

Expanded Community Plan Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures – Effective Nov. 1, 2019

Frequently Asked Questions

Key Points

- We're expanding our notification/prior authorization requirements to include additional surgical procedures/CPT® codes.
- We're using a utilization review guideline to facilitate our site of service medical necessity reviews.
- Expanded notification/prior authorization requirements and site of service medical necessity reviews will apply to UnitedHealthcare Community plans in Maryland, Rhode Island and Washington, effective Nov. 1, 2019. This will also apply to UnitedHealthcare Community plans in Michigan, Missouri and Ohio, effective Jan. 1, 2020.

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 to improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care.

- For dates of service on or after Nov. 1, 2019, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed [here](#) for UnitedHealthcare Community Plan in Maryland, Rhode Island and Washington. **We will only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting.** Effective Jan. 1, 2020, we will also implement a notification/prior authorization requirement for UnitedHealthcare Community Plan in Michigan, Missouri and Ohio to include the procedures/CPT codes listed [here](#).
- We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the links above. **Site of service medical necessity reviews will be conducted if these procedures/CPT codes will be performed in an outpatient hospital setting.**

Important Details

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, 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.

Frequently Asked Questions and Answers

What's changing?

For dates of service on or after Nov. 1, 2019, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed [here](#) for Rhode Island, Maryland and Washington. Effective Jan. 1, 2020, we will also implement a notification/prior authorization requirement for UnitedHealthcare Community Plan in Michigan, Missouri and Ohio to include the procedures/CPT codes listed [here](#). We'll only require notification/prior authorization if these procedures/CPT codes will 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. Site of service medical necessity reviews will only be conducted if the procedure/CPT codes will be performed in an outpatient hospital setting.

Our Outpatient Surgical Procedures – Site of Service (for Maryland, Michigan, Missouri, Ohio, Rhode Island and Washington Only) Utilization Review Guideline includes the criteria we'll use to facilitate our site of service medical necessity reviews. It is available in our [September 2019 UnitedHealthcare Community Plan Medical Policy Update Bulletin](#). On Nov. 1, 2019, 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 in Maryland, Michigan, Missouri, Ohio, Rhode Island and Washington.

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 (for Michigan, Missouri, Ohio, Rhode Island and Washington Only) Utilization Review Guideline. The Outpatient Surgical Procedures – Site of Service (for Michigan, Missouri, Ohio, Rhode Island and Washington Only) Utilization Review Guideline is available in our [September 2019 UnitedHealthcare Commercial Medical Policy Update Bulletin](#). Starting Nov. 1, 2019, the updated 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) 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.

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 we'll 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 done during an inpatient stay.



Example Scenarios

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 Nov. 1, 2019 (Jan. 1, 2020 in some states, as outlined on page 1), 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 requiring 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 [September 2019 UnitedHealthcare Commercial Medical Policy Update Bulletin](#), includes information on medical conditions that might make an outpatient hospital site medically necessary. Starting Nov. 1, 2019, you can find the Outpatient Surgical Procedures – Site of Service (for Maryland, Michigan, Missouri, Ohio, Rhode Island and Washington Only) 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 (for Maryland, Michigan, Missouri, Ohio, Rhode Island and Washington Only) 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 those 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**.

