

# Prior Authorization Requirements

## STAR Kids

### Effective March 1 2023

#### General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR Kids for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://www.uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at [UHCprovider.com/TXCommunityPlan](https://www.uhcprovider.com/TXCommunityPlan) > Prior Authorization and Notification Resources > Prior Authorization Forms.

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

#### Medical

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975 20979		11/01/2016			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Bone-Modifying Agents	J0897	Oncology DX Codes	06/01/2018		Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Colony-Stimulating Factors	J2820	Oncology DX Codes	10/01/2017		Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Colony-Stimulating Factors	Q5108 Q5111	Oncology DX Codes	01/01/2019		Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer	Colony-	Q5120	Oncology	07/01/2020		Prior authorization is	Refer below link

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



Supportive Care	Stimulating Factors		DX Codes			required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Colony-Stimulating Factors	J1448 J2506	Oncology DX Codes	01/01/2022		Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Colony-Stimulating Factors	J1442 J1447 Q5101	Oncology DX Codes	10/01/2017		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Colony-Stimulating Factors	Q5110	Oncology DX Codes	01/01/2019		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cancer Supportive Care	Colony-Stimulating Factors	Q5122	Oncology DX Codes	02/01/2021		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J0640 J0641 J9000 J9015 J9017 J9019 J9020 J9025 J9027 J9032 J9033 J9034 J9035 J9039 J9040 J9041 J9042 J9043 J9045 J9047 J9050 J9055 J9060 J9065	Oncology DX Codes	01/01/2017		Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization please	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

	J9070 J9098 J9100 J9120 J9130 J9145 J9150 J9151 J9155 J9160 J9165 J9171 J9175 J9176 J9178 J9179 J9181 J9185 J9190 J9200 J9201 J9202 J9205 J9206 J9207 J9208 J9209 J9211 J9212 J9213 J9214 J9215 J9216 J9217 J9218 J9225 J9226 J9228 J9230 J9245 J9250 J9260 J9261 J9262 J9263 J9264 J9266 J9267 J9268 J9271 J9280 J9293 J9295 J9299 J9301 J9302 J9303 J9305 J9306 J9307 J9308 J9315* J9320 J9328 J9330 J9340 J9351 J9352 J9354 J9355 J9357 J9360 J9370 J9371 J9390 J9395 J9400 J9600 J9999 Q2017 Q2043 Q2050			call 866-604-3267.*deleted code effective 7/1	
Chemotherapy	J0640 J0641 J9000 J9015 J9017 J9019 J9020 J9025 J9027 J9032 J9033 J9034 J9035 J9039 J9040 J9041 J9042 J9043 J9045 J9047 J9050 J9055 J9060 J9065 J9070 J9098 J9100 J9120 J9130 J9145 J9150 J9151 J9155 J9160 J9165 J9171 J9175 J9176 J9178 J9179 J9181 J9185 J9190 J9200 J9201 J9202 J9205 J9206 J9207 J9208 J9209	Oncology DX Codes	01/01/2017	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



