

Prior authorization requirements for Massachusetts OneCare

Effective December 1, 2022

General information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call **888-867-5511**
- **Fax** 888-840-6450. Fax form is available at UHCprovider.com/MAcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20974	20975	20979	
BRCA genetic testing	Prior authorization is required.	81163	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cardiovascular	Prior authorization is required.	<p style="text-align: center;">Cardiology</p> <p style="text-align: center;">Vascular</p>			
		93653	93656	33285	E0616
		37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231		
		Prior authorization is required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223

Procedures and services	Additional information CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)	I70.228	I70.229	I70.231	I70.232
	I70.233	I70.234	I70.235	I70.238
	I70.239	I70.241	I70.242	I70.243
	I70.244	I70.245	I70.248	I70.249
	I70.25	I70.261	I70.262	I70.263
	I70.268	I70.269	I70.321	I70.322
	I70.323	I70.329	I70.331	I70.332
	I70.333	I70.334	I70.335	I70.338
	I70.339	I70.341	I70.342	I70.343
	I70.344	I70.345	I70.348	I70.349
	I70.35	I70.361	I70.362	I70.363
	I70.369	I70.421	I70.422	I70.423
	I70.428	I70.429	I70.431	I70.432
	I70.433	I70.434	I70.435	I70.438
	I70.439	I70.441	I70.442	I70.443
	I70.444	I70.445	I70.448	I70.449
	I70.461	I70.462	I70.463	I70.468
	I70.469	I70.521	I70.522	I70.523
	I70.528	I70.529	I70.531	I70.532
	I70.533	I70.534	I70.535	I70.538
	I70.539	I70.541	I70.542	I70.543
	I70.544	I70.545	I70.548	I70.549
	I70.561	I70.562	I70.563	I70.568
	I70.569	I70.621	I70.622	I70.623
	I70.628	I70.629	I70.631	I70.632
	I70.633	I70.634	I70.635	I70.638
	I70.639	I70.641	I70.642	I70.643
	I70.644	I70.645	I70.648	I70.649
	I70.661	I70.662	I70.663	I70.668
	I70.669	I70.721	I70.722	I70.723
	I70.728	I70.729	I70.731	I70.732
	I70.733	I70.734	I70.735	I70.738
	I70.739	I70.741	I70.742	I70.743
	I70.744	I70.745	I70.748	I70.749
	I70.761	I70.762	I70.763	I70.768
	I70.769	I72.3	I72.4	I72.8
	I72.9	I77.2	I77.70	I77.72
	I77.77	I77.79	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021
	I75.022	I75.023	I75.029	I75.89
	T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A
	M86.051	M86.052	M86.059	M86.061
	M86.062	M86.069	M86.071	M86.072
	M86.079	M86.08	M86.09	M86.1
	M86.10	M86.151	M86.152	M86.159
	M86.161	M86.162	M86.169	M86.171
	M86.172	M86.179	M86.18	M86.19

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.20 M86.261 M86.272 M86.30 M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.251 M86.262 M86.279 M86.351 M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.252 M86.269 M86.28 M86.352 M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.259 M86.271 M86.29 M86.359 M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Cochlear and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required.	69714 L8690	69930 L8691	L8614 L8692	L8619
Continuous glucose monitor	Prior authorization is required.	A4226 A9278	A4239 E0787	A9276 K0554	A9277
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required.	11920 11954 15823 15834 15839 17999 21179 21183 21256 21267 21299 28344 30560 31297 67902	11950 15820 15830 15835 15877 19300 21180 21184 21260 21268 21740 30120 30620 31298 67903	11951 15821 15832 15837 15878 21172 21181 21230 21261 21270 21742 30540 31295 67900 67904	11952 15822 15833 15838 15879 21175 21182 21235 21263 21275 21743 30545 31296 67901 67906

