

Site of Service for Certain Musculoskeletal Surgical Procedures (Arthroscopic and Foot Surgery) – Effective Nov. 1, 2019

Frequently Asked Questions

Overview

When prior authorization is requested for certain musculoskeletal surgical procedures (arthroscopic and foot surgery) in accordance with our Notification/Prior Authorization Requirements Protocol, we'll review the site of service for medical necessity under the terms of the member's benefit plan. This is effective for dates of service after Nov. 1, 2019. Site of service reviews will be conducted only if the procedure will be performed in an outpatient hospital setting.

We're conducting site of service reviews to help achieve the Triple Aim of improved health care services, health outcomes and overall cost of care.

- If the procedure will be performed in an outpatient hospital setting, we'll review the site of service for medical necessity under the terms of the member's benefit plan if permitted by state law.
- Site of service reviews won't be done as part of our prior authorization process if a procedure will be performed in an ambulatory surgical center.
- We're also implementing a utilization review guideline to facilitate our site of service reviews. See the following frequently asked questions for more information.
- Site of service reviews will apply to UnitedHealthcare commercial benefit plans.
- Site of service reviews will not apply to care providers in all states. See the following frequently asked questions for more information.

Key Points

A site of service review will be conducted for certain musculoskeletal surgical procedures (arthroscopic and foot surgery).

The review occurs if a procedure will be performed in an outpatient hospital setting.

The update applies to dates of service after Nov. 1, 2019.

Frequently Asked Questions

What procedure codes will be subject to site of service reviews?

Site of service reviews will apply to the following procedure codes, which are currently subject to prior authorization requirements.

Consistent with existing prior authorization requirements, if the requested service or site is not approved, a new prior authorization request must be submitted if a change in service or site is made. Notification/prior authorization is only required for planned procedures.

Procedure	CPT® Codes
Arthroscopy Ankle	29891, 29892, 29893, 29894, 29895, 29897, 29898 and 29899
Arthroscopy Elbow	29830, 29834, 29835, 29836, 29837 and 29838
Arthroscopy Hip	29860, 29861, 29862, 29863, 29914, 29915 and 29916
Arthroscopy Knee	29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888 and 29889
Arthroscopy Shoulder	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827 and 29828
Arthroscopy Wrist	29840, 29844, 29845, 29846, 29847 and 29848
Foot Surgery Bunion	28289, 28291, 28292, 28296, 28297, 28298 and 28299
Foot Surgery Hammertoe	28285

Why did we choose these particular procedures?

We conducted careful reviews to determine which procedures can be performed safely and effectively at locations other than an outpatient hospital setting. We also considered the terms of our members' benefit plans. The out-of-pocket cost for plan members may be significantly less depending on the location where a procedure is performed.

Which UnitedHealthcare plans are affected?

Site of service reviews currently apply to commercial benefit plans, including health exchange benefit plans and:

- UnitedHealthcare
- UnitedHealthcare Oxford
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley
- UnitedHealthcare of the Mid-Atlantic, Inc.
- MAMSI Life and Health Insurance Company
- Optimum Choice, Inc.
- MD Individual Practice Association, Inc.

Will site of service reviews take place in all states?

No. We're not including the following states at this time. We'll inform you if we expand site of service reviews to these states.

- Alaska
- Kentucky
- Massachusetts
- Texas

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Doc#: PCA-1-015335-03272019_07262019

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When will site of service reviews begin?

Site of service reviews for certain musculoskeletal surgical procedures (arthroscopic and foot surgery) will begin for dates of service after Nov. 1, 2019.

What happens if one of these procedures was already scheduled for an outpatient hospital setting after site of service reviews begin?

As long as you have obtained prior authorization for the procedure prior to Nov. 1, 2019, you don't need to take any additional action.

Are we making any changes to the current musculoskeletal surgical notification/prior authorization process?

No, we're not making any changes to the current notification/prior authorization process for musculoskeletal surgical procedures. The standard notification/prior authorization process still applies to these procedures. You can complete the request online or by phone:

- **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.
- **Phone:** Call **866-889-8054** 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 the requested service or site is not approved, a new prior authorization request must be submitted if a change in service or site is made.

Will there be special considerations for care providers with accountable care organization (ACO) relationships?

Not at this time. We expect participating care providers, including care providers who are part of ACO arrangements, to notify us and request prior authorization in accordance with our protocols.

Can a request be approved if a care provider doesn't agree to use an ambulatory surgical center?

A site will only be approved if the procedure satisfies the utilization review guidelines for an outpatient hospital setting. If it doesn't, the authorization for coverage will not be provided for the outpatient hospital location because the site does not meet medical necessity criteria, and the services will not be covered.

As a reminder, care providers aren't required to complete the prior authorization process for any musculoskeletal surgical procedures performed in an emergency room, urgent care center or observation unit, or done during an inpatient stay.

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What if a patient has medical conditions requiring the use of an outpatient hospital setting?

We understand some patients need more complex care because of factors like age or medical conditions. We review every plan member's situation to evaluate a site of service according to their needs.

We've implemented a utilization review guideline to facilitate our site of service reviews. This provides information on medical conditions that might make an outpatient hospital setting medically necessary.

The Musculoskeletal Surgical Procedures – Site of Service guideline is available online.

- For UnitedHealthcare Commercial, go to UHCprovider.com > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > [Medical Policy Update Bulletins](#).
- For UnitedHealthcare Oxford, go to UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies > [Policy Update Bulletins](#).

How can care providers find participating ambulatory surgical centers in their area?

Participating ambulatory surgical centers are listed in the UnitedHealthcare Physician Directory. This is available at 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. When you submit a notification/prior authorization request, we'll also determine whether a participating ambulatory surgical center is available within a reasonable distance.

What happens if the nearest participating ambulatory surgical center is a long distance for the plan 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 close to a participating ambulatory surgical center with the necessary resources for the care they need. In these cases, the procedure will be authorized at a network outpatient hospital facility.

How will the review process affect decisions between care providers and their patients?

We support informed patient choice and respect care decisions between you and our plan members. Our coverage determinations reflect only whether or not a service is covered under a member's benefit plan and aren't intended to replace treatment decisions.

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Can members be billed if the outpatient hospital site of service is denied for lack of medical necessity?

Plan members can be billed if we determine an outpatient hospital site of service isn't medically necessary and the care provider is in network and gets their written consent. The consent must be consistent with our protocols and given before a service is performed.

If you don't complete the prior authorization process before performing a service, we'll deny the claim and the plan member can't be billed for the service. If a prior authorization request is sent to us saying a procedure will be completed in an ambulatory surgical center and is actually provided in an outpatient hospital, we'll consider it a lack of authorization for site of service and the claim will be denied.

What if the care provider doesn'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.

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