Join our network request submission - Ancillary providers and centers

National ancillary medical benefit health care facility questionnaire

To join our network as a national ancillary medical benefit health care facility, email this completed questionnaire with any required documentation to **ancillarynetwork@uhc.com.**

Go to **UHCprovider.com/join > Ancillary providers** for more details on joining our network, including required documentation, submission instructions and more.

Provider type (select all that apply to your entity*):			
Ambulatory infusion suite	**Home infusion**	**Specialty pharmacy**	**Hemophilia treatment center**
Eligibility criteria			
Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Utilization review accreditation commission (URAC), Community Health Accreditation Program (CHAP) or Accreditation Commission for Health Care (ACHC) accredidation	JCAHO, URAC, CHAP, TCT or ACHC accreditation	URAC accreditation	Federally funded covered entity in the 340B Drug Pricing Program
National Provider Identifier (NPI) number taxonomy code: 261QI0500X	Home-based short-term acute drugs and long-term chronic medications administered by a nurse.	National geographic service area**	NPI taxonomy code: 3336S0011X
	NPI Taxonomy code: 3336H0001X	Dispensing of medications to physician office or outpatient rehabilitation hospital clinic	
		NPI taxonomy code: 3336S001X	
Place of Service = 12 (billed with -SS modifier)	**Place of Service = 12**	**Place of Service = 11**	**Place of Service = 12**

* Excludes physician-based infusion clinics and hospital-based infusion clinics.

** Hospital-owned specialty pharmacies must be pre-approved for medical benefit contracting. Hospital-owned specialty pharmacies will be contracted to dispense medications only within the physical geographic coverage

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Tax ID number (TIN)

Tax ID number	National Provider Identifier (NPI) number number	Associated legal name	Legal DBAs affiliated with provider
Ex: 987654321	*1234567891*	*Legal Name, Inc.*	*Doing business as [name]*

If additional space is needed, please submit a separate attachment

Provider contact and billing information

Contact name: Title:

Contact email: Phone number:

Mailing address:

Practice website URL:

Billing address:

Service information

Please attach a sample claim form for each provider type you are applying for, (e.g., ambulatory infusion suite, home infusion, specialty pharmacy and/or hemophilia treatment center).

Are you currently contracted with any UnitedHealthcare plans? Yes No

If yes, which? UnitedHealthcare Community Plan UnitedHealthcare commercial plans

UnitedHealthcare® Medicare Advantage

We require Medicare enrollment to include you in our Community Plan. Please provide dated Medicare participation documentation.

Please provide the applicable Medicaid IDs by state in which you do business.

Please provide all organization and operational licenses your legal entity holds by state in which you do business.

Please confirm which accreditation body your entity holds a valid accreditation with and provide a copy of the certificate per eligibility criteria above.

If you're requesting a new contract, please indicate which products and states you are seeking a contract for:

Medicare & Retirement Commercial plans(s) Community Plan(s)

Update the names of these plans as indicated above

Please itemize specific plans by state:

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Please describe the classes of trade to which you acquire drugs with manufacturers or wholesalers:

Please provide an itemized list of chronic or specialty pharmacy medical benefit medications that you wish to administer for UnitedHealthcare members with corresponding HCPCS/CPT codes and brand names:

Service categories (applicable only to home infusion, specialty pharmacy and ambulatory infusion suite)				
Acute Home infusion categories	**Chronic** Home infusion/specialty pharmacy/ambulatory infusion suite categories			
Anti-coagulation	Alcohol dependence	Diagnostic	Interstitial cystitis	Psoriasis
Anti-emetic IV therapy	Anemia	Endocrine	Macular degeneration	Pulmonary hypertension
Anti-infective therapy	Anticoagulants	Enzyme deficiency	Monoclonal antibody miscellaneous	Rheumatoid arthritis
Catheter insertion and maintenance supplies	Antiemetic	Gaucher disease	Multiple sclerosis	RSV prevention
Chemotherapy infusion	Antipsychotic	Hematologic	Neutropenia	Severe spasticity
Enteral nutrition	Asthma	Hemophilia	Oncology - injectable	Thrombolytic agents prevention
Hydration	Biologics	Hepatitis B	Oncology - oral	Transplant
Pain management	Blood modifying agent	Hepatitis C	Oncology/ multiple sclerosis	Uveitis

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Service categories (applicable only to home infusion, specialty pharmacy and ambulatory infusion suite) (cont.)

Acute Home infusion categories	**Chronic** Home infusion/specialty pharmacy/ambulatory infusion suite categories			
Total parenteral nutrition	Cardiovascular/ heart failure	HIV/Aids	Ophthalmic/optic	These are the only drug categories available for medical benefit contracting based on coverage. Category inclusion contingent on provider type.
Aerosolized Drug Therapy	Cervical dystonia	Inflammatory	Osteoarthritis	
Chelation therapy	CNS agents	Immune globulin	Osteoporosis	
Inotropic	Cystic fibrosis	Immune modulator	Pain management	
	Dermatologic	Infertility	Parkinson's disease	

Attestation

I attest that information entered above is accurate and valid and that I have attestation authority. This attestation acknowledges willingness and capability of submitting claims according to the UnitedHealthcare **National Drug Codes** Claim submission and inquiry procedures for NDC billing units/ppoONE billing policy.

Signature of person who completed this form	
Printed name	
Title	
Date of submission	

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

PCA-8-24-00120-POE-FM_03182024

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