

# Prior authorization requirements for Massachusetts OneCare

Effective Jan. 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](https://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](https://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			
<b>Behavioral health services</b>	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at <b>800-632-2206</b> .			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20974	20975	20979	
<b>BRCA genetic testing</b>	Prior authorization is required.	81163	81164	81165	81166
		81212	81215	81216	81217
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cardiovascular</b>	Prior authorization is required.	<p style="text-align: center;"><b>Cardiology</b></p> <p style="text-align: center;"><b>Vascular</b></p>			
		93653	93656		
		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			
<b>Cardiovascular (cont.)</b>		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
<b>Cochlear and other auditory implants</b> 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
<b>Continuous glucose monitor</b>	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			
<b>Cosmetic and reconstructive</b> 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	
<b>Durable medical equipment (DME)</b>	Prior authorization is required.	Prior authorization is required <b>regardless of billed amount:</b>			
	Prosthetics are not DME — see Orthotics and prosthetics.				
	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 <b>retail purchase or cumulative rental cost of more than \$1,000</b>		
	A9280	E0170			E0193
	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	E0616	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	

Procedures and services	Additional information CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	E0830	E0936	E0970	E0983
	E0984	E0986	E0988	E1002
	E1003	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization is required.	64722	64744	66180	95965
		95966	0200T	0201T	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required.	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization is required.	55970	55980		
		<b>These surgical codes with the following DX codes:</b>			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		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
		<b>Hearing Aids and Devices</b>	Prior authorization is required for replacements when billed with modifier RA	V5030	V5040
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
<b>Home health care</b>	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization is required.	58260	58262	58263	58267		
		58270	58275	58280	58290		
		58291	58292	58294			
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization is required.	58150	58152	58180	58541		
		58542	58543	58544	58550		
		58552	58553	58554	58570		
		58571	58572	58573			
<b>Injectable medications</b>	Prior authorization is required.	<b>Adakveo®</b>					
		J0791					
		<b>Crysvita®</b>					
		J0584					
		<b>Evkeeza™</b>					
		J1305					
		<b>Givlaari®</b>					
		J0223					
		<b>Luxturna™</b>					
		J3398					
		<b>IVIG</b>					
		90284					
		<b>Onpattro™</b>					
		J0222					
		<b>Oxlumo™</b>					
		J0224					
		<b>Radicava®</b>					
		J1301					
		<b>Reblozyl®</b>					
		J0896					
		<b>Scenesse®</b>					
		J7352					
		<b>Soliris®</b>					
J1300							
<b>Spinraza™</b>							
J2326							
<b>Tepezza®</b>							
J3241							
<b>Ultomiris™</b>							
J1303							
<b>Unclassified and temporary codes</b>							
C9086*		C9399*		J3490*		J3590*	
<b>Uplizna®</b>							
J1823							
<b>Zolgensma®</b>							
J3399							

\*For unclassified and temporary codes C9086, C9399, J3490 and J3590, notification/prior authorization is only required for

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Nulibry™, Ryplazm®, Saphnelo™.			
<b>Inpatient admissions</b>	Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long-term acute care (LTAC) and skilled nursing facilities (SNF).				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization is required.	23470 24362 27125 27137 27446 27488 29870 29876 29881 29885 29889	23472 24363 27130 27138 27447 29866 29873 29877 29882 29886 J7330	24360 27120 27132 27412 27486 29867 29874 29879 29883 29887	24361 27122 27134 27445 27487 29868 29875 29880 29884 29888
<b>Long-term services and support for Home- and Community-Based Services</b>	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 <b>888-867-5511</b> .			
<b>Non-emergent air transport</b>	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization is required.	21120 21125 21143 21150 21159 21194 21199 21240 21246 21255	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244 21248	21123 21142 21147 21155 21193 21198 21215 21245 21249
<b>Orthotics</b>	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0112 L0200 L0468 L0486 L0629 L0636 L0810 L0999 L1310 L1680	L0140 L0220 L0480 L0622 L0631 L0638 L0820 L1001 L1499 L1685	L0150 L0452 L0482 L0623 L0632 L0700 L0830 L1200 L1630 L1700	L0170 L0466 L0484 L0624 L0634 L0710 L0859 L1300 L1640 L1710



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics (cont.)</b>		L1720 L1844 L2005 L2034 L2040 L2080 L2320 L2526 L2861 L3203 L3208 L3213 L3217 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L1730 L1904 L2010 L2036 L2050 L2090 L2387 L2627 L3160 L3204 L3209 L3214 L3219 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045	L1755 L1920 L2020 L2037 L2060 L2126 L2520 L2628 L3201 L3206 L3211 L3215 L3221 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050	L1834 L2000 L2030 L2038 L2070 L2232 L2525 L2800 L3202 L3207 L3212 L3216 L3222 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055
<b>Potentially unproven services (and/or linked services)</b>	Prior authorization is required.	28890	36514	64405	
<b>Private duty nursing</b>	Prior authorization is required.	T1000	T1002	T1003	
<b>Prosthetics</b>	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	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Prosthetics (cont.)</b>		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		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		
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Radiology.</p>			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685 42299	41512	41599	42145
<b>Spinal surgery</b>	Prior authorization is required.	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22865 63001 63012 63020 63045 63051 63075 63087 63170 63190	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22867 63003 63015 63030 63046 63055 63077 63090 63172 63191	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 22869 63005 63016 63040 63047 63056 63081 63101 63173 63197	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22864 22899 63011 63017 63042 63050 63064 63085 63102 63185 63200
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization is required.	E0747  64555 61885 61864 64590	<b>Bone growth stimulator</b> E0748      E0749      E0760  <b>Neurostimulator</b> 63650      63655      63685 64568      61850      61863 61867      61868      61886		
<b>Transplants</b>	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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		
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
<b>Vein procedures</b> 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	37718	37722	37735
		37765	37766	37780	37785
		37799			
<b>Ventricular assist devices</b> 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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			



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