

# Designated Diagnostic Provider for major imaging services

Frequently asked questions

## Overview

Designated Diagnostic Providers help manage costs and improve access to quality care by connecting patients to major imaging services that have met certain quality and cost-efficiency criteria. Services delivered by these providers are covered at the highest available tier by UnitedHealthcare.

## Frequently asked questions

### What is a Designated Diagnostic Provider?

Designated Diagnostic Provider benefit plans are designed to maximize member benefits for imaging services, while maintaining access to our broad network of providers by helping to ensure that members needing imaging services go to a Designated Diagnostic Provider who has met both efficiency and quality standards. The Designated Diagnostic Provider benefit plan designs apply to fully insured commercial members in approved states.

Beginning Jan. 1, 2022, UnitedHealthcare fully insured small group commercial plan members will have the Designated Diagnostic Provider benefit designs for major diagnostic imaging services as part of their health benefits. Large group commercial members will have the Designated Diagnostic Provider benefit beginning July 1, 2022.

Under the benefit design, major imaging services, which include MRI, CT, PET scan, MRA and nuclear medicine, must be performed by a Designated Diagnostic Provider for the member to receive the highest benefit level and lowest out-of-pocket cost. The new benefit design helps protect our members from higher imaging costs by providing access to imaging facilities that meet broadly recognized quality and efficiency standards. For major imaging services to have the highest coverage available to members, the service must be performed by a Designated Diagnostic Provider. Plan members will still have benefits for major imaging services they receive from a non-Designated Diagnostic Provider, but we will cover those services with a higher member cost share, which means members will pay more out-of-pocket.

## Key points

- Effective Jan. 1, 2022, and subject to state regulatory approval, we are expanding our Designated Diagnostic Provider benefit designs
- Starting July 1, 2022, our members and referring physicians will be able to identify facilities as an approved Designated Diagnostic Provider in our provider directory
- Major diagnostic imaging services (CT, MRI, MRA, PET, nuclear medicine) are included

## **Which facilities are considered Designated Diagnostic Providers?**

Free-standing and outpatient hospitals that meet quality and efficiency standards are considered Designated Diagnostic Providers. Facilities that do not meet the requirements to be a Designated Diagnostic Provider remain in network.

## **Why did UnitedHealthcare decide to implement the Designated Diagnostic Provider benefit designs?**

The Designated Diagnostic Provider benefit designs were implemented to protect the member from higher costs, while maintaining member access to quality, cost-efficient providers. These benefit designs are part of a broad member engagement strategy to lower total cost of care.

## **How does the Designated Diagnostic Provider benefit design work?**

The Designated Diagnostic Provider benefit design for major imaging services is a tiered benefit design. Beginning July 1, 2022, where approved, members will pay a lower cost share when they receive services from Designated Diagnostic Provider facilities. These facilities include free-standing major imaging service facilities or outpatient hospital facilities that meet certain quality and efficiency standards. Members will pay a higher cost share when they receive services from a facility that is not a Designated Diagnostic Provider. For example, a CT scan performed by a Designated Diagnostic Provider can cost \$290 and \$680 if performed by a non-Designated Diagnostic Provider.

## **How does an imaging provider become a Designated Diagnostic Provider?**

Network free-standing imaging centers and outpatient hospitals are invited to participate beginning January 2022. This invitation includes a link to a questionnaire regarding service quality. Contract managers will work with these imaging providers to help ensure pricing meets efficiency standards. Imaging providers that meet quality and efficiency standards will receive notice confirming that they are included as a Designated Diagnostic Provider for UnitedHealthcare members.

## **Can a non-participating provider become a Designated Diagnostic Provider?**

No. Non-participating imaging providers are not eligible to become a Designated Diagnostic Provider.

## **What is in scope for the Designated Diagnostic Provider benefit designs?**

Designated Diagnostic Provider benefit plan designs are required for fully insured commercial members in all states, except Hawaii and the U.S. Virgin Islands, and it's optional for members with ASO plans. UnitedHealthcare and River Valley plans are in scope.

## **What is out of scope for Designated Diagnostic Provider benefit plans?**

- Hawaii
- Medicare and Medicaid plans
- OCI
- Outpatient surgery pre-op testing that is billed as part of the global surgical package
- Sierra
- Oxford
- States that do not approve Designated Diagnostic Providers
- Imaging services performed in an emergency room, observation event, or an inpatient admission
- U.S. Virgin Islands leased network
- X-rays, ultrasounds and mammography

## **Are all imaging modalities in scope for Designated Diagnostic Providers?**

No. Only major imaging modalities that are performed on an outpatient basis at a hospital or performed in a free-standing imaging center are in scope. Major imaging services include: CT, MR, PET and nuclear medicine.

## How will imaging services be covered?

The Designated Diagnostic Provider imaging benefit is a tiered benefit design. Beginning Jan. 1, 2022, members will have a higher benefit when they receive services from Designated Diagnostic Provider facilities, which are free-standing imaging facilities or outpatient hospital facilities that have met certain quality and efficiency standards. Members will have a reduced benefit when they receive services from a non-Designated Diagnostic Provider Facility.

## How will members learn about this change?

UnitedHealthcare will engage members to help them understand the benefit, easily identify and access Designated Diagnostic Providers and answer member questions. Planned approach includes:

- Targeted messaging and outreach for members who have received services from a non-Designated Diagnostic Provider in the past 12 months
- Messaging to all members enrolled in this plan design with information and tools on Designated Diagnostic Provider
- Following the prior authorization process, we will notify the member and ordering physician if a non-Designated Diagnostic Provider facility is selected. A UnitedHealthcare representative will then help the provider and member locate a facility that has met the standards to become a Designated Diagnostic Provider facility.

## What happens if a physician sends a member to a non-Designated Diagnostic Provider facility for in-scope imaging services?

The services in scope for a Designated Diagnostic Provider require prior authorization. In addition, MR and CT go through Site of Service review. We will notify the member and ordering physician if the facility they select is a not a Designated Diagnostic Provider facility. A UnitedHealthcare representative will then help the member and provider locate a Designated Diagnostic Provider facility. If the non-Designated Diagnostic Provider facility is still chosen, the member will have a higher cost share, which may include a \$500 per-occurrence deductible and a 50% coinsurance subject to their annual deductible.



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