Important Changes In Notification and Prior Authorization Procedures

(This is revised from the article that was posted in the September 2012 Network Bulletin. Changes are in Section 3, *Standardization of Prior Authorization List for Certain Commercial Plans*.)

To establish more transparency and consistency with our network providers, UnitedHealthcare and its affiliates have been working on standardizing the notification and prior authorization requirements for services that you provide to your patients and our members.

Outlined below, please find information regarding a number of programs that will be implemented in the coming months to better standardize Advance Notification and Prior Authorization requirements and improve transparency. We will be sending additional updates as each program unfolds. For now, we encourage you to read the following information thoroughly as there are effective dates and procedures that are specific to each program.

1. Medicare Advantage Cardiology Prior Authorization Program - Effective Oct. 1, 2012

Based on physician input, review of the American College of Cardiology (ACC) guidelines, Medicare's Local and National Coverage Determination policies, and Centers for Medicare & Medicaid Services (CMS) guidelines, **effective Oct. 1, 2012, UnitedHealthcare's Cardiology Notification Program for Medicare Advantage benefit plans is changing from a notification program to a prior authorization program. This change is consistent with other UnitedHealthcare programs and prevailing industry-wide standards. Over the coming year, additional UnitedHealthcare programs will be aligned to verify that services are medically necessary.**

Services to Require Prior Authorization for UnitedHealthcare Medicare Advantage members

The following services will require Prior Authorization for our Medicare Advantage members:

- Echocardiogram
- Stress Echo
- Diagnostic Catheterizations
- Electrophysiology Implants

Notification is already required for diagnostic catheterization and electrophysiology implant procedures. We are transitioning to Prior Authorization and adding Echocardiogram and Stress Echo to the program. What this means for you is that effective Oct. 1, 2012, once you contact us to obtain prior authorization for these

procedures, a medical necessity review will be conducted using current standards. The process you follow today to obtain notification for these procedures is the same as the process you will follow to obtain prior authorization.

Cardiac Procedure:	Outpatient	Office	Inpatient	Emergent/Urgent
Diagnostic Catheterization	**Required**	**Required**	Not required	Not required
Electrophysiology Implants	**Required**	**Required**	**Required**	Not required
Echocardiogram	**Required**	**Required**	Not required	Not required
Stress Echo	**Required**	**Required**	Not required	Not required

The grid below provides additional information on when prior authorization is required based on site of service:

Note: Prior Authorization is not required for services rendered in an emergency room or urgent care facility. **Prior Authorization is only required in the inpatient setting prior to rendering Electrophysiology Implant services.**

Physicians and facilities that perform the cardiac procedures for which Prior Authorization is required must confirm that Prior Authorization has been obtained before the procedure is rendered, or payment may be denied.

Pursuant to the Medicare Advantage Cardiology Prior Authorization Program, the ordering physician/provider or their office staff must obtain Prior Authorization for the following CPT Codes:

Diagnostic Catheterization
• CPT Codes: 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Electrophysiology Implants
• Pacemaker Implant CPT Codes: 33206, 33207, 33208, 33212, 33213, 33214, 33227, 33228
• CRT (Cardiac Resynchronization Therapy) CPT Device Codes: 33221, 33224, 33229, 33231, 33264, CPT Lead Code 33225
• Defibrillator (AICD) Implant CPT Codes: 33230, 33240, 33249, 33262, 33263
Echocardiogram
• CPT Codes: 93303, 93304, 93306, 93307, 93308
Stress Echo
• CPT Codes: 93350, 93351

In- and Out-of-Scope Plans

The prior authorization requirements will apply to UnitedHealthcare's Medicare Advantage members enrolled in: UnitedHealthcare® MedicareComplete®, UnitedHealthcare Dual Complete™, UnitedHealthcare® Chronic Complete and AARP®

MedicareComplete®. Please NOTE that Cardiology Prior Authorization is not required for our members enrolled in UnitedHealthcare West® benefit plans.

