Prior authorization and site of service reviews for surgical procedures

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 improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care. Site of service medical necessity reviews currently apply to **UnitedHealthcare Community Plans** in Arizona, Florida, Maryland, Michigan, Mississippi, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas and Washington.

The notification/prior authorization requirements for the surgical procedures/codes by state are available on **UHCprovider.com**. To view current lists, see our **health plans by state**. Select your state, then select (Medicaid) Community Plan.

Questions?

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

How it works

Once a care provider requests prior authorization for certain surgical 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® or HCPCS codes listed in the utilization review guidelines (URGs) referenced below.

Most surgical procedure codes in the URGs only require notification/prior authorization if the service is planned to be performed in an outpatient hospital. However, certain codes are subject to notification/prior authorization requirements, regardless of the location in which the procedure is planned to be performed, and reviews of these procedures may include review of additional clinical criteria.

All codes are subject to site of service medical necessity review if the procedure is planned to be performed in an outpatient hospital setting.

We use the following URGs to determine site of service medical necessity for these outpatient surgical procedures:

- Outpatient Surgical Procedures – Site of Service Community Plan Utilization Review Guideline
- Outpatient Surgical Procedures – Site of Service (for Florida Only) Community Plan Utilization Review Guideline
- Outpatient Surgical Procedures – Site of Service (for New Jersey Only) Community Plan Utilization Review Guideline

These URGs are available at **UHCprovider.com/policies** > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

For the following states, click the link to view the applicable Outpatient Surgical Procedures – Site of Service Community Plan URG:
Mississippi | **North Carolina** | **Pennsylvania** | **Tennessee**

Important details

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary and cost effective, as applicable, 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
- 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 and answers

How does UnitedHealthcare choose which procedures to include?

We conduct careful reviews to determine which procedures can be performed safely and effectively at an ambulatory surgery center, consistent with the terms of our members' benefit plans and applicable state law.

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 do not replace treatment decisions.

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

You can find participating ambulatory surgical centers in the UnitedHealthcare provider directory at **UHCprovider.com/findprovider** > Search for Doctors, Clinics or Facilities by Plan Type > Medical Directory > Medicaid 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 member's 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.

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

Billing Medicaid members is tightly controlled by federal law and our own protocols. 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, 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 deny the claim. In this case, you can't bill the member.

Will you approve a request if I don't use an ambulatory surgical center?

We'll only approve the outpatient hospital site of service if it satisfies the URGs listed above. 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 during an inpatient stay.

What if a patient has medical conditions that require 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.

How does UnitedHealthcare define "geographically accessible" ambulatory surgical centers?

To determine geographic accessibility, UnitedHealthcare adheres to adequacy of networks in compliance with state law.

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 the Provider Portal. To access the tool, visit **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 member's 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?

No. We require care providers, including those who are part of ACO arrangements, to notify us and request prior authorization in accordance with our protocols.

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United Healthcare Community Plan