

Prior Authorization Requirements STAR+PLUS Effective Jan 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) [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 |
|--|--------------------------|---|--------------------------------|----------------|-------------|--|--|
| Bariatric Surgery | | 114 116 124 126 134 136 144 146 154 156 204 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Bone Growth Stimulator | | 901 905 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Breast Reconstruction (Non-Mastectomy) | | 1001 1002 19318 19328 19340 19350 19361 19364 19367 19368 19369 19370 19371 19380 19396 906 912 913 | Breast Reconstruction DX Codes | 01/01/2015 | | Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Cancer Supportive Care | Colony-Stimulating Factors | J1442 J1447 J2820 Q5101 | 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 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cancer Supportive Care | Colony-Stimulating Factors | J1442 J1447 J2820 Q5101 | Oncology DX Codes | 10/01/2017 | | Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cancer Supportive Care | Colony-Stimulating Factors | Q5108 Q5110 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 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Cancer Supportive Care | Colony-Stimulating Factors | Q5108 Q5110 Q5111 | Oncology DX Codes | 01/01/2019 | | Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cancer Supportive Care | Colony-Stimulating Factors | Q5120 | Oncology DX Codes | 07/01/2020 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 the 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cardiology | | 33206 33207 33208 33212 33213 33214 33221 33224 33225 33227 33228 33229 33230 33231 33240 33249 33262 33263 33264 33270 93303 93304 93306 93307 93308 93350 93351 93452 93453 93454 93455 93456 93457 93458 93459 93460 93461 | | 10/01/2016 | | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. 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 866-889-8054. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cardiology | | 93319 | | 06/01/2022 | | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. 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 866-889-8054. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cardiovascular | | 37220 37221 37224 37225 37226 37227 37228 37229 | | 09/01/2020 | | Prior authorization requirements applies to members 18yrs and older | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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|---|--------------------------|--|-------------------|----------------|-------------|--|--|
| Cardiovascular | | 93580 | | 04/01/2022 | | Prior authorization requirements applies to members 18yrs and older | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cerebral Seizure Monitoring – Inpatient Video EEG | | 95726 | | 03/01/2016 | | Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cerebral Seizure Monitoring – Inpatient Video EEG | | 95718 95720 95722 95724 | | 01/01/2020 | | Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Chemotherapy | | C9399 J3490 J3590 J9155 J9202 J9217 J9225 J9226 | Oncology DX Codes | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Chemotherapy | | C9399 J3490 J3590 J9155 J9202 J9217 J9225 J9226 | Oncology DX Codes | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Chemotherapy | | J0642 | Oncology DX Codes | 03/01/2016 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| 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 J9160 J9165 J9171 J9175 J9176 J9178 J9179 J9181 J9185 J9190 J9200 J9201 J9205 J9206 J9207 J9208 J9209 J9211 J9212 J9213 J9214 J9215 J9216 J9218 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 | 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 call 866-604-3267. *deleted code effective 7/1 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Chemotherapy | | J9044 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 authorization, please call 866-604-3267. *deleted code effective 7/1 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Chemotherapy | | J9037 J9349 | Oncology DX Codes | 05/01/2021 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Chemotherapy | | J9348 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 call 866-604-3267. *deleted code effective 7/1 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Circumcision | | 54150 54160 54161 54162 | | 01/01/2015 | | Prior authorization is required for members older than age 1. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Cochlear Implants and Other Auditory Implants | | 69714 69930 L8614 L8690 L8691 L8692 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cochlear Implants and Other Auditory Implants | | L8619 | | 01/01/2017 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Continuous Glucose Monitor | | K0554 | | 07/01/2021 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Continuous Glucose Monitor | | A9276 A9277 A9278 | | 10/01/2021 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 Q2026 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Cosmetic & Reconstructive Procedures | | 14020 14021 14041 14061 | | 07/01/2021 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Durable Medical Equipment (DME) | | A9279 E0194 E0265 E0300 E0445 E0457 E0460 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 | | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Durable Medical Equipment (DME) | | E0466 | | 01/01/2016 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 section. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Enteral Services | | B9002 B9998 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Enteral Services | | B4034 B4035 B4036 B4103 B4104 B4149 B4150 B4152 B4153 B4155 B4158 B4159 B4160 B4161 | | 05/01/2019 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Experimental & Investigational (and/or Linked Services) | | 36514 64722 66180 A9274 E1831 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Experimental & Investigational (and/or Linked Services) | | 33477 | | 05/02/2016 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Experimental & Investigational (and/or Linked Services) | | S8262 | | 09/01/2016 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Femoroacetabular Impingement Syndrome (FAI) | | 29914 29915 29916 | | 10/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Functional Endoscopic Sinus Surgery (FESS) | | 31240 31254 31255 31256 31267 31276 31287 31288 | | 05/02/2016 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Functional Endoscopic Sinus Surgery (FESS) | | 31253 31257 31259 | | 07/01/2018 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Gender Dysphoria Treatment | | 55970 55980 | | 07/01/2018 | | Prior authorization is required for these codes with any DX. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Gender Dysphoria Treatment | | 56805 57335 | Gender Dysphoria Treatment DX Codes | 07/01/2018 | | Prior authorization is only required for these codes with these DX codes. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Genetic and Molecular Testing to Include BRCA Gene Testing | BRCA Genetic Testing | 81162 | | 05/02/2016 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
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| 81519 | | | | | | | |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing | 81167 81233 81237 | | 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 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic testing | 81238 81247 81248 81249 81258 81259 81269 81278 81334 81351 81352 81353 81361 81364 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Home Health Care | | 99503 G0153 S9474 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Home Health Care | | G0299 G0300 | | 03/01/2016 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Home Health Care | | G0162 | | 01/01/2018 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

