



## **Important Changes In Notification and Prior Authorization Procedures**

Working toward greater transparency and consistency with our network providers, UnitedHealthcare and its affiliates have been working on standardizing the notification and prior authorization requirements for services that you provide to your patients and our members.

Outlined below, please find information regarding a number of programs that will be implemented in the coming months. We will be sending additional updates as each program unfolds. For now, we encourage you to read the following information thoroughly as there are effective dates and procedures that are specific to each program.

### **1. Radiology Notification/Prior Authorization Program expansion to New York, New Jersey and Connecticut Effective Aug. 13, 2012**

The UnitedHealthcare Commercial Radiology Notification Program and Medicare Advantage Radiology Prior Authorization Program are expanding to the following states effective for dates of service on or after Aug. 13, 2012:

- **The UnitedHealthcare Commercial Radiology Notification Program is expanding to include:**
  - Connecticut
  - New York
- **The existing New Jersey Commercial Radiology Notification Program is being enhanced to align with the national UnitedHealthcare Commercial Radiology Notification Program.**

**The following states remain out of scope for the Commercial Radiology Notification Program: Alaska, Idaho, Minnesota, Montana, North Dakota, Nebraska, Oregon, Rhode Island, South Dakota, Washington, and Wyoming.**

- **The UnitedHealthcare Medicare Advantage Radiology Prior Authorization Program is expanding to include:**
  - New Jersey

**The following states remain out of scope for the Medicare Advantage Radiology Prior Authorization Program: Idaho, Nebraska, Oregon, and Washington.**

The ordering physician/provider must provide notification and obtain a notification number for UnitedHealthcare's commercial members pursuant to the Commercial Radiology Notification Program. The ordering physician/provider must request authorization and obtain an authorization number for UnitedHealthcare's Medicare Advantage members pursuant to the Medicare Advantage Radiology Prior

Authorization Program, prior to scheduling Advanced Outpatient Imaging Procedures. Advanced Outpatient Imaging Procedures are: Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron-Emission Tomography (PET), Nuclear Medicine and Nuclear Cardiology studies.

The UnitedHealthcare Commercial Radiology Notification Program and Medicare Advantage Radiology Prior Authorization Program are administered through protocols outlined on pages 31- 40 in the Physician, Health Care Professional, Facility and Ancillary Provider 2012 Administrative Guide For Commercial and Medicare Advantage Products. Please note, the Commercial Radiology Notification and Medicare Advantage Radiology Prior Authorization programs are separate and distinct from the Oxford Health Plans Radiology Precertification Program. The Oxford Radiology Precertification Program is not affected by these programs.

Visit [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Clinician Resources* > *Radiology* > *Radiology Notification & Authorization* > *Reference Materials* for more details about the Commercial Radiology Notification and Medicare Advantage Radiology Prior Authorization programs.

## 2. Medicare Advantage Cardiology Prior Authorization Program Effective Oct. 1

After considerable physician input and review of the American College of Cardiology (ACC) guidelines, Medicare’s Local and National Coverage Determination policies and Centers for Medicare & Medicaid Services (CMS) guidelines, **effective Oct. 1, 2012, UnitedHealthcare’s Cardiology Notification Program for Medicare Advantage benefit plans is changing from a notification program to a prior authorization program. This change is consistent with other UnitedHealthcare programs and prevailing industry-wide standards. Over the coming year, additional UnitedHealthcare programs will ultimately be aligned to verify that services are medically necessary.**

***What services will require prior authorization for UnitedHealthcare Medicare Advantage members? Beginning Oct. 1, 2012 UnitedHealthcare will require that you obtain prior authorization for the following procedures prior to rendering them to UnitedHealthcare’s Medicare Advantage members:***

- Echocardiogram
- Stress Echo
- Diagnostic catheterizations
- Electrophysiology implants

Notification is already required for diagnostic catheterization and electrophysiology implant procedures. We are transitioning to Prior Authorization and adding Echocardiogram and Stress Echo to the program. What this means for you is that effective Oct. 1, 2012, once you contact us to obtain prior authorization for these procedures, a medical necessity review will be conducted using current standards. The process you follow today to obtain notification for these procedures is the same as the process you will follow to obtain prior authorization.

