

## Member core prior authorization requirements.

You are responsible for contacting UnitedHealthcare when you choose out-of-network (OON) services.

### Member core prior authorization requirements for OON services

- Ambulance (non-emergent air).<sup>1</sup>
- Clinical trials.<sup>1</sup>
- Congenital heart disease.
- Diabetes Treatment: Insulin pump >\$1,000.
- Durable Medical Equipment >\$1,000.
- Gender Dysphoria.
- Genetic testing – BRCA.
- Home health care — private-duty nursing.
- Hospice — inpatient.
- Hospital — inpatient.
- Maternity Services - if exceeds mandated length of stay.
- Mental health care and substance-related and addictive disorders services such as intensive outpatient, outpatient ECT, and psychologist testing
- Obesity surgery.
- Orthognathic surgery.
- Prosthetic Devices >\$1,000.
- Reconstructive procedures.
- SNF/inpatient rehab.
- Sleep apnea procedures and surgery.
- Sleep studies: lab, x-ray & diagnostics.
- Therapeutics (outpatient) — dialysis, IV infusion, radiation oncology, intensity modulated radiation therapy, MR-guided focused ultrasound.
- Transplantation services.<sup>1</sup>

1. Applies to network and out-of-network services.