Injectable Medications

Actemra®

J3262

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 <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf>

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| Injectable Medications | Acthar® | J0800 | | 01/01/2015 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Adakveo®

J0791

07/01/2020

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**** 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 <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf>

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| Injectable Medications | Adulhelm® | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Aldurazym®

J1931

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 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 <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf>

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| Injectable Medications | Amondys 45 | C9075 J3490 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Benlysta

J0490

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**** 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

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| Injectable Medications | Botulinum Toxin | J0585 J0586 J0587 J0588 | | 01/01/2015 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Brineura™

J0567

01/01/2019

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| Injectable Medications | Cimzia® | J0717 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Cinqair®

J2786

04/01/2017

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Crysvita®

J0584

01/01/2019

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Entyvio®

J3380

01/01/2019

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Exondys 51™

J1428

01/01/2018

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| Injectable Medications | Fabrazyme® | J0180 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Fasenra™

J0517

01/01/2019

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Firmagon®**** J9155

07/01/2021

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Refer below link <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf>

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Givlaari®

J0223

07/01/2020

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Ilaris®

J0638

04/01/2018

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| Injectable Medications | Ilumyatm | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Inflectra®

Q5103

01/01/2019

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| Injectable Medications | IVIG | 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1599 | | 01/01/2015 | <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 & 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</p> | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
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Injectable Medications

IVIG

J1575

05/01/2016

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| Injectable Medications | IVIG | J1555 | | 01/01/2018 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

IVIG

J1554

07/01/2021

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| Injectable Medications | Kanuma® | J2840 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Krystexxa®

J2507

08/01/2021

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Lumizyme®

J0221

04/01/2022

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Makena®

J2675

01/01/2015

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

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| Injectable Medications | Makena® | J1726 J1729 | | 01/01/2018 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Mepsevii®

J3397

04/01/2022

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Nexviazyme®

C9085 J3490
J3590

04/01/2022

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| Injectable Medications | Nexviazyme® | J0219 | | 05/01/2022 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Nplate®

J2796

08/01/2021

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| Injectable Medications | Nucala® | J2182 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Ocrevus™

J2350

01/01/2018

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| Injectable Medications | Octreotide Acetate | J2354 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Onpattro™

J0222

10/01/2019

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| Injectable Medications | Orencia® | J0129 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Parsabiv™

J0606

11/01/2018

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| Injectable Medications | Probuphine® | J0570 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Radicava®

J1301

01/01/2019

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Remicade®

J1745

01/01/2019

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Revcovi®

J3590

04/01/2022

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Rituxan®

J9312

04/01/2020

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Ruxience ®

Q5119

07/01/2020

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Saphnelo™

C9086

02/01/2022

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| Injectable Medications | Saphnelo™ | J0491 | | 05/01/2022 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Signifor® LAR J2502

08/01/2021

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| Injectable Medications | Simponi Aria | J1602 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| Injectable Medications | Sodium Hyaluronate | J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| Injectable Medications | Sodium Hyaluronate | J7331 J7332 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Soliris®

J1300

10/01/2017

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Spinraza™

J2326

01/01/2018

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| Injectable Medications | Spravato® | S0013 | | 02/01/2021 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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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**** 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

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| Injectable Medications | Sublocade™ | Q9991 Q9992 | | 07/01/2018 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Supprelin®
LA****

J9226

07/01/2021

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| Injectable Medications | Susvimo™ | C9085 | | 05/01/2022 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Synagis®*

90378

01/01/2015

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| Injectable Medications | Therapeutic Radio-Pharmaceuticals ** | A9590 | 03/01/2016 | <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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Triptodur®

J3316

07/01/2021

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| Injectable Medications | Trogarzo™ | J1746 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable
Medications