	J9211 J9212 J9213 J9214 J9215 J9216 J9217 J9218 J9225 J9226 J9228 J9230 J9245 J9250 J9260 J9261 J9262 J9263 J9264 J9266 J9267 J9268 J9271 J9280 J9293 J9295 J9299 J9301 J9302 J9303 J9305 J9306 J9307 J9308 J9315* J9320 J9328 J9330 J9340 J9351 J9352 J9354 J9355 J9357 J9360 J9370 J9371 J9390 J9395 J9400 J9600 J9999 Q2017 Q2043 Q2050				
Chemotherapy	J9022 J9023 J9203 J9285	Oncology DX Codes	04/01/2018	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. *deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy	J9057 J9153 J9173 J9229 J9311 J9312	Oncology DX Codes	01/01/2019	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. *deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy	J9030 J9036	Oncology DX Codes	08/01/2019	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					authorization, please call 866-604-3267.*deleted code effective 7/1	
Chemotherapy		J9119 J9204 J9210 J9269 J9313	Oncology DX Codes	10/01/2019	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J9309	Oncology DX Codes	02/01/2020	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J0642	Oncology DX Codes	03/01/2020	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J9177 J9198 J9246 J9358 Q5119	Oncology DX Codes	07/01/2020	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Chemotherapy		Q5107 Q5117	Oncology DX Codes	10/01/2020		Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. *deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J9227 J9304	Oncology DX Codes	11/01/2020		Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. *deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J9118 J9144 J9223 J9281 J9316 J9317	Oncology DX Codes	01/01/2021		Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. *deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J1950	Oncology DX Codes	07/01/2021		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J9037 J9348 J9349 J9353 Q5123	Oncology DX Codes	10/01/2021		Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					call 866-604-3267.*deleted code effective 7/1	
Chemotherapy		J9247 J9318 J9319	Oncology DX Codes	01/01/2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Chemotherapy		J9071 J9273 J9359	Oncology DX Codes	07/01/2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cochlear Implants 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		69714 69930 L8614 L8619 L8690 L8691 L8692		11/01/2016		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Continuous Glucose Monitor		E2102		02/01/2023		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Continuous Glucose Monitor		A4239	E2103	01/01/2023		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Continuous Glucose Monitor		A9276 A9278	A9277	10/01/2021		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Cosmetic & Reconstructive procedures		11960 11971 15820 15821 15822 15823 15830 15847 17106 17107 17108 17999 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21275 21280 21282 21295 21740 21742 21743 28344 30620 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914		11/01/2016		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



		67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 Q2026				
Cosmetic & Reconstructive procedures		14020 14021 14041 14061	07/01/2021			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Dental Anesthesia		00170	07/01/2017		Prior authorization is required, for members younger than age 21, when billed with modifier U3.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Durable Medical Equipment (DME)		A9279 E0194 E0265 E0300 E0445 E0457 E0460 E0466 E0483 E0636 E0638 E0641 E0642 E0669 E0700 E0710 E0745 E0762 E0764 E0784 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1035 E1161 E1229 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1399 E2100 E2227 E2228 E2300 E2325 E2327 E2329 E2351 E2373 E2510 E2511 E2599 E2626 E2627 E2628 E2629 E2630 E8001 K0005 K0008 K0013 K0108 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 T1999	11/01/2016		Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Durable Medical Equipment (DME)		E0766	04/01/2017		Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc





					section.	
Durable Medical Equipment (DME)		E0481		10/01/2017	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Durable Medical Equipment (DME)		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		04/01/2019	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Durable Medical Equipment (DME)		A9900 E0465 E0637		05/01/2019	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Durable Medical Equipment (DME)		E0639 E0640		02/01/2021		Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B9002 B9998		11/01/2016			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4035 B4036 B4103 B4104 B4149 B4150 B4152 B4153 B4155 B4158 B4159 B4160 B4161		05/01/2019			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Femoroacetabular Impingement Syndrome (FAI)		29914 29915 29916		11/01/2016			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81162		11/01/2016		Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81163 81164 81165 81166		01/01/2019		Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212 81216		02/01/2019		Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	0040U	02/01/2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
		81105			
		81106			
		81107			
		81108			
		81109			
		81110			
		81111			
		81120			
		81121			
		81161			
		81170			
		81200			
		81201			
		81203			
		81205			
		81208			
		81209			
		81218			
		81220			
		81222			
		81223			
		81224			
		81225			
		81226			
		81227			
		81240			
		81241			
		81242			
		81243			
		81244			
		81245			
		81246			
		81250			
		81251			
		81252			
		81253			
		81254			
		81255			
		81256			
81257					
81260					
81261					
81262					
81263					
81264					
81265					
81266					
81267					
81268					
81272					
81273					
81276					
81287					
81288					
81290					
81291					
81292					
81294					
81295					
81297					
81298					
81300					
81302					
81303					
81304					
81310					
81313					
81314					
81315					
81316					
81317					
81318					
81319					
81321					
81322					
81323					
81324					
81325					
81326					
81327					
81330					
81331					
81332					
81340					
81341					
81342					
81350					
81355					
81370					
81371					
81372					
81373					
81375					
81376					
81377					
81378					
81379					
81380					
81381					
81382					
81383					
81400					
81401					
81402					
81403					
81404					
81405					
81406					
81407					
81408					
81410					
81411					
81420					
81507					
81519					
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81167	04/01/2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
		81233			
		81237			

