

Site of service reviews for MRI/CT services

UnitedHealthcare commercial plans

Overview

Our goal is to achieve better health outcomes, improve patient experience and lower the cost of care for our members. Our prior authorization requirements and site of service medical necessity reviews may help improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care.

To facilitate MRI/CT site of service medical necessity reviews, we use the criteria in our **Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service – Commercial and Individual Exchange Medical Policy**.

For UnitedHealthcare Oxford plans, we use the criteria in our clinical policy **Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service Clinical Policy**.

We'll only conduct site of service medical necessity reviews if the MRI or CT procedure will be performed in an outpatient hospital setting.

Frequently asked questions

How does UnitedHealthcare decide which procedures to include in the policy?

We conduct careful reviews to determine which procedures can be performed safely and effectively at locations other than outpatient hospital settings, consistent with the terms of our members' plans and applicable state law. The out-of-pocket cost for members may be significantly less, depending on the location where a procedure is performed.

Which plans does the policy apply to?

Site of service medical necessity reviews apply to UnitedHealthcare commercial plans, including Neighborhood Health Partnership, UnitedHealthcare of the River Valley and UnitedHealthcare Oxford.

The policy doesn't apply to the following:

- UnitedHealthcare West
- UnitedHealthcare Sierra
- Alaska, Connecticut, Iowa, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island (effective June 1, 2023), Texas, Utah, Vermont and Wisconsin



Questions?

If you have questions, please call Provider Services at **877-842-3210**.

How will the site of service medical necessity review process affect decisions between a physician and their patients?


We support informed patient choice and respect care decisions between physicians and our members. Our coverage determinations reflect only whether or not we cover the service or site. We don't intend to replace treatment decisions.

What happens if I don't complete the prior authorization/notification process?

If you don't complete the prior authorization/notification process before the procedure is rendered, we may deny the claim and you can't bill the member for the service.

How can I find participating freestanding imaging centers in my area?

We list participating freestanding imaging centers in our [Medical Care Directory](#). To find the centers, please:

- Select **Employer and Individual Plans**
- Select the applicable health plan
- Select **Places**, then **Labs, Imaging and Screenings** and **Imaging Centers**
- Look for the Freestanding Facility indicator: 

Are members involved in the scheduling process?

Yes, members can be involved in the scheduling process. When the ordering physician completes the prior authorization process, the scheduling process begins. The member will receive a phone call to schedule their procedure. When the member selects a location for the procedure, a fax is sent to the ordering physician with information about the chosen rendering facility, including the member's authorization number and the name of the selected service location.

Will there be special considerations for care providers with accountable care organization (ACO) relationships?

Not at this time. We expect health care professionals, including those who are part of ACO arrangements, to notify us and request prior authorization in accordance with our protocols.

Can I bill a member if you deny the site of service for lack of medical necessity?

You may bill a member if we determine a site of service isn't medically necessary and you receive the member's written consent. The consent must be consistent with our protocols and given before a service is performed.

Will you approve a request for an outpatient hospital?

We'll only approve an outpatient hospital site of service if the criteria in the applicable medical policy or clinical policy are met. If the criteria aren't met, the outpatient hospital location will be determined to not be medically necessary. You aren't required to complete the prior authorization/notification process for any procedures performed in an emergency room, urgent care center, observation unit or done during an inpatient stay.

What if a patient has a medical condition that requires the use of an outpatient hospital site?

We understand some patients need more complex care because of factors like age or medical conditions. Using the clinical information you submit to us, we'll review the member's situation to evaluate a site of service in accordance with the applicable medical policy or clinical policy.

What if the nearest participating freestanding diagnostic radiology center or office setting is a long distance for the member to travel or doesn't have the equipment or resources for the planned procedure?

We realize there may be times when a member isn't within a reasonable distance of a participating freestanding diagnostic radiology center or office setting with the necessary resources for the care they need. In these cases, we'll authorize the procedure at a participating outpatient hospital site, in accordance with the terms of the applicable medical policy or clinical policy.

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