Truxima®

Q5115

07/01/2021

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Uplizna®

J1823

04/01/2021

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Viltepto™

J1427

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 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 <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf>

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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
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| Injectable Medications | White blood cell colony-stimulating factors*** | J1442 J1447 Q5101 Q5110 | 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 & 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</p> | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf |
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| 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Xolair®

J2357

01/01/2015

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

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| Injectable Medications | Zoladex®**** | J9202 | | 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 & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf</p> |
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Injectable Medications

Zolgensma ® J3399

07/01/2020

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**** 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 <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Records-Requirements-for-Pre-Service.pdf>

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|--|--------------------------|---|-----------------|----------------|-------------|---|--|
| Injectable Medications –Unclassified | Cutaquig®Lupaneta Pack™ | C9399 J3490 J3590 | | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Joint Replacement | | 23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Non-Emergent Air Ambulance Transport | | A0430 A0431 A0435 A0436 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Non-Emergent Ground Ambulance TX MANDATE | | A0382 A0398 A0420 A0422 A0424 A0425 A0426 A0428 A0433 A0434 | | 04/01/2016 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Orthognathic Surgery | | 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 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 | | 01/01/2015 | | Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

L1720 L1730
L1755 L1840
L1844 L1845
L1846 L1860
L1945 L1950
L1970 L2000
L2005 L2010
L2020 L2030
L2034 L2036
L2037 L2038
L2060 L2106
L2108 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
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| 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 L1840 L1844 L1845 L1846 L1860 L1945 L1950 L1970 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2060 L2106 L2108 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 | | 01/01/2015 | | Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members). | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| | | 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 | L1834 | | 03/01/2016 | Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members). | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf | |
| Orthotics and | L1812 L1820 L1830 L1831 L1836 L1847 | | 01/01/2018 | Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members). | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf | |
| Orthotics and | L1810 L1832 L1843 L1932 L1951 L1960 L2280 L2999 L3000 L3010 L3020 L3216 L3221 L3960 L4631 L5000 L5611 L5620 L5624 L5629 L5631 L5637 L5645 L5647 L5649 L5650 L5671 L5673 L5679 L5685 L5700 L5701 L5704 L5705 L5707 L5845 L5910 L5920 L5940 L5962 L5972 L5986 L8000 L8001 L8002 L8010 L8015 L8020 L8030 L8031 L8032 L8035 L8039 L8420 L8500 | | 01/01/2019 | Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf | |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|----------------------|-------------------------------------|--|-----------------|----------------|-------------|---|--|
| Orthotics and | | L1810 L1832 L1843 L1932 L1951 L1960 L2280 L2999 L3000 L3010 L3020 L3216 L3221 L3960 L4631 L5000 L5611 L5620 L5624 L5629 L5631 L5637 L5645 L5647 L5649 L5650 L5671 L5673 L5679 L5685 L5700 L5701 L5704 L5705 L5707 L5845 L5910 L5920 L5940 L5962 L5972 L5986 L8000 L8001 L8002 L8010 L8015 L8020 L8030 L8031 L8032 L8035 L8039 L8420 L8500 | | 01/01/2019 | | Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members). | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Orthotics and | | L3763 L5683 L5999 | | 04/01/2019 | | Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members). | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Outpatient Therapy | | 92507 92508 92526 97012 97014 97016 97018 97022 97026 97028 97033 97034 97039 97110 97112 97113 97116 97124 97140 97799 G0129 G0151 G0152 S8990 | | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Outpatient Therapy | | 70371 92626 92627 92630 92633 96105 97024 97032 97035 97036 97139 97150 97164* 97168* 97530 97533 97535 97542 97545 97546 97750 97760 97761 G0281 G0282 G0283 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Outpatient Therapy | OR billed with these revenue codes: | 419 420 421 422 423 424 429 430 431 432 433 434 439 440** 441** 977 978 | | 01/01/2015 | | ** Prior authorization required for nursing facilities only | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Private Duty Nursing | | T1000 T1002 T1003 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Prostate Procedures | | 55866 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Prostate Procedures | | 37243 53850 55874 | | 04/01/2022 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Proton Beam Therapy | | 77520 77522 77523 77525 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Psychological Testing | | 96116 96121 96130 96131 96132 96133 96136 96137 | | 10/01/2019 | | Prior authorization will not be required for dates of service on or after March 1, 2022 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Radiology | | 70336 70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 72195 72196 72197 72198 73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700 73701 73702 73706 73718 73719 73720 73721 73722 73723 73725 74150 74160 74170 74174 74175 74176 74177 74178 74181 74182 74183 74185 74261 74262 74263 74712 74713 75557 75559 75561 75563 75571 75572 75573 75574 75635 76376 76377 76380 76497 76498 77021 77084 78012 78013 78014 78015 78016 78018 78070 78071 78072 78075 78099 78102 78103 78104 78185 78195 78199 78201 78202 78215 78216 78226 78227 78230 78231 78232 78258 78261 78262 78264 78265 78266 78278 78282 78290 | | 01/01/2015 | | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 866-889-8054. For more details, please visit UHCprovider.com/ TXCommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Radiology | 76391 | 03/01/2016 | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 866-889-8054. For more details, please visit UHCprovider.com/ TXCommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
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| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Radiology | | 0501T 0502T 0503T 0504T 77046 77047 77048 77049 | | 01/01/2019 | | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 866-889-8054. For more details, please visit UHCprovider.com/ TXCommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Radiology | | 76390 78830 78831 78832 | | 01/01/2020 | | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 866-889-8054. For more details, please visit UHCprovider.com/ TXCommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Radiology | | 0697T 0698T 0710T 0711T 0712T 0713T | | 06/01/2022 | | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 866-889-8054. For more details, please visit UHCprovider.com/ TXCommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Rhinoplasty and Septoplasty | | 30400 30410 30420 30430 30435 30450 30460 30462 30465 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Sinuplasty | | 31295 31296 31297 | | 08/03/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Sinuplasty | | 31298 | | 07/01/2018 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Site of Service (SOS) – Outpatient Hospital | ENT Procedures | 21320 30140 30520 69436 69631 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 29875 29876 29877 29879 29880 29881 29882 29888 29893 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Sleep Apnea Procedures & Surgeries | | 21685 41599 42145 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Spinal Surgery | | 22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 22224 22532 22533 22548 22551 22554 22556 22558 22586 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22830 22849 22850 22852 22855 22865 22899 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63040 63042 63045 63046 63047 63050 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63200 63250 63251 63252 63265 63267 63268 63270 63271 63272 63286 63300 63301 63302 63303 63304 63305 63306 63307 63308 | | 01/01/2015 | | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Spinal Surgery | | 22514 | | 07/01/2020 | | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Spinal Surgery | | 22510 22511 22512 22513 22515 | | 04/01/2022 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Stimulators | Bone-Growth Stimulator | E0747 E0748 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Stimulators | Bone-Growth Stimulator | E0760 | | 12/07/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Stimulators | Neurostimulator | 43648 43881 43882 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590 L8680 L8682 L8685 L8686 L8687 L8688 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Transplants | CAR T-Cell Therapy | Q2041 | | 04/01/2018 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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™ (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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|-----------------|--------------------------|---|-------------------|----------------|-------------|---|--|
| 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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 48554 50300 50320 50323 50325 50340 50360 50365 50370 50380 50547 S2060 S2061 S2152 | | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Transplants | Transplant Services | 38232 | Oncology DX codes | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Vein Procedures | | 36475 36478 37700 37718 37722 37780 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Vein Procedures | | 36473 | | 04/01/2017 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|---------------------------------|--------------------------|--|-----------------|----------------|-------------|--|--|
| Vein Procedures | | 37765 37766 | | 07/01/2021 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Ventricular Assist Device (VAD) | | 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509 | | 01/01/2015 | | 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 https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Ventricular Assist Device (VAD) | | 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 team at 855-282-8929. | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Wound Vac | | E2402 | | 01/01/2015 | | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