The grid below provides additional information on when prior authorization is required based on site of service:

Cardiac Procedure:	Outpatient	Office	Inpatient
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Diagnostic Catheterization	<b>Required</b>	<b>Required</b>	Not required
Electrophysiology Implants	<b>Required</b>	<b>Required</b>	<b>Required</b>
Echocardiogram	<b>Required</b>	<b>Required</b>	Not required
Stress Echo	<b>Required</b>	<b>Required</b>	Not required

**Note:** Prior authorization is not required for services that are rendered in an emergency room, observation unit or urgent care facility. **Prior authorization is only required in the inpatient setting prior to rendering Electrophysiology Implant services.**

Physicians and facilities that perform the cardiac procedures for which prior authorization is required must confirm that prior authorization has been obtained before the procedure is rendered, or payment may be denied.

**Pursuant to the Medicare Advantage Cardiology Prior Authorization Program, the ordering physician/provider or their office staff must obtain prior authorization for the following CPT Codes:**

#### **Diagnostic Catheterization**

- CPT Codes: 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461

#### **Electrophysiology Implants**

- Pacemaker Implant CPT Codes: 33206, 33207, 33208, 33212, 33213, 33214, 33225, 33227, 33228
- CRT (Cardiac Resynchronization Therapy) CPT Codes: 33221, 33224, 33229, 33231, 33264
- Defibrillator (AICD) Implant CPT Codes: 33230, 33240, 33249, 33262, 33263

#### **Echocardiogram**

- CPT Codes: 93303, 93304, 93306, 93307, 93308

#### **Stress Echo**

- CPT Codes: 93350, 93351

#### ***Does this prior authorization process apply to all Medicare Advantage benefit plans?***

The prior authorization requirements set forth above apply to UnitedHealthcare's Medicare Advantage members enrolled in the following benefit plans: UnitedHealthcare<sup>®</sup> MedicareComplete<sup>®</sup>, UnitedHealthcare Dual Complete<sup>™</sup>, UnitedHealthcare<sup>®</sup> Chronic Complete and AARP<sup>®</sup> MedicareComplete<sup>®</sup>.

**Effective Oct. 1, 2012, the prior authorization requirements will apply to UnitedHealthcare Medicare Advantage members in all states in which the Cardiology Notification Program is effective today.** Those states are: Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa (except Western Iowa), Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington DC, West Virginia and Wisconsin.

The Medicare Advantage Cardiology Prior Authorization Program will be implemented with prior authorization required for dates of service **on or after Oct. 1, 2012 in the following states:** Alaska, Connecticut, Minnesota, Montana, New Jersey, New York, North Dakota, South Dakota, and Wyoming.

A complete list of UnitedHealthcare Medicare Advantage plans that are subject to this prior authorization requirement is available at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Clinician Resources > Cardiology > Cardiology Programs > Medicare Advantage Cardiology Prior Authorization Program.*

#### ***How do I obtain prior authorization?***

We have contracted with CareCore National to help administer the prior authorization program. Following ACC and CMS guidelines, CareCore National uses the services of experienced cardiologists and other cardiac care professionals, to conduct the prior authorization reviews and provide customer service to you.

As of Oct. 1, 2012, prior authorization must be obtained and verified two convenient ways:

- Online at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Notifications/Prior Authorizations > Cardiology Notification Submission & Status*, or
- By telephone at 866-889-8054 (7 a.m. to 7 p.m. local time, Monday - Friday).

If the rendering physician/provider is different from the ordering physician/provider, the authorization number should be obtained and communicated by the ordering physician/provider to the physician/provider rendering the cardiac procedure.

#### ***What happens if prior authorization is not obtained?***

Failure to obtain prior authorization or verify that prior authorization has been obtained prior to rendering the cardiac procedures for which prior authorization is required may result in administrative claim denial. Providers cannot balance bill members for the services. A clinical denial will be issued if it is determined during the prior authorization process that the requested service does not meet medical necessity criteria in accordance with Medicare requirements.

