Prior authorization and site of service reviews for surgical and office procedures: Individual and Family Exchange plans

Frequently asked questions

Overview

Our goal is to achieve better health outcomes, improve patient experience and lower the cost of care for our members. Our prior authorization requirements and site of service medical necessity reviews 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 better quality health care.

- We conduct service and site medical necessity reviews under the terms of the member's benefit plan, which requires certain services and sites to be medically necessary, including cost effective, to be covered
- Consistent with existing prior authorization requirements, if we determine 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 of the service and site
- We only require notification/prior authorization for planned procedures
- If you don't 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

What is specifically changing?

For dates of service on or after **Oct. 1, 2021,** we're expanding our notification/prior authorization requirements and site of service medical necessity reviews to include the additional procedures/CPT codes listed in the July 2021 *Network Bulletin*.

- We're expanding our prior authorization requirements and site of service medical necessity reviews to include 85 additional surgical procedures/ CPT codes if the service is planned to be performed in an outpatient hospital setting
- We're expanding our prior authorization requirements and site of service medical necessity reviews to include 9 additional office-based procedures/ CPT codes if the service is planned to be performed in an ambulatory surgical center or outpatient hospital setting
- The expanded notification/prior authorization requirements and site of service medical necessity reviews will only apply to Individual and Family Exchange plans in Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia and Washington. Effective **Jan. 1, 2022,** benefit plans in Alabama, Florida, Georgia, Illinois, Louisiana and Michigan will also apply.

Recent update

For dates of service on or after **Oct. 1, 2021:**

- We're expanding prior authorization requirements and site of service medical necessity review to include 86 additional surgical procedures if it is planned to be performed in an outpatient hospital setting
- We're expanding prior authorization requirements and site of service medical necessity review to include 9 additional office procedures if it is planned to be performed in an outpatient hospital or ambulatory surgery setting
- Effective **Jan. 1, 2022,** benefit plans in Alabama, Florida, Georgia, Illinois, Louisiana and Michigan will also apply

Why did UnitedHealthcare choose these particular procedures?

We conducted careful reviews to determine which surgical and screening colonoscopy procedures can be performed more effectively at an ambulatory surgery center, and which office-based procedures can be performed effectively at a physician office setting, while also considering the terms of our members' benefit plans.

Which UnitedHealthcare plans are affected?

The expanded notification/prior authorization requirements and site of service medical necessity reviews will only apply to Individual and Family Exchange plans in Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia and Washington. Effective **Jan. 1, 2022,** benefit plans in Alabama, Florida, Georgia, Illinois, Louisiana and Michigan will also apply

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 only whether a service or site is covered under a member's benefit plan and aren't intended to replace treatment decisions.

What criteria do you use for site of service medical necessity reviews?

To make site of service medical necessity determinations, we use the criteria in our UnitedHealthcare Value & Balance Exchange Utilization Review Guides:

- **Office Based Procedures – Site of Service**
- **Outpatient Surgical Procedures – Site of Service**
- Screening Colonoscopy Procedures – Site of Service, available June 1, 2021, at **UnitedHealthcare Value & Balance Exchange Medical & Drug Policies and Coverage Determination Guidelines**

Notification/prior authorization

How do I provide notification or request prior authorization?

The notification/prior authorization must be electronic and not by fax or phone. Prior authorization and notification requests that require a referral will not be accepted unless a completed referral is on file.

To request prior authorization, use the Prior Authorization and Notification tool. Learn more and sign in at **UHCprovider.com/paan.**

Consistent with existing prior authorization requirements, if we determine that the planned 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.

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 won't be able to 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.

Site of service medical necessity reviews

Are site of service medical necessity reviews taking place in all states?

Site of service medical necessity reviews will only apply to Individual and Family Exchange plans in Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia and Washington at this time. Effective Jan. 1, 2022, site of service medical necessity reviews will also apply to Alabama, Florida, Georgia, Illinois, Louisiana and Michigan. We'll inform care providers if we expand site of service medical necessity reviews to other states.

How do I find participating ambulatory surgical centers or physicians in my area?

You can find participating ambulatory surgical centers in the UnitedHealthcare Provider Directory, which is available at **UHCprovider.com/findprovider** > Doctors, Clinics or Facilities by Plan Type > Medical Directory > State Exchanges > Individual and Family > select the state where member resides > select the network you're looking for > enter city, state or ZIP code > Places > Specialty Centers > Ambulatory Surgical Center.

You can find participating physicians in the UnitedHealthcare Provider Directory, which is available at **UHCprovider.com/findprovider** > Search for Doctors, Clinics or Facilities by Plan Type > Medical Directory > State Exchanges > Individual & Family > select the state where the member resides > select the network 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 ID card. As part of our site of service medical necessity review, we'll also determine whether a participating ambulatory surgical center or office is available within a reasonable distance.

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 an office-based procedure will be performed in an office setting and that service is actually performed in an ambulatory surgery center or 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. And, if you send us a prior authorization request saying a surgical or screening colonoscopy procedure will be performed 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.

Will a request be approved if I don't use an ambulatory surgical center for a surgical or screening colonoscopy procedure?

We'll only approve the outpatient hospital site of service if it satisfies the Utilization Review Guidelines noted above. You aren't required to complete the prior authorization process for any unplanned surgical, screening colonoscopy or office procedures performed in an emergency room, urgent care center or observation unit or done during an inpatient stay.

Will a request be approved if I don't use a physician office setting for an office-based procedure?

We'll only approve the ambulatory surgery center or outpatient hospital site of service if it satisfies the Utilization Review Guidelines noted above. You aren't required to complete the prior authorization process for any unplanned surgical, screening colonoscopy or office 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 outpatient hospital site or, for office-based procedures, an ambulatory surgery center?

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 the site of service, according to their needs and in accordance with the applicable utilization review guideline.

To facilitate our site of service medical necessity reviews, we will use the UnitedHealthcare Value & Balance Exchange Office-Based Procedures – Site of Service Utilization Review Guide, the UnitedHealthcare Value & Balance Exchange Outpatient Surgical Procedures – Site of Service Utilization Review Guide and the UnitedHealthcare Value & Balance Exchange Screening Colonoscopy Procedures – Site of Service Utilization Review Guide, which include information on medical conditions that might make an outpatient hospital or ambulatory surgery center site medically necessary.

What if the nearest participating ambulatory surgical center or office 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 or office that has the necessary resources for the care they need. In these cases, we will authorize the surgical or screening colonoscopy procedure, at a network outpatient hospital or ambulatory service center and, for office-based procedures, we will authorize at a network outpatient hospital or ambulatory service center, in accordance with the terms of our utilization review guidelines noted above.

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. Lack of privileges at a network ambulatory surgery center will be considered during the prior authorization process under the terms of the **Outpatient Surgical Procedures – Site of Service Utilization Review Guide.**

Under the terms of the Screening Colonoscopy Procedures – Site of Service Utilization Review Guideline, however, we will not approve the outpatient hospital setting, based solely on the fact that you do not have privileges at a network ambulatory surgical center. 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.

As health care continues to evolve and plan members 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.

Who can I call if I have questions?

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