Behavioral

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|----------------------------|---|-----------|-----------------|----------------|-------------|----------|---|
| Crisis Services | Crisis intervention service, per 15 minutes | H2011 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS ECSII or ASAM for SUD |
| 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 | 07/06/2021 | | 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 |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|---|--|-----------|-----------------|----------------|-------------|----------|---|
| Intensive Outpatient (IOP) | Intensive OP Services - Psychiatric | 905 | MH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOC US ECSII |
| Partial Hospitalization (PHP)/Day Treatment | Partial hospitalization-intensive | 913 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOC US ECSII |
| Partial Hospitalization (PHP)/Day Treatment | Partial hospitalization-less intensive | 912 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOC US ECSII |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|------------------|---|-----------|-----------------|----------------|-------------|----------|--|
| 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 |
| Psych/Neuropsych | Psychological or neuropsychological test administration 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 Or Ailing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or |
| Psych/Neuropsych | Psychological or neuropsychological test administration 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 Or Ailing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or |
| 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 |
| Rehab services | Behavioral health day treatment, per hour | H2012 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Rehab services | Psychosocial rehabilitation services, per 15 minutes | H2017 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Residential | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) | H0016 | SA | 09/01/2014 | 07/06/2021 | | ASAM Criteria |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|-------------|---|-----------|-----------------|----------------|-------------|----------|---|
| Residential | Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) | H0012 | 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/CALOC US 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/CALOC US ECSII |