

Prior authorization for colony-stimulating factors

Frequently asked questions

Prior authorization

How do I submit a prior authorization request for colony-stimulating factors?

You should include your request for a colony-stimulating factor in your outpatient injectable chemotherapy prior authorization request. If you need to add a colony-stimulating factor to an existing approved chemotherapy prior authorization request due a neutropenic event, please submit a change in treatment request.

Is prior authorization necessary if a member is receiving a colony-stimulating factor for a non-cancer diagnosis?

Maybe. While this prior authorization requirement for colony-stimulating factors is only for a member who is being treated for cancer, certain colony-stimulating factors for a non-cancer diagnosis may require prior authorization under some benefit plans. If you have questions, please call the number on the back of the member's ID card.

Claims submitted for colony-stimulating factors for a non-cancer diagnosis will be reviewed according to applicable medical and drug policies to determine if services are eligible for coverage.

Administrative and claims information

If I receive prior authorization for colony-stimulating factors, does that guarantee my claim will be paid?

No. Payment for covered services is contingent upon the member's eligibility on the date of the service, reimbursement policies and the terms of your Participation Agreement. Some of the commercial benefit plans we offer have specific requirements that may also affect reimbursement.



Key points

- We require prior authorization for colony-stimulating factors when administered to patients with a cancer diagnosis receiving injectable chemotherapy in an outpatient setting, regardless of age
- You can use the online chemotherapy prior authorization system to obtain the prior authorization for colony-stimulating factors. Claims submitted for any colony-stimulating factors without a prior authorization will be denied.
- This requirement applies to the Neighborhood Health Partnership, UnitedHealthcare commercial plans, UnitedHealthcare Oxford Network plans and UnitedHealthcare Community Plans that currently require prior authorization for injectable chemotherapy

When paying claims for colony-stimulating factors, which components of the authorization process determine payment?

During the claim payment process, we look for an authorization for all billed colony-stimulating factors, such as HCPCS codes and the date of service. If the date of service isn't within the date range on the prior authorization approval, the claim isn't eligible for reimbursement.

What happens if I don't obtain prior authorization for a colony-stimulating factor?

Your claim will be denied for lack of prior authorization, and as per your Provider Agreement, you won't be able to balance bill the member.

Is prior authorization required for colony-stimulating factors if UnitedHealthcare is the secondary payer?

No, unless required by law. If UnitedHealthcare is the secondary payer, prior authorization isn't required.

Which date should I enter if we haven't determined the exact date to start colony-stimulating factors?

You should enter the date you submit the prior authorization request.

What if I forgot to obtain prior authorization for the first cycle of colony-stimulating factors?

You should submit a request for prior authorization as soon as possible for future dates of service. You can't enter a start date earlier than the date you submit the prior authorization request. Claims for the first date of service will be administratively denied without prior authorization; however, your claim denial notice will tell you how to file an appeal should you choose to do so.

Where can I see completed prior authorization requests?

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal.

1. Visit UHCprovider.com
2. Select **Sign In**
3. Select **Prior Authorization and Notification tool**
4. Select **Submission and Status** in the Radiology, Cardiology and Oncology section
5. After providing additional information, you'll be directed to the appropriate site to search for your case
6. You'll need one of the following to complete the search:
 - A. Care provider tax identification number (TIN), member ID number and date of birth
 - B. Care provider TIN, member ID number and name
 - C. Care provider TIN, member last name and first name, date of birth and state

Note: Completed authorizations aren't viewable on the UnitedHealthcare Oxford site at oxhp.com.

If the colony-stimulating factor regimen isn't approved, what follow-up information will I receive?

If your prior authorization request isn't approved, you and the UnitedHealthcare member will be informed in writing of the denial. The letter will include the process to begin an appeal.

Clinical scenarios

We received a prior authorization that'll expire in a few weeks. The patient is doing well on this drug regimen and the health care professional would like to continue the regimen and the colony-stimulating factors. What should they do?

To continue the current regimen, please submit a new prior authorization request at least 2 weeks before the existing prior authorization request expires. If we receive a new request for a different injectable chemotherapy regimen, we'll terminate the previously approved prior authorization requests.

What if I want to use colony-stimulating factors for intermediate or low febrile neutropenia chemotherapy risk regimens?

You will need to build a custom regimen in the chemotherapy prior authorization system and may need to participate in a peer-to-peer discussion before a case coverage decision.



Questions?

If you have questions, please email unitedoncology@uhc.com.

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