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



					program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	0111U 0129U 0136U 0137U		11/01/2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	0068U 0097U 87481 87482 87505 87506 87507 87510 87511 87512 87623 87797 87799 87800 87801		11/01/2020	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81229		10/01/2021	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic testing	81238 81247 81248 81249 81258 81259 81269 81278 81334 81351 81352 81353 81361		06/01/2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Enjaymo™	J1302		02/01/2023	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 & Drug Administration (FDA) and included on our Review at	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



				<p>Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Vabysmo®	J2777	02/01/2023	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	***White blood cell colony-	J1442 J1447	10/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



	stimulating factors	Q5101 Q5110			<p>Medications policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<a href="#">Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	**Therapeutic Radio-Pharmaceuticals	A9699		05/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	**Therapeutic Radio-Pharmaceuticals	A9513		11/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	**Therapeutic Radio-Pharmaceuticals	A9590		03/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	*Synagis®	90378	11/01/2016	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>	



Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Actemra®	J3262		01/01/2019		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Acthar®	J0800		11/01/2016		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					<p>oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Adakveo®	J0791		07/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Aduhelm®	J0172		02/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>Provider Portal dashboard or call 877-842-3210****  J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Aldurazym®	J1931		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****  J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Amondys 45	C9075		09/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Aralast NP®Prolastin-C®Zemaira®	J0256		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Avsola®	Q5121		04/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Brineura™	J0567		01/01/2019	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Cimzia®	J0717		04/01/2020	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Cinqair®	J2786		04/01/2017	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
------------------------	----------	-------	--	------------	---	--

Injectable Medications	Cinryze®	J0598		10/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
------------------------	----------	-------	--	------------	---	--

					<p>Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Crysvita®	J0584		01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Elaprase®	J1743		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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



through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Entyvio®	J3380		01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Evenity™	J3111		10/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt;</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>



Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.\* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Exondys 51TM	J1428		01/01/2018	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Fabrazyme®	J0180		04/01/2022	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.\* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Fasenra™	J0517		01/01/2019		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Fensolvi®	J1951		10/01/2021		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-</p>	<p>Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					<p>oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Firmagon®****	J9155		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Gamifant®	J9210		10/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Givlaari®	J0223		07/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Glassia®	J0257		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Ilaris®	J0638		04/01/2018	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Ilumya™	J3245		01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Inflectra®	Q5103		01/01/2019	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Kanuma®	J2840		04/01/2022	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Krystexxa®	J2507		08/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Lemtrada®	J0202		10/01/2017	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>



Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Lumizyme®	J0221		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Lupron Depot, Eligard®****	J9217		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Lupron Depot®****	J1950		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.**Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Luxturna™	J3398		01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt;</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.\* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Injectable Medications	Makena®	J2675		11/01/2016	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Makena®	J1726 J1729		01/01/2018	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.\* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Mepsevii®	J3397		04/01/2022		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p>	<p>Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Naglazyme®	J1458		04/01/2022		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p>	<p>Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Nexviazyme®	C9085 J3490 J3590		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Nexviazyme®	J0219		05/01/2022		<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Nplate®	J2796		08/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Nucala®	J2182		04/01/2017	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Ocrevus™	J2350		01/01/2018	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Onpattro™	J0222		10/01/2019	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Orencia®	J0129		01/01/2019	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc





					888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Parsabiv™	J0606		11/01/2018	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Probuphine®	J0570		04/01/2017	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

					<p>Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Radicava®	J1301	01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>	
Injectable Medications	Reblozyl ®	J0896	07/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>	

					<p>authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Remicade®	J1745		01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Renflexis®	Q5104		01/01/2019	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Revcovi®	J3590		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Rituxan Hycela®	J9311		04/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p>	
Injectable Medications	Rituxan®	J9312	04/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>	

