Prior Authorization Requirements Children's Health Insurance Program (CHIP) Effective Feb 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 <u>UHCprovider.com/TXCommunityPlan</u> <u>UHCprovider.com/TXCommunityPlan</u> > 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	Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authoriza
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/publ 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/publ 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 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	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publ Record-Requirements-for-Pre-Service.pdf

right corner. Then,

select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129



Cancer Supportive Care	Colony Stimulating Factors	Q5110 Q5111	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/publi Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony Stimulating Factors		Oncology DX Codes	01/01/2019	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 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/publi 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/publi Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony Stimulating Factors	Q5122	Oncology DX Codes	01/01/2021	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 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/publi Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony Stimulating Factors		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	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publi Record-Requirements-for-Pre-Service.pdf



				dashboard. Or, call 888-397-8129	
Cerebral Seizure Monitoring –	95718 95720 95722 95724		01/01/2020	Prior authorization required forinpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/pub/Record-Requirements-for-Pre-Service.pdf
Cerebral Seizure Monitoring –	95726		03/01/2020	Prior authorization required forinpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/pub Record-Requirements-for-Pre-Service.pdf
Chemotherapy	J9071 J9273 J9359	Oncology DX Codes	07/01/2022	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosisChemotherapy 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 authorizationFor prior authorization, please call 866-604-3267.*deleted code eff 7/1	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/pub Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)	J0640 J0641		01/01/2017		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/pub
	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 J9120 J9130 J9145 J9150 J9171 J9175 J9176 J9178 J9176 J9178 J9179 J9181 J9179 J9181 J9185 J9170 J9208 J9207 J9208 J9209 J9211 J9212 J9213 J9214 J9215 J9216 J9218 J9228 J9230 J9260 J9261 J9262 J9263 J9263 J9263				Record-Requirements-for-Pre-Service.pdf



	J9266 J9267 J9268 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 J9371 J9390 J9395 J9400 J9600 J9999 Q2017 Q2050		
Chemotherapy (continued)	J9022 J9023 J9203 J9285	04/01/2018	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publi Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)	J9057 J9153 J9173 J9229 J9311 J9312	01/01/2019	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publi-record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)	J9030 J9036	08/01/2019	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publi Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)	J9119 J9204 J9210 J9269 J9313	10/01/2019	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publicecord-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)	J9309	02/01/2020	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publ Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)	J0642	03/01/2020	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/publicecord-Requirements-for-Pre-Service.pdf



	Sub Category Description	Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Chemotherapy (continued)	-	J9177 J9198 J9246 J9358 Q5119		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/pRecord-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		Q5107 Q5117		10/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		J9227 J9304		11/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		J9118 J9144 J9223 J9281 J9316 J9317		01/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		J9037 J9349		05/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		J9348 J9353 Q5123		10/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		9 J9247 J931 J9318		01/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)			Oncology DX Codes	01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Chemotherapy (continued)		J9202 J9217 J9225 J9226	Oncology DX Codes	01/01/2017		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	
Chemotherapy (continued)		J1950	Oncology DX Codes	07/01/2021		Requires prior authorization for oncology and non-oncology DX. For 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	
Continuous Glucose Monitor		E2102		02/01/2023			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf
Continuous Glucose Monitor		A4239	E2103	01/01/2023			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf



- 1	Continuous Glucose Monitor	A9276 A9278	A9277	10/01/2021		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/por/ Record-Requirements-for-Pre-Service.pdf
	Cosmetic & Reconstructive	11971		01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/po
	Durable medical equipment (DME)	A9279 E0194 E0265 E0300 E0445 E0457 E0460 E0483 E0638 E0641 E0662 E0669 E0700 E0710 E0745 E0762 E0764 E0784 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1035 E1161 E1229 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1231 E1239 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E2511 E2599 E2626 E2627 E2628 E2629 E2630 E8001 K0005 K0008 K0013 K0103 K0103 K0103 K0103 K0103 K0103 K0103 K0103 K0851 K0855 K0856 K0857 K0858 K0858 K0859 K0860 K0861 K0861 K0862 K0863 K0868 K0869 K0870 K0871 K0877 K0878 K0878 K0879		01/01/2015	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.	Refer below link
	medical equipment (DME)			0- , 5-, -	authorization	https://www.uhcprovider.com/content/dam/provider/docs/public/p Record-Requirements-for-Pre-Service.pdf



			purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.	
Durable medical equipment (DME)	E0766	04/01/2017		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/porecord-Requirements-for-Pre-Service.pdf
Durable medical equipment (DME)	E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512	04/01/2019	authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/porecord-Requirements-for-Pre-Service.pdf
Durable medical equipment (DME)	A9900 E0465 E0637	05/01/2019	Prior authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/purecord-Requirements-for-Pre-Service.pdf
Experimental & Investigational (and or linked	36514 64722 66180 A9274	01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/porecond-Requirements-for-Pre-Service.pdf