A complete list of UnitedHealthcare Medicare Advantage plans subject to this Prior Authorization requirement is available at ***UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Cardiology Programs > Medicare Advantage Cardiology Prior Authorization Program.***

Effective Oct. 1, 2012, the Prior Authorization requirements will apply to UnitedHealthcare Medicare Advantage members in all states in which the Cardiology Notification Program is effective today, which are: Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa (except Western Iowa), Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington DC, West Virginia and Wisconsin.

The Medicare Advantage Cardiology Prior Authorization Program will be implemented with Prior Authorization required for dates of service **on or after Oct. 1, 2012 in the following states:** Alaska, Connecticut, Minnesota, Montana, New Jersey, New York, North Dakota, South Dakota and Wyoming.

Obtaining Prior Authorization

We have contracted with CareCore National to help administer the Prior Authorization Program. Following ACC and CMS guidelines, CareCore National uses the services of experienced cardiologists and other cardiac care professionals, to conduct the prior authorization reviews and provide customer service to you.

As of Oct. 1, 2012, Prior Authorization must be obtained and verified:

- Online at ***UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization - Submission & Status***; or
- By calling 866-889-8054 (7 a.m. to 7 p.m. local time, Monday - Friday).

If the rendering physician/provider is different from the ordering physician/provider, the authorization number should be obtained and communicated by the ordering physician/provider to the physician/provider rendering the cardiac procedure.

Failure to Obtain Prior Authorization

Failure to obtain prior authorization or verify that prior authorization has been obtained prior to rendering the noted cardiac procedures may result in administrative claim denial. Providers cannot balance bill members for the services. A clinical denial will be issued if it is determined during the Prior Authorization process that the requested service does not meet Medicare's medical necessity criteria.

The following documents will provide additional information about the Medicare Advantage Cardiology Prior Authorization Program and can be accessed on ***UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program***:

- CPT Code List and Crosswalk
- Quick Reference Guide
- Frequently Asked Questions
- Plan Inclusion and Exclusion Grid
- Evidence-based Guidelines

2. Medicare Advantage Part B Specialty Drug Prior Authorization Program to include Seven More States - Effective Oct. 1, 2012

We are implementing a Part B Specialty Drug Prior Authorization Program for UnitedHealthcare Medicare Advantage benefit plans and UnitedHealthcare Medicare Advantage benefit plans on the current Oxford Health Plan in the states of **California, Connecticut, Nebraska (including Western Iowa), New Jersey, New York, Tennessee and Utah.**

Effective for dates of service on or after **Oct. 1, 2012,** all participating physicians, facilities and other health care professionals must obtain Prior Authorization for select Part B Specialty Drugs (see the following grid) that will be rendered to our Medicare Advantage members unless the place of service is in the exclusion listing below.

Services performed at the following places of service **DO NOT** require Prior Authorization:

- Inpatient Setting
- Emergency Room
- Urgent Care Centers

As a reminder, the Medicare Advantage Part B Specialty Drug Prior Authorization program is already in effect in the following states: Alabama, Arizona, Florida, Georgia, Illinois, Indiana, Iowa, Missouri, North Carolina, Ohio, Rhode Island, Texas and Wisconsin.

Effective Oct. 1, 2012, Prior Authorization is required for the following specialty drugs:

Generic Name	Brand Name
Azacitidine	Vidaza®
Bevacizumab*	Avastin®*
Bortezomib	Velcade®
Cetuximab	Erbitux®
Denosumab**	Xgeva®**
Doxorubicin HCl Lipid	Doxil®, Caelyz®
Gemcitabine HCl	Gemzar®

Immune Globulin Intravenous (Lyphilized)**	Carimune NF®, Panglobulin NF® and Gammagard SD®**
Immune Globulin, Intravenous (NonLyophilized)	Flebogamma®, Gammagard®, Gammaplex®, Gamunex®, Octagam®, Privigen®
Ipilimumab**	Yervoy®**
Paclitaxel Protein-bound	Abraxane®
Panitumumab	Vectibix®
Pemetrexed	Alimta®
Rituximab	Rituxan®
Sipuleucel -T	Provenge®
Topotecan injection	Hycamtin®
Trastuzumab	Herceptin®

