

## PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

**If a member has a valid prior authorization for a surgery that has been postponed, will the member be required to go through the prior authorization process again?**

Prior Authorization will remain in effect for 90 days from the date it was initially approved.

**Has UnitedHealthcare reduced prior authorization requirements to reduce the administrative burden for physicians and facilities? Update 4/2**

UnitedHealthcare continues to adopt measures that will reduce administrative burden for physicians and facilities to help members more easily access the care they need.

This includes:

- Suspension of prior authorization requirements to a post-acute care setting through May 31, 2020; and
- Suspension of prior authorization requirements when a member transfers to a new provider through May 31, 2020.

**Has UnitedHealthcare extended prior authorizations for those that are open and approved? New 4/15**

The following prior authorization provisions apply to all Individual and Group Market health plans, and Medicaid and Medicare Advantage plans.

UnitedHealthcare has issued a 90-day extension, based on original authorization date, of open and approved prior authorizations with an end date or date of service between March 24, 2020, and May 31, 2020, for services at any care provider setting. For example, for a prior authorization with an original end date or date of service of April 30, 2020, the prior authorization would extend through July 29, 2020.

- Applies to existing prior authorizations for medical, behavioral health and dental services. This includes existing prior authorizations for many provide-administered drugs.
- Authorizations issued on or after April 10, 2020, will not be subject to extension.
- Applies to in-network and out-of-network existing prior authorizations.

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Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 4/16/2020

- Prior authorizations for inpatient procedures will extend 90 days from the expected admission date.
- Providers should re-confirm member eligibility before providing services when authorized dates of service are extended to ensure accurate coverage and benefits are applied.
- If a prior authorization approves numbers of visits or services, then providers must obtain a new prior authorization for additional units, visits, or services beyond what was approved in the original authorization.
  - For example, if the original authorization approved 10 sessions of physical therapy, any sessions beyond 10 would require a new authorization.
- UnitedHealthcare will also follow related state mandates where applicable. However, when UnitedHealthcare provisions exceed those required by states, UnitedHealthcare provisions will apply.
  - For example, if a state has mandated an extension of prior authorizations by 60 days and UnitedHealthcare has extended prior authorizations by 90 days, we will apply the 90-day timeframe to the extension.
- Providers can check the status of authorizations by using either the Prior Authorization and Notification tool on Link, or the website on the back of the member's ID card.

**Site of Service was about to launch for self-funded clients on April 1, 2020. Will that program be delayed? New 3/29**

UnitedHealth Group is focusing its efforts on being responsive to the needs of the health care ecosystem. With that goal in mind, a decision has been made to:

- 1) Suspend all Site of Service (SOS) Prior Authorization codes for 30 days starting March 23, 2020 for *fully insured and 47 self-funded (ASO) customers that have purchased SOS as an optional program.*
- 2) Place the SOS ASO program launch, originally scheduled for April 1, 2020, on hold.

UnitedHealthcare is strategically redeploying resources (e.g., clinical, IT, administrative, etc.) to the areas with the highest need so the company can remain responsive to this rapidly evolving situation, focusing on members, customers and the provider network.

In addition, multiple states have asked that all carriers suspend Utilization Management/Prior Authorization programs during this time, which would limit UnitedHealthcare's ability to launch this program nationally.

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UnitedHealthcare does not want to add extra administrative burden for health care professionals by adding additional codes to Prior Authorization.

## Has UnitedHealthcare modified prior authorization requirements for certain Durable Medical Equipment? **New 4/7**

To help our members access the critical supplies they need and streamline operations for providers during this national emergency, UnitedHealthcare is making changes to several durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) processes and provisions.

The following provisions for prior authorization, reimbursement of disposable supplies and proof of delivery are effective for Medicare Advantage, Medicaid and Individual and Group Market health plan members, with dates of delivery from March 31, 2020, until May 31, 2020.

Coverage and payment are subject to member's benefit plan and the provider's contracts.

### Prior Authorization

- For all COVID-19 discharges to home-based care requiring a respiratory assist device or a ventilator, the vendor can deliver on notification only to UnitedHealthcare for codes E0471, E0465, E0466 and E0467 for up to three months from time of delivery. Notification is requested and the claim must be submitted with the appropriate modifiers and diagnosis code (ICD-10). After the three-month period, a prior authorization will be required.
- For orders involving COVID-19-related oxygen requests, oxygen can be delivered without prior authorization and does not need to meet current clinical criteria.
- Where possible, we're eliminating Face-To-Face evaluation requirements for the ordering provider for DMEPOS:
  - For prior authorizations for services that were completed before Oct. 1, 2019, a new prior authorization is required. Provider may complete a Face-To-Face assessment via telehealth.
  - For prior authorizations for services that were completed on Oct. 1, 2019, or later, UnitedHealthcare is extending prior authorizations through Sept. 30, 2020.
  - For new DMEPOS prior authorizations, providers may complete a Face-To-Face assessment via telehealth.

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- DMEPOS evaluation requirements remain in effect for complex rehab technology (CRT) and orthotics and prosthetics. However, vendors may use their own technology, if available, to minimize in-person contact.
- Prior authorization is not required for a DMEPOS repair when the claim uses the repair modifier.
- Consistent with existing policy, prior authorization is not required for breast pumps.

The following changes to disposable supply processes for these [disposable supply codes](#) will help maintain member supplies:

- For **initial orders**, we'll reimburse beyond 30 days to cover a 30- to 45-day supply depending on packaging.
- For **second orders**, we'll reimburse an additional 15-day supply to allow for overlap.
- For remaining orders, the DME vendors may manage frequency and duration to help members maintain sufficient product on hand, not to exceed 45 days on hand. Supply limits still apply.

To document delivery the vendor must note the time and date of delivery and relationship to member and maintain required documentation for follow-up requests. A physical signature from the patient is not required.

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