Overview

UnitedHealthcare regularly evaluates our medical policies, clinical programs and health benefits to be sure our members are receiving medically-appropriate and evidenced based care. Requiring prior authorization for injectable chemotherapy given in an outpatient setting supports the Triple Aim to improve care experiences, outcomes and the total cost of care for our members. We have found this new process which includes the opportunity to submit treatment requests online actually reduces service denials for members undergoing cancer treatment. For a program overview go to UnitedHealthcareOnline > Clinician Resources > Oncology > Chemotherapy (Injectable) Prior Authorization Program.

Following are answers to frequently asked questions we have received from practice managers and care providers about this program. Thank you.

- Overview and Prior Authorization Requirements (pp 1-2)
- Administrative and Claims Information (pp 2-3)
- Prior Authorization Process (pp 3-4)
- Clinical Scenarios (pp 4-6)

Prior Authorization Requirements

Q1. If a member is receiving an outpatient injectable chemotherapy drug for a non-cancer diagnosis, is prior authorization necessary?

A. No. This prior authorization requirement for outpatient injectable chemotherapy drugs is only for a member who is being treated for cancer. Using chemotherapy drugs for a non-cancer diagnosis is not included in this prior authorization requirement for outpatient injectable chemotherapy. However, certain outpatient injectable chemotherapy drugs for non-cancer diagnosis (e.g. rheumatoid arthritis) may require prior authorization under some benefit plans.

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

Q2. Is UnitedHealthcare using a vendor to conduct prior authorization request reviews for outpatient injectable chemotherapy?

A. Yes. On our behalf, eviCore, formerly known as CareCore National, will handle reviews. They will give care providers access to a website where requests for prior authorization for injectable chemotherapy can be made. Requests will be reviewed based on the National Comprehensive Cancer Network (NCCN) guidelines including drug combinations, lines of therapy, and treatment for disease progression. The process provides an auto-approval for NCCN-compliant regimens. Remaining requests will be reviewed by an oncologist. eviCore will:

- Manage outpatient injectable chemotherapy requests and coverage decisions for our fully insured members that do not initially follow the NCCN guidelines.
- UnitedHealthcare will determine coverage for requests that do not follow the NCCN guidelines for Administrative Services Only (ASO) benefit plans.
Q3. If a member’s benefit plan does not require prior authorization for outpatient injectable chemotherapy, can I request a pre-determination online?

A. If a member’s benefit plan does not require prior authorization for outpatient injectable chemotherapy, you can use the online system to request a pre-determination for the majority of our members. If the eviCore website does not provide the option for a pre-determination, you may call the Provider Services number on the back of the member’s identification card (ID) and request it.

Q4. Why, after entering the member demographics during the authorization request process, was I directed to use a different process?

A. Some states mandate a specific process be followed for prior authorization for injectable chemotherapy medications. In these states, the mandated process affects fully-insured as well as 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 will be directed to the appropriate process. Because the authorization process is state mandated, we are unable to allow exceptions. After receiving the correct authorization request document, eviCore will contact you if additional clinical information is necessary.

Administrative and Claims Information

Q5. Does receipt of prior authorization for injectable chemotherapy guarantee claims payment?

A. No. 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 UnitedHealthcare is offering have specific requirements that may also impact reimbursement.

- UnitedHealthcare’s Navigate, Charter and Compass benefit plans require that members choose a primary care physician and also require referrals to specialists.

Q6. When paying claims for injectable chemotherapy drugs, what components of the authorization process determine payment?

A. During the claims payment process, we look for an authorization for all billed injectable chemotherapy drugs (HCPCS codes) and the date of service. If the date of service is not within the date range on the prior authorization approval, the claim will not be eligible for reimbursement.

Q7. What happens if prior authorization for outpatient injectable chemotherapy is not obtained?

A. Claims will be denied for lack of prior authorization. You may not balance bill the member as it is precluded under your participation agreement. A claims denial notice will be issued with the appeals process outlined in it.

Q8. If UnitedHealthcare Commercial, UnitedHealthcare Oxford, Neighborhood Health Partnership or UnitedHealthcare Community Plan is the secondary payor, is prior authorization required for injectable chemotherapy drugs?

A. No.

Q9. During the initial case authorization process, I was given a case number that starts with A0 or CC. What is that used for?

A. A case number that starts with A0 or CC is the case number the eviCore system has assigned to the case. You can use this case number to look up cases on the eviCore website or when calling eviCore about the case. UnitedHealthcare staff is not able to search by the eviCore case number.

For chemotherapy requests for which UnitedHealthcare is rendering the final coverage decision, UnitedHealthcare staff will assign a service reference number (SRN). The eviCore staff are not able to search using the SRN.

Both teams will be able to assist by searching the member name, member ID and date of birth.
Q10. Is the SRN or eviCore case number required on the claim form to help ensure payment?
A. No. You do not need to put either number on the claim form.

Q11. What date should I enter if we have not determined the exact date to start injectable chemotherapy?
A. If you do not know the start date for the chemotherapy injections, enter the date that you submit the prior authorization request.