** Prior Authorization is only required when Avastin is prescribed as cancer chemotherapy.*

*** Based upon changes by the AMA, effective Jan. 1, 2012, some specialty drugs that previously used an unspecified code have been assigned their own specific CPT code. The new CPT codes should be used to provide prior authorization on or after Jan. 1, 2012.*

In- and Out-of-Scope Plans

The prior authorization requirements will apply to UnitedHealthcare's Medicare Advantage members enrolled in: UnitedHealthcare® MedicareComplete®, UnitedHealthcare Dual Complete™, UnitedHealthcare® Chronic Complete and AARP® MedicareComplete®. Please NOTE that this Part B Specialty Drug Prior Authorization is not required for our members enrolled in UnitedHealthcare West® benefit plans.

A complete list of UnitedHealthcare Medicare Advantage plans that are subject to this Part B Specialty Drug prior authorization requirement is available at ***UnitedHealthcareOnline.com > Clinician Resources > Specialty Drugs.***

Obtaining Prior Authorization

Ordering physician/providers or their office staff must obtain a prior authorization number, and rendering physicians/providers must verify a Prior Authorization number has been given, by contacting UnitedHealthcare:

- Online: ***UnitedHealthcareOnline.com >Notifications/Prior Authorizations > Specialty Drug Prior Authorization Submission & Status*** (Medicare Part B), or
- By calling 866-889-8054 (7 a.m. to 7 p.m., local time, Monday – Friday).

If the rendering physician/provider is different from the ordering physician/provider, the authorization number should be obtained and communicated by the ordering physician/provider to the physician/provider administering the specialty drug.

Failure to Obtain Prior Authorization

Failure to obtain prior authorization or verify that prior authorization has been obtained prior to administering the specialty drug may result in administrative claim denial. Providers cannot balance bill members for the services. A clinical denial will be issued if it is determined during the Prior Authorization process that the requested service does not meet Medicare's medical necessity criteria.

The following documents will provide additional information about the Medicare Advantage Part B Specialty Drug Prior Authorization program. These documents are available on ***UnitedHealthcareOnline.com > Clinician Resources > Specialty Drug***.

- CPT Code List and Crosswalk
- Quick Reference Guide
- Frequently Asked Questions
- Plan Inclusion and Exclusion Grid
- Evidence-based Guidelines

3. Standardization of Prior Authorization list for certain Commercial Plans, effective Oct. 1, 2012 and Medicare Advantage Plans, effective Jan. 1, 2013

In order to simplify administrative requirements, we are standardizing our Advance Notification and Prior Authorization requirements for Medicare Advantage plans and certain Commercial plans.

UnitedHealthcare Community Plans will also move to a Standardized Prior Authorization List at some point in the future. Preparations for that move are still ongoing, and effective dates for those plans are under consideration. We'll share more details regarding effective dates in a future Network Bulletin.

Effective for dates of service on or after Oct. 1, 2012, UnitedHealthcare will require Advance Notification and Prior Authorization for an updated list of inpatient and outpatient procedures for UnitedHealthcare West* Commercial plans. Medicare Advantage plans will adopt a similar list of inpatient and outpatient procedures requiring Advance Notification and Prior Authorization for dates of service on or after Jan. 1, 2013.

We will be making additional changes over time; however, the changes you are going to see effective Oct. 1, 2012 and Jan. 1, 2013 are outlined below.

