

Prior authorization requirements for Massachusetts OneCare

Effective Feb. 1, 2022

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Massachusetts OneCare participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on 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 tile on your Provider Portal dashboard.
- **Phone:** Call **888-867-5511**
- **Fax** 888-840-6450. Fax form is available at UHCprovider.com/MAcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax 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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20974	20975	20979	
BRCA genetic testing	Prior authorization is required.	81163	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cardiovascular	Prior authorization is required.	<p style="text-align: center;">Cardiology</p> <p style="text-align: center;">Vascular</p>			
		93653	93656	33285	E0616
		37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*Prior authorization is required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.645 I70.662 I70.691 I70.699 I70.708 I70.713 I70.722 I70.731 I70.735 I70.742 I70.748 I70.763 I70.792 I70.8 I72.3 I73.89 I74.5 I75.022 I77.1 I77.77 L03.116 L97.429 L97.519 L97.819 L97.919 M79.604 M79.651 M79.662 M79.673 M86.661 M86.672 Q27.32 Q87.2 S81.801A S91.302A T82.319A T82.399A T82.868A	I70.648 I70.663 I70.692 I70.701 I70.709 I70.718 I70.723 I70.732 I70.738 I70.743 I70.749 I70.768 I70.793 I70.90 I72.4 I73.9 I74.8 I75.023 I77.2 I77.79 L97.319 L97.511 L97.521 L97.828 L97.929 M79.605 M79.652 M79.669 M79.674 M86.662 M86.679 Q27.39 R93.6 S81.802A S91.309A T82.338A T82.818A T82.898A	I70.649 I70.668 I70.693 I70.702 I70.711 I70.719 I70.728 I70.733 I70.739 I70.744 I70.761 I70.769 I70.798 I70.91 I72.8 I74.3 I74.9 I75.029 I77.70 I96 L97.329 L97.512 L97.522 L97.829 L98.491 M79.606 M79.659 M79.671 M79.675 M86.669 M86.8X7 Q27.8 S35.511A S81.809A T82.312A T82.392A T82.856A Z95.820	I70.661 I70.669 I70.698 I70.703 I70.712 I70.721 I70.729 I70.734 I70.741 I70.745 I70.762 I70.791 I70.799 I70.92 I72.9 I74.4 I75.021 I75.89 I77.72 L03.115 L97.419 L97.513 L97.529 L97.909 L98.499 M79.609 M79.661 M79.672 M79.676 M86.671 Q27.30 Q27.9 S35.512A S91.301A T82.318A T82.398A T82.858A Z98.62
Cochlear and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required.	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
Continuous glucose monitor	Prior authorization is required.	A4226 E0787	A9276 K0553	A9277 K0554	A9278

