Prior authorization requirements

Who does this policy apply to?
This prior authorization requirement for outpatient injectable chemotherapy medications is for all members who are being treated for cancer, regardless of age. This policy affects UnitedHealthcare commercial, UnitedHealthcare Oxford and UnitedHealthcare Community Plan members.

What if a member is receiving an outpatient injectable chemotherapy medication for a non-cancer diagnosis?
In this case, this policy doesn't apply and prior authorization isn't required. However, certain outpatient injectable chemotherapy medications for non-cancer diagnoses (such as rheumatoid arthritis) may require prior authorization under some benefit plans.

If you have questions, please call the number on the back of the member’s ID card. Claims submitted for injectable chemotherapy medications for non-cancer will be reviewed according to applicable medical and medication policies to determine if services are eligible for coverage.

How will requests for prior authorization be reviewed?
Requests will be reviewed based on the National Comprehensive Cancer Network (NCCN) guidelines, including medication combinations, lines of therapy and treatment for disease progression. The process provides an auto-approval for NCCN-compliant regimens. An oncologist will review any remaining requests. The length of time the prior authorization is valid varies by request; however, most are valid for 365 days.

If a member’s benefit plan doesn’t require prior authorization for outpatient injectable chemotherapy, can I request a predetermination online?
Yes, you can use the online system to request a predetermination for most of our members. If the website doesn’t give you the option for a predetermination, you can call the Provider Services number on the back of the member’s ID card and request it.

Key points
- We require prior authorization for injectable chemotherapy when administered to patients in an outpatient setting who are being treated for cancer, regardless of age
- This policy affects UnitedHealthcare commercial, UnitedHealthcare Oxford* and UnitedHealthcare Community Plan members
- This requirement supports the Triple Aim to improve care experiences and outcomes and lower the total cost of care for our members. It also helps reduce service denials for members undergoing cancer treatment.

For more information, visit our Prior Authorization for Chemotherapy and Related Cancer Therapies page.
Why was I directed to use a different process after entering the member demographics during the authorization request process?

Some states mandate a specific process be followed for prior authorization for injectable chemotherapy medications. In these states, the mandated process affects fully insured and self-funded benefit plans that fall under the jurisdiction of the state, for example, non-ERISA self-funded plans, such as government plans or church plans. In these instances, you’ll be directed to the appropriate process. Because the authorization process is state mandated, we’re unable to allow exceptions. After receiving the correct authorization request document, you’ll be contacted if more clinical information is needed.

Administrative and claims information

Does receipt of prior authorization for injectable chemotherapy guarantee my claim will be paid?

Unless payment is required by state law, receipt of a prior authorization doesn’t guarantee claim payment. Payment for covered services is contingent upon the member’s eligibility on the date of the service, reimbursement policies and the terms of your Participation Agreement. Some of the new commercial benefit plans we offer have specific requirements that may also affect reimbursement.

When paying claims for injectable chemotherapy medications, which components of the authorization process determine payment?

During the claims payment process, we look for an authorization for all billed injectable chemotherapy medication (Healthcare Common Procedure Coding System codes) and the date of service. If the date of service isn’t within the date range on the prior authorization approval, the claim won’t be eligible for reimbursement.

What if I don’t obtain prior authorization for outpatient injectable chemotherapy?

If you don’t obtain prior authorization for these services, your claim will be denied for lack of prior authorization and, as per your Participation Agreement, you won’t be able to balance bill the member.

Is prior authorization required for injectable chemotherapy medications if UnitedHealthcare is the secondary payer?

No. If UnitedHealthcare is the secondary payer, prior authorization isn’t required.

Do I need to list the case number on the claim form?

No. You don’t need to put any case number on the claim form.

What date should I enter if we haven’t determined the exact date to start injectable chemotherapy?

If you don’t know the start date for the chemotherapy injections, enter the date that you submit the prior authorization request.
Prior authorization process

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

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

Will clinical information be required for a prior authorization request?