**UnitedHealthcare West, formerly known as PacifiCare®*

Required *= In place today and will continue to be in place.*
Not Required *= Was required at one time, but is no longer required.*

Notification/Prior Authorization Requirements			
Service Category	**UnitedHealthcare West Commercial**	**UnitedHealthcare Medicare Advantage**	**UnitedHealthcare West Medicare Advantage**
Bariatric Surgery	Required	Required	Required
Behavioral Health Services	Required	Required	Required
Bone Growth Stimulator	NEW (effective 10/1/12)	Required	Required
BRCA Genetic Testing	NEW (effective 10/1/12)	Not Required	Not Required
Breast Reconstruction (Non Mastectomy)	Required	Required	Required
Capsule Endoscopy	Required	NEW (effective 01/01/13)	Required
Cardiac Rehabilitation	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Chiropractic Services	Required	Not Required	Not Required
Clinical Trial	Required	Not Required	Not Required
Cochlear Implants and Other Auditory Implants	Required	NEW (effective 01/01/13)	Required
Congenital Heart Disease	Required	Required	Required
Cosmetic & Reconstructive	Required	Required	Required
Dental Anesthesia	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Durable Medical Equipment (DME) **retail purchase cost or a cumulative rental cost over $1,000**	Required	Required (For Power Mobility Devices/Accessories, Lymphedema Pumps and Pneumatic Compressors, no retail purchase or cumulative rental cost thresholds apply)	Required (For Power Mobility Devices/Accessories, Lymphedema Pumps and Pneumatic Compressors, no retail purchase or cumulative rental cost thresholds apply)
End Stage Renal Disease/Dialysis Services	Required	Required	Required
External Counterpulsation	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Healthy Pregnancy	Required	Not Required	Not Required
Home Care	NO LONGER REQUIRED (effective 10/1/12)	Required	Required
Home Care – Nutritional	NEW (effective 10/1/12)	Required	Required

Notification/Prior Authorization Requirements			
Service Category	**UnitedHealthcare West Commercial**	**UnitedHealthcare Medicare Advantage**	**UnitedHealthcare West Medicare Advantage**
Hospice	Not Required	Not Required (Not Covered by Medicare Advantage)	Not Required (Not Covered by Medicare Advantage)
Hyperbaric Oxygen Treatment	Required	NEW (effective 01/01/13)	Required
Implantable Defibrillators	Not Required	Required - See Cardiology Prior Authorization Program at www.UnitedHealthcareOnline.com	NO LONGER REQUIRED (effective 01/01/13)
IMRT	Required	Not Required	Not Required
Infertility	Required	Not Required	Not Required
Injectable Medication	Required	Required -See Specialty Drug Prior Authorization Program at www.UnitedHealthcareOnline.com	Not Required
Liquid Oxygen	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Joint Replacement	Required	Required	Required
MR-guided Focused Ultrasound (MRgFUS) to treat Uterine Fibroid	NEW (effective 10/1/12)	NO LONGER REQUIRED (Not Covered by Medicare Advantage) (effective 01/01/13)	NO LONGER REQUIRED (Not Covered by Medicare Advantage) (effective 01/01/13)
Muscle Flap Procedure	NEW (effective 10/1/12)	NEW (effective 01/01/13)	NEW (effective 01/01/13)
Non Emergency Transport – Air, Land, Other	NEW (effective 10/1/12) (Land, Other)	Required	Required
Orthognathic Surgery	Required	Required	Required
Orthotics	Required	Required	Required
Out-of-Network Services	Required	Required	Required
Pain Management	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Physical Therapy/Occupational Therapy (PT/OT)	Required	Required - Only in Home Setting (Reference the Home Care service category in this grid)	Required - Only in Home Setting (Reference the Home Care service category in this grid)
Potentially Unproven Services	Required	NEW (effective 01/01/13)	Required
Prosthetics	Required	Required	Required
Proton Beam Therapy	NEW (effective 10/1/12)	NEW (effective 01/01/13)	Required
Pulmonary Rehabilitation	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Radiology Services	Required	See Radiology Prior Authorization Program at www.UnitedHealthcareOnline.com	Required