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services)

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Category	Sub Category Description	Code	Diagnosis Codes	Date	Review Date	Comments	Documentation necessary to obtain prior autho
Experimental & Investigational (and or linked services)		33477		05/02/2016			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing	Genetic Testing	0068U 0097U 87481 87482 87505 87506 87507 87510 87511 87512 87623 87797 87799 87800 87801		11/01/2020		Prior authorization required for genetic and molecular testing performed in an outpatient settingCare 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 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/Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing	Genetic Testing	81278 81351 81352 81353		06/01/2022		Prior authorization required for genetic and molecular testing performed in an outpatient settingCare 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 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/Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Enjaymo™	J1302		02/01/2023		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. Predetermination 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	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/ Record-Requirements-for-Pre-Service.pdf



prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For nononcology DX submit online 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 nononcology 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 Vabysmo® J2777 02/01/2023 Please check our Review at Refer below link Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/ Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology 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 01/01/2019 Please check our Review at Refer below link Injectable Actemra® J3262 Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/ Medications policy for the Record-Requirements-for-Pre-Service.pdf 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-

colony stimulating factors,



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 nononcology DX submit online 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 nononcology 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

Injectable Acthar® Medications

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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. Predetermination 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

call 877-842-3210

Please check our Review at Refer below link

https://www.uhcprovider.com/content/dam/provider/docs/ Record-Requirements-for-Pre-Service.pdf



				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	Adakveo®	J0791	07/01/2020		https://www.uhcprovider.com/content/dam/provider/docs/Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Aduhelm®	J0172	05/01/2022	Please check our Review at Launch for New to Market	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/ Record-Requirements-for-Pre-Service.pdf



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 nononcology DX submit online 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 nononcology 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

Injectable Medications Aldurazym® J1931

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. Predetermination 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 nononcology DX submit online UHCProvider.com>link>Prior

call 877-842-3210

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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 nononcology 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 Amondys 45 C9075 09/01/2021 Please check our Review at Refer below link Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/ Record-Requirements-for-Pre-Service.pdf 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. Predetermination 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 nononcology DX submit online 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 nononcology 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 Aralast 04/01/2022 Injectable J0256 Please check our Review at Refer below link https://www.uhcprovider.com/content/dam/provider/docs/ Medications NP®Prolastin-Launch for New to Market **C**®Zemaira® Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior

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notifications services at 800-

oncology DX submit online UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217,

Cancer supportive care section above.For non-

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				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	Cimzia®	J0717	04/01/2020	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 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**** J19225 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 please see Chemotherapy section above. For oncology DX please	Refer below link Refer below link
Injectable Medications	CIMZIA(R)	JU/1/	U*1/U1/ZUZU	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. Predetermination 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 >	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/ Record-Requirements-for-Pre-Service.pdf
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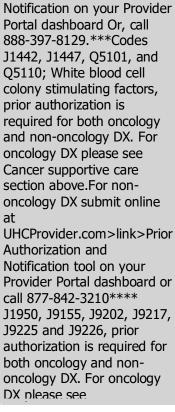
Cancer supportive care section above.For non-

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both oncology and non-

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				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. Predetermination 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 please see Cancer for lood on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology DX please see Chemotherapy section above. For non-oncology DX. For oncology DX. For oncology DX. For oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization tool on your Provider Portal dashboard or call 877-842-3210 see See Chemotherapy section above. For non-oncology DX please see Chemotherapy section and Notification tool on your Provider Portal dashboard or call 877-842-3210	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/ 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 at 800- 310-6826.**For prior authorization, please submit requests online by using the UnitedHealthcare Provider	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/ Record-Requirements-for-Pre-Service.pdf



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 nononcology DX submit online 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 nononcology 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 Elaprase® 04/01/2022 J1743 Please check our Review at Refer below link Injectable Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/ Medications Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior

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Injectable Medications	Entyvio®	J3380	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. Predetermination 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 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 DX please see Chemotherapy section above. For non-oncology DX. For oncology DX submit online at UHCProvider.com>link>Prior Authorization tool on your Provider Portal dashboard or Provider Portal	Refer below link https://www.uhcprovider.com/content/dam/provider/dor.Record-Requirements-for-Pre-Service.pdf

