

## **United Healthcare Announces 2019 Prior Authorization Information for Radiology Services in its January 2019 Network Bulletin**

In October, 2018, United Health Care (UHC) announced it would begin incorporating site of care reviews into its prior authorization process for specified outpatient advanced diagnostic imaging procedures. Initially slated to begin January 1, 2019, the carrier recently delayed implementation by one month, revising the date to February 1, 2019. With this policy, UHC intends to “minimize out-of-pocket costs for its members and improve cost efficiencies for the overall health care system.”

According to the new policy (Guideline Number: URG-13.01) beginning with date of service February 1, 2019, once prior authorization is requested for an advanced imaging procedure identified in the policy, the site of care will be reviewed for medical necessity if it is planned to be performed in the outpatient hospital setting. Site of care reviews will not be conducted if the procedure is planned for a free-standing diagnostic radiology center or the office setting.

Reviews will apply to providers in all states, except Alaska, Iowa, Kentucky, Utah and Wisconsin. In addition to its commercial benefit plans, including exchange benefit plans, the policy will also apply to the following benefit plans:

- Neighborhood Health Partnership
- United Healthcare of the River Valley
- United Healthcare

### ***What constitutes medical necessity for performing the imaging study in the outpatient hospital setting?***

- 1. AN ADVANCED RADIOLOGIC IMAGING PROCEDURE IN THE HOSPITAL OUTPATIENT DEPARTMENT IS CONSIDERED MEDICALLY NECESSARY FOR INDIVIDUALS WHO MEET ANY OF THE FOLLOWING CRITERIA:**
  - Less than 10 years of age
  - Require obstetrical observation
  - Require perinatology services
  - Have a known contrast allergy
  - Have a known chronic disease with prior radiology imaging procedures for the diagnosis, management or surveillance of the disease at the hospital outpatient department
  - Have pre-procedure imaging where the surgery or procedure is being performed at the hospital
- 2. AN ADVANCED RADIOLOGIC IMAGING PROCEDURE IN THE HOSPITAL OUTPATIENT DEPARTMENT IS CONSIDERED MEDICALLY NECESSARY WHEN THERE ARE NO GEOGRAPHICALLY ACCESSIBLE APPROPRIATE ALTERNATIVE SITES FOR THE INDIVIDUAL TO UNDERGO THE PROCEDURE, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:**
  - Moderate or deep sedation or general anesthesia is required for the procedure; or
  - The equipment for the size of the individual is not available; or
  - Open magnetic resonance imaging is required because the member has a documented diagnosis of claustrophobia and/or severe anxiety



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3. AN ADVANCED RADIOLOGIC IMAGING PROCEDURE IN THE HOSPITAL OUTPATIENT DEPARTMENT IS CONSIDERED MEDICALLY NECESSARY WHEN IMAGING IN A PHYSICIAN'S OFFICE OR FREESTANDING IMAGING CENTER WOULD REASONABLY BE EXPECTED TO DELAY CARE AND ADVERSELY IMPACT HEALTH OUTCOME.
4. ALL OTHER ADVANCED RADIOLOGIC IMAGING PROCEDURES IN THE HOSPITAL OUTPATIENT DEPARTMENT ARE CONSIDERED NOT MEDICALLY NECESSARY WHEN THE ABOVE CRITERIA ARE NOT MET.

The policy lists the following applicable codes:

COMPUTED TOMOGRAPHY					
70450	70460	70470	70480	70481	70482
70486	70487	70488	70490	70491	70492
70496	70498	71250	71260	71270	71275
72125	72126	72127	72128	72129	72130
72131	72132	72133	72191	72192	72193
72194	73200	73201	73202	73206	73700
73701	73702	73706	74150	74160	74170
74174	74175	74176	74177	74178	74261
74262	74263	75771	75572	75573	75574
75635	76380	76497	G0297	S8092	
MAGNETIC RESONANCE IMAGING					
70336	70540	70542	70543	70544	70545
70546	70547	70548	70549	70551	70552
70553	70554	70555	71550	71551	71552
72141	72142	72146	72147	72148	72149
72156	72157	72158	72195	72196	72197
73218	73219	73220	73221	73222	73718
73719	73720	73721	73722	73723	74181
74182	74712	74713	75557	75559	75561
75563	76498	77021	77184	71555	72159
72198	73225	73725	74183	74185	C8900
C8901	C8902	C8903	C8905	C8906	C8908
C8909	C8910	C8911	C8912	C8913	C8914
C8918	C8919	C8920	C8931	C8932	C8933
C8934	C8935	C8936	S8037	S8042	

Locate the full policy at:

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/mri-ct-scan-site-of-care-1119.pdf>



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**[UHC Has Updated the Procedure Code List for the Radiology Notification and Prior Authorization Programs to Reflect the Annual CPT Code Changes Made by the American Medical Association Effective January 1, 2019](#)**

THE FOLLOWING CODES HAVE BEEN ADDED		
Code	Description	Comments
77046	MRI, breast, without contrast; unilateral	New code replacing 77058
77047	MRI, breast, without contrast; bilateral	New code replacing 77059
77048	MRI, breast, without and with contrast, including CAD, when performed; unilateral	New code replacing 77058
77049	MRI, breast, without and with contrast, including CAD, when performed; bilateral	New code replacing 77059
THE FOLLOWING CODES HAVE BEEN DELETED		
Code	Description	Comments
77058	MRI, breast, without and/or with contrast; unilateral	Deleted by CPT as of 1/1/19
77059	MRI, breast, without and/or with contrast, bilateral	Deleted by CPT as of 1/1/19






**Reminder: for the most current listing of CPT codes for which notification/prior authorization is required, click on Specific Radiology Programs at the following link:**

<https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html?cid=EM-NB-MonthlyBulletin-Jan19&CID=none%0D>

**[Effective January 1, 2019, UHC Has Begun Retiring Certain Fax Numbers Use for Medical Prior Authorization Requests](#)**

As announced in its September, 2018, Network Bulletin, UHC is retiring some of its fax numbers as it migrates providers over to using the **Prior Authorization and Notification Tool** on Link – the same website used for checking eligibility and benefits, managing claims, etc.

The fax numbers retired on January 1, 2019 are listed below. More numbers will be added to the list over the next several months and will be included in the network bulletin for reference.

-  877.869.1045
-  866.362.6101
-  866.892.4582
-  866.589.4848
-  866.255.0959

Not all numbers will go away as some plans have state requirements for fax capability. UHC reminds providers that they can still use the Prior Authorization and Notification Tool on Link to submit their requests for those members.