Notification/Prior Authorization for Certain Surgical Procedures
Frequently Asked Questions

Key Points

• For many UnitedHealthcare commercial plan and UnitedHealthcare Community Plan members, we require notification/prior authorization for certain procedures to be covered in an outpatient hospital setting, so we can evaluate whether the site of service is medically necessary.
• Site of service medical necessity reviews are supported by our member benefit plans and are an important step we’re taking toward the Triple Aim of better care, better health outcomes and lower costs for our members.
• These requirements are already in place for many UnitedHealthcare commercial plan members in most states and UnitedHealthcare Community Plan members in select states. Beginning April 1, 2018, care providers in Indiana and New Jersey will also be subject to these requirements for commercial plan members.

Overview

As part of our efforts toward the Triple Aim of improving health care services, health outcomes and cost of care, we require notification/prior authorization for the following procedures to be covered in an outpatient hospital setting, so we can evaluate whether the site of service is medically necessary:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT® code</th>
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<tbody>
<tr>
<td>Carpal Tunnel</td>
<td>64721</td>
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<tr>
<td>Cataract</td>
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<td>Cosmetic and Reconstructive</td>
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<td>14301, 21552, 21931</td>
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<td>Ear, Nose, and Throat</td>
<td>21320, 30140, 30520, 69436, 69631</td>
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<td>Gynecology</td>
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<tr>
<td>Hernia Repair</td>
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<td>49652, 49653, 49654, 49655</td>
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<td>Liver Biopsy</td>
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<td>Miscellaneous</td>
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<td>Ophthalmology</td>
<td>65426, 65730, 65855, 66170, 66761</td>
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<td>Tonsillectomy &amp; Adenoidectomy</td>
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<td>Upper &amp; Lower Gastrointestinal Endoscopy</td>
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Doc#: PCA-1-008400-10172017_02182018
In many cases, these procedures can safely and effectively be performed in a more cost-effective site of service, such as a network ambulatory surgery center. You don’t need to notify us or request prior authorization to perform these procedures in a network ambulatory surgery center unless the patient is a member of a UnitedHealthcare Oxford plan, which requires prior authorization in any setting other than a physician’s office.

This notification/prior authorization requirement applies to many UnitedHealthcare commercial plan members in most states and UnitedHealthcare Community Plan members in select states. **Beginning April 1, 2018, providers in Indiana and New Jersey are also subject to these requirements for commercial plan members.**

### Frequently Asked Questions and Answers

**Q1. Which UnitedHealthcare commercial plans are included?**

A1. The notification/prior authorization requirement applies to members of the following UnitedHealthcare Commercial plans in most states, including Exchange plans:
- Golden Rule Insurance Company (group 902667)
- Mid-AtlanticMD Healthplan Individual Practice Association, Inc. (M.D. IPA) or Optimum Choice, Inc. plans
- Neighborhood Health Plans
- UnitedHealthcare of the River Valley
- UnitedHealthcare Oxford*
- UnitedHealthcare
- UnitedHealthcare Life Insurance Company (group 755870)

* UnitedHealthcare Oxford plans require prior authorization requests to evaluate medical necessity for procedures provided in any setting other than a physician’s office. Site of service will now be reviewed as part the existing prior authorization review process for these procedures to be performed in an outpatient hospital setting.

**Q2. Which UnitedHealthcare Community Plan members are included?**

A2. The requirement also applies to Medicaid members enrolled in UnitedHealthcare Community Plan, excluding Medicare Dual Special Needs Plans (DSNPs) and Medicare Medicaid Plans (MMPs), in the following states:
- Arizona
- Florida
- Maryland
- New Mexico
- New York
- Pennsylvania
- Rhode Island
- Tennessee
- Washington

**Q3. Why did UnitedHealthcare implement this notification/prior authorization requirement?**

A3. Site of service medical necessity reviews are part of our prior authorization process that supports member benefit plans and Medicaid guidelines requiring care to be medically necessary, including cost-effective. Ambulatory surgery centers frequently offer significant cost savings compared with a hospital setting, which can help many of our members save on out-of-pocket costs. Ambulatory surgery centers may provide more convenient care experiences for patients, as well.
Q4. Why did UnitedHealthcare choose these procedures for site of service reviews?

A4. We conducted careful clinical reviews to determine which procedures are clinically appropriate to be performed at a network ambulatory surgery center for most members. We took into consideration the terms of our members' benefit plans, and any applicable Medicaid guidelines, that require care to be medically necessary, including cost-effective. We also considered the patient care experience and significant out-of-pocket costs to UnitedHealthcare commercial members when these procedures are done in a hospital setting.

Q5. How will the notification/prior authorization process work for these procedures?

A5. Standard notification/prior authorization processes and protocols apply. When we receive notification for one of these procedures, we’ll check to see if the member’s benefit plan requires covered services to be medically necessary, including cost-effective. If so, we’ll conduct a review based on the terms of the member’s benefit plan to determine whether the site of service is medically necessary and if the procedure may safely and effectively be performed in a more cost-effective setting, such as a network ambulatory surgery center.

