

# PROVIDER ALERT



## 2022 Prior Authorization List Update Effective 01/01/2022

November 8<sup>th</sup>, 2021

Effective **January 1<sup>st</sup>, 2022**, OptumCare Network (OCN) will no longer enforce prior authorization requirements separate from the health plan's prior authorization list. OCN will be enforcing each plan's prior authorization guidelines for all providers whether contracted directly with OCN or the health plan.

	<b>OCN Contracted/ Plan Contracted</b>  (Provider is contracted with OCN or the health plan)	<b>Non-Contracted/Non-Par</b>  (Provider is not contracted with OCN or the health plan)
<b>UnitedHealthcare</b> (Medicare PPO/HMO and Medicaid)	Follow UHC PA Guidelines  UHC PA List Applies	All services provided by non-contracted providers require prior authorization (except for emergencies, urgently needed services when the network is not available, and dialysis).
<b>Premera</b>	Follow Premera PA Guidelines  Premera PA List Applies	
<b>Humana</b>	Follow Humana PA Guidelines  Humana PA list applies	

\* Prior authorization is not a guarantee of payment . Claims payment is contingent upon verification of eligibility for benefits .

Requests for authorization for OCN members may be requested online via OneHealthPort or faxed to OCN at 1 -855-402-1684 utilizing the OCN Prior Authorization Request Form (attached).

Questions or concerns regarding prior authorization requirements should be directed to your Provider Engagement Manager or OCN Customer Service at 1-877-836-6806 (Washington) or 1-866-565-3664 (Oregon).