

MRI/CT site of service reviews for Individual and Family Exchange plans

Frequently asked questions

Overview

We are focused on working toward achieving better health outcomes, improving patient experience and lowering the cost of care. Our 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 safe, quality health care.

Outpatient MRI/CT procedures – site of service utilization review guideline

For UnitedHealthcare Individual and Family Exchange benefit plans, you can find the utilization review guideline we use to facilitate MRI/CT site of service medical necessity reviews at UHCprovider.com/policies > Exchange Plans Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Value & Balance Exchange Plans > [Search for] Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Care – Value & Balance Exchange Utilization Review Guideline.

Frequently asked questions

Why did UnitedHealthcare choose these procedures?

We conducted careful reviews to determine which procedures can be performed safely and effectively at locations other than an outpatient hospital setting, consistent with 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 Individual and Family Exchange benefit plans do site of service medical necessity reviews apply to?

Site of service medical necessity reviews apply to UnitedHealthcare Individual and Family Exchange plans in Arizona, North Carolina, Oklahoma, Tennessee, Virginia and Washington State. Starting **Jan. 1, 2022**, these reviews will apply to UnitedHealthcare Individual and Family Exchange plans in Alabama, Florida, Georgia, Illinois, Louisiana and Michigan.

Key points

- Site of service medical necessity reviews will only be done if the magnetic resonance (MRI)/ computed tomography (CT) procedure is planned to be performed in an outpatient hospital setting
- For dates of service on or after **Oct. 1, 2021**, site of service medical necessity reviews will apply to UnitedHealthcare Individual and Family Exchange plans in Arizona, North Carolina, Oklahoma, Tennessee, Virginia and Washington State
- For dates of service on or after **Jan. 1, 2022**, site of service medical necessity reviews will also apply to UnitedHealthcare Individual and Family Exchange plans in Alabama, Florida, Georgia, Illinois, Louisiana and Michigan



How will the site of service medical necessity 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 will be used for site of service medical necessity reviews?

To facilitate site of service medical necessity reviews, we'll use the criteria in our MRI/CT Site of Service Utilization Review Guideline. You can find the guideline at [UHCprovider.com/policies](https://uhcprovider.com/policies) > Exchange Plan Policies > **Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Value & Balance Exchange Plans** > [Search for] Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service – Value & Balance Exchange Utilization Review Guideline.

We'll only conduct site of service medical necessity reviews if the MRI or CT procedure is planned to be performed in an outpatient hospital setting.

How do I provide notification or request prior authorization?

Notification/prior authorization is already required for the MRI/CT procedures that are subject to site of service medical necessity review.

The process for completing the notification/prior authorization request and timeframes remains the same. Prior authorization requests must be submitted electronically. Prior authorization requests that also require a referral will not be accepted unless a completed referral is on file. To request prior authorization, sign in at [UHCprovider.com/paan](https://uhcprovider.com/paan).

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.

Will site of service medical necessity reviews take place in all states for Individual and Family Exchange plans?

Site of service medical necessity reviews apply to UnitedHealthcare Individual and Family Exchange plans in Arizona, North Carolina, Oklahoma, Tennessee, Virginia and Washington State. Starting **Jan. 1, 2022**, these reviews will apply to Exchange plans in Alabama, Florida, Georgia, Illinois, Louisiana and Michigan.

How can I find participating freestanding imaging centers in my area?

You can find a network provider using the online provider directory or by calling us. Referrals must be submitted for a network specialist within the defined service area.

- **Phone:** Call **888-478-4760**
- **Online:** Go to [UHCprovider.com/findprovider](https://uhcprovider.com/findprovider) > Search for a Provider. When you click the "Search for a Provider" link, a new tab will open in your browser. Click on "Medical Directory," then select State Exchanges > Individual and Family and the applicable health plan. You'll see a variety of search options. Choose "Places," "Labs and Imaging" and "Imaging Centers." To narrow your search, look for the "Freestanding Facility" filter under "Refine Results."

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.



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.

Can a request be approved for an outpatient hospital?

We'll only approve the outpatient hospital site of service if the criteria in the applicable utilization review guideline are satisfied. If the criteria are not satisfied, the outpatient hospital location will be determined to not be medically necessary. You aren't required to complete the notification/prior authorization process for any procedures performed in an emergency room, urgent care center, observation unit or done during an inpatient stay.

Example scenarios

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, in accordance with the applicable utilization review guideline.

You can find the utilization review guideline at UHCprovider.com/policies > Exchange Plans Policies > **Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Value & Balance Exchange Plans** > [Search for] Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service – Value & Balance Exchange Utilization Review Guideline.

What if the nearest participating freestanding diagnostic radiology center or office setting 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, freestanding diagnostic radiology center or office setting with the necessary resources for the care they need. In these cases, we'll authorize the procedure at a participating outpatient hospital site, in accordance with the terms of the applicable utilization review guideline.



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