UnitedHealthcare Community Plan

Adjunct Professional Services Policy-Frequently Asked Questions

1. **Does the Adjunct Professional Services Policy ("Policy") override the Enterprise Prior Authorization List (EPAL) for Adjunct Professional Services ("Services") as defined in the Policy?**

Radiologist, Anesthesiologist, Pathologists, Lab, and Emergency (RAPLE) providers do not require authorization for any service performed in the places of service identified in the Policy. **Any state requirements for Radiology authorization remain in effect and supersede the Policy**. Non RAPLE providers are required to obtain authorization as set forth on the current EPAL.

2. **What is an Adjunct Professional Provider ("Providers")?**

An Adjunct Professional Provider is an anesthesiologist, pathologist, radiologist, or other healthcare professional that performs a medical service(s) as an adjunct to a primary covered service.

3. **If an authorization was requested, but denied or partially denied, would the Policy override the denial and allow reimbursement for a Provider?**

Participating providers that do not have an approved authorization for their services would not receive reimbursement. However, a non-participating provider rendering covered services in an inpatient setting, will be subject to the inpatient authorization. If the inpatient authorization is not approved, the non-participating provider claim will be reviewed by the clinical area to determine eligibility for reimbursement.

4. **What places of service are in scope?**

Places of service (POS) 19, 21, 22, 23 and 24 are in scope.

5. **What is the appeal process if a request for authorization was denied?**

The appeal/reconsideration process is the same as for any UnitedHealthcare Community Plan reimbursement policy as set forth in the Administrative Guide located at www.uhccommunityplan.com.

6. **Are all services (i.e. pain management) rendered by Anesthesiologists reimbursable under the Adjunct Professional Services Policy?**

Covered Anesthesiology services are reimbursable if they are performed in POS 21, 22, 23 or 24 in accordance with the Policy guidelines.

7. **If a patient is admitted to an inpatient setting and during hospitalization requires a surgical procedure that is listed on the prior authorization list by a physician other than the attending, will the provider who performed the procedure be paid?**

Authorization requirements still apply for these services. The provider performing the procedure must obtain authorization in order to be eligible for reimbursement.

8. **Can reimbursement for an adjunct service provided to UnitedHealthcare Community Plan enrollees vary?**

Yes, the reimbursement for an adjunct service can vary. The Policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees. Other factors affecting reimbursement, include but are not limited to, legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents, including provisions addressing benefits for services rendered by non-participating providers, may supplement, modify or, in some cases, supersede this Policy.

9. **If a consultant is called in or a hospitalist or other covering physician sees the patient when the Primary Care Physician (PCP) or Attending Physician is not available, would that provider be required to obtain an authorization?**

Providers (such as consultants, hospitalists, etc) other than the PCP or attending physician are not required to obtain a separate, individual authorization unless they are providing a service listed on the current EPAL.

10. Are non-network physicians who are not considered Adjunct held to authorization requirements?
Claims for non-network providers, other than RAPLE providers rendering services in POS 19, 21, 22, or 24, will be considered for reimbursement for covered services provided during an authorized inpatient stay without separate individual authorization. Reimbursement Policies and claims editing will still apply.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.