

Prior Authorization Requirements for Surest

Effective September 1, 2026

General information

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

Please submit your request in 1 of the following ways:

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

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

Surest Flex plan – Flexible coverage activation

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty		Prior authorization required for both Surest plan and Surest Flex plan members			
		24365	27120		
		Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		23470	23472	23473	23474
		24360	24361	24362	24363
		25441	25442	25443	25444
		25446	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
		29834	29835	29836	29837
		29838	29843	29844	29845



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29846	29847	29848	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		<u>Bariatric surgery</u>			
		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.			



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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

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®)



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	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	J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Prolia®, Xgeva®) J0897 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon™) J1449* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filgrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Filgrastim-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

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

¹Some members may not have coverage for these drugs.

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
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*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



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



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG) (cont.)		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 - Medical Benefit Therapeutic Equivalent Medications¹			
		J9054	J9072	J9074	J9076
		J9172	J9184	J9292	J9304
		J9324			
		¹ Some members may not have coverage for these drugs.			
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			



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



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



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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	Prior authorization required for both Surest plan and Surest Flex plan members			
	SEE orthotics and prosthetics.	For the DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000			
		A7025	A7026	E0194	E0265
	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.	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
	Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification/prior authorization regardless of the cost.	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



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Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Functional endoscopic sinus surgery (FESS) (cont.)			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 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 81431 81425 81426 81427 81440 81435 81437 81439 81448 81441 81443 81445 81455 81449 81450 81451 81460 81457 81458 81459 81471 81463 81464 81465 81519 81479 81521 81518 81523 81520 81542 81522 81552 81541 81599 81546 87506 81595 0022U 87505 0026U 0018U 0047U 0023U 0050U 0037U 0087U 0048U 0094U 0055U 0102U 0088U 0111U 0101U 0129U 0103U 0162U 0118U 0171U 0154U 0209U 0170U 0212U 0179U 0214U 0211U 0216U 0213U 0218U 0215U 0237U		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic testing/lab services (cont.)		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	0499U	0502U	0505U
		0506U	S3854	S3865	S3870
Home health care		Prior authorization required for both Surest plan and Surest Flex plan members			
		T1000	T1002	T1003	
Hysterectomy – Inpatient only	Vaginal hysterectomies	Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		58267	58270	58292	58294
Hysterectomy – Inpatient and outpatient procedures	Abdominal and laparoscopic surgeries	Prior authorization is required for Surest plan members			
		Flexible coverage activation is required for Surest Flex plan members			
		58150	58152	58180	58541
		58542	58543	58544	58550
		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



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		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	
		Asthma			
		J0517	J2182	J2356	J2357
		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



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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			
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		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
		J1553	J1555	J1556	J1557
		J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		Immune modulator			
		J0490	J0491	J0638	J1823
		J7352	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 medications⁴			
		J0589	J1072	J0179	J1552



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1554	J1576	J2508	J7320
		J7321	J7322	J7324	J7325
		J7326	J7327	J7329	J7331
		J7332	Q5124	Q5136	
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323	Q5134		
		Neutropenia²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		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 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, J1599, 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.

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 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

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

21050 21121 21123 21125



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Treatment of maxillofacial functional impairment		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	L5657	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	L6034	L6035
		L6036	L6026	L6039	L6050
		L6055	L6038	L6130	L6200
		L6205	L6120	L6320	L6350
		L6360	L6310	L6400	L6450
		L6570	L6370	L6582	L6584
		L6586	L6580	L6590	L6621
		L6624	L6588	L6648	L6693
		L6696	L6638	L6707	L6881
		L6882	L6697	L6885	L6900
		L6905	L6884	L6920	L6925



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6930	L6910	L6940	L6945
		L6950	L6935	L6960	L6965
		L6970	L6955	L7007	L7008
		L7009	L6975	L7045	L7170
		L7180	L7040	L7185	L7186
		L7190	L7181	L7499	L8042
		L8043	L7191	L8049	V2629
		L8044			
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	
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			
		Prior authorization is required for an oncology diagnosis IGRT			



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		77387			
		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)			
		77402*	77407	77412	
*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			
		30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty		Prior authorization is required for Surest plan members			



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sinuplasty (cont.)		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			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea		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			
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	63185	63190
		63266	63271	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63301
		63302	63305	63306	63308



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

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
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
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Neurostimulator

43647	43648	43881	43882
61863	61864	61867	61868
61885	61886	64555	64568
64590*	64595	64561	64581

***Prior authorization is not required for the following DX:**

N32.81	N32.9	N39.3	N39.41
N39.42	N39.46	N39.490	N39.498
R15.0	R15.1	R15.2	R15.9
R30.0	R30.1	R30.9	R32
R33.0	R33.8	R33.9	R35.0
R35.1	R35.81	R35.89	R39.11
R39.12	R39.13	R39.14	R39.15
R39.16	R39.81	R39.89	R39.9
R39.191	R39.192	R39.198	

Therapeutic radiopharmaceuticals

To submit a Therapeutic Radiopharmaceuticals prior authorization request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log onto

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

A9513	A9590	A9606	A9607
A9615	A9699		



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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Therapeutic radiopharmaceuticals (cont.)	UHCProvider.com /Prior Authorization and Notification homepage and select 'Oncology' from the 'Select prior authorization type for submission' dropdown				
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® (Idescaptagene Cicleucel) - Amtagvi™ (lileucel) - Breyanzi® (Lisocabtagene Maralucel) - Carvykti™ (ciltacabtagene autoleucel) - Casgevy™ (exagamglogene autotemcel) - Kebilidi (eldocagene exuparvovec-tneq) - Kymriah™ (tisagenlecleucel) - Lantidra™ (donislecel) - Lenmeldy™ (atidarsagene autotemcel) - Lyfgenia™ (lovotibeglogene autotemcel) - Ryoncil® (remestemcel-L-rknd) - Skysona® (elivaldagene autoemcel) - Tecartus™ (brexucabtagene 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 44132 44133 44135 44136 S2053 Kidney 50300 50320 50323 50340 50360 50365 50370 50547 Kidney/pancreas S2065 Liver 47135 47143 47147 Lung 32850 32851 32852 32853 32854 32856 S2060 S2061 Pancreas 48551 48552 48554 Services related to transplants 32855 33933 38206 38208 38209 38210 38212 38213 38214 38215 38232 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2054 S2140 S2142 S2152			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)	• 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	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			
Ventricular assist devices (VAD)		Prior authorization required for both Surest plan and Surest Flex plan members			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		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			