Maybe. Based on the diagnosis and/or the chemotherapy regimen that’s been selected, you may be asked to provide additional clinical information, which may include:
• Prior chemotherapy regimen, if the member is being treated for metastatic disease
• Line of therapy, if the member has presence of metastatic disease
• Tumor histology and tumor marker for some tumor types to determine chemotherapy medication appropriateness (KRAS, HER2, BRAF)
• Any information you believe will help in evaluating the request, including co-morbidities, history of adverse reaction to chemotherapy medications, etc.

Clinical scenarios

We received a prior authorization that’ll expire in a few weeks. The patient is doing well on this medication regimen and the treating health care professional would like to continue the regimen. What should they do?

To continue the current regimen, they should submit a new prior authorization request at least 2 weeks before the current one expires. If we receive a request for a different injectable chemotherapy regimen, we’ll terminate the previously approved requests.
During the case entry, what do I do if the medication regimen proposed for the member isn’t listed or if the medication I want to use has recently received FDA approval and doesn’t have an assigned code?

If you don’t see the medication regimen listed while doing a case entry, you can request a custom regimen. A new chemotherapy medication without an assigned J code will be listed 3 times. Each listing will have one of the unclassified codes: J3490, J3590 or J9999. A few chemotherapy medications have more than one J code. These medications will be listed with both the generic and brand name and the J code. Select the appropriate medication/J code entry.

If you don’t see the chemotherapy medication listed, you’ll be asked to call in your request. Please provide the case number and the medication names to the representative.

If I received prior authorization and the member experienced an adverse reaction to one of the chemotherapy medications, can I change the chemotherapy medication without obtaining a new prior authorization?

No. If you plan to use a new injectable chemotherapy medication, you need to submit a new prior authorization request.

Will my prior authorization request be affected if a member has a reaction to an authorized injectable chemotherapy medication and I decide to drop it from the regimen?

No. If you decide to drop a previously authorized medication from a chemotherapy regimen, it won’t terminate or affect the authorization. The only time the authorization is affected is when you are adding a medication.

If my patient has a medical contraindication to an NCCN-recommended regimen, what should I do?

You can submit clinical information to support your decision for a non-NCCN recommended regimen during the prior authorization process. An oncologist will review all information before we make a coverage decision.

The NCCN doesn’t address pediatric cancers, so what’s used to review requests for injectable chemotherapy regimens for pediatric patients?

Outpatient injectable chemotherapy for pediatric patients requires prior authorization to be eligible for payment. According to our policies, we’ll cover all chemotherapy agents for those younger than age 19 as most pediatric patients receive treatments based on national pediatric protocols that are similar to the NCCN patient care guidelines.

As the NCCN doesn’t address rare adult cancers, what’s used to review these requests?

An oncologist will review requests for outpatient injectable chemotherapy for patients with rare cancers against current peer-reviewed published literature. During your case submission, we encourage you to provide any clinical information or published documentation that supports your choice of chemotherapy regimen.
If a member will receive an injectable chemotherapy regimen of AC followed by T with Trastuzumab and the first 4 cycles of chemotherapy will only include doxorubicin and cyclophosphamide, should I authorize the entire regimen for all four medications or only those used in the first cycle?

In this case, you’d authorize the entire regimen. During the authorization process, if the chemotherapy regimen is recommended by the NCCN for the member’s clinical condition, select the entire regimen (AC followed by T with Trastuzumab).

The authorization period for all regimens, including trastuzumab, is 14 months. Non-trastuzumab adjuvant regimens are authorized for 8 months; metastatic regimens for 12 months. We’ll provide you with the resulting expiration date for prior authorization for the chemotherapy regimen. For this example, the authorization would include all 4 of the chemotherapy agents in the regimen and the time span of the authorization.

If you request a new injectable chemotherapy medication and we approve a new authorization, the old prior authorizations will expire as of the date of the new request.