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67908	67909	67912	67961
Durable medical equipment (DME)	Prior authorization is required. Prosthetics are not DME — see Orthotics and prosthetics.	Prior authorization is required regardless of billed amount:			
		E0466	E1230	E1239	E2510
		E2609	E2617	E8000	E8001
		E8002	K0812	K0813	K0814
		K0815	K0816	K0820	K0828
		K0829	K0830	K0831	K0835
		K0837	K0838	K0839	K0841
		K0842	K0843	K0857	K0859
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		K0898	K0899		
		Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000			
		A9280	E0170	E0193	E0194
		E0203	E0220	E0221	E0230
		E0231	E0232	E0238	E0244
		E0246	E0270	E0273	E0274
		E0277	E0300	E0302	E0304
		E0315	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0481	E0483	E0571
		E0603	E0617	E0618	E0625
		E0635	E0636	E0637	E0638
		E0640	E0641	E0642	E0692
		E0693	E0694	E0700	E0710
		E0740	E0746	E0761	E0764
		E0766	E0770	E0782	E0783
		E0784	E0785	E0786	E0830
		E0936	E0970	E0983	E0984
		E0986	E0988	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1017	E1018	E1020	E1029
		E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085
E1086	E1087	E1089	E1100		
E1110	E1161	E1170	E1171		
E1172	E1180	E1190	E1195		
E1200	E1222	E1224	E1227		
E1228	E1229	E1231	E1232		
E1233	E1234	E1235	E1236		
E1237	E1238	E1250	E1270		
E1280	E1285	E1290	E1295		
E1296	E1297	E1298	E1300		
E1310	E1399	E1500	E1510		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		E1634	E1635	E1636	E1637
		E1639	E1699	E1812	E2300
		E2310	E2311	E2321	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098
		K0105	K0108	K0455	K0609
		K0730	K0734	K0735	K0736
		K0737	K0743	K0744	K0745
		K0746	K0800	K0801	K0802
		K0806	K0808	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0836	K0840	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0858	K0860	K0861	K0862
K0863	K0864	L0462	L0464		
L1000	L1005	L2136	L5400		
L5420	L5535	L5585	L6380		
L6382	L6384				
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
Experimental or investigational (and/or linked services)	Prior authorization is required.	64722	64744	66180	95965
		95966	0200T	0201T	
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Gender dysphoria treatment	Prior authorization is required.	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
Hearing Aids and Devices	Prior authorization is required for replacements when billed with modifier RA	V5030	V5040	V5050	V5060
		V5070	V5080	V5100	V5130
		V5140	V5150	V5171	V5172
		V5181	V5190	V5211	V5212
		V5213	V5214	V5215	V5221
		V5230	V5243	V5245	V5246
		V5247	V5249	V5251	V5252
		V5253	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
		V5261	V5262	V5263	V5298
Home health care	Prior authorization is required only in outpatient settings, including member's home.	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization is required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization is required.	Adakveo®			
	Do Not Start Case – Direct Provider using the information below:	J0791			
		Apretude™			
		J0739			
		Crysvita®			
		J0584			
	To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway:	Cutaquig®			
		J1551			
		Entyvio™			
		J3380			
Prior Authorization and	Evkeeza™				
	J1305				
	Givlaari®				
	J0223				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<p>Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	<p>Leqvio® J1306</p> <p>Luxturna™ J3398</p> <p>IVIG 90284</p> <p>Ocrevus™ J2350</p> <p>Onpattro™ J0222</p> <p>Orencia™ J0129</p> <p>Oxlumo™ J0224</p> <p>Radicava® J1301</p> <p>Reblozyl® J0896</p> <p>Ryplazim™ J2998</p> <p>Scenesse® J7352</p> <p>Soliris® J1300</p> <p>Spinraza™ J2326</p> <p>Tepezza® J3241</p> <p>Ultomiris™ J1303</p> <p>Unclassified and temporary codes</p> <p>C9086* C9399 with DX E85.1* J3490* J3590*</p> <p>Uplizna® J1823</p> <p>Vyvgart™ J9332</p> <p>Zolgensma® J3399</p> <p>*For unclassified and temporary codes C9086, C9399 with DX E85.1, J3490 and J3590, notification/prior authorization is only required for Amvuttra™, Nulibry™, Saphnelo™</p>
Inpatient admissions	<p>Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long-term acute care (LTAC) and skilled nursing</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

facilities (SNF).

