Medical Association.
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																																																							
Chemotherapy services (cont.)	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	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 - Medical Benefit Therapeutic Equivalent Medications¹ <table><tr><td>J9054</td><td>J9072</td><td>J9074</td><td>J9076</td></tr><tr><td>J9172</td><td>J9184</td><td>J9292</td><td>J9304</td></tr><tr><td>J9324</td><td></td><td></td><td></td></tr></table> ¹ Some members may not have coverage for these drugs.				J9054	J9072	J9074	J9076	J9172	J9184	J9292	J9304	J9324																																											
J9054	J9072	J9074	J9076																																																						
J9172	J9184	J9292	J9304																																																						
J9324																																																									
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 <table><tr><td>S9988</td><td>S9990</td><td>S9991</td><td></td><td></td></tr></table>				S9988	S9990	S9991																																																	
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 <table><tr><td>69710</td><td>69714</td><td>69930</td><td>L8614</td></tr><tr><td>L8619</td><td>L8690</td><td>L8691</td><td>L8692</td></tr></table>				69710	69714	69930	L8614	L8619	L8690	L8691	L8692																																												
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 <table><tr><td>33250</td><td>33251</td><td>33254</td><td>33255</td></tr><tr><td>33256</td><td>33257</td><td>33258</td><td>33259</td></tr><tr><td>33261</td><td>33390</td><td>33391</td><td>33404</td></tr><tr><td>33414</td><td>33415</td><td>33416</td><td>33417</td></tr><tr><td>33468</td><td>33476</td><td>33478</td><td>33500</td></tr><tr><td>33501</td><td>33502</td><td>33503</td><td>33504</td></tr><tr><td>33505</td><td>33506</td><td>33507</td><td>33600</td></tr><tr><td>33602</td><td>33606</td><td>33608</td><td>33610</td></tr><tr><td>33611</td><td>33612</td><td>33615</td><td>33617</td></tr><tr><td>33619</td><td>33620</td><td>33622</td><td>33641</td></tr><tr><td>33645</td><td>33647</td><td>33660</td><td>33665</td></tr><tr><td>33670</td><td>33675</td><td>33676</td><td>33677</td></tr><tr><td>33681</td><td>33684</td><td>33688</td><td>33690</td></tr></table>				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
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																																																						



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Congenital heart disease (cont.)		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	93593	93594
		93595	93596	93597	93598

For prior authorization, please call **888-936-7246**

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	14301*	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	28344	30540	30545	
	30620	38999	54400	54401	
	54405	67900	67901	67902	
	67903	67904	67906	67908	
	67909	67911	67912	67914	
	67915	67916	67917	67921	
	67922	67923	67924	67950	



CPT® is a registered trademark of the American Medical Association.
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			
Cosmetic and reconstructive procedures (cont.)		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
		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	



CPT® is a registered trademark of the American Medical Association.
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			
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			
		E0194	E0277	E0328	E0329
		E0466	E0471	E0483	E0745
		E0764	E0766	E0770	E0784
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1236	E1238	E1399	E2402
		E2510	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 Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893: 14000 14001 14041 15734 15738 15750 15757 15758			



CPT® is a registered trademark of the American Medical Association.
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			
Gender dysphoria treatment (cont.)		19303	21899	31599	31899
		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	81425	81426	81427
		81431	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81463	81464	81465
		81471	81479	81518	81519
		81520	81521	81522	81523
		81541	81542	81546	81552
		81595	81599	87505	87506
		0018U	0022U	0023U	0026U
		0037U	0047U	0048U	0050U
		0087U	0088U	0094U	0101U
		0102U	0103U	0118U	0129U
		0162U	0171U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0265U	0268U
		0271U	0272U	0273U	0274U
		0276U	0288U	0289U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0388U	0389U
		0391U	0395U	0398U	0409U
		0425U	0426U	0444U	0449U
		0465U	0473U	0474U	0475U
		0478U	0481U	0483U	0484U
		0485U	0487U	0493U	0495U
		0499U	0500U	0502U	0504U
		0505U	S3854	S3865	S3870