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required.	11920	11950	11951	11952		
		11954	15820	15821	15822		
		15823	15830	15832	15833		
		15834	15835	15837	15838		
		15839	15877	15878	15879		
		17999	19300	21172	21175		
		21179	21180	21181	21182		
		21183	21184	21230	21235		
		21256	21260	21261	21263		
		21267	21268	21270	21275		
		21299	21740	21742	21743		
		28344	30120	30540	30545		
		30560	30620	31295	31296		
		31297	31298	67900	67901		
		67902	67903	67904	67906		
		67908	67909	67912	67961		
Durable medical equipment (DME)	Prior authorization is required. Prosthetics are not DME — see Orthotics and prosthetics.	Prior authorization is required regardless of billed amount:					
		E0466	E1230	E1239	E2510		
		E2609	E2617	E8000	E8001		
		E8002	K0812	K0813	K0814		
		K0815	K0816	K0820	K0828		
		K0829	K0830	K0831	K0835		
		K0837	K0838	K0839	K0841		
		K0842	K0843	K0857	K0859		
		K0869	K0870	K0871	K0877		
		K0878	K0879	K0880	K0884		
		K0885	K0886	K0890	K0891		
		K0898	K0899				
		Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000					
		A9280	E0170	E0193	E0194		
		E0203	E0220	E0221	E0230		
	E0231	E0232	E0238	E0244			
	E0246	E0270	E0273	E0274			
	E0277	E0300	E0302	E0304			
	E0315	E0316	E0328	E0329			
	E0350	E0373	E0459	E0462			
	E0465	E0481	E0483	E0571			
	E0603	E0617	E0618	E0625			
	E0635	E0636	E0637	E0638			
	E0640	E0641	E0642	E0692			
	E0693	E0694	E0700	E0710			
	E0740	E0746	E0761	E0764			
	E0766	E0770	E0782	E0783			
	E0784	E0785	E0786	E0830			
	E0936	E0970	E0983	E0984			
	E0986	E0988	E1002	E1003			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1004	E1005	E1006	E1007
	E1008	E1009	E1010	E1011	
	E1017	E1018	E1020	E1029	
	E1030	E1035	E1036	E1037	
	E1050	E1070	E1084	E1085	
	E1086	E1087	E1089	E1100	
	E1110	E1161	E1170	E1171	
	E1172	E1180	E1190	E1195	
	E1200	E1222	E1224	E1227	
	E1228	E1229	E1231	E1232	
	E1233	E1234	E1235	E1236	
	E1237	E1238	E1250	E1270	
	E1280	E1285	E1290	E1295	
	E1296	E1297	E1298	E1300	
	E1310	E1399	E1500	E1510	
	E1520	E1530	E1540	E1550	
	E1560	E1575	E1580	E1590	
	E1592	E1594	E1600	E1615	
	E1620	E1625	E1630	E1632	
	E1634	E1635	E1636	E1637	
	E1639	E1699	E1812	E2300	
	E2310	E2311	E2321	K0020	
	K0037	K0039	K0044	K0046	
	K0047	K0050	K0051	K0056	
	K0065	K0072	K0073	K0098	
	K0105	K0108	K0455	K0609	
	K0730	K0734	K0735	K0736	
	K0737	K0743	K0744	K0745	
	K0746	K0800	K0801	K0802	
	K0806	K0808	K0821	K0822	
	K0823	K0824	K0825	K0826	
	K0827	K0836	K0840	K0848	
	K0849	K0850	K0851	K0852	
	K0853	K0854	K0855	K0856	
	K0858	K0860	K0861	K0862	
	K0863	K0864	L0462	L0464	
	L1000	L1005	L2136	L5400	
	L5420	L5535	L5585	L6380	
	L6382	L6384			
	Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4100	B4102	B4103
B4149	B4150	B4152	B4153		
B4155	B4158	B4159	B4160		
B4161					
Experimental or investigational (and/or linked services)	Prior authorization is required.	64722	64744	66180	95965
95966	0200T	0201T			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Gender dysphoria treatment	Prior authorization is required.	55970	55980		
These surgical codes with the following DX codes:					
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
Hearing Aids and Devices	Prior authorization is required for replacements when billed with modifier RA	V5030	V5040	V5050	V5060
		V5070	V5080	V5100	V5130
		V5140	V5150	V5171	V5172
		V5181	V5190	V5211	V5212
		V5213	V5214	V5215	V5221
		V5230	V5243	V5245	V5246
		V5247	V5249	V5251	V5252
		V5253	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
		V5261	V5262	V5263	V5298
Home health care	Prior authorization is required only in outpatient settings, including member's home.	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization is required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications	Prior authorization is required.	<p>Adakveo® J0791</p> <p>Crysvita® J0584</p> <p>Evkeeza™ J1305</p> <p>Givlaari® J0223</p> <p>Luxturna™ J3398</p> <p>IVIG 90284</p> <p>Onpattro™ J0222</p> <p>Oxlumo™ J0224</p> <p>Radicava® J1301</p> <p>Reblozyl® J0896</p> <p>Scenesse® J7352</p> <p>Soliris® J1300</p> <p>Spinraza™ J2326</p> <p>Tepezza® J3241</p> <p>Ultomiris™ J1303</p> <p>Unclassified and temporary codes C9086* C9399* J3490* J3590*</p> <p>Uplizna® J1823</p> <p>Zolgensma® J3399</p> <p>*For unclassified and temporary codes C9086, C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Rypplazm®, Saphnelo™.</p>
Inpatient admissions	Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long-term acute care (LTAC) and skilled nursing facilities (SNF).	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required.	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		27488	29866	29867	29868
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	J7330		
		Long-term services and support for Home- and Community-Based Services	Prior authorization is required through the member's case manager during the process of care planning assessment and determination of needs.	For additional information, please call UnitedHealthcare Community Plan Senior Care Options at 888-867-5511 .	
Non-emergent air transport	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required.	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2232
		L2320	L2387	L2520	L2525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (cont.)		L2526 L2861 L3203 L3208 L3213 L3217 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L2627 L3160 L3204 L3209 L3214 L3219 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045	L2628 L3201 L3206 L3211 L3215 L3221 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050	L2800 L3202 L3207 L3212 L3216 L3222 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055
Potentially unproven services (and/or linked services)	Prior authorization is required.	28890	36514	64405	
Private duty nursing	Prior authorization is required.	T1000	T1002	T1003	
Prosthetics	Prior authorization is required only for Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848 L5930 L5968 L5981 L6000 L6050 L6120	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856 L5960 L5973 L5987 L6010 L6055 L6130	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857 L5961 L5979 L5988 L6020 L6100 L6200	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858 L5966 L5980 L5990 L6026 L6110 L6205

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (cont.)		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6624
		L6638	L6646	L6648	L6693
		L6696	L6697	L6707	L6709
		L6712	L6713	L6714	L6715
		L6721	L6722	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8035	L8039	L8041
		L8042	L8043	L8044	L8049
		L8499	L8505	L8604	L8609
		L8629	L8699		
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tile on your Provider Portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
Rhinoplasty	Prior authorization is required.	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sleep apnea procedures and surgeries	Prior authorization is required.	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299			
Spinal surgery	Prior authorization is required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63197	63200
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		64555	63650	63655	63685
		61885	64568	61850	61863
		61864	61867	61868	61886
		64590			
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), 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.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	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		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		Q2055 *Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required.	37700 37765 37799	37718 37766	37722 37780	37735 37785
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 . 33927 33928 33929 33975 33976 33979 33981 33982 33983			



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