

Prior Authorization Requirements

STAR+PLUS

Effective Mar 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 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 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 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 |
| 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 | 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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| | | | | | 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 | |
| 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 |
| 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 |
| 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 |
| 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 | 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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| | | | | | 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 | |
| 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 |
| 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 | 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 |

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

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|--------------|--------------------------|---|----------------------|----------------|-------------|--|---|
| 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 |
| 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 |
| 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 | 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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| | | | | | authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. *deleted code effective 7/1 | |
| 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 |
| 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 |
| 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 | 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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| | | | | | for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.*deleted code effective 7/1 | |
| 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 |
| Cochlear Implants and Other Auditory Implants | | 69729 69730 | | 01/01/2023 | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Continuous Glucose Monitor | | E2102 | | 02/01/2023 | | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Continuous Glucose Monitor | | A4238 A4239 | E2103 | 01/01/2023 | | 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 A9278 | A9277 | 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 |
| Durable Medical Equipment (DME) | | A9279 E0194 E0265 E0300 E0445 E0457 E0460 E0483 E0636 E0638 E0641 E0642 E0669 E0700 E0710 E0745 E0762 E0764 E0784 E1002 | | 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 |

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| | | 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 | | | | |
| 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 | |
| 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 | |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|--|--------------------------|---|-----------------|----------------|-------------|--|---|
| 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 |
| 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 |
| 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) | | 58262 | | 09/01/2016 | | | 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 |
| 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 | 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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| | | | | | 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. | |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing | 0040U 81105 81106 81107 81108 81109 81110 81111 81120 81121 81161 81170 81200 81201 81203 81205 81208 81209 81218 81220 81222 81223 81224 81225 81226 81227 81240 81241 81242 81243 81244 81245 81246 81250 81251 81252 81253 81254 81255 81256 81257 81260 81261 81262 81263 81264 81265 81266 81267 81268 81272 81273 81276 81287 81288 81290 81291 81292 81294 81295 81297 81298 81300 81302 81303 81304 81310 81313 81314 81315 81316 81317 81318 81319 81321 81322 81323 81324 81325 81326 81327 81330 81331 81332 81340 81341 81342 81350 81355 81370 81371 81372 81373 81375 81376 81377 81378 81379 81380 81381 81382 81383 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81420 81507 81519 | 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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| 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 |
| 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 |
| 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. | 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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| | | | | | 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. | |
| Injectable Medications | Amvuttra™ J0225 | | 04/01/2023 | | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at 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 at800-310-6826.**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 |
| Injectable Medications | Lanreotide™ J1932 | | 04/01/2023 | | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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| Injectable Medications | Skyrizi® | J2327 | 04/01/2023 | <p>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> |
| Injectable Medications | Enjaymo™ | J1302 | 02/01/2023 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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</p> <p>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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| | | | | <p>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> | |
| Injectable Medications | Vabysmo® | J2777 | 02/01/2023 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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> |
| Injectable Medications | Actemra® | J3262 | 01/01/2019 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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,</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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| | | | | | <p>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> | |
| 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> |
| Injectable Medications | Adakveo® | J0791 | | 07/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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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-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Aldurazym® | J1931 | | 04/01/2022 | | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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-</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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| | | | | | <p>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> | |
| 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-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Aralast NP@Prolastin-C@Zemaira® | J0256 | | 04/01/2022 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | <p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Avsola® | Q5121 | | 04/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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> |
| Injectable Medications | Brineura™ | J0567 | | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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| | | | | | <p>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> | |
| 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-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Cinqair® | J2786 | | 04/01/2017 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | |
| Injectable Medications | Cinryze® | J0598 | | 10/01/2020 | 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 at800-310-6826.**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 |
| Injectable Medications | Crysvita® | J0584 | | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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 | 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 at800-310-6826.**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</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 | Entyvio® | J3380 | 01/01/2019 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</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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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 | 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Exondys 51™ | J1428 | | 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

through OptumRx prior notifications services at800-310-6826.**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 | 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 at800-310-6826.**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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Fasenra™ | J0517 | | 01/01/2019 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 ></p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

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| Injectable Medications | Fensolvi® | J1951 | | 10/01/2021 | 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 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Injectable Medications | Firmagon®**** | J9155 | | 07/01/2021 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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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****</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Givlaari® | J0223 | | 07/01/2020 | | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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****</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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| | | | | | <p>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> | |
| 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****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>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> |
| Injectable Medications | Ilaris® | J0638 | | 04/01/2018 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | <p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| 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 at800-310-6826.**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> |
| Injectable Medications | Inflectra® | Q5103 | | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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| | | | | | <p>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> | |
| 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Krystexxa® | J2507 | | 08/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | |
| Injectable Medications | Lemtrada® | J0202 | | 10/01/2017 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Injectable Medications | Lumizyme® | J0221 | | 04/01/2022 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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 | 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 > Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at800-310-6826.**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</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 | 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 > Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</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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| | | | | | <p>Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Luxturna™ | J3398 | | 01/01/2019 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Makena® | J2675 | | 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

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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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Mepsevii® | J3397 | | 04/01/2022 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 ></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 | Naglazyme® | J1458 | | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Injectable Medications | Nexvazyme® | C9085 J3490 J3590 | | 04/01/2022 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs | Refer below link 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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| 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Nplate® | J2796 | | 08/01/2021 | | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | <p>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> | |
| 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****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>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> |
| Injectable Medications | Ocrevus™ | J2350 | | 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</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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| | | | | | <p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Onpattro™ | J0222 | | 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 at800-310-6826.**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> |
| 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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| | | | | | <p>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> | |
| Injectable Medications | Parsabiv™ | J0606 | | 11/01/2018 | <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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Probuaphine® | 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</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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| | | | | | colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | |
| Injectable Medications | Radicava® | J1301 | | 01/01/2019 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| Injectable Medications | Reblozyl ® | J0896 | | 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 | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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 | Remicade® | J1745 | 01/01/2019 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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</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 | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</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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| | | | | | <p>Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Revcovi® | J3590 | | 04/01/2022 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Rituxan Hycela® | J9311 | | 04/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