The following documents are available to provide additional information about the Medicare Advantage Cardiology Prior Authorization Program and can be accessed on [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program:*

- CPT Code List and Crosswalk
- Quick Reference Guide
- Frequently Asked Questions
- Plan Inclusion and Exclusion Grid
- Evidence-based Guidelines

### **3. Medicare Advantage® Part B Specialty Drug Prior Authorization Program is Expanding to include Seven More States**

#### **Effective Oct. 1, 2012**

UnitedHealthcare is implementing a Part B Specialty Drug Prior Authorization Program for UnitedHealthcare Medicare Advantage benefit plans and UnitedHealthcare Medicare Advantage benefit plans on the current Oxford Health Plan in the states of **California, Connecticut, Nebraska (including Western Iowa), New Jersey, New York, Tennessee and Utah.**

Effective for dates of service on or after **Oct. 1, 2012**, all participating physicians, facilities and other health care professionals must obtain prior authorization for select Part B Specialty Drugs (see the grid below) that will be rendered to our Medicare Advantage members unless the place of service is in the exclusion listing below.

Services performed at the following places of service **DO NOT** require prior authorization:

- Inpatient setting
- Emergency room
- Observation unit
- Urgent care centers

As a reminder, the Medicare Advantage Part B Specialty Drug Prior Authorization program is already in effect in the following states: Alabama, Arizona, Florida, Georgia, Illinois, Indiana, Iowa, Missouri, North Carolina, Ohio, Rhode Island, Texas and Wisconsin.

Effective Oct. 1, 2012, prior authorization is required for the following specialty drugs:

Generic Name	Brand Name
Azacitidine	Vidaza <sup>®</sup>
Bevacizumab*	Avastin <sup>®*</sup>
Bortezomib	Velcade <sup>®</sup>
Cetuximab	Erbix <sup>®</sup>
Denosumab**	Xgeva <sup>®**</sup>
Doxorubicin HCl Lipid	Doxil <sup>®</sup> , Caelyz <sup>®</sup>
Gemcitabine HCl	Gemzar <sup>®</sup>
Immune Globulin Intravenous (Lyophilized)**	Carimune NF <sup>®</sup> , Panglobulin NF <sup>®</sup> and Gammagard SD <sup>®**</sup>
Immune Globulin, Intravenous (NonLyophilized)	Flebogamma <sup>®</sup> , Gammagard <sup>®</sup> , Gammaplex <sup>®</sup> , Gamunex <sup>®</sup> , Octagam <sup>®</sup> , Privigen <sup>®</sup>
Ipilimumab**	Yervoy <sup>®**</sup>
Paclitaxel Protein-bound	Abraxane <sup>®</sup>
Panitumumab	Vectibix <sup>®</sup>
Pemetrexed	Alimta <sup>®</sup>

Rituximab	Rituxan <sup>®</sup>
Sipuleucel -T	Provenge <sup>®</sup>
Topotecan injection	Hycamtin <sup>®</sup>
Trastuzumab	Herceptin <sup>®</sup>

*\* Prior authorization is only required when Avastin is prescribed as cancer chemotherapy.*

*\*\* Based upon changes by the AMA, effective Jan. 1, 2012, some specialty drugs that previously used an unspecified code have been assigned their own specific CPT code. The new CPT codes should be used to provide prior authorization on or after Jan. 1, 2012.*

### ***How to obtain or verify Prior Authorization***

Ordering physician/providers or their office staff must obtain a prior authorization number, and rendering physicians/providers must verify a prior authorization number has been given, by contacting UnitedHealthcare in the following ways:

- Online: ***UnitedHealthcareOnline.com >Notifications/Prior Authorizations >Specialty Drug Prior Authorization Submission & Status*** (Medicare Part B)
- By telephone: 866-889-8054 (7 a.m. to 7 p.m., local time, Monday – Friday)

If the rendering physician/provider is different from the ordering physician/provider, the authorization number should be obtained and communicated by the ordering physician/provider to the physician/provider rendering the cardiac procedure.

The following documents are available to provide additional information about the Medicare Advantage Part B Specialty Drug Prior Authorization program. These documents are available on ***UnitedHealthcareOnline.com > Clinician Resources > Specialty Drug.***

- CPT Code List and Crosswalk
- Quick Reference Guide
- Frequently Asked Questions
- Plan Inclusion and Exclusion Grid
- Evidence-based Guidelines

## **4. Standardization of Prior Authorization list for Medicare Advantage Plans and certain Commercial Plans** **Effective Oct. 1**

In order to simplify administrative requirements, we are standardizing our Advance Notification and Prior Authorization requirements for Medicare Advantage plans and certain Commercial plans.

