

Prior authorization for outpatient injectable chemotherapy

Frequently asked questions

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 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.

This requirement affects UnitedHealthcare commercial, UnitedHealthcare Oxford, UnitedHealthcare Medicare & Retirement Plan and UnitedHealthcare Community Plan members.

For more information, see our:

- [Prior authorization for oral and injectable chemotherapy and related cancer therapies](#) page
- [Outpatient Chemotherapy - Training for Prior Authorization Request Submissions interactive](#) guide



Questions?

If you have questions, please email unitedoncology@uhc.com.

Prior authorization requirements

Who does this requirement apply to?

This prior authorization requirement for outpatient injectable chemotherapy medications applies to all UnitedHealthcare members who are being treated for cancer, regardless of age. This includes UnitedHealthcare Medicare® Advantage, UnitedHealthcare Community Plan and UnitedHealthcare commercial plans (including Oxford).

What if a member is receiving an outpatient injectable chemotherapy medication for a non-cancer diagnosis?

In this case, this requirement doesn't apply. 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 member's ID card. To determine if services are eligible for coverage, we'll review claims submitted for injectable chemotherapy medications according to applicable medical and medication policies.

How will you review requests for prior authorization?

We'll review these requests in accordance with UnitedHealthcare medical policies, which are based on National Comprehensive Cancer Network (NCCN) guidelines, including medication combinations, lines of therapy and treatment for disease progression. The prior authorization tool provides a streamlined approval process 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 [UnitedHealthcare Provider Portal](#) to request a predetermination for most of our members. If the portal doesn't give you the option for a predetermination, please call the Provider Services number on the member's ID card to request it.

Why was I directed to use a different process after entering the member demographics during the prior 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 (e.g., 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 prior authorization process is state mandated, we're unable to allow exceptions. If we need more information after receiving the correct prior authorization request document, we'll contact you if we need more clinical information.

Can I have multiple chemotherapy authorizations in place for a chemotherapy regimen for the same period of time?

No. A patient can only have 1 active prior authorization for a chemotherapy regimen. If you submit a new prior authorization request for a new chemotherapy regimen for the same patient there's an active authorization in place, we'll request you replace the active prior authorization with the new authorization request.

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 prior authorization process determine payment?

During the claims payment process, we look for a prior authorization for all billed injectable chemotherapy medication, such as HCPCS 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 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, we don't require prior authorization.

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

How do I submit a prior authorization?

You can submit a prior authorization request through the UnitedHealthcare Provider Portal:

1. Go to UHCprovider.com and click Sign In at the top-right corner
2. Enter your One Healthcare ID
 - New users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started
3. From the left-hand tabs, select **Prior Authorizations & Notifications**. Then, click "Create a new request."
4. Select the appropriate prior authorization type from the dropdown (e.g., Oncology, Cancer Supportive Care)
5. Enter the required information and click Continue

If you have questions, please visit our [Prior Authorization and Notification](#) page.

How do I check the status of a prior authorization?

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal.

1. Go to [UHCprovider.com](https://uhcprovider.com) and click Sign In at the top-right corner
2. Enter your One Healthcare ID
3. From the left-hand tabs, select **Prior Authorizations & Notifications**
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 1 of the following to complete the search:
 - Care provider tax identification number (TIN), member ID number and date of birth
 - Care provider TIN, member ID number and name
 - Care provider TIN, member last name and first name, date of birth and state

Do you require clinical information for a prior authorization request?

Yes. Based on the diagnosis and/or the chemotherapy regimen that you select, we'll ask you 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 comorbidities, 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 authorization 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 1 of the unclassified codes: J3490, J3590 or J9999. A few chemotherapy medications have more than 1 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, please call the number on the member's ID card to confirm the prior authorization requirement for the specific drug(s) in question. 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 1 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. Please note that a peer-to-peer review may be requested with your physician if the selected chemotherapy regimen requires additional clinical review.

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 prior authorization. The only time the prior 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 a custom prior authorization request and include 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.

As the NCCN doesn't address pediatric cancers, how do you 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, how do you review these requests?

An oncologist will review requests for outpatient injectable chemotherapy for patients with rare cancers with 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 4 medications, or only those used in the first cycle?

In this case, you'd authorize the entire regimen. During the prior 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 prior authorization period for all regimens, including trastuzumab, is 14 months. Non-trastuzumab adjuvant regimens are authorized for 8 months, and 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 prior authorization would include all 4 of the chemotherapy agents in the regimen and the time span of the prior authorization.

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

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