CPT® is a registered trademark of the American Medical Association.
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			
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
		N97.8	N97.8	N97.9	N98.1
Injectable medications		Prior authorization required for both Surest plan and Surest Flex plan members			
A drug capable of being injected intravenously through an intravenous infusion,	To submit a prior authorization request log into UHCPProvider.com/Prior Authorization and Notification homepage and select 'Specialty	Alpha ₁ - proteinase inhibitors			
		J0256	J0257		
		Anemia			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
subcutaneously or intra-muscularly	Pharmacy' from the 'Select prior authorization type for submission' dropdown.	J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
	For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129	J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376	Q5151	Q5152
		Botulinum Toxins A and B			
		J0587			
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9256	J9332	J9333	J9334
		Collagenase			
		J0775			
		Complement inhibitors - ophthalmologic use			
		J2781	J2782		
		Endocrine			
		J0224	J0584	J0801	J0802
		J1932	J2507	J3241	
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1757	J1818	J1931	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher Disease) - POS 19 and 22 only			
		J1786	J3060		
		Enzyme deficiency (Gaucher Disease)			
		J3385			
		Erythropoiesis stimulating agents			
		J0885 ³			
		Gene therapy			
		J1411	J1412	J1413	J3398
		J3399	J3401	J3403	J3404
		J3405			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Hematologic				
	J0596	J0597	J0598	J1290	
	J7171				
	Hemophilia				
	J7170	J7172	J7173	J7174	
	J7175	J7181	J7182	J7179	
	J7180	J7186	J7187	J7183	
	J7185	J7190	J7192	J7188	
	J7189	J7195	J7198	J7193	
	J7194	J7201	J7202	J7199	
	J7200	J7205	J7207	J7203	
	J7204	J7210	J7211	J7208	
	J7209	J7214	J7212	J7213	
	Immune globulin				
	90283	90284	J1459	J1551	
	J1555	J1556	J1557	J1558	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575		
	Immune modulator				
	J0490	J0491	J0638	J1823	
	J7352	J9038	J9210	J9301	
	J9312	J9381	Q5115	Q5119	
	Q5123				
	Inflammatory conditions				
	J0129	J0717	J1602	J1628	
	J1745	J1747	J2267	J2327	
	J3245	J3247	J3262	J3357	
	J3358	J3380	Q5098	Q5099	
	Q5100	Q5103	Q5104	Q5121	
	Q5133	Q5135	Q5137	Q5138	
	Q5156	Q5164	Q9996	Q9997	
	Q9998	Q9999			
	Medical benefit therapeutic equivalent medications ⁴				
	J0179	J0589	J1072	J1552	
	J1553	J1554	J1576	J1577	
	J2361	J2508	J7320	J7321	
	J7322	J7324	J7325	J7326	
	J7327	J7329	J7331	J7332	
	Q5124	Q5136	Q5158	Q5159	
	Q5161				
	Multiple sclerosis				
	J0202	J2329	J2350	J2351	
	Multiple sclerosis - POS 19 and 22 only				
	J2323	Q5134			
	Neutropenia ²				
	J1442	J1447	J1449	J2506	
	Q5101	Q5108	Q5110	Q5111	



CPT® is a registered trademark of the American Medical Association.
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			
Injectable medications (cont.)		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			
		J1305	J2998		
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes¹			
		C9399	J1599	J3490	J3590
Please view the 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). Pre-determination is strongly encouraged for medications on our Review at Launch Medication List. ¹ For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for X, X, and X. ² Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the Cancer Supportive Care section. For non-oncology diagnoses, submit prior authorization through the UnitedHealthcare Provider Portal or call 888-397-8129. ³ Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. Prior authorization is not required for ESRD diagnosis. ⁴ Some members may not have coverage for these medications.					
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		Prior authorization required for both Surest plan and Surest Flex plan members			
Treatment of maxillofacial functional impairment		21050	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			



CPT® is a registered trademark of the American Medical Association.
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			
Orthotics and prosthetics (cont.)		When the codes listed have a retail purchase or cumulative rental cost of more than \$1,000			
		L0220	L0482	L0484	L0486
		L0636	L0638	L1680	L1685
		L1700	L1710	L1720	L1755
		L1844	L1846	L2005	L2020
		L2034	L2036	L2037	L2038
		L2330	L3253	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	L5331
		L5657	L5828	L5848	L5856
		L5858	L5968	L5973	L5980
		L5981	L5987	L6034	L6035
		L6036	L6038	L6039	L6200
		L6881	L6882	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499			
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		E0786	
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	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



