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Finally, Changes are Made to Prior Authorization Policies

Over the last several years, insurance carriers have added more procedures to their list of required prior authorizations. These additions have resulted in an increase of 14 hours a week spent on prior authorization requests. This was according to last year's survey recorded by the American Medical Association (AMA). The same survey also noted that 88% of doctors described obtaining a prior authorization as a high burden.

The increased number of prior authorization codes resulted in increased complaints from patients and providers and intensified government scrutiny. Finally, back in August, United Healthcare (UHC) announced they would be changing their list of procedures needing prior authorization. The changes will occur in two waves; the first occurred on September 1, 2023. The second wave of eliminations will occur on November 1, 2023. When all the waves are complete, UHC will eliminate 20% of their starting list of prior authorizations. The changes being made are based on the type of UHC Plan. Some plans have changes occurring on a different wave or are not included at all.

Listed below are links to the prior authorizations that are being removed based on plan type:

- [United Healthcare Commercial Plans](#)
- [United Healthcare Oxford Plan](#)
- [United Healthcare Individual Exchange Plans](#)
- [United Healthcare Medicare Advantage Plans](#)
- [United Healthcare Community Plans](#) (Medicaid and D-SNP)

United Healthcare isn't the only carrier making changes to its prior authorization policies; Cigna has also been making changes. Cigna announced last month that they would remove over 600 procedures requiring prior authorization. The removal will decrease 25% of their current list of procedures needing prior authorization. The change will happen across 47.5 million Commercial, Medicare Advantage and Medicaid members this year.

Even with these changes by these carriers, the AMA still has doubts. "While the program only requests that physicians submit supporting documentation to the insurer and does not result in medical necessity denials, it still increases administrative hassles for practices," the AMA has said. "Moreover, UHC will be using the data from this program to determine eligibility for its gold-carding program in 2024 — suggesting that these endoscopy services may be added to the insurer's prior authorization list."

As past AMA president Jack Resneck, MD, said, "Careful not to confuse positive developments with major progress." These changes should be considered a small step in a more significant issue.

As changes continue to be made to this topic and many others, APS will keep you informed. If you have additional questions regarding this issue or any other issues shared by APS, do not hesitate to contact your Practice Manager.