

UnitedHealthcare prior authorization and site of service reviews for surgical and screening colonoscopy procedures: Commercial Plans

Frequently asked questions

Updates effective July 1 and Aug. 1, 2021:

Expansion for UnitedHealthcare commercial plans – Massachusetts and Kentucky

We're expanding our notification/prior authorization requirements to include certain surgical and screening colonoscopy procedures for providers in Massachusetts for dates of service on or after **July 1, 2021**, and for providers in Kentucky on or after **Aug. 1, 2021**. The CPT® or Healthcare Common Procedure Common Coding System (HCPCS) codes that will now require prior authorization are those listed in **UnitedHealthcare Commercial Advance Notification/Prior Authorization Requirements**.

Additional prior authorization and site of service reviews changes for UnitedHealthcare commercial plans

For dates of service on or after **Aug. 1, 2021**, for most states and for dates of service on or after **Sept. 1, 2021**, for Iowa and Illinois, we're making the following changes to our notification and prior authorization requirements and site of service medical necessity reviews.

- We'll require prior authorization and conduct site of service medical necessity reviews for 32 surgical procedure/CPT codes if the service is planned to be performed in an **outpatient hospital setting**
- We'll require notification/prior authorization and conduct site of service medical necessity reviews for 7 office-based procedure/CPT codes if the service is planned to be performed in an **outpatient hospital or ambulatory surgical center**
- We'll no longer require prior authorization or conduct site of service medical necessity reviews for 170 surgical procedure/CPT codes

By requiring prior authorization and conducting site of service medical necessity reviews for certain surgical and screening colonoscopy procedures, we're hoping to 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.

Site of service medical necessity reviews apply to UnitedHealthcare commercial plans, including Neighborhood Health Partnership, UnitedHealthcare of the River Valley and UnitedHealthcare Oxford commercial benefit plans. These reviews do not apply to UnitedHealthcare West or Sierra plans at this time.

The notification/prior authorization requirements for the surgical and screening colonoscopy procedures/codes, including state-specific exclusions and requirements, are listed on **UHCprovider.com** in UnitedHealthcare Commercial Advance Notification/Prior Authorization Requirements.

How it works

Once a care provider requests prior authorization for certain surgical and screening colonoscopy 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/Oxford Clinical Policies referenced below.

Most surgical and screening colonoscopy procedure codes in the Utilization Review Guidelines and Oxford Clinical Policies 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 code 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 Utilization Review Guidelines and Oxford Clinical Policies to determine site of service medical necessity for these outpatient surgical and screening colonoscopy procedures:

- **UnitedHealthcare commercial:** Outpatient Surgical Procedures – Site of Service Utilization Review Guideline at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans
- **UnitedHealthcare commercial:** Screening Colonoscopy Procedures – Site of Service Utilization Review Guideline at UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans
- **UnitedHealthcare Oxford:** Outpatient Surgical Procedures – Site of Service Oxford Clinical Policy at UHCprovider.com/policies > Commercial Policies > **UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies**
- **UnitedHealthcare Oxford:** Screening Colonoscopy Procedures – Site of Service Oxford Clinical Policy at UHCprovider.com/policies > Commercial Policies > **UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies**
- If 1 of the specified colonoscopy CPT codes is submitted for notification/prior authorization with 1 of following ICD-10 diagnosis codes, these procedures will be subject to the **Screening Colonoscopy Procedures – Site of Service Utilization Review Guideline or Screening Colonoscopy Procedures – Site of Service Oxford Clinical Policy**: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71 and Z83.79. If 1 of these colonoscopy CPT codes is submitted for notification/prior authorization but does not include 1 of the ICD-10 diagnosis codes above, the procedure will be subject to the **Outpatient Surgical Procedures – Site of Service Utilization Review Guideline or the Outpatient Surgical Procedures – Site of Service Oxford Clinical Policy**.

Important details

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

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.

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 whether or not 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, which 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. 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?

You can bill plan members if we determine a site of service isn't medically necessary, as long as you get the member's written consent before the procedure is delivered. 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 before the procedure is performed, 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 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 applicable Utilization Review Guideline or Oxford Clinical Policy noted above in the Site of Service Medical Necessity Review Criteria section. You aren't required to complete the prior authorization process for any unplanned surgical or screening colonoscopy 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?

We understand some patients need more complex care because of factors like age or medical conditions. Using the clinical information that you submit, we review the plan member's situation to evaluate a site of service, according to their needs.

Notification/prior authorization

How do I provide notification or request prior authorization?

You can provide notification or request authorization in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool. To access the tool, go to UHCprovider.com/paan.
- **Phone:** Call **877-842-3210**, 7 a.m.–7 p.m. local time, Monday–Friday, or the Provider Services number on the back of the plan member's health plan 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?

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.

Who can I call if I have questions?

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



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