

Prior Authorization and Site of Service Reviews for Surgical Codes

Frequently Asked Questions

Key Points

- We're expanding our notification/prior authorization requirements to include additional surgical procedures/CPT® codes.
- We're revising an existing 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 commercial plans, including Neighborhood Health Partnership and UnitedHealthcare of the River Valley commercial benefit plans; however, they will not apply to UnitedHealthcare West or Sierra at this time.
- For dates of service on or after **April 6, 2020**, site of service medical necessity reviews will be conducted for UnitedHealthcare Oxford for surgical codes listed in the UnitedHealthcare Oxford clinical policy, titled *Outpatient Surgical Procedures – Site of Service*.
- The expanded notification/prior authorization requirements and site of service medical necessity reviews will not apply to care providers in Alaska, Kentucky, Massachusetts, Texas, Utah or Wisconsin at this time.

Overview

We are focused on working toward achieving better health outcomes, improving patient experience and lowering the cost of care. Our newly expanded prior authorization requirements may help minimize out-of-pocket costs for our plan members and help improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care.

We're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed in the following table. Click on each code group for a full list of the associated codes.

Expanded Surgical Code Effective Dates				
These CPT® codes will be subject to notification/prior authorization requirements for dates of services starting on or after the dates listed in the table. The information in this table only pertains to UnitedHealthcare commercial plans.				
States	Original Codes	***Expanded Codes		
		Code Group 1	Code Group 2	Code Group 3
Most States	Oct. 1, 2015	Nov. 1, 2019	Jan. 1, 2020	Feb. 1, 2020
California, Connecticut, New Jersey, New York	Oct. 1, 2015	Dec. 1, 2019	Feb. 1, 2020	March 1, 2020
Maryland, Rhode Island	Oct. 1, 2015	Jan. 1, 2020	Jan. 1, 2020	Feb. 1, 2020
Colorado	Oct. 1, 2015	Jan. 1, 2020	April 1, 2020	April 1, 2020
Georgia, *Iowa, Kansas, Maine, Nebraska, New Hampshire, North Carolina, South Carolina, Vermont	Oct. 1, 2015	March 1, 2020	March 1, 2020	March 1, 2020
Currently Excluded States	*Iowa and **Utah	**Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin		

* As of March 1, 2020, Iowa will be included in the Original Codes list.

** As of Nov. 1, 2019, Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin are excluded from the Original Codes list until further notice.



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.
- As a reminder, please note that notification/prior authorization is required for preventive colonoscopies. This includes preventive colonoscopy services that turn into diagnostic procedures upon performing the surgery. Preventative colonoscopies are subject to site of service medical necessity review if the procedure will be performed in an outpatient hospital setting.
- 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.

Outpatient Surgical Procedures – Site of Service Utilization Review Guideline

Surgical codes that are subject to site of service medical necessity reviews, as of the effective dates above, are listed in the [Outpatient Surgical Procedures – Site of Service Utilization Review Guideline](#) at [UHCprovider.com](#) > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans](#).

Frequently Asked Questions and Answers

1. What's changing?

We're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed in the table above. We'll only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting. We don't require a prior authorization when a planned procedure will be performed in an ambulatory service center or office setting.

States currently excluded from this requirement are Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin.

We'll also conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the table above. We'll only conduct site of service medical necessity reviews if the procedure/CPT codes will be performed in an outpatient hospital setting.

Additionally, we updated our [Outpatient Surgical Procedures – Site of Service Utilization Review Guideline](#) to include all of the surgical procedures/CPT codes referenced above. The guideline includes the criteria we'll use to facilitate our site of service medical necessity reviews.

UnitedHealthcare Oxford's Clinical Policy titled *Outpatient Surgical Procedures – Site of Service* goes into effect on **April 6, 2020**. This policy will be used to facilitate our site of service medical necessity reviews for surgical procedures. On April 6, 2020, you can find the updated policy at [UHCprovider.com/policies](#) > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#). Until then, you can find the policy in the Oxford Policy Update Bulletin: February 2020.

2. 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.



3. Which UnitedHealthcare plans are affected/not affected?

The expanded notification/prior authorization requirements and site of service medical necessity reviews will apply to commercial benefit plans, including health exchange benefit plans and the following benefit plans:

- UnitedHealthcare
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley
- UnitedHealthcare Oxford (effective on or after April 6, 2020)

The expanded notification/prior authorization requirements and site of service medical necessity reviews will not apply to UnitedHealthcare West or Sierra at this time.

4. 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.

5. 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](#), which we updated to add additional codes.

For UnitedHealthcare Oxford, we'll use the criteria in our Clinical Policy titled *Outpatient Surgical Procedures – Site of Service* to make site of service medical necessity determinations. On April 6, 2020, you can find the policy at [UHCprovider.com/policies](#) > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#). Until then, you can find the policy in the Oxford Policy Update Bulletin: February 2020.

Notification/Prior Authorization

6. How do I provide notification or request prior authorization?

The process for completing the notification/prior authorization request and timeframes 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, more directly, go to [UHCprovider.com/paan](#).
- **Phone:** Call 877-842-3210 from 7 a.m. – 7 p.m. local time, Monday – 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.

7. 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.

8. 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

9. Will site of service medical necessity reviews take place in all states?

Site of service medical necessity reviews will not take place in the following states at this time:

- Alaska
- Kentucky
- Massachusetts
- Texas
- Utah
- Wisconsin

We'll inform care providers if we expand site of service medical necessity reviews to these states.

10. 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](https://www.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.

For UnitedHealthcare Oxford, go to [UHCprovider.com](https://www.uhcprovider.com) > Find Dr. (in the upper right) > Search for Doctors, Clinics or Facilities by Plan Type > Medical Directory > All UnitedHealthcare Plans > Select Oxford Health Plans, followed by the specific member's network (Freedom, Liberty, Metro or Garden State), which is documented on the front of the member's ID card > 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.

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

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 and we deny the site of service for lack of medical necessity, 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.

12. 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 guidelines 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

13. 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 date, 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.



14. 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. The [Outpatient Surgical Procedures – Site of Service Utilization Review Guideline](#) includes information on medical conditions that might make an outpatient hospital site medically necessary.

For UnitedHealthcare Oxford, we'll use the criteria in our Clinical Policy titled *Outpatient Surgical Procedures – Site of Service* to make site of service medical necessity determinations. On April 6, 2020, you can find the policy at [UHCprovider.com/policies](#) > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#). Until then, you can find the policy in the Oxford Policy Update Bulletin: February 2020.

15. 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* or for UnitedHealthcare Oxford plans, the Clinical Policy titled *Outpatient Surgical Procedures – Site of Service*.

16. 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 and attest 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 have many network ambulatory surgical centers. You can choose to obtain privileges with those centers that best meet your needs and the needs of your patients.

17. Who can I call if I have questions?

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Co. of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc. or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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