UnitedHealthcare Community Plans will also move to a Standardized Prior Authorization List at some point in the future. Preparations for that move are still ongoing, and effective dates for those plans are under

consideration. We'll share more details regarding effective dates in a future UnitedHealthcare Network Bulletin.

**Effective for dates of service on or after Oct. 1, 2012, UnitedHealthcare will require Advance Notification and Prior Authorization for a standardized list of inpatient and outpatient procedures across Medicare Advantage plans and certain commercial plans.**

**We will be making additional changes over time; however, the major changes you are going to see immediately are outlined below.**

- Check Mark (✓)** Indicates that notification/prior authorization is required for that service.
- Blank** Indicates notification/prior authorization is not required for that service.
- “Removed”** Indicates that, effective 10/1/2012, there will no longer be a notification/prior authorization requirement.
- “Not Covered”** Indicates the service does not require notification/prior authorization, since it is not covered under Medicare Advantage.

Service	Description	Plan Inclusions		
		UnitedHealthcare West ** Commercial	UnitedHealthcare Medicare Advantage	UnitedHealthcare West ** Medicare Advantage
<b>Bariatric Surgery</b>	Bariatric Surgery and specific obesity-related services whether scheduled as inpatient or outpatient	✓	✓	✓
<b>Behavioral Health Services</b>	Behavioral health services through a designated behavioral health network	✓	✓	✓
<b>Bone Growth Stimulator</b>	Use of either electronic stimulation or ultrasound to heal fractures	NEW	✓	✓
<b>BRCA Genetic Testing</b>	Breast cancer susceptibility testing (BRCA1 and BRCA2)	NEW		
<b>Breast Reconstruction (Non Mastectomy)</b>	Reconstruction of the breast or other than following mastectomy	✓	✓	✓

<b>Capsule Endoscopy</b>	Wireless capsule endoscopy (WCE) is a noninvasive procedure in which a swallowable, multivitamin-sized capsule containing a miniaturized wireless video camera, light, transmitter, and batteries takes a video recording of the mucosal lining of the esophagus and/or small bowel as it moves through the gastrointestinal (GI) tract.	✓	NEW	✓
<b>Cardiac Rehabilitation</b>	Medically supervised, exercise-based program in which patients with certain cardiac conditions are prescribed a regimen of physical exercise	Removed		Removed
<b>Chiropractic Services</b>	Manipulative treatment, also known as mobilization therapy or "adjustment," refers to manual therapy employed to soft or osseous tissues for therapeutic purposes	✓		
<b>Clinical Trial</b>	A rigorously controlled study of a new drug or a new medical device or other treatment on eligible human subjects, subject to oversight by an Institutional Review Board (IRB)	✓		

<b>Cochlear Implants and Other Auditory Implants</b>	A medical device including a portion that is surgically implanted) within the inner ear and an external portion to help persons with profound sensorineural deafness to achieve conversational speech	✓	NEW	✓
<b>Congenital Heart Disease</b>	Congenital Heart Disease-related services, including pre-treatment evaluation	✓	✓	✓
<b>Cosmetic &amp; Reconstructive</b>	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	✓	✓	✓
<b>Dental Anesthesia</b>	Deep sedation, inhalation, conscious and unconscious intravenous administration of anesthesia for dental procedures	Removed		Removed
<b>Durable Medical Equipment (DME)</b>	DME with a <b>retail purchase cost or a cumulative rental cost</b> over \$1,000.00  * For Power Mobility Devices/Accessories, Lymphedema Pumps and Pneumatic Compressors, no retail purchase or cumulative rental cost thresholds apply.	✓	✓*	✓*