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Category	Sub Category Description		Effective Date	Review Date	Comments	Documentation necessary to obtain prior author
Injectable Medications	EvenityTM	J3111	10/01/2019		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. Predetermination 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 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 please see Cancer supportive care section above.For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization 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 DX submit online at UHCProvider.com>link>Prior Authorization 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 DX. For oncology DX submit online at UHCProvider.com>link>Prior Authorization tool on your Provider Portal dashboard or call 877-842-3210****	
Injectable Medications	Exondys 51TM	J1428	01/01/2018		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. Predetermination 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	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/g Record-Requirements-for-Pre-Service.pdf



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Medications

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required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For nononcology DX submit online 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 nononcology 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 Glassia® Refer below link J0257 04/01/2022 Please check our Review at https://www.uhcprovider.com/content/dam/provider/docs/r Medications Launch for New to Market Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology 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 Ilaris® J0638 04/01/2018 Please check our Review at Refer below link Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/p Record-Requirements-for-Pre-Service.pdf 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. Predetermination is highly recommended for the druas



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Injectable Medications	Inflectra®	Q5103	01/01/2019	Please check our Review at Launch for New to Market	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/r Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Kanuma®	J2840	04/01/2022		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/g Record-Requirements-for-Pre-Service.pdf



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Category	Sub Category Description	Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorize
Injectable Medications	LuxturnaTM	J3398		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. Predetermination 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 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 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 DX submit online at UHCProvider.com>link>Prior Authorization 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 DX submit online at UHCProvider.com>link>Prior Authorization tool on your Provider Portal dashboard or call 870-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization and Notification tool on your Provider Portal dashboard or call 870-842-3210****	
Injectable Medications		J2675		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/pu Record-Requirements-for-Pre-Service.pdf



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Injectable OnpattroTM J0222 10/01/2019 Medications

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Injectable Probuphine® J0570 Medications

04/01/2017

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Injectable Radicava® J1301 Medications

01/01/2019

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Injectable Reblozyl ® Medications

J0896

07/01/2020

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Injectable Remicade® J1745 01/01/2019 Medications

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Injectable Renflexis® Medications

Q5104

01/01/2019

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Injectable Medications	Revcovi®	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. Predetermination 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 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 31442, 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 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 DX submit online at UHCProvider.com>link>Prior Authorization tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization and Notification tool on your Provider Portal dashboard or Call 877-842-3210**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization and Notification tool on your Provider Portal dashboard or Call 870-842-3210****	
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01/01/2018 Injectable SpinrazaTM J2326 Medications

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oncology DX submit online 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 nononcology 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 Spravato® S0013 02/01/2021 Please check our Review at Refer below link Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/pul Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 O5110; 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 nononcology 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 nononcology 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 04/01/2020 Injectable Stelara IV® J3358 Please check our Review at Refer below link Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs/pul Record-Requirements-for-Pre-Service.pdf 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. Predetermination 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 >



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Please check our Review at

Injectable SublocadeTM Q9991 Medications

Q9992

07/01/2018

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Injectable Supprelin® Medications LA****

J9226

07/01/2021

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Injectable Susvimo™ Medications C9093

05/01/2022

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Medical & Drug Policies and Coverage Determination Guidelines for Community

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Injectable Synagis®* 90378 01/01/2015 Medications

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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. Predetermination 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 nononcology DX submit online UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or

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Injectable Tepezza® Medications

J3241

12/01/2020

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Category	Sub Category Description		Effective Date	Review Date	Comments	Documentation necessary to obtain prior auth
Injectable Medications	Therapeutic Radio-pharmaceuticals**	A9699	05/01/2019		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. Predetermination 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 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 31442, 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 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 DX submit online at UHCProvider.com>link>Prior Authorization is required for both oncology DX submit online at UHCProvider.com>link>Prior Authorization is required for both oncology DX submit online at UHCProvider.com>link>Prior Authorization is required for both 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 and Notification tool on your Provider Portal dashboard or call 877-842-3210****	
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Injectable Medications Triptodur® J3316 07/01/2021

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Administration (Fi) A 1 and		Truxima®	Q5115	07/01/2021	Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by	https://www.uhcprovider.com/content/dam/provider/do



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Injectable UltomirisTM Medications

J1303

10/01/2019

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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. Predetermination 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 oncoloav Refer below link



and non-oncology DX. For oncology DX please see Cancer supportive care section above. For nononcology DX submit online 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 nononcology 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 J1823 04/01/2021 Injectable Uplizna® Please check our Review at Refer below link Launch for New to Market Medications https://www.uhcprovider.com/content/dam/provider/doc Record-Requirements-for-Pre-Service.pdf 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. Predetermination 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 O5110; 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 nononcology 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 nononcology 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 Vantas™**** J9225 07/01/2021 Please check our Review at Refer below link Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology 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 Viltepso[™] J1427 07/01/2021 Medications