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Ruconest®	J0596		10/01/2020		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Ruxience ®	Q5119		07/01/2020		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					<p>oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Sandostatin® LAR	J2353		08/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Saphnelo™	J0491		05/01/2022		<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Signifor® LAR	J2502		08/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Soliris®	J1300		10/01/2017	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Somatuline® Depot	J1930		08/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc





					and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Spinraza™	J2326		01/01/2018	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Spravato®	S0013		02/01/2021	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Stelara IV®	J3358		04/01/2020	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Sublocade™	Q9991 Q9992		07/01/2018	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

					<p>Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Supprelin® LA****	J9226		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Susvimo™	C9093		05/01/2022		<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Tepezza®	J3241		12/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

					<p>through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Trelstar®	J3315		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Triptodur®	J3316		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt;</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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



					Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Trogarzo™	J1746		01/01/2019	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Truxima®	Q5115		07/01/2021	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.\* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.\*\*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.\*\*\*Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210\*\*\*\* J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Ultomiris™	J1303		10/01/2019		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Uplizna®	J1823		04/01/2021		<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://www.uhcprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at <a href="https://www.uhcprovider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

					<p>oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Vantas™****	J9225		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Viltepso™	J1427		07/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc





					<p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Vimizim®	J1322		04/01/2022	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Vyepti™	J3032		01/01/2021	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					<p>section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Vyondys 53 ®	J1429		07/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>
Injectable Medications	Xembify ®	J1558		07/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell</p>	<p>Refer below link  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a></p>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
Injectable Medications	Xolair®	J2357		11/01/2016	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications	Zoladex®****	J9202		07/01/2021	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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

					<p>Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
Injectable Medications	Zolgensma ®	J3399		07/01/2020	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications – Temporary and Unclassified	Cutaquig@Lupaneta PackTM	C9399		11/01/2016	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Injectable Medications – Temporary and Unclassified	Nexviazyme®	C9085		02/01/2022	<p>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 &amp; Drug Administration (FDA) and</p>	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
Injectable Medications – Temporary and Unclassified	Saphnelo™	C9086	02/01/2022		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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		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 21244 21245 21246 21247 21255 21296 21299	11/01/2016			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Orthotics and		L0112 L0170 L0456 L0462 L0464 L0480 L0482 L0484 L0486 L0624 L0629 L0631 L0632 L0634 L0636 L0637 L0638 L0640 L0700 L0710 L0810 L0820 L0830 L0859 L1000 L1005 L1200 L1300 L1310 L1499 L1680 L1685 L1700 L1710 L1720 L1730 L1755 L1834 L1840 L1844 L1845 L1846 L1860 L1945 L1950 L1970 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2060 L2106 L2108	11/01/2016		Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

L2126  
L2136  
L2350  
L2510  
L2526  
L2627  
L2628  
L3230  
L3265  
L3649  
L3671  
L3674  
L3720  
L3730  
L3740  
L3764  
L3900  
L3901  
L3904  
L3905  
L3961  
L3971  
L3975  
L3976  
L3977  
L3999  
L4000  
L4010  
L4020  
L5010  
L5020  
L5050  
L5060  
L5100  
L5105  
L5150  
L5160  
L5200  
L5210  
L5220  
L5230  
L5250  
L5270  
L5280  
L5301  
L5312  
L5321  
L5331  
L5341  
L5400  
L5420  
L5460  
L5500  
L5505  
L5510  
L5520  
L5530  
L5535  
L5540  
L5560  
L5570  
L5580  
L5585  
L5590  
L5595  
L5600  
L5610  
L5613  
L5614  
L5616  
L5639  
L5640  
L5642  
L5643  
L5644  
L5646  
L5648  
L5651  
L5653  
L5661  
L5682  
L5702  
L5703  
L5706  
L5716  
L5718  
L5722  
L5724  
L5726  
L5728  
L5780  
L5790  
L5795  
L5811  
L5812  
L5814  
L5816  
L5818  
L5822  
L5824  
L5826  
L5828  
L5830  
L5848  
L5857  
L5858  
L5930  
L5950  
L5960  
L5961  
L5964  
L5966  
L5968  
L5973  
L5976  
L5979  
L5980  
L5981  
L5982  
L5984  
L5987  
L5988  
L5990  
L6000  
L6010  
L6020  
L6050  
L6055  
L6100  
L6110  
L6120  
L6130  
L6200

