

Prior authorization requirements for members

For groups with 51 or more employees (large group) effective 2022 and after

This employer guide describes prior authorization (PA) requirements which may apply to either network or out-of-network services, or both, depending on the specific benefit category and product listed in the table on the subsequent pages.

This overview is intended only to highlight benefits and should not be relied upon to fully determine coverage. Brokers, customers and members should refer to the Certificate of Coverage (COC) for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If any information contained in this overview conflicts in any way with the COC, the COC prevails.

Network

Network providers generally are responsible for obtaining prior authorization for network services. However, members are required to notify us regarding the intention to have services for Congenital Heart Disease or Gender Dysphoria surgery. Notification provides the opportunity to enroll in programs designed to help achieve the best outcomes for members.

Out of network

Out-of-network providers are not responsible for prior authorization and, therefore, members are required to contact us before receiving the indicated services from out-of-network providers.

Benefit penalty for no authorization

Depending on the type of service, the amount required to be paid may be increased to 50% of the Allowed Amount, or no benefits will be paid if the member fails to meet their prior authorization requirements. Note: Penalty only applies when the member is responsible for obtaining prior authorization.

In addition to prior authorization requirements, the member may be required to contact us 24 hours before certain out-of-network scheduled admissions, as noted in the table on the subsequent pages. However, the member will not be penalized if this notification requirement is not met.

Service	Specific services requiring authorization	Network only coverage ¹		Network and out-of-network coverage		Options PPO and non-diff PPO		Member out-of-network inpatient notification 24 hours before IP admit	Member PA of notification requirement		Member penalty for failure to PA	
		In		In	Out	In	Out		5 days prior	ASAP	No benefit paid	Benefit increased to 50% of eligible expense
Ambulance services	Non-emergent air/ground	N/A		N/A	M	M	M			✓	✓	
Cellular and gene therapy	All	N/A ²		N/A ²	M	M	M	✓		✓		✓ ³
Clinical trials	All	N/A		N/A	M	M	M			✓	✓	
Congenital heart disease	Surgery	N/A ²		N/A ²	M	M	M			✓		✓
Dental services – accident only	All	N/A		N/A	N/A	N/A	N/A					
Diabetes services	Insulin pump greater than \$1,000	N/A		N/A	M	M	M			✓	✓	
DME, orthotics and supplies	All greater than \$1,000	N/A		N/A	M	M	M			✓	✓	
Emergency services	All	N/A		N/A	N/A	N/A	N/A					
Enteral nutrition	All	N/A		N/A	N/A	N/A	N/A					
Fertility preservation for iatrogenic infertility	All	N/A		N/A	M	M	M			✓		✓
Gender dysphoria	Surgery	N/A ²		N/A ²	M	M	M	✓		✓		✓
Habilitative services	IP admit only	N/A		N/A	M	M	M	✓	✓			✓
Home health care	All	N/A		N/A	M	M	M		✓			✓
Hospice	IP admit only	N/A		N/A	M	M	M	✓	✓			✓
Hospital inpatient	All admits	N/A		N/A	M	M	M	✓	✓			✓
Lab, X-ray and diagnostics	Genetic testing, sleep studies, stress echocardiography and transthoracic echocardiogram	N/A		N/A	M	M	M		✓			✓
Major diagnostic and imaging – outpatient	CT, PET scans, MRI, MRA and nuclear medicine, including nuclear cardiology	N/A		N/A	M	M	M		✓			✓

M = Member responsible for prior authorization N/A = No member prior authorization is required



¹ Out-of-network benefits may not apply for certain products. Some examples include: UnitedHealthcare Charter®, UnitedHealthcare Choice, UnitedHealthcare Core Essential and UnitedHealthcare Navigate®.

² Member notification is required as soon as the possibility of surgery arises. Notification allows us the opportunity to provide additional information and services, and are designed to achieve the best outcomes for the member.

³ The member must obtain prior authorization as soon as the possibility of a Cellular or Gene Therapy arises. If the member does not obtain prior authorization as required, the amount you are required to pay will be increased to 50%.

State mandates and variations from the National Standards can and will take precedence over this summary.

Additional benefits covered by your plan may require prior authorization.

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continued

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		In		In	Out	In	Out		5 days prior	ASAP	No benefit paid	Benefit increased to 50% of eligible expense
	Inpatient admit including residential treatment facilities	N/A		N/A	M	M	M		✓			✓
Mental health care and substance-related and addictive disorders inpatient and outpatient	Outpatient services that require prior authorization: partial hospitalization/day treatment; intensive outpatient treatment programs; outpatient electroconvulsive treatment; psychological testing; transcranial magnetic stimulation; extended outpatient treatment visits, with or without medication management; intensive behavioral therapy, including applied behavior analysis (ABA)	N/A		N/A	M	M	M			✓		✓
Ostomy supplies	All	N/A		N/A	N/A	N/A	N/A					
Pharmaceutical products	All	N/A		N/A	N/A	N/A	N/A					
Physician office services	Genetic testing	N/A		N/A	M	M	M			✓		✓
Preimplantation genetic testing (PGT)	All	N/A		N/A	M	M	M			✓		✓
Pregnancy – maternity services	If exceeds mandated length of stay	N/A		N/A	M	M	M			✓		✓
Preventive care services	All	N/A		N/A	N/A	N/A	N/A					
Prosthetic devices	Greater than \$1,000	N/A		N/A	M	M	M			✓	✓	
Reconstructive procedures	All	N/A		N/A	M	M	M	✓	✓			✓
Rehabilitation services outpatient	All	N/A		N/A	N/A	N/A	N/A					

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		In	In	Out	In	Out		5 days prior	ASAP	No benefit paid	Benefit increased to 50% of eligible expense
Scopic procedures – outpatient	All	N/A	N/A	N/A	N/A	N/A					
Skilled nursing facility/inpatient rehab	All	N/A	N/A	M	M	M	✓	✓			✓
Surgery – outpatient	Cardiac catheterization, pacemaker insertion, implantable cardioverter defibrillators, diagnostic catheterization and electrophysiology implant, and sleep apnea surgery	N/A	N/A	M	M	M		✓	✓		✓
Therapeutics – outpatient	Dialysis, intensity modulated radiation therapy, radiation oncology and MR-guided focused ultrasound	N/A	N/A	M	M	M		✓	✓		✓
Transplantation services	All	N/A	N/A	M	M	M	✓		✓	✓	
Urgent care	All	N/A	N/A	N/A	N/A	N/A					
Urinary catheters	All	N/A	N/A	N/A	N/A	N/A					
Virtual care services	All	N/A	N/A	N/A	N/A	N/A					

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Contact your UnitedHealthcare representative for more information



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Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.