Notification/Prior Authorization Requirements			
Service Category	**UnitedHealthcare West Commercial**	**UnitedHealthcare Medicare Advantage**	**UnitedHealthcare West Medicare Advantage**
Respiratory Therapy	Not Required	Required (Reference the Home Care service category in this grid)	Required (Reference the Home Care service category in this grid)
Septoplasty/Rhinoplasty	NEW (effective 10/1/12)	Required	Required
Sleep Apnea Procedures & Surgeries	NEW (effective 10/1/12)	NEW (effective 01/01/13)	Required
Sleep Studies	Required	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Specific Medications as Indicated on the Prescription Drug List (PDL)	Required	Not Required	Not Required
Speech Therapy Services	Required	Required (Reference the Home Care service category in this grid)	Required (Reference the Home Care service category in this grid)
Spinal Stimulator for Pain Management	NEW (effective 10/1/12)	NEW (effective 01/01/13)	Required
Spinal Surgery	Required	Required	Required
Temporary Procedure Codes	NO LONGER REQUIRED (effective 10/1/12)	Not Required	NO LONGER REQUIRED (effective 01/01/13)
Transplant of tissue or organs	Required	Required	Required
Vagus Nerve Stimulation	NEW (effective 10/1/12)	NEW (effective 01/01/13)	Required
Vein Procedures	Required	Required	Required

Note: As of Jan. 1, 2013, UnitedHealthcare Medicare Advantage and UnitedHealthcare West Medicare Advantage will have the same Prior Authorization requirements, with the exception of Implantable Defibrillators and Injectable Medications.

While we will be making additional changes over time, the following Notification and Prior Authorization programs will remain in effect and are not changing at this time.

Other Notification & Prior Authorization Programs	Health Plans
Admission Notification	UnitedHealthcare Commercial UnitedHealthcare Medicare Advantage
Prior Authorization for Elective Inpatient Admission	MAHP (M.D. IPA, Optimum Choice) Oxford Commercial UnitedHealthcare West Commercial UnitedHealthcare West Medicare Advantage
Cardiology Notification Program	UnitedHealthcare Commercial
Cardiology Pre-Certification Program	Neighborhood Health Partnership

Cardiology Prior Authorization Program	Oxford Medicare Advantage UnitedHealthcare Medicare Advantage UnitedHealthcare of the River Valley
Radiology Notification Program	UnitedHealthcare Commercial
Radiology Pre-Certification Program	Neighborhood Health Partnership Oxford Commercial
Radiology Prior Authorization Program	Oxford Medicare Advantage UnitedHealthcare Medicare Advantage
Orthopedic Services through OrthoNet	Oxford Commercial
Podiatry Services through Foot and Ankle Network	Neighborhood Health Partnership
Specialty Drug Prior Authorization Program	MAHP (M.D. IPA, Optimum Choice) Oxford Medicare Advantage UnitedHealthcare Medicare Advantage

As a reminder, some members have benefit plans that provide for pre-service clinical coverage reviews, while others do not. The process for you to initiate a notification or a Prior Authorization request is the same, regardless of the type of benefit plan. Here is the Notification and Prior Authorization process at a glance (except for M.D. IPA, Optimum Choice, UnitedHealthcare West Only):

1. The current processes for submitting a notification or a Prior Authorization request will not change.
2. If you are planning to perform a service on the standardized list, please notify us in advance.
3. We will let you know if a clinical coverage review is required for that service and ask that you submit necessary information to complete the review.
4. Once a coverage determination is made, we will share that decision with you so that you and your patient can make informed decisions before services are performed. We determine coverage consistent with the member's benefit plan, thus, members are responsible for deductibles, coinsurance, copayments and items not covered by the plan.
5. Facilities are responsible for Admission Notification for inpatient services even if the coverage approval is on file.

Please keep in mind that while receipt of an approved notification or authorization for services confirms coverage, it does not guarantee or authorize payment. Payment of covered services is subject to the terms and conditions of your contract with UnitedHealthcare and the member's health benefit plan including exclusions, limitations, conditions, patient eligibility, and claim processing requirements.

If you have questions, please contact your Physician Advocate, or Hospital and Facility Advocate.