

# Medicare Advantage Therapeutic Radiation Prior Authorization program

## Overview

Prior authorization is currently required for intensity-modulated radiotherapy (IMRT) and stereotactic radiosurgery (SRS) or stereotactic body radiation therapy (SBRT) treatment through eviCore healthcare. Effective June 7, 2022, in-network providers will be required to obtain a prior authorization through Optum.

Prior authorization requirements will be expanded for additional radiation therapy treatments.

We're making this change as part of our commitment to working with members and care providers to help support improved population health outcomes, positive care experiences and affordable products. An important part of this commitment includes coordinating coverage guidelines and policies for radiation therapy services.

## Frequently asked questions

### When does this change become effective?

Optum will begin receiving authorization requests starting June 1, 2022, for authorizations with an effective date of June 7, 2022, or thereafter.

For your reference, the clinical criteria can be found in Medicare Advantage Coverage Summary titled, "Radiologic Therapeutic Procedures" at [UnitedHealthcare Medicare Advantage Coverage Summaries](#).

### Which radiation therapy services are included in this prior authorization requirement?

This requirement includes the following radiation therapy modalities and services:

- Intensity-modulated radiation therapy (IMRT)
- Proton beam therapy (PBT)
- Stereotactic body radiation therapy (SBRT), including stereotactic radiosurgery (SRS)
- Image-guided radiation therapy (IGRT)
- Special and associated services
- Fractionation using IMRT, PBT and standard 2D/3D radiation therapy for prostate, breast, lung and bone metastasis cancers
- Selective internal radiation therapy (SIRT), Yttrium 90 (Y90) and implantable beta-emitting microspheres for treatment of malignant tumors

### Key points

- Effective June 7, 2022, we'll require in-network providers to obtain prior authorization for comprehensive radiation therapy services through Optum
- The Prior Authorization and Notification tool will continue to be used for submission and review of all prior authorization requests
- This change does not impact radiology or cardiology procedures currently managed by eviCore healthcare

## Which UnitedHealthcare plans does this affect?

This applies to UnitedHealthcare® Medicare Advantage, UnitedHealthcare West Medicare Advantage and UnitedHealthcare Community Plan (Dual Special Needs Plan) health plans.

## If a member's benefit plan doesn't require a prior authorization for a specific radiation therapy service, can the provider request a pre-determination?

Yes. Providers can request a pre-determination by calling Provider Services at the number on the back of the member's ID card.

## How long is the prior authorization request for radiation therapy services effective?

The prior authorization request is valid for ninety (90) days.

## Does prior authorization for radiation therapy services guarantee the provider's claim will be paid?

Unless payment is required by state law, receipt of a prior authorization doesn't guarantee claim payment. Payment for covered services is contingent upon the member's eligibility on the date of the service, reimbursement policies and the terms of the provider's Participation Agreement.

## What if the provider fails to obtain prior authorization for radiation therapy modalities and services requiring prior authorization?

If the provider doesn't obtain prior authorization for these services, we'll deny the provider's claim for lack of prior authorization and, as per the provider's Participation Agreement, the provider won't be able to balance bill the member.

## How do providers submit a prior authorization request?

We're working with Optum, our affiliate, to support our network in managing the prior authorization process. Optum offers solutions to help improve the care provider experience for transactions, such as submitting prior authorization requests.

Submit your prior authorization request on the [UnitedHealthcare Provider Portal](#) using your One Healthcare ID and the [Prior Authorization and Notification tool](#). Once you're in the tool:

- Select Radiology, Cardiology, Oncology and Radiation Oncology Transactions
- Select Service Type of Radiation Oncology
- Select Product Type of Medicare

Prior authorization requests can be completed online using the Prior Authorization and Notification tool at [UHCprovider.com](#) or by calling **888-397-8129**, 8 a.m. to 5 p.m. local time, Monday through Friday.

## Where can providers see completed prior authorization requests?

Providers can find draft and submitted prior authorizations at [UHCprovider.com](#) using the Prior Authorization and Notification tool. You can search submitted prior auth requests by selecting "View All." The provider will need either the Request number or Subscriber/Member ID to complete the search.

## What is the process to change an existing prior authorization request?

If the existing prior authorization request is still pending review, the provider will need to call Optum at 888-397-8129 to make a change. If the prior authorization request has been completed, the provider can submit a new prior authorization requesting all procedure codes needed, including any codes from the previous prior authorization request. The system will prompt you to cancel the previous prior authorization request if it is for the same technique.

### **Should providers submit a prior authorization request for active treatments?**

If the member has an active (non-expired) authorization on file for IMRT and SBRT/SRS prior to June 7, 2022, you do not need to submit a new prior authorization request for that approved treatment plan. The authorization will remain active until it expires.

For PBT, standard radiation therapy (2D/3D), IGRT, special and associated services or Y90/SIRT services started between March 1, 2022, and June 6, 2022, you do not need to submit a prior authorization request. We'll authorize the radiation therapy service(s) the member was receiving prior to June 7, 2022, and the authorization will be effective for 90 days from the treatment start date. Any further radiation therapy services that extend after 90 days from the treatment start date prior authorization would be required prior to the start of services.

### **Can a non-participating provider submit a prior authorization request for radiation therapy services?**

Yes. We will accept prior authorization requests and provide authorizations for service prior to care.

### **Will urgent (expedited) requests be accepted?**

Yes. Providers may make urgent requests for prior authorization if they determine the service is medically urgent. Urgent requests should be submitted by phone.

### **What if a physician, facility or other health care professional does not agree with Optum's decision?**

The provider should follow the directions included in the determination letter for reconsideration and appeal guidelines specific to the member's plan.

### **Where can providers find more information?**

For prior authorization process change questions, please visit [UHC.com/contact-us/for-providers](https://www.uhc.com/contact-us/for-providers), select your state and email the physician or Hospital Advocate team. The provider can also email [unitedoncology@uhc.com](mailto:unitedoncology@uhc.com) or call us at **888-397-8129**.

For system issues, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278** (option 1), Monday through Friday, 7 a.m. to 9 p.m. CT.

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