



Site of Service for Outpatient Surgical Procedures Frequently Asked Questions

Overview

In an effort to minimize out-of-pocket costs for our members and to improve cost efficiencies for the overall health care system, UnitedHealthcare is implementing prior authorization guidelines that aim to encourage more cost-effective sites of service for certain outpatient surgical procedures, when medically appropriate. **These procedures will require prior authorization if performed in an outpatient hospital setting. No prior authorization will be required if they are performed at an ambulatory surgery center.** Coverage determinations will consider availability of a participating network facility, specialty requirements, physician privileges and whether a patient has an individual need for access to more intensive services.

The prior authorization requirement applies to UnitedHealthcare commercial and Health Exchange membership and becomes effective Oct. 1, 2015 for most states. Three states have different implementation dates:

- Nov. 1, 2015 for Colorado
- Dec. 1, 2015 for Iowa and Illinois

Effective dates refer to date of service and are determined by the member's state of residence.

These guidelines apply to the following codes and procedures:

Procedures & Services	Codes for UnitedHealthcare Commercial Plans			
Abdominal Paracentesis	49083			
Carpal Tunnel Surgery	64721			
Cataract Surgery	66821	66982	66984	
Hernia Repair	49585	49587	49650	49651
	49652	49653	49654	49655
Liver Biopsy	47000			
Tonsillectomy & Adenectomy	42821	42826		
Upper & Lower Gastrointestinal Endoscopy	43235	43239	43249	45378
	45380	45384	45385	

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Procedures & Services	Codes for UnitedHealthcare Commercial Plans			
Urologic Procedures	50590	52000	52005	52204
	52224	52234	52235	52260
	52281	52310	52332	52351
	52352	52353	52356	57288

Please reference the following frequently asked questions to learn more.

Q1. Why did UnitedHealthcare choose these procedures for this prior authorization initiative?

- A. We conducted careful clinical reviews to determine which procedures are clinically appropriate for an ambulatory surgery center site of service for most patients, taking into consideration the higher out-of-pocket costs to UnitedHealthcare members when these procedures are done in a hospital setting.

Q2. What information will the prior authorization review consider?

- A. Our prior authorization process 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. We encourage you to provide information regarding 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.

Q3. What effect will this policy have on a member's coverage?

- A. There will be no effect on coverage for procedures performed at the appropriate site of service. If the provider does not obtain a prior authorization before performing a procedure at an outpatient hospital setting, claims will be denied. Members cannot be billed for claims denied for lack of prior authorization. Members' coverage may be impacted if the procedure is performed in an outpatient setting after an adverse determination is issued.

Q4. How can I request prior authorization to perform these procedures in an outpatient hospital site of service?

- A. The standard process applies. Prior authorization 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 to initiate prior authorization and is the preferred option.
 - Call the Provider Services number on the back of your patient's member health care ID card.

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 plan and are not intended to replace treatment decisions made by physicians and their patients.

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Q5. Does this affect procedures that are already scheduled?

- A. The effective dates for the prior authorization requirement refer to dates of service. If one of these procedures is scheduled to take place before the effective date, the prior authorization requirement does not apply. Procedures that will take place on or after the effective date will require prior authorization, even if they already are scheduled prior to the requirement taking effect. In some cases, this may mean moving a procedure to a more cost-effective ambulatory surgery center to align with coverage determinations. We are committed to helping ease this transition for you and your patients who are UnitedHealthcare members.

Q6. What if a patient has a medical co-morbidity that puts them at increased risk?

- A. We recognize that some patients require more complex care due to factors such as age or medical conditions that may put them at greater risk. Our prior authorization process 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.

Q7. How can I find ambulatory surgery centers in my area?

- A. Participating ambulatory surgery centers can be found in the UnitedHealthcare Physician Directory at UnitedHealthcareOnline.com. If you need assistance locating a participating ambulatory surgery center, please contact your UnitedHealthcare Network Management representative or call the phone number on the back of the member's UnitedHealthcare member identification card.

Q8. What if the nearest 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 an ambulatory surgery facility that has the necessary resources to provide the care needed. Our patient-centered review process takes such circumstances into account. If a network ambulatory surgery center is not available or is unable to provide the requested service, the procedure may be authorized at a network outpatient hospital.

Q9. What if I do not have credentials at an ambulatory surgery center?

- A. We strongly recommend you obtain ambulatory surgery center privileges. Ambulatory surgery centers are frequently the most appropriate site of service for certain procedures and using that site of service will help reduce out-of-pocket costs for the patient. If you do not currently have credentials at an ambulatory surgery center, please provide this information when requesting prior authorization. We will work with you to identify potential options.

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.

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