CPT® is a registered trademark of the American Medical Association.
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																							
Radiation therapy (cont.)		*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, 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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92																							
Rhinoplasty Treatment of nasal functional impairment and septal deviation		Prior authorization required for both Surest plan and Surest Flex plan members <table><tr><td>30400</td><td>30410</td><td>30420</td><td>30430</td></tr><tr><td>30435</td><td>30450</td><td>30460</td><td>30462</td></tr><tr><td>30465</td><td></td><td></td><td></td></tr></table>				30400	30410	30420	30430	30435	30450	30460	30462	30465											
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 <table><tr><td>31295</td><td>31296</td><td>31297</td><td>31298</td></tr></table>				31295	31296	31297	31298																
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 <table><tr><td>21685</td><td>41599</td><td>42145</td><td></td></tr></table> Sleep studies <table><tr><td>95805</td><td>95807</td><td>95808</td><td>95810</td></tr><tr><td>95811</td><td></td><td></td><td></td></tr></table>				21685	41599	42145		95805	95807	95808	95810	95811											
21685	41599	42145																							
95805	95807	95808	95810																						
95811																									
Spinal cord stimulators Spinal cord stimulators when implanted for pain management		Prior authorization required for both Surest plan and Surest Flex plan members <table><tr><td></td><td>63650</td><td>63655</td><td></td></tr><tr><td>63663</td><td>63664</td><td>63688</td><td>64553</td></tr><tr><td></td><td>L8679</td><td>L8680</td><td>L8682</td></tr><tr><td>L8683</td><td>L8685</td><td>L8686</td><td>L8687</td></tr><tr><td>L8688</td><td></td><td></td><td></td></tr></table> Prior authorization is required for Surest plan members Flexible coverage activation is required for Surest Flex plan members 63685					63650	63655		63663	63664	63688	64553		L8679	L8680	L8682	L8683	L8685	L8686	L8687	L8688			
	63650	63655																							
63663	63664	63688	64553																						
	L8679	L8680	L8682																						
L8683	L8685	L8686	L8687																						
L8688																									



CPT® is a registered trademark of the American Medical Association.
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			
-------------------------	------------------------	--	--	--	--

Spine surgery

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

20930	20931	20939	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	22836	22837	22838
22841	22842	22843	22844
22845	22846	22847	22848
22849	22852	22853	22854
22859	22899	27279	27280
63003	63016	63035	63046
63048	63055	63064	63066
63077	63078	63085	63086
63101	63185	63190	63266
63271	63275	63276	63277
63280	63282	63285	63287
63290	63301	63302	63305
63306	63308	0656T	0657T
0790T			

Prior authorization is required for Surest plan members

Flexible coverage activation is required for Surest Flex plan members

		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			63267
63268	63270	63272	
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



CPT® is a registered trademark of the American Medical Association.
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			
Stimulators (cont.)		43647	43648	43881	
		61863		61867	
		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. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including: • Aucatzyl® (obecabtagene autoleucel) • Abecma® (Idelcaptive Cicleucel) • Amtagvi™ (lileucel) • Breyanzi® (Lisocabtagene Maralucel) • Carvykti™ (ciltacabtagene autoleucel)	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	J1289	J3386	J3387
		J3389	J3391	J3392	J3393
		J3394	J3402	J3490	J3590
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)	• Casgevy™ (exagamglogene autotemcel)	44132 S2053	44133	44135	44136
	• Kebilidi (eldocagene exuparvovec-tneq)	50300 50360	50320 50365	50323 50370	50340 50547
	• Kresladi™ (marnetegrage autotemcel)	Kidney/pancreas S2065			
	• Kymriah™ (tisagenlecleucel)	47135	47143	47147	
	• Lantidra™ (donislecel)	32850	32851	32852	32853
	• Lenmeldy™ (atidarsagene autotemcel)	32854 48551	32856	S2060 48554	S2061
	• Lyfgenia™ (lovotibeglogene autotemcel)	Services related to transplants 32855 38209			
	• Ryoncil® (remestemcel-L-rknd)	38214 44715	38215 44720	38232 44721	44137 47133
	• Skysona® (elivaldagene autoemcel)	47140 47145	47141 47146	47142 50325	47144 S2054
	• Tecartus™ (brexucabtagene autoleucel)	S2140	S2142	S2152	
	• Tecelra™ (afamitresgene autoleucel)				
	• Waskyra™ (etuvetidigene autotemcel)				
	• Yartemlea® (narsoplimab-wuug)				
	• Yescarta™ (axicabtagene ciloleucel)				
	• Zevaskyn™ (prademagene zamikeracel)				
	• Zynteglo™ (betibeglogene autotemcel)				
Transportation		Prior authorization required for both Surest plan and Surest Flex plan members			
		A0430 S9960	A0431 S9961	A0435	A0436
Uterine fibroid MR-guided focus ultrasound		Prior authorization required for both Surest plan and Surest Flex plan members			
		0071T	0072T		



CPT® is a registered trademark of the American Medical Association.
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			
Vein procedures 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		Prior authorization required for both Surest plan and Surest Flex plan members			
		36470	36471	36473	36475
		36476	36478	36479	37243
		37700	37718	37722	37780
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			

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.



CPT® is a registered trademark of the American Medical Association.
PCA-1-24-01406-Clinical-QRG_05202024



A UnitedHealthcare Company