Q12. What should I do if I realize I forgot to obtain prior authorization for the first cycle of injectable chemotherapy?
A. Submit a request for prior authorization as soon as possible for future dates of service. Claims for the first date of service will be administratively denied for “no Prior Authorization”. The claim denial notice will outline the appeal process to follow. You will not be able to enter a start date earlier than the date you submit the request.

Q13. Where can I see completed prior authorization requests?
A. Completed prior authorizations are available on:
   - UnitedHealthcareOnline.com under the Notifications/Prior Authorization section. You will need one of the following combinations to complete a search:
     - Provider TIN, member ID number and date of birth
     - Provider TIN, member ID number and name
     - Provider TIN, member last name and first name, date of birth and state
   - You will be able to view authorizations after logging into the website by using the Authorization Look Up. You will need the member’s health plan name, your provider TIN and either the member ID and date of birth or the case reference number to complete a search.
   If you are unable to locate the authorization online, please contact eviCore or UnitedHealthcare to assist you. Completed authorizations will not be viewable on oxhp.com.

Q14. If the chemotherapy regimen is not approved, what follow-up information will I receive?
A. You and the UnitedHealthcare member will be informed in writing of the denial. The letter will include the process to initiate an appeal.

Prior Authorization Process

Q15. How do I submit a request for prior authorization?
A. You may submit requests for prior authorization online or by phone. For UnitedHealthcare Commercial and UnitedHealthcare Community Plan members: Submit and complete an online prior authorization request by logging in to UnitedHealthcareOnline.com. You will be re-directed to Link > UnitedHealthcare Online > Notifications / Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request. To initiate the request for prior authorization by phone for UnitedHealthcare Commercial or UnitedHealthcare Community Plan members, call 866-889-8054.

For UnitedHealthcare Oxford
Submit an online request by logging into oxhp.com. Then go to Submit / Chemotherapy Precert Requests > Click Continue > Click Continue to be redirected to UnitedHealthcare’s oncology authorization intake website.

If you do not have access to UnitedHealthcareOnline.com, select the Help menu on the top-right of the home page and then Quick Reference > Getting Started > Accessing UnitedHealthcare Online Quick Reference.pdf.

To initiate the request for prior authorization by phone for UnitedHealthcare Oxford members, call 877-773-2884. Phone requests require the 10-digit NPI of the ordering physician; a facility NPI will not be accepted.

Q16. What minimum information will be required for requesting prior authorization for outpatient injectable chemotherapy?
A. Member Information:
   - UnitedHealthcare ID and group number
   - Name
   - Date of birth
Contact Information:
- The number you want us to use to contact you if we have a question on the submitted information
- The fax number you want us to use

Required Clinical Information:
- The chemotherapy drug regimen – or a list of the chemotherapy drugs
- The primary cancer diagnosis that will be used for claims submission with the ICD-10 code
- The date of diagnosis and stage of disease at diagnosis (if requesting primary therapy)

Q17. Will additional clinical information be required for a prior authorization request?
A. Yes, based on the diagnosis and/or the chemotherapy regimen that has been selected, you may be asked to provide additional clinical information, which may include:
- Prior chemotherapy regimen if 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 drug appropriateness (KRAS, HER2, BRAF)
- Information that the care provider believes will help in evaluating the request, including co-morbidities, history of adverse reaction to chemotherapy drugs, etc.

Q18. Is prior authorization necessary for pediatric members receiving outpatient injectable chemotherapy?
A. Yes. Prior authorization is required for all members receiving injectable chemotherapy for a cancer diagnosis, regardless of age.

Q19. How long is the prior authorization valid?
A. The length of time the prior authorization is valid varies by request.
- For all injectable chemotherapy drugs used in the palliative setting, prior authorization is valid for 365 days.
- Prior authorization for all injectable chemotherapy drugs used in the curative and adjuvant setting is valid for eight months. If the chemotherapy regimen includes trastuzumab, the authorization is for 14 months. Authorizations for pediatric chemotherapy regimens and regimens to treat members with a rare cancer are valid for 365 days.

Clinical Scenarios

Q20. We received a prior authorization that will expire in a few weeks. The patient is doing well on this drug regimen and the treating physician would like to continue the regimen. What should the treating physician do?
A. A new request is necessary to continue the same chemotherapy regimen. We recommend submitting the new request for prior authorization at least two weeks before the current one expires.

Previously approved requests for prior authorization for injectable chemotherapy will be terminated early when a new request is approved for a different injectable chemotherapy regimen.

Q21. During the case entry, what do I do if the drug regimen proposed for the member is not listed?
A. If you do not see the drug regimen listed while doing a case entry, select Build a Custom Treatment Plan and select the specific drugs to represent the regimen you propose.

A new chemotherapy drug without an assigned J code will be listed three times. Each listing will have one of the unclassified codes: J3490, J3590 or J9999. A few chemotherapy drugs have more than one J code. These drugs will be listed with both the generic and brand name and the J code. Select the appropriate drug/J code entry.

