Radiology Prior Authorization Program Frequently Asked Questions for the UnitedHealthcare Community Plan

1. What is the UnitedHealthcare Radiology Prior Authorization Program?

Acting on behalf of our Medicaid members UnitedHealthcare Community Plan has worked with external physician advisory groups to develop a program that promotes more effective use of imaging services and addresses preventable radiation exposure. This change is based on our concern for patients who are subject to preventable radiation exposure, the need to improve compliance with evidence-based and professional society guidance in the use of these expensive health care assets. Further, it aligns UnitedHealthcare business processes to streamline the administrative experience for physicians, hospitals and facilities.

This program will provide a more consistent application of current scientific clinical evidence to diagnostic imaging services. It also provides a consistency in operating imaging pre-service programs with other payers and across our other network facing companies.

The program includes: Magnetic Resonance Image (MRI), Magnetic Resonance Angiography (MRA), Computerized Axial Tomography (CT), Positron-Emission Tomography (PET), Nuclear Medicine, and select nuclear medicine studies, including nuclear cardiology.

Failure to complete the Radiology Prior Authorization protocol will result in an administrative denial. Claims denied for failure to request prior authorization may not be balance-billed to the patient.

2. How can physicians obtain and verify a Prior Authorization number with CareCore National?

- Online: **UHCCommunityPlan.com**
- Phone: **866-889-8054**
- Fax: **866-889-8061**

The phone service is available from 7 a.m. to 7 p.m., local time, Monday through Friday. Call centers are closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day.

All calls received outside of normal business hours will be routed to an option that ensures a registered professional nurse or physician shall be immediately available by phone seven days a week, 24 hours a day, to render utilization management determinations for providers.

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3. Does this program change where physicians submit claims?

This requirement will not change where physicians currently submit their claims. Physicians will continue to contact UnitedHealthcare Provider Services at UHCCommunityPlan.com or 888-362-3368 for assistance with claim inquiries.

4. Which medical providers will be affected by this requirement?

All physicians who order MRI/MRA, CT, PET scans, nuclear medicine, and nuclear cardiology studies are required to obtain a prior authorization for services prior to the services being rendered in an outpatient setting.

5. Do imaging services provided in an inpatient setting at a hospital or emergency room setting require a prior authorization?

No. Imaging studies ordered through an emergency room treatment visit, while in an observation unit, when performed at an urgent care facility or during an inpatient stay do not require a prior authorization. For claims to be processed correctly, the place of service must indicate an inpatient, emergency room, observation or urgent care setting.

6. If a primary care physician refers a patient to a specialist, and the specialist determines that the need for a radiology study that requires prior authorization, who should request the prior authorization?

The ordering physician's office requesting the imaging service is responsible for obtaining a prior authorization number prior to scheduling advanced outpatient imaging procedures. In this scenario, it would be the specialist.

7. What information will be required to obtain a prior authorization?

- Member's plan name
- Member's name, date of birth and member identification (ID) number
- Ordering physician's names, physician ID number, address, telephone, and fax numbers
- Imaging facility's name, telephone, and fax number
- Requested test(s) (cpt code or description)
- Working diagnosis
  - Signs and symptoms
  - Results of relevant tests
  - Relevant medications

If initiating the prior authorization by telephone, the caller should have the medical record available.

8. Are the web-based questions the same as the phone-based questions in the Radiology Prior Authorization process?

Yes, the questions are the same in both the web- and phone-based Radiology Prior Authorization process.

9. Who will review prior authorization requests?

Qualified physicians will review prior authorization requests.

10. Is a Prior Authorization number needed for each imaging procedure ordered?

Yes, an authorization number is required for each individual CPT code and each authorization number is CPT-code specific. Please note that an authorization number is not needed for an intravenous (IV) drug in a contrast study. Authorization numbers are only required for advanced imaging studies.

11. Should I include an authorization number on the claim form when submitting an insurance claim for payment?

No, the authorization number consisting of one alpha character followed by nine numeric digits and the primary CPT code (e.g. A123456789-70553) does not need to be included on the claim form during your claim submission process.

12. How long is an authorization number valid?

The authorization number is valid for 45 days. When an authorization number is entered for a procedure, UnitedHealthcare Community Plan will use the day that authorization was issued as the starting point for the 45-day period in which the examination must be completed. If a procedure is not completed within 45 days, a new authorization number must be obtained.

13. If a prior authorization number is valid for 45 days and a patient comes back within that time for follow up and needs another imaging study, will a new authorization number be required?

Yes, a new authorization number will be required for another imaging study.

14. How can a referring physician indicate that an imaging study is clinically urgent?

A physician may request an authorization number on an "urgent" basis if the physician determines it to be medically required. An authorization number will be issued for urgent requests within three hours of UnitedHealthcare Community Plan programs receiving all required information. Submit urgent requests by phone at 866-889-8054, and select the appropriate option for Medicaid members. You must state that the case is clinically urgent to the clinical decision support representative.

15. What if there is an urgent request that is not administered in an inpatient/ER/observation/Urgent Care Clinic setting and is scheduled after hours, or on a weekend?

If an advanced outpatient imaging procedure is required on an urgent basis, or authorization cannot be obtained because it is outside of UnitedHealthcare Community Plan's normal business hours, the service may be performed and authorization requested retrospectively. Retrospective authorization requests must be made within two business days of the service.

