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 Oxford, UnitedHealthcare West or Sierra at this time.
- The expanded notification/prior authorization requirements and site of service medical necessity reviews will not apply to care providers in Alaska, Kentucky, Maryland, Massachusetts or Texas at this time.

Overview

We’ve been focused on helping to work toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement may help to further minimize out-of-pocket costs for our plan members and improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care.

- For dates of service on or after Nov. 1, 2019, we’re expanding our notification/prior authorization requirements to include the procedures/CPT codes listed here. **We will only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting.** This change will take effect on or after Dec. 1, 2019, for California, Colorado, Connecticut, New Jersey and New York. States excluded from this requirement are Alaska, Kentucky, Maryland, Massachusetts and Texas.
- We’ll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the link above. Site of service medical necessity reviews will also apply to procedures/CPT codes listed here, which are already subject to notification/prior authorization requirements. For these codes, you’ll need to submit a prior authorization request regardless of the site at which the procedure is being performed.
- The expanded notification/prior authorization requirements and site of service medical necessity reviews will apply to UnitedHealthcare commercial plans, except UnitedHealthcare Oxford, UnitedHealthcare West and Sierra at this time.

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.
- 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.
1. **What’s changing?**
   For dates of service on or after Nov. 1, 2019 for most states, and on or after Dec. 1, 2019, for California, Colorado, Connecticut, New Jersey and New York, we’re expanding our notification/prior authorization requirements to include the procedures/CPT codes listed here. We’ll only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting. States excluded from this requirement are Alaska, Kentucky, Maryland, Massachusetts and Texas.

   We’ll also conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the link above and the procedures/CPT codes listed here, which are already subject to notification/prior authorization requirements. Site of service medical necessity reviews will only be conducted 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. It is available in our September 2019 UnitedHealthcare Commercial Medical Policy Update Bulletin. On Nov. 1, 2019, the guideline will be available at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans.

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, and
   - UnitedHealthcare of the River Valley

   The expanded notification/prior authorization requirements and site of service medical necessity reviews will not apply to UnitedHealthcare Oxford, 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. The revised Outpatient Surgical Procedures – Site of Service Utilization Review Guideline is available in our September 2019 UnitedHealthcare Commercial Medical Policy Update Bulletin. Starting Nov. 1, 2019, the updated guideline will be available at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans.
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](http://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. to 7 p.m. local time, Monday through 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
   - Maryland
   - Massachusetts
   - Texas
   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](http://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.

    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 Nov. 1, 2019 (Dec. 1,
   2019 in some states, 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. This document,
   which is available in our September 2019 UnitedHealthcare Commercial Medical Policy Update Bulletin, includes
   information on medical conditions that might make an outpatient hospital site medically necessary. Starting Nov. 1,
   2019, you can find 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.

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.
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 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 encourage you to review network ambulatory surgical centers in your area and 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.