

# Expanded Community Plan Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures

## Frequently Asked Questions

### Key Points

- We're expanding our notification/prior authorization requirements and site of service medical necessity reviews to include additional surgical procedures/CPT® codes for UnitedHealthcare Community Plans in Arizona, Maryland, Michigan, Mississippi, Missouri, New York, Ohio, Pennsylvania, Rhode Island, Texas and Washington (see table in Overview section for state-specific effective dates).
- We're using a utilization review guideline to facilitate our site of service medical necessity reviews.
- For dates of service on or after those listed in the table in the Overview section, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed [here](#) for the corresponding UnitedHealthcare Community Plans. **We'll only require notification/prior authorization if these procedures/CPT codes are requested to be performed in an outpatient hospital setting.**
- We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the link above.

### Overview

We've been focused on helping to work toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement may help improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care. Starting on the dates listed in the following table, we're expanding our notification/prior authorization requirements and site of service medical necessity reviews for UnitedHealthcare Community Plan to include additional surgical procedures/CPT codes:

Effective Date	State
Nov. 1, 2019	Maryland, Rhode Island, Washington
Jan. 1, 2020	Michigan, Missouri, Ohio
March 1, 2020	Arizona, New York
June 1, 2020	Mississippi
July 1, 2020	Texas
Aug. 1, 2020	Pennsylvania

### Important Details

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary and cost-effective, as applicable, to be covered.
- Consistent with existing prior authorization requirements, if we determine that the requested service or site is not medically necessary, you'll need to submit a new prior authorization request if you make a change to the service or site.
- For any procedures/CPT codes that are already subject to notification/prior authorization requirements, we'll continue to review the procedures to determine medical necessity.
- We only require notification/prior authorization for planned procedures.
- If you don't notify us or complete the notification/prior authorization process before the planned procedure is rendered, we may deny the claims and you won't be able to bill the member for the service.

## What's changing?

For dates of service on or after those referenced in the table above, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed [here](#) for the corresponding UnitedHealthcare Community Plans. **We'll only require notification/prior authorization if these procedures/CPT codes are requested to be performed in an outpatient hospital setting.**

We'll also conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the links above.

Our Outpatient Surgical Procedures – Site of Service Utilization Review Guideline includes the criteria we'll use to facilitate our site of service medical necessity reviews. It is available in our [April 2020 UnitedHealthcare Community Plan Medical Policy Update Bulletin](#). On the effective dates listed in the table above, the guideline will be available at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans.

## Why did UnitedHealthcare choose these particular procedures?

We conducted careful reviews to determine which procedures can be performed safely and effectively at an ambulatory surgery center, while also considering the terms of our members' benefit plans and applicable state law.

## Which UnitedHealthcare plans are/are not affected?

The expanded notification/prior authorization requirements and site of service medical necessity reviews will apply to UnitedHealthcare Community Plans referenced in the tables above.

## How will the review process affect decisions between a physician and their patients?

We support informed patient choice and respect care decisions between physicians and our plan members. Our coverage determinations reflect only whether or not a service or site is covered under a member's benefit plan and aren't intended to replace treatment decisions.

## What criteria will you use for site of service medical necessity reviews?

To make site of service medical necessity determinations, we'll use the criteria in our Outpatient Surgical Procedures – Site of Service Utilization Review Guideline. It is available in our [April 2020 UnitedHealthcare Community Plan Medical Policy Update Bulletin](#). On the effective dates listed in the table above, the guideline will be available at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans.

## Notification/Prior Authorization

### How do I provide notification or request prior authorization?

The process for completing the notification/prior authorization request and time frames remains the same. The preferred method is online. You can learn more about how to use the prior authorization advanced notification (PAAN) on Link through training, complete the notification/prior authorization process or confirm a coverage decision as follows:

- **Online:** Use the Prior Authorization and Notification tool on Link. To access the tool, go to **UHCprovider.com** and click on the Link button in the top right corner. Then select the Prior Authorization and Notification tile on the Link dashboard. Or, go directly to **UHCprovider.com/paan**.

- **Phone:** Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday, or the Provider Services number on the back of the plan member's health plan ID card, to verify eligibility and benefit coverage.

Consistent with existing prior authorization requirements, if we determine that the requested service or site isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service or site.

