# Prior authorization changes

UnitedHealthcare Community Plan of New Jersey

CHANGES TO PRIOR AUTHORIZATION REQUIREMENTS

Together, we've been focused on working toward achieving better health outcomes, improving patient experience and lowering the cost of care. One way we can help improve cost efficiencies for the overall health care system is to conduct medical necessity reviews, consistent with the member's benefit plan and applicable state law, for various prior authorization categories. We're making this change as we implement policies using the InterQual® criteria. Click here to view the InterQual criteria.

**What's changing**

Effective for dates of service starting Sept. 1, 2021, prior authorization and notification requirements will be added for the UnitedHealthcare Medicaid and Long-term Care plans in New Jersey. The following additions will apply:

- Cosmetic and reconstructive procedures: CPT® 14020, 14021, 14061
- Durable medical equipment: HCPC® E8001, E8002
- Hysterectomy (additions and criteria change)
    - Additions: CPT® 58152, 58263, 58267, 58270, 58275, 58292
    - Update to Existing Prior Authorization: CPT® 58150, 58260, 58262, 58290, 58291, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573 will require authorization *regardless of diagnosis code*
- Vein Procedures: CPT® 37765, 37766

**How to request notification/prior authorization**

If a UnitedHealthcare Community Plan member requires these services on or after Sept. 1, 2021, you will need to submit a prior authorization request. You can request notification/prior authorization:

- **Online:** Click here and select Prior Authorization and Notification.
- **By Phone:** Call **877-842-3210** from 7 a.m.–7 p.m. ET, Monday-Friday.

We support the decisions between a care provider and their patients, and therefore, services will be covered for certain clinical indications based on available clinical evidence.



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## Additional notification/prior authorization details

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary to be covered
- Consistent with existing prior authorization requirements, if we determine the requested service isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service
- If you don't notify us or complete the notification/prior authorization process before the service is rendered, we may deny the claims and you won't be able to bill the member for the service
- Prior authorization isn't required for emergency or urgent care services
- Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergency or urgent care

## Resources

- You can view the full list of services requiring prior authorization at Current Prior Authorization Plan Requirements > UnitedHealthcare Community Plan Prior Authorization Requirements New Jersey

- Medical policies can be viewed at Policies and Clinical Guidelines

## We're here to help

If you have questions, please call Provider Services at **888-362-3368**, Monday–Friday, 6 a.m. –6 p.m. ET. Thank you.



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