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.

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.

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.

- 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.