L6205  
L6250  
L6300  
L6310  
L6320  
L6350  
L6360  
L6370  
L6380  
L6382  
L6384  
L6400  
L6450  
L6500  
L6550  
L6570  
L6580  
L6582  
L6584  
L6586  
L6588  
L6590  
L6621  
L6623  
L6624  
L6646  
L6648  
L6686  
L6687  
L6689  
L6690  
L6692  
L6693  
L6694  
L6695  
L6696  
L6697  
L6704  
L6707  
L6708  
L6709  
L6711  
L6712  
L6713  
L6714  
L6715  
L6880  
L6881  
L6882  
L6883  
L6884  
L6885  
L6895  
L6900  
L6905  
L6910  
L6915  
L6920  
L6925  
L6930  
L6935  
L6940  
L6945  
L6950  
L6955  
L6960  
L6965  
L6970  
L6975  
L7007  
L7008  
L7009  
L7040  
L7045  
L7170  
L7180  
L7181  
L7185  
L7186  
L7190  
L7191  
L7405  
L8040  
L8042  
L8043  
L8044  
L8045  
L8046  
L8047  
L8499  
L8610

Orthotics and	L1812 L1820 L1830 L1831 L1836 L1847	01/01/2018	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Orthotics and	L3763 L4631 L5647 L5649 L5673 L5683 L5700 L5705 L5845 L5962 L5986 L5999	04/01/2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Orthotics and		L1832		05/01/2019		Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Outpatient Therapy		97542*		07/01/2017		Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits) Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com>UnitedHealthcare Provider Portal > Prior Authorization and Notification.* Prior authorization not required for DME providers	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Outpatient Therapy	OR billed with these revenue codes	419 420 421 422 423 424 429 430 431 432 433 434 439 977 978		11/01/2016		Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits) Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com>UnitedHealthcare Provider Portal > Prior Authorization and Notification.* Prior authorization not required for DME providers	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Prostate Procedures		55866		11/01/2016		Prior authorization will not be required for dates of service on or after March 1, 2022	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Prostate Procedures		37243 53850 55874		04/01/2022		Prior authorization will not be required for dates of service on or after March 1, 2022	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Rhinoplasty and Septoplasty		30400 30410 30420 30430 30435 30450 30460 30462 30465		11/01/2016			Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Auditory System	69205		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Cardiovascular System	36590 36832		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Carpal Tunnel Surgery	64721		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Cataract Surgery	66821 66982 66984		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Colonoscopy	45378 45380 45384 45385		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Cosmetic & Reconstructive	13101 13132 14040 14060 14301 21552 21931		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Digestive System	42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of	FNT	71320		07/01/2020		Prior authorization is only required	Refer below link

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc





service (SOS) – Outpatient Hospital	Procedures	30140 30520 69436 69631			when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Eye and Ocular Adnexa	65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Female Genital System	57240 57250 57461 57520 58561 58562		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Gynecologic Procedures	57522 58353 58558 58563 58565		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Hemic and Lymphatic Systems	38500 38510 38525		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Site of service (SOS) – Outpatient Hospital	Hernia Repair	49505 49585 49587 49650 49651 49652 49653 49654 49655		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Integumentary System	10121 11440 11450 11624 11770 13121 15100 15120 15240 19020 19120 19125		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Liver Biopsy	47000		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Male Genital System	54840		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Miscellaneous	20680		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Musculoskeletal System	20552 20553 21012 21013 21336 21554 21555 21556 21930 22902 22903 23071 23075 24071 27327 27337 27632 28035 28039 28041 28060 28080 28090 28104 28110 28118 28119 28124 28285 28289 28292 28296 28297 28298 28299 29806 29807 29819 29822 29823 29824 29825 29826 29827 29828 29835 29840 29845 29846 29848 29861		07/01/2020		Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