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. Predetermination 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

prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.For nononcology DX submit online

888-397-8129.***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors,

Please check our Review at Refer below link



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					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	
Inject	table cations	Vimizim®	J1322	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. Predetermination 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 DX. For oncology DX please see Cancer supportive care section above.For nononcology DX submit online at UHCProvider.com>link>Prior Authorization 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 DX. For oncol	
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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 nononcology DX submit online 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 nononcology 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 Vyondys 53 ® J1429 Medications

07/01/2020

Please check our Review at Refer below link 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. Predetermination 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 nononcology DX submit online 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 nononcology 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 White blood cell J1442 10/01/2019 Please check our Review at Refer below link Medications colony stimulating J1447 Launch for New to Market https://www.uhcprovider.com/content/dam/provider/doc factors*** Record-Requirements-for-Pre-Service.pdf Q5101 Medications policy for the Q5110 most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology 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 Xembify ® Please check our Review at Refer below link 07/01/2020 J1558 Medications Launch for New to Market https://www.uhcprovider.com/content/dam/provider/docs Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology DX submit online 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 nononcology 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 Xolair® J2357 01/01/2015 Medications

Please check our Review at Refer below link 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. Predetermination 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 nononcology DX submit online 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 Zoladex®**** 07/01/2021 Please check our Review at Refer below link J9202 https://www.uhcprovider.com/content/dam/provider/docs Medications Launch for New to Market Medications policy for the Record-Requirements-for-Pre-Service.pdf most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination 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 nononcology 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 nononcology 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

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call 877-842-3210



Category	Sub Category Description	Proc- Code		Effective Date	Review Date	Comments	Documentation necessary to obt
Injectable Medications	Zolgensma ®	J3399	Codes	Date 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. 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**** J1925 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**** J1925 and J9226, prior authorization is required for both 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 – Unclassified	Cutaquig®Lupaneta PackTM	C9399		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/d Record-Requirements-for-Pre-Service.pd
Orthotics and prosthetics		L0112 L0170 L0456 L0462 L0464 L0480 L0482 L0484 L0624 L0629 L0631 L0632 L0634 L0636 L0637 L0638 L0640 L0700 L0710 L0810 L0820 L0830 L0859 L1000 L1300 L1300 L1310 L1499 L1680		01/01/2015		Prior authorization required for the	Refer below link https://www.uhcprovider.com/content/d Record-Requirements-for-Pre-Service.pd



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Orthotics and prosthetics	L1834	03/01/2016	orthotic and prosthetics with a retail h	Refer below link https://www.uhcprovider.com/content/d Record-Requirements-for-Pre-Service.pd
Orthotics and prosthetics	L1812 L1820 L1830		orthotic and prosthetics with a retail h	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd
Orthotics and prosthetics	L3763 L4631 L5647 L5649 L5673 L5683 L5700 L5705 L5845 L5962 L5986	04/01/2019	orthotic and prosthetics with a retail h	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd
Orthotics and prosthetics	L1832	05/01/2019	orthotic and prosthetics with a retail h	Refer below link https://www.uhcprovider.com/content/d Record-Requirements-for-Pre-Service.pd
OutpatientTherapy	92507 92508 92526 97012 97014 97016 97018 97022 97026 97028 97033 97034 97039 97110 97112 97113 97116 97124 97140 97799 G0129 S8990		•	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd
OutpatientTherapy		07/01/2017	ST/OT and PT services (Re-	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd



		97542* 97750 97760 97761			
	OR billed with these revenue codes:	419 420 421 422 423 424 429 430 431 432 433 434 439 977 978	01/01/2015	•	Refer below link https://www.uhcprovider.com/content/d.Record-Requirements-for-Pre-Service.pd
Rhinoplasty and septoplasty		30400 30410 30420 30430 30435 30450 30460 30462 30465	01/01/2015		Refer below link https://www.uhcprovider.com/content/d/ Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital	Auditory System	69205	07/01/2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Refer below link https://www.uhcprovider.com/content/da Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital	Cardiovascular System	36590 36832	07/01/2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital	Carpal Tunnel Surgery	64721	07/01/2020	when requesting service in an	Refer below link https://www.uhcprovider.com/content/da Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital	Cataract Surgery	66821 66982 66984	07/01/2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Refer below link https://www.uhcprovider.com/content/da Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital	Colonoscopy	45378 45380 45384 45385	07/01/2020	•	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital	Cosmetic & Reconstructive	13101 13132 14040 14060 14301 21552 21931	07/01/2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Refer below link https://www.uhcprovider.com/content/di Record-Requirements-for-Pre-Service.pd
Site of Service (SOS) – outpatient hospital		42415 42440 43200 43236 43237 43238 43242 43245 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46040 46050 46220 46221 46250 46221 46250 46255 46261 46270 46275 46275 46275	07/01/2020	when requesting service in an	Refer below link https://www.uhcprovider.com/content/da Record-Requirements-for-Pre-Service.pd