<b>End Stage Renal Disease/Dialysis Services</b>	Services for the treatment of End Stage Renal Disease (ESRD), including outpatient dialysis services	✓	✓	✓
<b>External Counterpulsation</b>	A noninvasive outpatient treatment for coronary artery disease refractory to medical and/or surgical therapy	Removed		Removed
<b>Healthy Pregnancy</b>	Notification provides OptumHealth with an opportunity to enroll pregnant members in the Healthy Pregnancy Program prior to the delivery of the baby	✓		
<b>Home Care</b>	All Services which are based in the home but not limited to:  <ul style="list-style-type: none"> <li>• Enteral Formula</li> <li>• Home Infusion Therapy</li> <li>• Home Health Aid (HHA)</li> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Private Duty Nursing (T1000)</li> <li>• Respiratory Therapy (RT)</li> <li>• Skilled Nursing (SNV)</li> <li>• Social Worker (MSW)</li> </ul>	Removed	✓	✓
<b>Home Care – Nutritional</b>	Provision of nutritional therapy, whether enteral, parenteral, or through a gastrostomy tube in the home	NEW	✓	✓
<b>Hospice</b>	A method for caring for terminally ill members as defined by having a life expectancy of 6 months or less.		Not Covered	Not Covered
<b>Hyperbaric Oxygen Treatment</b>	Non-emergent hyperbaric oxygen treatments	✓	NEW	✓

<b>Implantable Defibrillators</b> (also see other Notification & Prior Authorization programs in this article)	An implantable electronic device designed to detect and treat life-threatening tachyarrhythmias.		See Cardiology Prior Authorization Program below	Removed
<b>IMRT</b>	Intensity-Modulated Radiation Therapy	✓		
<b>Infertility</b>	Diagnostic and treatment services related to inability to achieve pregnancy	✓		
<b>Injectable Medication</b> (also see other Notification & Prior Authorization programs in this article)	A drug capable of being injected intravenously, through an intravenous infusion, subcutaneously or intra-muscularly	✓	See Specialty Drug Prior Authorization Program below	
<b>Liquid Oxygen</b>	Portable or stationary liquid oxygen systems and contents	Removed		Removed
<b>Joint Replacement</b>	Joint replacement procedures	✓	✓	✓
<b>MR-guided Focused Ultrasound (MRgFUS) to treat Uterine Fibroid</b>	MR-guided focused ultrasound procedures and treatments	NEW	✓	✓
<b>Muscle Flap Procedure</b>	A muscle or portion of muscle that can be transferred with its blood supply to another part of the body for reconstructive purposes	NEW	NEW	NEW
<b>Non Emergency Transport – Air, Land, Other</b>	Non-urgent ambulance transportation by air, land, other between specified locations	NEW (Land, Other)	✓	✓
<b>Orthognathic Surgery</b>	Treatment of maxillofacial (jaw) functional impairment	✓	✓	✓

<b>Orthotics</b>	Orthotics with a retail purchase cost or a cumulative rental cost over \$1000.00	✓	✓	✓
<b>Out-of-Network Services</b>	A referral from a network physician, or health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare	✓	✓	✓
<b>Pain Management</b>	Services focused on modifying patient’s response to pain, use of drugs or devices (implants) and patient self management.	Removed		Removed
<b>Physical Therapy/Occupational Therapy (PT/OT)</b>	Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist or an occupational therapist	✓	Reference the Home Care service category in this grid	
<b>Potentially Unproven Services</b>	Services, including medications, that are determined not to be effective for treatment of the medical condition and/or not to have a beneficial effect on health outcomes due to insufficient and inadequate clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published peer-reviewed medical literature	✓	NEW	✓

<b>Prosthetics</b>	Prosthetics with a retail purchase cost or a cumulative rental cost over \$1000.00	✓	✓	✓
<b>Proton Beam Therapy</b>	Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)	NEW	NEW	✓
<b>Pulmonary Rehabilitation</b>	Multidisciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy.	Removed		Removed
<b>Radiology Services</b> (also see Other Notification & Prior Authorization Programs in this article)	<b>CT</b> - Brain, Chest, Musculoskeletal, Colonography <b>MRI</b> - Brain, Heart, Chest, Musculoskeletal <b>PET Scans</b> (non-cancer diagnoses) <b>Virtual procedures</b>	UnitedHealthcare West Only**	See Radiology Prior Authorization program below	UnitedHealthcare West Only**
<b>Respiratory Therapy</b>	Assessment, diagnostic evaluation, treatment, management, and monitoring of members with deficiencies and abnormalities of cardiopulmonary function.		Reference the Home Care service category in this grid	
<b>Septoplasty/Rhinoplasty</b>	Treatment of nasal functional impairment and septal deviation	NEW	✓	✓
<b>Sleep Apnea Procedures &amp; Surgeries</b>	Maxillomandibular Advancement or Oral-Pharyngeal Tissue Reduction for Treatment of Obstructive Sleep Apnea	NEW	NEW	✓