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required.	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		27488	29866	29867	29868
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	J7330		

Long-term services and support for Home- and Community-Based Services	Prior authorization is required through the member's case manager during the process of care planning assessment and determination of needs.	For additional information, please call UnitedHealthcare Community Plan Senior Care Options at 888-867-5511 .			
--	--	--	--	--	--

Non-emergent air transport	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
-----------------------------------	----------------------------------	----------------	-------	-------	-------

Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required.	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			

Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (cont.)		L2080 L2320 L2526 L2861 L3203 L3208 L3213 L3217 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L2090 L2387 L2627 L3160 L3204 L3209 L3214 L3219 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045	L2126 L2520 L2628 L3201 L3206 L3211 L3215 L3221 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050	L2232 L2525 L2800 L3202 L3207 L3212 L3216 L3222 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055
Potentially unproven services (and/or linked services)	Prior authorization is required.	28890	36514	64405	
Private duty nursing	Prior authorization is required.	T1000	T1002	T1003	
Prostate procedures	Prior authorization is required.	53850			
Prosthetics	Prior authorization is required only for Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848 L5930 L5968	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856 L5960 L5973	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857 L5961 L5979	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858 L5966 L5980

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (cont.)		L5981 L6000 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6638 L6696 L6712 L6721 L6882 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8042 L8499 L8629	L5987 L6010 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6646 L6697 L6713 L6722 L6883 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8035 L8043 L8505 L8699	L5988 L6020 L6100 L6200 L6310 L6370 L6550 L6584 L6621 L6648 L6707 L6714 L6880 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8039 L8044 L8604	L5990 L6026 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6693 L6709 L6715 L6881 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8041 L8049 L8609
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685 42299	41512	41599	42145

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery	Prior authorization is required.	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22865 63001 63012 63020 63045 63051 63075 63087 63170 63190	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22867 63003 63015 63030 63046 63055 63077 63090 63172 63191	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 22869 63005 63016 63040 63047 63056 63081 63101 63173 63197	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22864 22899 63011 63017 63042 63050 63064 63085 63102 63185 63200
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	E0747 64555 61885 61864 64590	<p data-bbox="924 951 1198 978">Bone growth stimulator</p> <p data-bbox="924 984 1308 1012">E0748 E0749 E0760</p> <p data-bbox="971 1020 1154 1047">Neurostimulator</p> <p data-bbox="924 1056 1338 1083">63650 63655 63685</p> <p data-bbox="924 1092 1338 1119">64568 61850 61863</p> <p data-bbox="924 1127 1338 1155">61867 61868 61886</p>		
Transplants	Prior authorization is required.	<p data-bbox="735 1213 1425 1434">For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Carvykti™ (Ciltacaptagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene 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.</p> <p data-bbox="735 1434 1338 1461">32850 32851 32852 32853</p> <p data-bbox="735 1470 1338 1497">32854 32855 32856 33930</p> <p data-bbox="735 1505 1338 1533">33933 33935 33940 33944</p> <p data-bbox="735 1541 1338 1568">33945 38208 38209 38210</p> <p data-bbox="735 1577 1338 1604">38212 38213 38214 38215</p> <p data-bbox="735 1612 1338 1640">38232* 38240 38241 38242</p> <p data-bbox="735 1648 1338 1675">44132 44133 44135 44136</p> <p data-bbox="735 1684 1338 1711">44137 44715 44720 44721</p> <p data-bbox="735 1719 1338 1747">47133 47135 47140 47141</p> <p data-bbox="735 1755 1338 1782">47142 47143 47144 47145</p> <p data-bbox="735 1791 1338 1818">47146 47147 48551 48552</p> <p data-bbox="735 1827 1338 1854">48554 50300 50320 50323</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
Transplants (cont.)		50325	50340	50360	50365		
		50370	50380	50547	S2060		
		S2061	S2152	CAR-T cell therapy			
		0537T	0538T	0539T	0540T		
		C9098**	J9999**	Q2041	Q2042		
		Q2053	Q2054	Q2055			
		*Code 38232 will only require prior authorization for an oncology diagnosis.					
		**For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™					
		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required.	37700	37718	37722	37735
				37765	37766	37780	37785
		37799					
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .					
		33927	33928	33929	33975		
		33976	33979	33981	33982		
		33983					



CPT® is a registered trademark of the American Medical Association.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

PCA-1-21-04390-C&S-WEB_12022021
© 2021 United HealthCare Services, Inc. All Rights Reserved.