If you do not see the chemotherapy drug listed, you will be asked to call 866-889-8054 if you are treating UnitedHealthcare Commercial or UnitedHealthcare Community Plan members. If you are treating UnitedHealthcare Oxford members, call 877-773-2884. Please provide the case number and the drug names to the representative.
Q22. If prior authorization was received and the member experienced an adverse reaction to one of the chemotherapy drugs, can the chemotherapy drugs be changed without obtaining an authorization?

A. No. Any time a new injectable chemotherapy drug is going to be used, a new authorization is necessary.

Q23. If a member has had a reaction to one of the injectable chemotherapy drugs that was authorized and the physician decides to drop one of the authorized drugs from the regimen, will this impact our prior authorization?

A. No. If a chemotherapy drug that has been authorized is dropped from a chemotherapy regimen, it will not terminate the authorization. When you want to add a new drug to a regimen, a new request for prior authorization for the new chemotherapy regimen will be required.

Q24. If my patient has a medical contra-indication to an NCCN-recommended regimen, what should I do?

A. You will have the opportunity to submit clinical information to support your decision for a non-NCCN recommended regimen during the prior authorization process. All information will be reviewed by an oncologist prior to a coverage decision being rendered.

Q25. The NCCN does not address pediatric cancers, so what is used to review requests for injectable chemotherapy regimens for pediatric patients?

A. Outpatient injectable chemotherapy for pediatric patients requires prior authorization to be eligible for payment.

According to our policies, we will cover all chemotherapy agents for individuals younger than 19 because the majority of pediatric patients receive treatments based on national pediatric protocols that are similar to the NCCN patient care guidelines.

Q26. The NCCN does not address rare adult cancers, so what is used to review requests for injectable chemotherapy regimens for adults with rare cancers?

A. Requests for outpatient injectable chemotherapy for patients with rare cancers will be reviewed against current peer-reviewed published literature by an oncologist. During your case submission, we encourage you to provide any clinical information or published documentation that supports your choice of chemotherapy regimen.

Q27. How do I enter a drug that has recently received FDA approval and doesn’t have an assigned code?

A. If you do not see the drug listed under the drug regimen list, select Build a Custom Treatment Plan and select the specific drug to represent the regimen you propose. A new chemotherapy drug without an assigned J code will be listed three times. Each listing will have one of the unclassified codes: J3490, J3590 or J9999.

If you do not see the chemotherapy drug listed, you will be asked to call 866-889-8054 for UnitedHealthcare and UnitedHealthcare Community Plan members. or 877-773-2884 for Oxford members. Provide the case number and the drug(s) name to the representative.

Q28. If I received prior authorization for an injectable chemotherapy regimen that includes three drugs for eight months, and after three months of treatment a new chemotherapy drug is being added to the regimen, do I need to obtain a new prior authorization?

A. Yes. The addition of a new injectable chemotherapy drug to the treatment regimen requires a new prior authorization. At the time of the new request, all previous prior authorizations will be terminated.
Q29. If I obtained prior authorization for injectable chemotherapy for palliative care for 12 months, and after seven months of treatment the member took a six month drug holiday, do I need to obtain a new prior authorization?

A. Yes, the 12-month authorization ended while the member was on a drug holiday, you will need to submit a new prior authorization request to restart the chemotherapy regimen.

Q31. If a member is going to receive an injectable chemotherapy regimen of AC followed by T with Trastuzumab and the first four cycles of chemotherapy only include doxorubicin and cyclophosphamide, should I authorize the entire regimen for all four drugs or only the drugs used in the first four cycles?

A. 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 is authorized for eight months; metastatic regimens for 12 months. We will provide you with the resulting expiration date for prior authorization for the chemotherapy regimen. For this example, the authorization would include all four of the chemotherapy agents in the regimen and the time span of the authorization. Any time a new injectable chemotherapy drug is requested, the prior authorizations will expire as of the date of the new request.

Q32. If the patient is going to receive injectable chemotherapy and IVIG — can I do one authorization?

A. IVIG requires prior authorization from the UnitedHealthcare Pharmacy team, therefore, for the few patients who may require both therapies, you will need to obtain a separate prior authorization for each treatment. To access information about IVIG prior authorization click [IVIG Prior Authorization FAQ] and go to question 7 on how to submit a request for prior authorization for IVIG.

Definitions

First Relapse Date: The month and the year the patient had their first evidence of disease progression.

Initial Date of Diagnosis: The month and the year the patient’s physician gave them the cancer diagnosis.

Requester Demographics: The contact who is responsible for responding to requests for additional information.

Contact phone number: The direct telephone number you want us to use to contact you if we have a question on the submitted information or to schedule a peer to peer call.

Contact fax number: The direct fax number you want us to use to fax requests and determination letter.

Stage of Disease at Initial diagnosis: The stage of disease when the member was first diagnosed with this type of cancer.

Treatment Start Date: Enter the date the member will be receiving their first chemotherapy injection. If the member has already received a dose, enter today’s date. If you do not know the start date for the chemotherapy injections, enter today’s date.

Footnotes:

1. Coverage decisions for chemotherapy requests for Rhode Island UnitedHealthcare Oxford members and chemotherapy requests by Rhode Island physicians for UnitedHealthcare Oxford members will be determined by UnitedHealthcare Oxford, not eviCore.