



## Site of Service for Outpatient Surgical Procedures Frequently Asked Questions

### Overview

In an effort to minimize out-of-pocket costs for UnitedHealthcare members, improve cost-efficiencies for the overall health care system and help ensure access to medically necessary care, as required by our members' benefit plans, we are implementing new prior authorization requirements that take into account site of service for certain minor surgical procedures.

Encouraging these procedures to be performed in medically appropriate sites of service is another step we are taking toward achieving the Triple Aim to help improve care experiences and health outcomes for our members, in cost-effective ways. These prior authorization requirements apply to many UnitedHealthcare commercial plans and are supported by member benefit plan language that requires services to be medically necessary, including cost-effective.

**Starting Oct. 1, 2015 (in most states), prior authorization is required for the following procedures if performed in an outpatient hospital setting. Prior authorization is not required if the procedures are performed at a participating network ambulatory surgery center.**

Procedures & Services	Codes for UnitedHealthcare Commercial Plans			
Abdominal Paracentesis	49083			
Carpal Tunnel Surgery	64721			
Cataract Surgery	66821	66982	66984	
Hernia Repair	49585 49652	49587 49653	49650 49654	49651 49655
Liver Biopsy	47000			
Tonsillectomy & Adenectomy	42821	42826		
Upper & Lower Gastrointestinal Endoscopy	43235 45380	43239 45384	43249 45385	45378
Urologic Procedures	50590 52224 52281 52352	52000 52234 52310 52353	52005 52235 52332 52356	52204 52260 52351 57288

If the prior authorization process is not complete before performing a procedure in an outpatient hospital, claims will be administratively denied, and the member cannot be billed for the service. If the request for prior authorization is denied, members can be billed for the service to be performed in an outpatient hospital setting if the provider obtains adequate written consent from the member pursuant to UnitedHealthcare's protocols. For more information, please refer to the Administrative Guide at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > **Tools & Resources** > **Policies, Protocols and Guides** > **Administrative Guides**.

We recognize that some patients require more complex care due to a variety of factors. When making coverage determinations related to site of service, pursuant to the terms of a member's benefit plan, we will consider factors such as the availability of a participating network facility, specialty requirements, physician privileges and whether a patient has an individual need for access to more intensive services. We encourage you to familiarize yourself with participating network ambulatory surgery centers in your area and obtain privileges to perform procedures in those centers, if you do not already have them.

Please reference the following frequently asked questions to learn more.

### **Q1. What UnitedHealthcare benefit plans are included?**

- A. The prior authorization requirement applies to commercial benefit plans including exchange benefit plans and the following plans:
- Golden Rule Insurance Company (group 902667)
  - Mid-AtlanticMD Healthplan Individual Practice Association, Inc. ("M.D. IPA") or Optimum Choice, Inc. ("Optimum Choice") products
  - Neighborhood Health Partnership
  - UnitedHealthcare of the River Valley Health Plan
  - UnitedHealthcare Oxford Health Plans\*
  - UnitedHealthcare
  - UnitedHealthcare Life Insurance Company (group 755870)

\*UnitedHealthcare Oxford Health Plans currently require prior authorization for these procedures when they are provided in a setting other than a physician's office. When prior authorization is requested, the site of service will now be reviewed to determine if the site of service is medically necessary, as part of the prior authorization review process.

### **Q2. When does the prior authorization requirement become effective?**

- A. The prior authorization requirement becomes effective in all states for dates of service on or after Oct. 1, 2015 except that the following three states have different effective dates:
- Dates of service on or after **Nov. 1, 2015** for providers in **Colorado**
  - Dates of service on or after **Dec. 1, 2015** for providers in **Iowa** and **Illinois**

### **Q3. Why did UnitedHealthcare choose these particular procedures?**

- A. We conducted careful clinical reviews to determine which procedures are clinically appropriate to be performed at a participating network ambulatory surgery center for most patients, taking into consideration the terms of our members' benefit plans and significant out-of-pocket costs to UnitedHealthcare members when these procedures are done in a hospital setting.

### **Q4. What happens if one of these procedures has already been scheduled to be performed in an outpatient hospital setting after the effective date?**

- A. If one of these procedures is already scheduled to be performed on or after the effective date, you will need to request prior authorization. In some cases, this may mean you and your patient decide to move procedures to a participating network ambulatory surgery center to align with the coverage determination. Our review process will take into account the terms of the member's benefit plan, the availability of a participating facility, specialty requirements, physician privileges and whether a

patient has an individual need for access to more intensive services. We are committed to making this transition as smooth as possible for physicians and their patients who are UnitedHealthcare members.

**Q5. How can I find participating network ambulatory surgery centers in my area?**

- A. Participating ambulatory surgery centers can be found in the UnitedHealthcare Physician Directory at **UnitedHealthcareOnline.com > Physician Directory > General Physician Directory**:
- When you click on the link, a new tab will open in your browser.
  - Select the applicable health plan.
  - You will then see a variety of search options. To narrow your search, look for the “Ambulatory Surgicenter” link under “Search by Facility Type.”