<b>Sleep Studies</b>	Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	✓		
<b>Specific Medications as Indicated on the Prescription Drug List (PDL)</b>	Certain medications require Prior Authorization to assure that they are a covered benefit for the indication for which they are prescribed. Refer to the Prescription Drug List (PDL)	✓		
<b>Speech Therapy Services</b>	Outpatient Speech Therapy and Speech Therapy based in the home	✓	Reference the Home Care service category in this grid	✓
<b>Spinal Stimulator for Pain Management</b>	Spinal cord stimulators when implanted for pain management	NEW	NEW	✓
<b>Spinal Surgery</b>	Inpatient and outpatient spinal surgeries	✓	✓	✓
<b>Temporary Procedure Codes</b>	Services performed that do not immediately have a permanent code assigned. Providers are allowed to bill the services using a miscellaneous procedure code until such time as a permanent, unique code is provided by CMS.	Removed		Removed
<b>Transplant of tissue or organs</b>	Organ or tissue transplant or transplant related services prior to pre-treatment or evaluation	✓	✓	✓
<b>Vagus Nerve Stimulation</b>	Implantation of a device that sends electrical impulses into one of the cranial nerves	NEW	NEW	✓

<b>Vein Procedures</b>	Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	✓	✓	✓
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*\*\*UnitedHealthcare West, formerly known as PacifiCare®*

**While we will be making additional changes over time, the following Notification and Prior Authorization programs will remain in effect and are not changing at this time.**

<b>Other Notification &amp; Prior Authorization Programs</b>	<b>Health Plans</b>
<b>Admission Notification</b>	UnitedHealthcare Commercial UnitedHealthcare Medicare Advantage
<b>Prior Authorization for Elective Inpatient Admission</b>	MAHP (M.D. IPA, Optimum Choice) Oxford Commercial UnitedHealthcare West Commercial** UnitedHealthcare West Medicare Advantage**
<b>Cardiology Notification Program</b>	UnitedHealthcare Commercial
<b>Cardiology Pre-Certification Program</b>	Neighborhood Health Partnership (NHP)
<b>Cardiology Prior Authorization Program</b>	Oxford Medicare Advantage UnitedHealthcare Medicare Advantage UnitedHealthcare of the River Valley
<b>Radiology Notification Program</b>	UnitedHealthcare Commercial
<b>Radiology Pre-Certification Program</b>	Neighborhood Health Partnership (NHP) Oxford Commercial
<b>Radiology Prior Authorization Program</b>	Oxford Medicare Advantage UnitedHealthcare Medicare Advantage
<b>Orthopedic Services through OrthoNet</b>	Oxford Commercial
<b>Podiatry Services through Foot and Ankle Network</b>	Neighborhood Health Partnership (NHP)
<b>Specialty Drug Prior Authorization Program</b>	MAHP (M.D. IPA, Optimum Choice) Oxford Medicare Advantage UnitedHealthcare Medicare Advantage

*\*\*UnitedHealthcare West, formerly known as PacifiCare®*

As a reminder, some members have benefit plans that provide for pre-service clinical coverage reviews, while others do not. The process for you to initiate a notification or a Prior Authorization request is the same, regardless of the type of benefit plan.

Here is the Notification and Prior Authorization process at a glance (except for M.D. IPA, Optimum Choice, UnitedHealthcare West Only):

1. The current processes for submitting a notification or a Prior Authorization request will not change.
2. If you are planning to perform a service on the standardized list, please notify us in advance.
3. We will let you know if a clinical coverage review is required for that service and ask that you submit necessary information to complete the review.
4. Once a coverage determination is made, we will share that decision with you so that you and your patient can make informed decisions before services are performed. We determine coverage consistent with the member's benefit plan, thus, members are responsible for deductibles, coinsurance, copayments and items not covered by the plan.
5. Facilities are responsible for Admission Notification for inpatient services even if the coverage approval is on file.

Please keep in mind that while receipt of an approved notification or authorization for services confirms coverage, it does not guarantee or authorize payment. Payment of covered services is subject to the terms and conditions of your contract with UnitedHealthcare and the member's health benefit plan including exclusions, limitations, conditions, patient eligibility, and claim processing requirements.

**Should you have questions about any of these programs, please contact your Provider Relations Representative or Physician Advocate.**