Exception request form for preventive care, contraceptives and PrEP UnitedHealthcare commercial plans

The Patient Protection and Affordable Care Act allows health care professionals to request an exception from cost-sharing requirements for contraceptive and preexposure prophylaxis (PrEP) preventive care services/items.

Requesting a cost-share exception for contraceptive/PrEP services/items other than medications

To request a cost-share exception, please complete the following steps:

1. Go to **UHCprovider.com**
2. Go to **Resource Library**
3. Go to **Provider Forms**
4. Download, print and complete the form.
5. Then, go to **hccp.com** provider portal to upload the form.

Note: For nonstandard plans, such as Surest, please utilize the above steps. If you have no access to the portal, please call the number on the back of the member's insurance card.

Requesting an expedited cost-share exception for services/items

You may request an expedited review of item/service exception, if the time needed to complete a standard exception could significantly increase the risk to the member's health or ability to regain maximum function.

To request an expedited exception online, please complete the form on page 2 **and upload it to hcpp.com and check the box for an expedited request**. If case creation has already occurred, please call the intake services number on the back of your insurance card and request acceleration.

Information required to request an exception

If a contraceptive or PrEP service/item isn't covered without cost-sharing and you believe it should be, you may submit an exception request for us to cover it without cost-sharing. These exception requests should have evidence from the prescribing health care professional that the service/item is medically necessary and includes the attestation that the service/item is medically necessary for the patient.

* For exception requests for medications covered under the pharmacy benefit, please use the preventive care medications exception form accessible here: **Patient Protection and Affordable Care Act $0 Cost-Share Preventive Medications Exemption Requests - UnitedHealthcare Commercial Plans.**

This form is not applicable for contraceptive exception requests in New York. This form is not applicable to contraceptive drug, device or product exception requests in Colorado. To access the New York- or Colorado-specific contraceptive exception request forms, please visit our **Provider forms page**.

This form may be used for contraceptive sterilization procedure exception requests in Colorado.

PCA-1-26-02175-Corp-FM_11092026

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Cost-share waiver request form

All fields are required. Please do not save this form for future use, as we update it often.

Member information

Name:	Member ID number:	
Date of birth:	Street address:	
City:	State:	ZIP code:
Phone number:		

Provider information

Name:	National provider identifier (NPI) number:	
Specialty:	Office phone:	
Office fax:	Office street address:	
City:	State:	ZIP code:

HCPC/CPT® service codes

Description of CPT/HCPC service requested:

Clinical information

Do you attest that the contraceptive or PrEP service/item you're requesting is medically necessary?
☐ Yes ☐ No

What's the patient's diagnosis for the contraceptive or PrEP item/service you're requesting?
ICD-10 code(s):

If applicable, what conservative measures has the patient tried and had an inadequate response to?
Please specify all medication(s)/strengths tried, length of trial and reason for discontinuation of each medication.

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Clinical information (cont.)

If applicable, what medication(s) and or conservative measures does the patient have a contraindication or intolerance to? Please specify all medication(s) with the associated contraindication or specific issues resulting in intolerance to each medication.

If applicable, please indicate if there are supporting labs or test results.

If you have additional comments or information, including diagnoses, symptoms or medications/or conservative measures attempted or failed, please provide them here.

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