

# Community Plan of New Jersey: Prior authorization and site of service expansion for outpatient procedures

Effective Nov. 1, 2022

Effective **Nov. 1, 2022**, we're expanding our prior authorization/notification requirements and site of service medical necessity reviews to include additional outpatient procedure CPT® codes. This affects outpatient surgical procedures for UnitedHealthcare Community Plan of New Jersey.

## Important points

- We conduct medical necessity reviews per the terms of the member's plan, which require services to be medically necessary, including reasonably cost-effective, for us to cover them
  - We're using our **Outpatient Surgical Procedures – Site of Service (for New Jersey Only) – Community Plan Utilization Review Guideline** to facilitate these reviews
- Consistent with existing prior authorization requirements, if we determine that the service or site you request isn't medically necessary, you'll need to submit a new prior authorization request
- For any procedures or CPT codes that are already subject to prior authorization/notification requirements, we'll continue to review the procedures to determine medical necessity
- We only require prior authorization/notification for planned procedures
- If you don't notify us or complete the prior authorization/notification process before you render the procedure, we may deny the claim and you won't be able to bill the member for the service

## Frequently asked questions



### General

#### Why did you choose these procedures?

We conducted careful reviews to determine which procedures can be performed safely and effectively at an ambulatory surgery center, while also considering the terms of our members' plans and applicable state law.

#### How will the review process affect decisions between health care professionals and their patients?

We support informed patient choice and respect care decisions between health care professionals and the members of our plans. Our coverage determinations reflect only whether we cover a service or site under the member's plan. We don't intend for them to replace treatment decisions.

#### What criteria will you use for your site of service medical necessity reviews?

To make site of service medical necessity determinations, we'll use the criteria in our utilization review guideline.



### We're here to help

If you have questions, please call Provider Services at **888-362-3368**.



## Prior authorization/notification

### How do I provide notification or request prior authorization?

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [UHCprovider.com/paan](https://UHCprovider.com/paan)
- **Phone:** Call **877-842-3210** from 7 a.m.–7 p.m. local time, Monday–Friday, or the Provider Services number on the member’s ID card

### What happens if I don’t complete the prior authorization/notification process?

If you don’t complete the notification/prior authorization process before you render the service, we may deny the claims and you can’t bill the member.

### Will there be special considerations for health care professionals with accountable care organization (ACO) relationships?

Not at this time. We expect all health care professionals to notify us and request prior authorization in accordance with our protocols.



## Site of service medical necessity reviews

### How can I find participating sleep centers in my area?

- Visit our [Provider Directory](#) on [UHCprovider.com](https://UHCprovider.com)
- Contact [Network Management](#)
- Call the phone number on the member’s ID card

Note: 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.

### How do you determine if an ambulatory surgical center is geographically accessible?

To determine geographic accessibility, we adhere to the adequacy of networks in compliance with state law and use a radius of 30 miles where state law is silent.

### Can I bill a member if you deny the site of service for lack of medical necessity?

If you receive the member’s written consent before you perform the service, and it’s consistent with our protocols, you can bill a member if we determine a site of service isn’t medically necessary. If you don’t receive the member’s written consent, you can’t bill the member.

Additionally, if you send us a prior authorization request saying you’ll perform the procedure in an ambulatory surgical center and you actually perform it 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.

### Can you approve a request if the site of service isn’t an ambulatory surgical center?

We’ll only approve the outpatient hospital site of service if it satisfies the utilization review guideline for an outpatient hospital site. If it doesn’t, we won’t provide authorization for coverage for the outpatient hospital location. We don’t require you to complete the prior authorization process for surgical procedures you perform in an emergency room, urgent care center or observation unit, or during an inpatient stay.



## Example scenarios

### **What if a procedure was scheduled to be performed after site of service medical necessity reviews begin?**

If you complete the notification/prior authorization process for the procedure before Nov. 1, 2022, you don't need to take any additional action.

### **What if a patient has medical conditions requiring the use of an outpatient hospital site?**

We understand that some patients need more complex care because of factors like age or medical conditions. Using the clinical information you provide to us, we'll review the member's situation to evaluate a site of service, in accordance with the terms of our utilization review guideline.

### **What if the nearest participating ambulatory surgical center is a long distance for the member to travel or doesn't have the equipment or resources for the planned procedure?**

We realize there may be times when a member isn't within a reasonable distance of a participating ambulatory surgical center that has the resources for the care they need. In these cases, we'll authorize the procedure at a network outpatient hospital, in accordance with the terms of our utilization review guideline.

### **What if I don't have privileges at a participating ambulatory surgical center?**

If you don't have privileges at an in-network ambulatory surgical center, you should provide us with that information during the prior authorization request process. At this time, we won't deny coverage at an outpatient hospital if you don't have privileges at an in-network ambulatory surgical center. As with all requirements, we'll continue to evaluate and make adjustments, as appropriate.

We encourage you to review the in-network ambulatory surgical centers in your area and obtain privileges with the centers that best meet your needs and the needs of your patients.