

UnitedHealthcare prior authorization and site of service reviews for office-based procedures: Commercial plans

Frequently asked questions

Update: Expansion for UnitedHealthcare commercial plans in Kentucky

The Massachusetts site of service medical necessity review implementation is delayed until further notice.

For dates of service on or after **Jan. 1, 2022**, we're expanding our notification/prior authorization requirements to include certain office-based procedures in Kentucky. For these office-based procedures, we'll conduct site of service medical necessity reviews if the procedure is planned to be performed in an outpatient hospital or ambulatory surgical center.

Overview

By requiring prior authorization and conducting site of service medical necessity reviews for certain office-based procedures, we're hoping to 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.

Site of service medical necessity reviews apply to UnitedHealthcare commercial plans, including Neighborhood Health Partnership, UnitedHealthcare of the River Valley and UnitedHealthcare Oxford commercial benefit plans. These reviews do not apply to UnitedHealthcare West or Sierra plans at this time.

The notification/prior authorization requirements and site of service medical necessity reviews for the office-based procedures/codes listed in the Utilization Review Guideline/Oxford Clinical Policy below do not apply to care providers in Alaska, Massachusetts, Texas, Utah or Wisconsin at this time.

How it works

We require notification/prior authorization for certain office-based procedures if the procedure is planned to be performed in an outpatient hospital or ambulatory surgery center.

- Once a care provider requests prior authorization for certain office-based procedures, in accordance with our notification/prior authorization requirements, we'll review the site of service for medical necessity under the terms of the member's benefit plan for the CPT® codes listed in the Utilization Review Guidelines/Oxford Clinical Policies referenced below.
- UnitedHealthcare commercial: Office Based 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 UnitedHealthcare Oxford: Office Based Procedures – Site of Service Oxford Clinical Policy at [UHCprovider.com/policies](#) > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#)

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 planned 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
- 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

How does UnitedHealthcare choose which procedures to include?

We conduct careful reviews to determine which procedures can be performed safely and effectively in an office setting, consistent with the terms of our members' benefit plans.

How does 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 whether or not a service or site is covered under a member's benefit plan and do not replace treatment decisions.

How do I find participating physicians in my area?

You can find participating physicians in the UnitedHealthcare Provider Directory, which is available at [UHCprovider.com](https://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) > People > Specialty Care (select the specialty you're looking for)

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 physician is available within a reasonable distance.

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

You can bill plan members if we determine a site of service isn't medically necessary, as long as you get the member's written consent before the procedure is delivered. 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 before the procedure is performed, 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 office setting and that service is actually provided in an ambulatory surgery center or outpatient hospital, we'll consider it a lack of authorization for site of service and deny the claim. In this case, you can't bill the member.

Will you approve a request if I don't use a physician office setting?

We'll only approve the ambulatory surgery center or outpatient hospital site of service if it satisfies the applicable Utilization Review Guideline or Oxford Clinical Policy, noted above in the Site of Service Medical Necessity Review Criteria section. You aren't required to complete the prior authorization process for any unplanned surgical procedures performed in an emergency room, urgent care center or observation unit, or done during an inpatient stay.

What if a patient has medical conditions requiring the use of an ambulatory surgery center or 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 review the plan member's situation to evaluate a site of service, according to their needs.

Notification/prior authorization

How do I provide notification or request prior authorization?

You can provide notification or request authorization in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com/paan.
- **Phone:** Call **877-842-3210**, 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

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.

Are there 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.

Who can I call if I have questions?

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