## What happens if I don't complete the notification/prior authorization process?

If you don't complete the notification/prior authorization process before the procedure is rendered, we may deny the claims and you can't bill the member for the service.

## Will there be special considerations for care providers with Accountable Care Organization (ACO) relationships?

Not at this time. We expect care providers, including those who are part of ACO arrangements, to notify us and request prior authorization in accordance with our protocols.

## Site of Service Medical Necessity Reviews

### How can I find participating ambulatory surgical centers in my area?

You can find participating ambulatory surgical centers in the UnitedHealthcare Provider Directory, which is available at **UHCprovider.com** > Find Dr. (in the upper right) > Search for Doctors, Clinics or Facilities by Plan Type > Medical Directory > All UnitedHealthcare Plans > (select the plan you're looking for) > Places > Specialty Centers > Ambulatory Surgical Center.

You can also contact UnitedHealthcare Network Management or the phone number on the back of a member's health plan ID card. As part of our site of service medical necessity review, we'll also determine whether a participating ambulatory surgical center is available within a reasonable distance.

### How does UnitedHealthcare define "geographically accessible" ambulatory surgical centers?

To determine geographic accessibility, UnitedHealthcare adheres to adequacy of networks in compliance with state law and uses a radius of 30 miles where state law is silent.

### Can I bill members if the site of service is denied for lack of medical necessity?

Billing Medicaid plan members is tightly controlled by federal law and our own protocols. Plan members can be billed if we determine a site of service isn't medically necessary, as long as you get the member's written consent. The consent must be consistent with our protocols and given **before** a service is performed. If you don't get the member's written consent, you can't bill the member.

Additionally, if you send us a prior authorization request saying a procedure will be completed in an ambulatory surgical center and that service is actually provided in an outpatient hospital, we'll consider it a lack of authorization for site of service and deny the claim. In this case, you can't bill the member.

### Can a request be approved if I don't use an ambulatory surgical center?

We'll only approve the outpatient hospital site of service if it satisfies the utilization review guideline for an outpatient hospital site. If it doesn't, we won't provide the authorization for coverage for the outpatient hospital location. You aren't required to complete the prior authorization process for any surgical procedures performed in an emergency room, urgent care center or observation unit or during an inpatient stay.

## Example Scenarios

PCA-1-20-00803-VC-FAQ\_03272020

## What if one of these procedures was already scheduled to be performed after site of service medical necessity reviews begin?

As long as you completed the notification/prior authorization process for the procedure before the effective dates listed in the table above, you don't need to take any additional action. If you didn't complete the notification/prior authorization for the procedure, you must complete the notification/prior authorization process.

## What if a patient has medical conditions that require the use of an outpatient hospital site?

We understand some patients need more complex care because of factors like age or medical conditions. Using the clinical information that you submit, we'll review the plan member's situation to evaluate a site of service according to their needs.

We'll use a utilization review guideline to facilitate our site of service medical necessity reviews. This document, which is available in our [April 2020 UnitedHealthcare Commercial Medical Policy Update Bulletin](#), includes information on medical conditions that might make an outpatient hospital site medically necessary. On the effective date listed in the table above, you can find the Outpatient Surgical Procedures – Site of Service Utilization Review Guideline at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans.

## What if the nearest participating ambulatory surgical center is a long distance for the member to travel or doesn't have the equipment or resources for the planned procedure?

We realize there may be times when a plan member isn't within a reasonable distance of a participating ambulatory surgical center with the necessary resources for the care they need. In these cases, we'll authorize the procedure at a network outpatient hospital site, in accordance with the terms of our Outpatient Surgical Procedures – Site of Service Utilization Review Guideline.

## What if I don't have privileges at a participating ambulatory surgical center?

If you don't have privileges at a network ambulatory surgical center, you should provide that information during the prior authorization process. At this time, we won't deny coverage at an outpatient hospital if you don't have privileges at a network ambulatory surgical center. As with all requirements, we'll continue to evaluate and make adjustments, as appropriate.

As health care continues to evolve and consumers have an increasing need for a wider range of quality, cost-effective options for their health care services, we anticipate a continued focus on site of service. We encourage you to review network ambulatory surgical centers in your area and obtain privileges with the centers that best meet your needs and the needs of your patients.

## Who can I call if I have questions?

If you have questions, please call Provider Services at **877-842-3210**.