Category	Sub Category		Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Site of Service (SOS) – outpatient hospital	Description ENT Procedures	21320 30140 30520 69436 69631		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro 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 68320 68720 68815		07/01/2020		Prior authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatient hospital	Female Genital System	57240 57250 57461 57520 58561 58562		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatient hospital	Gynecologic Procedures	57522 58353 58558 58563 58565		07/01/2020		Prior authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatient hospital	Hemic and Lymphatic Systems	38500 38510 38525		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro 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			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro-Record-Requirements-for-Pre-Service.pdf

participating



			Mbulatory	
			Ambulatory Surgery Center (ASC)	
Site of Service (SOS) – outpatient hospital	System	10121 11440 11450 11624 11770 13121 15100 15120 15240 19020 19120	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	
Site of Service (SOS) – outpatient hospital	• •	47000	Prior authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatient hospital	Male Genital System	54840	Prior authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatient hospital		20680	Prior authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/provider-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatient hospital	Musculoskeletal System	20552 20553 21012 21013 21336 21554 21555 21556 21930 22902 22903 23071 23075 24071 27327 27337 27632 28035 28039 28041 28060 28080 28090 28104 28110 28118 28119 28124 28285 28292 28296 28297	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	



		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			
Site of Service (SOS) – outpatie hospital	ent	64561 64640	07/01/2020	authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatie hospital		65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312	07/01/2020	authorization	
Site of Service (SOS) – outpatie hospital	ent	30802 30930 31525 31535 31536 31541 31624	07/01/2020	authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – outpatie hospital		42820 42821 42825 42826 42830	07/01/2020	authorization	
Site of Service (SOS) – outpatie hospital	ent	43235 43239 43249	07/01/2020	authorization	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/pro-Record-Requirements-for-Pre-Service.pdf



				authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	
Site of Service (SOS) – outpatient hospital	Urinary System	52276 52287 52320 52344	07/01/2020		
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		



Category	Category	Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Spinal Surgery	Description	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/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 Record-Requirements-for-Pre-Service.pdf
Transplants	Car-T cell therapy	Q2056		02/01/2023		For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), 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 Record-Requirements-for-Pre-Service.pdf
Transplants	Car-T cell therapy	Q2041		04/01/2018		For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), 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 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 Abecma® (Idecaptagene Cicleucel), 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	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies Record-Requirements-for-Pre-Service.pdf



				notification	
				number on the back of the member's health plan ID card.	
Transplants Car the	r-T cell Q20 erapy	053	07/01/2021	therapy services including Abecma® (Idecaptagene Cicleucel), 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	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies, Record-Requirements-for-Pre-Service.pdf
Transplants Car the	r-T cell Q20 erapy	055	02/01/2022		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies, Record-Requirements-for-Pre-Service.pdf
Transplants Car the		098	07/01/2022	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), 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, Record-Requirements-for-Pre-Service.pdf
Transplants Tra	rvices 328 328 328 328 328 328	851 852	01/01/2015	For transplant	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/Record-Requirements-for-Pre-Service.pdf



33 33 33 33 33 33 33 33 34 44 44 44 44 4	3930 3933 3935 3940 3944 3945 8208 8209 8210 8212 8213 8214 8215 8240 8241 8242 4133 4135 4136 4137 4715 4720 4721 7133 7140 7141 7142 7143 7144 7145 7146 7147 8551 8552 8554 0300 0320 0323 0325 0340 0365 0370 0380 0547 2060 2061 2152		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.	
Transplants Transplant services 38	Oncology DX Codes	01/01/2015	only require prior	Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/Record-Requirements-for-Pre-Service.pdf

Behavioral

Category	Sub Category	Proc-Code	Diagnosis	Effective	Review	Comments	Documentation	
	Description		Codes	Date	Date		necessary to	
							obtain prior	
							authorization	