For assistance in locating a participating ambulatory surgery center, you can also contact UnitedHealthcare Network Management or the phone number on the back of the member’s UnitedHealthcare member identification card. In addition, when you submit a request for prior authorization, we will determine whether an ambulatory surgical center is available within a reasonable distance and provide that information.

**Q6. How can I request prior authorization for these procedures to be performed in an outpatient hospital site of service?**

- A. The standard prior authorization process applies. Requests can be completed online or by phone:
- Go to **UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorizations Submission**. Using UnitedHealthcareOnline is an easy way for providers to initiate prior authorization and is the preferred option for many practices. The automated process will guide you through a series of questions, and review time may be faster.
  - Call the Provider Services number on the back of your patient’s member health care ID card to verify their eligibility and benefit coverage.

We are committed to timely reviews and complying with applicable regulatory response timeframes. Coverage determinations reflect only whether or not a service is covered under the provisions of the member’s benefit plan and are not intended to replace treatment decisions made by physicians and their patients.

**Q7. What information will be considered as part of the prior authorization review?**

- A. Our prior authorization process, including the site of service reviews that are conducted as part of that process, is based on the terms of the member’s benefit plan. It is patient-centered and takes into account various factors in determining whether a procedure can safely and effectively be performed in a more cost-effective setting on an individual basis. Our prior authorization review will take into account availability of a participating network facility, specialty requirements, physician privileges and a member’s need for access to more intensive service. Please submit any information you would like us to consider when requesting prior authorization.

**Q8. What happens if the nearest participating network ambulatory surgery center is a long distance for the member to travel or does not have the equipment or resources for the planned procedure?**

- A. We realize there may be instances when a UnitedHealthcare member does not have geographic access to a participating ambulatory surgery center that has the necessary resources to provide the care they need. In such cases, the procedure will be authorized at a network outpatient hospital.

**Q9. What if a patient has co-morbid medical conditions that may pose increased risks if a procedure is performed at an ambulatory surgery center?**

- A. We recognize that some patients require more complex care due to factors such as age or medical conditions, and that some ambulatory surgery centers have specific guidelines that may prohibit members who are above a certain weight or have certain health conditions from receiving care in those facilities. Our prior authorization process, including site of service reviews that are conducted as part of that process, is based on the terms of the member's benefit plan. It is patient-centered and is conducted on an individual basis to evaluate which site of service is medically necessary for the member's individual needs. We will consider any information that may indicate the immediate need for procedures to be performed at an outpatient hospital setting.

**Q10. What if I do not have privileges at a participating network ambulatory surgery center?**

- A. If you do not currently have privileges at a participating network ambulatory surgery center, please provide that information when requesting prior authorization. At this time, we will not deny coverage at an outpatient hospital in the event you do not have privileges at an ambulatory surgery center, but as with all requirements, we will continue to evaluate and make adjustments to the requirements, as appropriate. We strongly recommend that you obtain ambulatory surgery center privileges, if you do not already have them.

**Q11. How will this review process affect decisions made between a physician and patient?**

- A. We support informed patient choice and respect that care decisions are always between a patient and their physician. We will work with you to identify the most medically appropriate, cost-effective place of service. We will make coverage determinations based on the language in the member's benefit plan and will consider various factors, including the availability of a participating network ambulatory surgery center, provider privileges, specialty requirements and whether the member has an immediate need for more intensive services. Please submit such information to us with your prior authorization request.

**Q12. What effect will these requirements have on our patient's insurance coverage?**

- A. The terms of our member plans require us to help ensure access to care that is medically necessary including cost-effective services and sites of service. As such, an outpatient hospital site of service determined to be medically necessary and cost-effective is covered. An outpatient hospital site of service determined not to be medically necessary is not covered and the member cannot be billed for the service if performed in an outpatient hospital setting unless you obtain appropriate written consent from the member in accordance with our protocols.

As a reminder, if you do not complete the prior authorization process before performing a procedure at an outpatient hospital setting, claims will be administratively denied, and the member cannot be billed for the service.

**Q13. Can a member opt to have a procedure at an outpatient hospital even if prior authorization for that site of service is denied?**

- A. Yes. If the outpatient hospital site of service is denied for lack of medical necessity pursuant to the member's benefit plan, the member may consent in writing to having the procedure performed at the outpatient hospital, and the member can be billed for the service. In these cases, the provider must obtain written consent from the member in accordance with our protocols. As a reminder, however, you cannot bill the member for claims that are administratively denied due to failure to complete your responsibilities with respect to the prior authorization process.

**Q14. If I have privileges at both a hospital and a participating network ambulatory surgery center, will my request for prior authorization at an outpatient hospital site of service be denied?**

- A. If after conducting the site of service review as part of the prior authorization process, the outpatient hospital site of service is determined to not be medically necessary, the request for the outpatient hospital site of service would be denied. Individual patient needs will be taken into account when making our determination.

If you have any questions, please contact your local Network Management representative or call the customer service phone number on the back of the member's health care identification card. Thank you.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Golden Rule Insurance Company, UnitedHealthcare Life Insurance Company or its affiliates. Health plan coverage provided by Neighborhood Health Partnership, Inc., Optimum Choice, Inc., Oxford Health Plans (NJ), Inc.; Oxford Health Plans (CT), Inc., Oxford Health Insurance, Inc., UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.