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| Injectable Medications | Rituxan® | J9312 | 04/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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> |
| 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 ></p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

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| Injectable Medications | Ruxience ® | Q5119 | | 07/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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****</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Sandostatin® LAR | J2353 | | 08/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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| Injectable Medications | Saphnelo™ | C9086 | | 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> | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |
| 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-</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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| | | | | | <p>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> | |
| Injectable Medications | Signifor® LAR | J2502 | | 08/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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> |
| Injectable Medications | Soliris® | J1300 | | 10/01/2017 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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</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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| | | | | | <p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Somatuline® Depot | J1930 | | 08/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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 |
| Injectable Medications | Spinraza™ | J2326 | | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p> | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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 | 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-Record-Requirements-for-Pre-Service.pdf</p> |
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| Injectable Medications | Stelara IV® | J3358 | | 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</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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| | | | | | colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 | |
| Injectable Medications | Sublocade™ | Q9991 Q9992 | | 07/01/2018 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare 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 |
| Injectable Medications | Supprelin® LA**** | J9226 | | 07/01/2021 | Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior | Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf |

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 | 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 at800-310-6826.**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</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 | Synagis®* | 90378 | | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</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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| | | | | | <p>Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Tepezza® | J3241 | | 12/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

through OptumRx prior notifications services at800-310-6826.**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 | 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 at800-310-6826.**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> |
| 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 ></p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

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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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Triptodur® | J3316 | 07/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
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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-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Truxima® | Q5115 | | 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-</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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| | | | | | <p>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> | |
| 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-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Uplizna® | J1823 | | 04/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | <p>Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Vantas™**** | J9225 | | 07/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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> |
| Injectable Medications | Viltepto™ | J1427 | | 07/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

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| | | | | | <p>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> | |
| 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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Vyepti™ | J3032 | | 01/01/2021 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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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| | | | | | <p>colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Vyondys 53 ® | J1429 | | 07/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| 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 at800-310-6826.**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</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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| | | | | | <p>Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210****</p> <p>J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| Injectable Medications | Xembify® | J1558 | 07/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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 at800-310-6826.**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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> | |
| Injectable Medications | Xolair® | J2357 | 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 at800-310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider</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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| | | | | | <p>Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> | |
| 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 at800-310-6826.**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</p> | <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Injectable Medications | Zolgensma ® | J3399 | | 07/01/2020 | <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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</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 – Unclassified | Cutaquig@Lupaneta PackTM | 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 |
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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 | 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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| L5661 | | | | | |
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| | | 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 | |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|--------------------|--------------------------|---|-----------------|----------------|-------------|--|---|
| 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 |
| 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 | | 97164* 97168* | | 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 | 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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| | | | | | Provider Portal > Prior Authorization and Notification.* Prior authorization not required for DME providers | |
| 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 |
| 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 |
| 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 |
| 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 | | 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 |

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| | | 68320 68720 68815 | | | | |
| Site of Service (SOS) – Outpatient Hospital | Female Genital System | 57240 57250 57461 57520 58561 58562 | | 07/01/2020 | | <p>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).</p> <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |
| Site of Service (SOS) – Outpatient Hospital | Gynecologic Procedures | 57522 58353 58558 58563 58565 | | 07/01/2020 | | <p>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).</p> <p>Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf</p> |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|---|-----------------------------|--|-----------------|----------------|-------------|--|---|
| Site of Service (SOS) – Outpatient Hospital | 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 |
| 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 | | 07/01/2020 | | Prior authorization is only required when requesting | 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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| | | 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 | | | service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC). | |
| 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 | 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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| | | | | | Surgery Center (ASC). | |
| 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 |
| 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 |

| Category | Sub Category Description | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation necessary to obtain prior authorization |
|-------------|--------------------------|---|-----------------|----------------|-------------|---|---|
| Transplants | CAR T-Cell Therapy | Q2056 | | 02/01/2023 | | For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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 | Q2041 | | 04/01/2018 | | For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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 autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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 autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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 autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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 |

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| | | | | | 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. | |
| 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 |

Behavioral

| Category | Sub Category | Proc-Code | Diagnosis Codes | Effective Date | Review Date | Comments | Documentation |
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| | Description | | | | | | necessary to obtain prior authorization |
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| 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 |
| Intensive Outpatient (IOP) | Intensive OP Services - Psychiatric | 905 | MH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Partial Hospitalization (PHP)/Day Treatment | Partial hospitalization-intensive | 913 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS ECSII |
| Partial Hospitalization (PHP)/Day Treatment | Partial hospitalization-less intensive | 912 | BH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS 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 admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes | 96137 | Any | 09/01/2014 | 07/06/2021 | | AMA Psychological and Neuropsychological Or Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or |
| Psych/Neuropsych | Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes | 96136 | Any | 09/01/2014 | 07/06/2021 | | AMA Psychological and Neuropsychological Or Billing 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 |
| 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/CALOCUS ECSII |
| Residential | Residential Treatment - Chem Dep | 1002 | SA | 09/01/2014 | 07/06/2021 | | ASAM Criteria |
| Residential | Residential Treatment - Psychiatric | 1001 | MH | 09/01/2014 | 07/06/2021 | | LOCUS 19 and above/CASSI/CALOCUS ECSII |