



Front & Center

Updated Site of Service Guidelines for Certain Outpatient Surgical Procedures

In an effort to minimize out-of-pocket costs for UnitedHealthcare members and to improve cost efficiencies for the overall health care system, we are implementing prior authorization guidelines that aim to encourage more cost-effective sites of service for certain outpatient surgical procedures, when medically appropriate.

These procedures will require prior authorization if performed in an outpatient hospital setting. No prior authorization will be required if they are performed at an ambulatory surgery center. Coverage determinations will consider availability of a participating network facility, specialty requirements, physician privileges and whether a patient has an individual need for access to more intensive services.

These guidelines are effective for dates of service on or after Oct. 1, 2015, in most states, except for Colorado, where the effective date is Nov. 1, 2015, and for Illinois and Iowa, where the effective date is Dec. 1, 2015. Effective dates are determined by the member's state of residence.

The prior authorization requirement applies to commercial and exchange membership, including the following plans:

- Golden Rule Insurance Company (group 902667)
- Mid-AtlanticMD Healthplan Individual Practice Association, Inc. ("M.D. IPA") or Optimum Choice Inc. ("Optimum Choice") products
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley Health Plan
- Health Exchanges
- UnitedHealthcare Oxford Health Plans*
- UnitedHealthcare
- UnitedHealthcare Life Insurance Company (group 755870)
- UnitedHealthcare West

The guidelines apply to the following codes and procedures:

Procedures & Services	Codes for UnitedHealthcare Commercial Plans			
Abdominal Paracentesis	49083			
Carpal Tunnel Surgery	64721			
Cataract Surgery	66821	66982	66984	
Hernia Repair	49585	49587	49650	49651
	49652	49653	49654	49655
Liver Biopsy	47000			
Tonsillectomy & Adenectomy	42821	42826		
Upper & Lower Gastrointestinal Endoscopy	43235	43239	43249	45378
	45380	45384	45385	
Urologic Procedures	50590	52000	52005	52204
	52224	52234	52235	52260
	52281	52310	52332	52351
	52352	52353	52356	57288

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* UnitedHealthcare Oxford Health Plans currently require prior authorization for these procedures when they are provided in a setting other than a physician's office. The change for those plans will be that when these services are provided in a setting outside of a physician's office, prior authorizations will now also consider the site of service requested by the provider.

Prior authorization requests can be filed in multiple ways, including online or by phone:

- Go to **UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorizations Submission**. Using UnitedHealthcareOnline.com is an easy way to initiate prior authorization and is the preferred option.
- Call the Provider Services number on the back of your patient's member health care ID card.

If you do not obtain prior authorization before performing these procedures in a hospital site of service, claims may be denied. Providers cannot bill members for services that are denied due to lack of prior authorization.



For more information on this requirement, please see the frequently asked questions and answers at **UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Protocols > Site of Service for Outpatient Surgical Procedures FAQ**.

If you have questions, please contact your local Network Management representative or call the Provider Services number on the back of the member's ID card. Thank you.

