Frequently Asked Questions: Site of Service Prior Authorization Guidelines for Select Outpatient Surgical Procedures

Overview
Effective Dec. 1, 2015, UnitedHealthcare Community Plan in Florida will implement prior authorization guidelines that take into account site of service for certain outpatient surgical procedures. These guidelines aim to improve cost efficiencies for the overall health care system and help ensure that procedures, including the setting where a service is provided, are medically appropriate.

This is another step we are taking toward achieving the “Triple Aim” set forth by the Institute for Healthcare Improvement to improve care experiences, improve health outcomes and reduce health care costs. The prior authorization requirement will apply to UnitedHealthcare Community Plan Medicaid members in Florida (with the exception of procedures performed in Monroe County) and is supported by the Florida Medicaid definition of medical necessity, including that the service be performed in the least costly setting. It does not apply to Medicare dual-enrolled members.

Prior authorization will be required for the following procedures if performed in an outpatient hospital setting. Prior authorization is not required if the procedures are performed at a network ambulatory surgery center.

<table>
<thead>
<tr>
<th>Procedures &amp; Services</th>
<th>Patient Age</th>
<th>Codes for UnitedHealthcare Community Plan in Florida</th>
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</thead>
<tbody>
<tr>
<td>Cataract Surgery</td>
<td>18 and older</td>
<td>66821 66982 66984</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>18 and older</td>
<td>45378 45380 45384</td>
</tr>
<tr>
<td>Tonsillectomy &amp; Adenoidectomy</td>
<td>5 and older</td>
<td>42820 42821 42825</td>
</tr>
<tr>
<td>Upper Gastrointestinal Endoscopy</td>
<td>18 and older</td>
<td>43235 43239 43249</td>
</tr>
</tbody>
</table>

Requests for these procedures to be performed in an outpatient hospital site of service will be subject to medical necessity review. As a result, providers may be required to move procedures to an ambulatory surgery center to align with coverage determinations. We are committed to making this transition as smooth as possible for providers and members.

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.

Please reference the following frequently asked questions to learn more.
Q1. Why did UnitedHealthcare Community Plan choose these procedures for this prior authorization initiative?
A. We conducted careful clinical reviews to determine which procedures are clinically appropriate to be performed at a network ambulatory surgery center site of service for most patients, taking into consideration Medicaid’s medical necessity requirements and our responsibility to help ensure that members have access to care that is medically appropriate.

Q2. Is this the same list of codes and procedures included in the site of service prior authorization guidelines for UnitedHealthcare commercial plans?
A. No. A separate analysis was conducted to choose the codes and procedures for site of service prior authorization for UnitedHealthcare Community Plan Medicaid members in Florida based on the Medicaid population.

Q3. Are there exceptions or exclusions?
A. All Medicare dual-enrolled members are excluded. In addition, procedures requested to be performed in Monroe County are not part of this prior authorization requirement due to access reasons.

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 Dec. 1, 2015, you will need prior authorization. In some cases, this may mean you and your patient decide to move a procedure to a network ambulatory surgery center to align with the coverage determination. Our review process will take into account the Medicaid requirements for medical necessity, 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 helping ease this transition for you and your patients who are UnitedHealthcare Community Plan members.

Q5. How can I find a 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 network 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 to perform these procedures in an outpatient hospital site of service?
A. Prior authorization requests can be filed in multiple ways:
   - Go to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorizations Submission. This is an easy way to initiate prior authorization and is the preferred option for many practices.
   - Initiate a prior authorization request by phone by calling 866-894-5796.
   - Submit a prior authorization form via fax to 866-607-5975. (A copy of the form is included in the Provider Manual.)
We are committed to timely reviews and comply 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 the prior authorization review consider?
A. Our prior authorization process, including the site of service reviews that are conducted as part of that process, is based on Medicaid requirements for medical necessity. 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 when initiating prior authorization requests. Please submit any information you would like us to consider when requesting prior authorization.

Q8. What happens if the nearest 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 Community Plan member does not have geographic access to an ambulatory surgery facility that has the necessary resources to provide the care needed. In such cases, the procedure may 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 Medicaid requirements for medical necessity. It is patient-centered and reviews cases on an individual basis to evaluate which site of service is appropriate for a member’s individual needs. Our prior authorization process 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 credentials at a network ambulatory surgery center?
A. We strongly recommend you obtain ambulatory surgery center privileges at a participating facility. Ambulatory surgery centers are frequently the most appropriate and cost-effective site of service for certain procedures and using that site of service. If you do not have credentials at the time this policy goes into effect, we will work with you to identify potential options.

Q11. What effect will this policy have on a member’s coverage?
A. Our obligation under Florida Medicaid requires us to help ensure access to care that is medically necessary, a process that also requires the consideration of 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. 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.

Q12. If I have privileges at both a hospital and a 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.