16. How will the ordering physician know that a prior authorization has been completed?

Ordering physicians will be notified of the prior authorization by fax and at the time of the request, if the process was conducted telephonically. The ordering physician may also verify if a prior authorization request was approved by checking the status at UHCCommunityPlan.com, or 866-889-8054 and selecting the appropriate option for Medicaid members. The authorization number will be available for online verification 30 minutes after the number is issued.

Written authorization is provided upon request to rendering physicians by calling 866-889-8054. Requests will be completed within one business day.

17. What information about the prior authorization will be visible through the online authorization portal available at UHCCommunityPlan.com?

The authorization status function on the website will provide the following information:

- Prior authorization number/Case number
- Status of request
- CPT code
- Procedure name
- Site name and location
- Prior authorization date
- Expiration date

18. What will happen if the referring physician's office does not know the specific test code (CPT) that needs to be ordered?

Call center representatives will assist the physician's office in identifying the appropriate test based on presented clinical information.

19. Are any CPT code modifications allowed under the Radiology Prior Authorization program?

Under the CPT Code Crosswalk Table, for certain specified CPT code combinations, physicians will not be required to contact us to modify the existing authorization record. A complete listing of codes is available at UHCcommunityplan.com.

However, for code combinations not listed on the CPT Code Crosswalk Table, the Radiology Prior Authorization protocol provision for additional advanced imaging service will still apply and a modification to the authorized procedure would need to occur. For example, should the physician wish to change the requested service from *without contrast* to *with contrast*, it would require a modification with UnitedHealthcare Community Plan.

20. What is the process to modify a prior authorization where either the CPT code authorized is not present on the CPT Code Crosswalk Table, and/or it doesn't match the procedure that needs to be performed?

The office should call within two business days of rendering the procedure with clinical information indicating the necessity for the modification. The clinical information will be reviewed for medical necessity and a new authorization number will be issued if the procedure is determined to be medically necessary.

21. Can the rendering physician or diagnostic facility initiate the prior authorization for the ordering physician?

No. The ordering physician who has determined the need for the study must initiate the prior authorization. The rendering physician may contact the ordering physician and request that they obtain an authorization number before the rendering physician/facility schedules or performs the service.

22. What if the ordering physician is not participating with UnitedHealthcare Community Plan?

For these programs, non-network physicians can still submit a prior authorization either through UHCcommunityplan.com, if they are registered, or by calling 866-889-8054 and selecting the option for Medicaid. The rendering physician may request a prior authorization on behalf of the non-network ordering physician by calling 866-889-8054, selecting Prompt #1 and selecting the option for Medicaid members.

23. If a prior authorization is not approved, what follow-up information will the ordering physician receive?

The ordering physician and the patient will be informed in writing of the reason for the denial, including the clinical rationale, as well as how to initiate an appeal.

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Yes. Appeal rights are detailed in communications sent to physicians with each adverse determination All appeals will be managed by UnitedHealthcare Community Plan. An authorized representative, including a physician, acting on behalf of his/her patient, with the patient's written consent, may file an appeal on behalf of their patient.

Mail appeal requests to:
United Healthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131
Fax: 801-994-1082

25. Does receipt of an authorization number guarantee that UnitedHealthcare will pay the claim?

No, receipt of an authorization number does not guarantee or authorize payment, but simply is a confirmation that authorization was made. Medical coverage/payment authorization is a separate process determined by the member's contract, member eligibility, and the physician/provider participation agreement with UnitedHealthcare Community Plan.

Please note Medicaid eligibility changes regularly. Medicaid members must be eligible at the time of the imaging procedure. Eligibility can be confirmed for Medicaid members at UHCcommunityplan.com.

26. What is the claim impact to hospital-based physicians?

Professional claims are not subject to administrative denial. Professional claims are subject to a clinical denial for lack of medical necessity.

27. How were the evidence-based guidelines developed that are used with the Radiology Prior Authorization Program?

The clinical guidelines used for the Radiology Prior Authorization program were developed by a committee of practicing academic and community-based radiologists and specialty consultants. They are based on guidelines and standards published by nationally and internationally recognized medical societies supplemented by material from peer-reviewed literature. The guideline review committee meets every other month to examine and modify the guidelines as necessary to reflect the most current evidence-based guidelines for imaging.

All clinical guidelines are reviewed at least annually.

28. How does the UnitedHealthcare Community Plan Radiology Prior Authorization Program compare with advanced imaging pre-Service programs for other UnitedHealthcare products?

The UnitedHealthcare Community Plan's Radiology Prior Authorization Program (also known as a precertification program), is a program, through which a medical necessity determination is made for the requested service. Failure to comply with any prior authorization protocol may result in an administrative claim denial.

Radiology prior authorization programs do apply to other UnitedHealthcare products including, but not limited to, Oxford Health Plans, UnitedHealthcare West, Neighborhood Health Partnership and MAMSI. UnitedHealthcare commercial products in some states use a Radiology Notification program where network providers must notify UnitedHealthcare prior to the delivery of advanced imaging services, and failure to comply with the notification protocol will result in an administrative claim reimbursement reduction, in part or in whole.

We will continue our work to align our radiology programs for UnitedHealthcare Community Plan, UnitedHealthcare Medicare Advantage and - in the future - commercial members to achieve enhanced operational consistency. Further details will be shared prior to implementation.

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