If the notification/prior authorization process is not completed before performing a procedure in an outpatient hospital, claims will be denied, and the member can’t be billed for the service. If prior authorization is denied due to lack of medical necessity, members can be billed for the service to be performed in an outpatient hospital setting if the physician obtains adequate written consent from the member per our protocols.

Q6. What information is considered as part of the site of service medical necessity review?

A6. We evaluate the availability of a participating facility, specialty requirements, physician privileges and whether a member has individual needs that require more intensive services. Please provide any information you would like for us to consider at the time you submit your prior authorization request.

Q7. For care providers in Indiana and New Jersey, what happens if one of these procedures is already scheduled to be performed in an outpatient hospital setting after the effective date of the requirements?

A7. We are committed to working with physicians to make this transition smooth for their practice and their patients who are UnitedHealthcare members. If one of these procedures is scheduled to be performed on or after the effective date of the requirements, you will need to request prior authorization. In some cases, this may mean you and your patient decide to move a procedure to a network ambulatory surgery center to align with the coverage determination.

Q8. How can I find network ambulatory surgery centers in my area?

A8. For UnitedHealthcare commercial plans, go to UHCprovider.com/findprovider > Go to Search Tool > Medical Directory > All UnitedHealthcare Plans. Select the appropriate plan. Then choose Places > Specialty Centers > Ambulatory Surgical Center.

For UnitedHealthcare Community Plan, go to UHCprovider.com/findprovider > Specialty Directories and Tools > Medicaid and State Programs Care Provider Directory > Search the Medicaid and State Programs Care Provider Directory.

- The “Find a Doctor” tool will open in a new window on your browser. The column on the left offers the option to search for facilities. Under “Type of Facility,” select “All Facilities.”
• For some plans, a drop-down menu will offer the option to choose a specialty; if so, choose “ambulatory surgery center.” For plans where there is not a drop-down menu option, you can still narrow your search by typing, “surg” into the facility name search box.
• Click on “Find Facility.” Search results will indicate if a facility is an ambulatory surgery center.

You can also contact UnitedHealthcare Network Management or the phone number on the back of the patient’s UnitedHealthcare member identification card for assistance. Additionally, when you submit a request for prior authorization, we will determine whether a network ambulatory surgical center is available within a reasonable service area and provide that information.

Q9. **What happens if the nearest network ambulatory surgery center is a long distance for the patient to travel or does not have the equipment or resources for the planned procedure?**

A9. We realize there may be instances when a UnitedHealthcare member doesn’t have geographic access to a network ambulatory surgery center that has the necessary resources to provide the care they need. In such cases, the procedure will be authorized at a network outpatient hospital.

Q10. **What if a patient has co-morbid medical conditions that may pose increased risks if a procedure is performed at an ambulatory surgery center?**

A10. We recognize that some patients require more complex care or may not meet facility requirements to receive care in an ambulatory surgery center. Our medical necessity review process is patient-centered and evaluates individual patient needs in conjunction with their benefit plans and applicable Medicaid guidelines. Our reviews consider and encourage your submission of any information that may indicate a need for procedures to be performed at an outpatient hospital setting.

Q11. **What if I don’t have privileges at a participating ambulatory surgery center?**

A11. If you don’t have privileges at a network ambulatory surgery center, please provide that information when requesting prior authorization. At this time, we won’t deny coverage at an outpatient hospital if you don’t have privileges at a network ambulatory surgery center. As with all requirements, we’ll continue to evaluate and make adjustments as appropriate.

As health care continues to evolve and consumers increasingly demand 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 surgery centers in your area and obtain privileges with those centers that best meet your needs and your patients’ needs.

Q12. **What effect do these requirements have on my patient’s insurance coverage and payments?**

A12. Site of service medical necessity review requirements align with our member benefit plan requirements and applicable Medicaid guidelines related to medically appropriate and cost-effective care. If an outpatient hospital site of service is determined to be medically necessary and cost-effective, it will be covered. If coverage is denied based on our review, the member can’t be billed for the service in an outpatient hospital setting unless you obtain appropriate written consent from the member in accordance with our protocols. If you don’t complete the prior authorization process before performing a procedure at an outpatient hospital setting, claims will be denied, and the member cannot be billed for the service.
Q13. If I have privileges at both a hospital and a participating ambulatory surgery center, will my request for prior authorization at an outpatient hospital site of service be denied?
A13. Coverage determinations are patient-centered and take into account any information you submit that might indicate a patient has a clinical need for services in an outpatient hospital setting. If, based on the information provided, it’s determined that the outpatient hospital site of service is not medically necessary, the request for the procedure to be covered in that setting would be denied.

Q14. Do these requirements apply to colonoscopy procedures that are preventive?
A14. Notification/prior authorization is not required for preventive colonoscopies. This includes preventive colonoscopy services that turn into diagnostic procedures upon performing the surgery.

Q15. Who do I contact if I have questions?
A15. If you have additional questions, please contact your local Network Management representative or call the customer service phone number on the back of the member’s health care identification card.

Thank you