		29875 29876 29877 29879 29880 29881 29882 29888 29893				
Site of service (SOS) – Outpatient Hospital	Nervous System	64561 64640		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Ophthalmologic	65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Respiratory System	30802 30930 31525 31535 31536 31541 31624		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Tonsillectomy & Adenoidectomy	42820 42821 42825 42826 42830		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Upper Gastrointestinal Endoscopy	43235 43239 43249		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Urinary System	52276 52287 52320 52344		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Site of service (SOS) – Outpatient Hospital	Urologic Procedures	50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 55700 57288		07/01/2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 41599 42145		11/01/2016		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Spinal Surgery		22514		07/01/2020	Prior authorization is	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



					required. In addition, site of service will be reviewed as part of prior authorization	<a href="#">Record-Requirements-for-Pre-Service.pdf</a>
Spinal Surgery		22510 22511 22512 22513 22515		04/01/2022		Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Transplants	CAR T-Cell	Q2056		02/01/2023	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Transplants	CAR T-Cell Therapy	Q2041		04/01/2018	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Transplants	CAR T-Cell Therapy	0537T 0538T 0539T 0540T Q2042		01/01/2019	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Transplants	CAR T-Cell Therapy	Q2053		07/01/2021		For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Transplants	CAR T-Cell Therapy	Q2055		02/01/2022		For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Transplants	CAR T-Cell Therapy	C9098 J9999		07/01/2022		For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Transplants	Transplant Services	32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552		11/01/2016		For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

		48554 50300 50320 50323 50325 50340 50360 50365 50370 50380 50547 S2060 S2061 S2152				
Transplants	Transplant Services	38232	Oncology DX Codes	11/01/2016	For transplant and CAR T-Cell therapy services including Carvykti™ (cilicabtagene autoleucl), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475 36478 37700 37718 37722 37780		11/01/2016	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473		04/01/2017	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765 37766		07/01/2021	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509		11/01/2016	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged		33927 33928 33929		01/01/2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management	Refer below link <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</a>

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

PCA-7-22-00639-Clinical-WEB\_04042022  
© 2022 United HealthCare Services, Inc



ventricle of the heart and restores normal blood flow

team at 855-282-8929.

**Behavioral**

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Electroconvulsive therapy	ECT (Single Seizures)	90870	MH	09/01/2014	07/06/2021		Supplemental Clinical Criteria: Electroconvulsive Therapy (ECT)
Electroconvulsive therapy	Electroshock treatment	901	MH	09/01/2014	07/06/2021		Supplemental Clinical Criteria: Electroconvulsive Therapy (ECT)
Inpatient Mental Health	Intensive Care-Psychiatric	204	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/3-4 bed	134	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/pvt	114	MH	09/01/2014	08/22/2022		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/pvt deluxe	144	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/semi	124	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/ward	154	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Substance Abuse	Detoxification/3-4 bed	136	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/pvt	116	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/pvt deluxe	146	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/semi	126	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/ward	156	SA	09/01/2014	07/06/2021		ASAM Criteria
Intensive Outpatient (IOP)	Intensive OP Services - Chem Dep	906	SA	09/01/2014	07/06/2021		ASAM Criteria
Intensive Outpatient (IOP)	Intensive OP Services - Psychiatric	905	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Partial Hospitalization (PHP)/Day Treatment	Partial hospitalization-intensive	913	BH	09/01/2014	07/06/2021		SUD ASAM Criteria
Partial Hospitalization (PHP)/Day Treatment	Partial hospitalization-less intensive	912	BH	09/01/2014	07/06/2021		SUD ASAM Criteria
Psych/Neuropsych	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	96110	BH	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Psych/Neuropsych	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	96137	Any	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Psych/Neuropsych	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	96136	Any	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Psych/Neuropsych	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	96130	BH	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Psych/Neuropsych	Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131	BH	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Residential	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	H0016	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	H0012	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Alcohol and/or other drug treatment program, per hour	H2035	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Alcohol and/or substance abuse services, treatment plan development and/or modification	T1007	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Mental health assessment, by non-physician	H0031	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Patient education, not otherwise classified, non-physician provider, individual, per session	S9445	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Residential	H2035	SA	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Residential Treatment - Chem Dep	1002	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Residential Treatment - Psychiatric	1001	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII