

Radiation therapy prior authorization program

Frequently asked questions

Overview

We require prior authorization for certain radiation therapy services. This requirement helps us to improve population health outcomes, ensure positive care experiences and offer affordable products. An important part of this commitment includes coordinating coverage guidelines and policies for radiation therapy services.



Which radiation therapy services does this prior authorization requirement include

- Intensity-modulated radiation therapy (IMRT)
- Proton beam therapy (PBT)
- Stereotactic body radiation therapy (SBRT), including stereotactic radiosurgery (SRS)
- Image-guided radiation therapy (IGRT)
- Special and associated services
- Fractionation using IMRT, PBT and standard 2D/3D radiation therapy for prostate, breast, lung and bone metastasis cancers
- Selective internal radiation therapy (SIRT), Yttrium 90 (Y90) and implantable beta-emitting microspheres for treatment of malignant tumors



Which states do you exclude from the new prior authorization requirements or UnitedHealthcare commercial plans?

We're excluding the state of Rhode Island from the new prior authorization requirements for some commercial plans but will continue to have prior authorization requirements for IMRT and PBT.



Can I request a pre-determination if a member's benefit plan doesn't require prior authorization for a specific radiation therapy service?

Yes, you can request a pre-determination by calling the provider services number on the back of the member's ID card.



Key points

- We require in-network health care professionals to obtain prior authorization for comprehensive radiation therapy services through Optum
- Use the Prior Authorization and Notification tool to submit and review prior authorization requests



Does prior authorization for radiation therapy services guarantee the claim will be paid?

Unless payment is required by state law, receipt of a prior authorization doesn't guarantee claim payment. Payment for covered services is contingent upon the member's eligibility on the date of the service, reimbursement policies and the terms of your Participation Agreement.



What if I don't obtain prior authorization for radiation therapy modalities and services requiring prior authorization?

In this case, we will deny your case for lack of prior authorization, and per the Participation Agreement, you won't be able to balance bill the member.



How do I submit a prior authorization request?

- 1 Visit UHCprovider.com/paan and log in
- 2 Select **Radiology, Cardiology, Oncology and Radiation Oncology Transactions**
- 3 Select the service type **Radiation Oncology**
- 4 Select one of the product types: **Commercial, Exchanges, Medicaid, Medicare, or Oxford**

Or, call **888-397-8129** from 8 a.m.– 5 p.m. local time, Monday–Friday.



Where can I see completed prior authorization requests?

You can find draft and submitted prior authorizations at UHCprovider.com/paan. Search for submitted requests by selecting **View All**. You'll need either the request number or member ID to complete the search.

How can I change an existing prior authorization request?

If the existing prior authorization request is pending review, call Optum at 888-397-8129 to request a change. If the prior authorization request has been completed, submit a new prior authorization with all procedure codes, including codes from the previous prior authorization request. The system will prompt you to cancel the previous prior authorization request if it is for the same technique.



Can non-participating health care professionals submit prior authorization requests for radiation therapy services?

Yes. We'll accept prior authorization requests and provide authorizations for service prior to care.



Will urgent (expedited) requests be accepted?

Yes. You may make urgent requests for prior authorization if you determine the service to be medically urgent. Urgent requests should be submitted by phone.



What if a physician, facility, or other health care professional doesn't agree with Optum's decision?

They should follow the directions included in the determination letter for reconsideration and appeal guidelines specific to the member's plan.



Where can I find the clinical criteria for the radiation therapy treatment modalities?

- 1 Visit [UHCprovider.com](https://uhcprovider.com)
- 2 Select **Resources**
- 3 Select **Plans, policies, protocols and guides**
- 4 Choose from the following: **For Commercial Plans** (includes Oxford), **For Medicare Advantage Plans, For Community Plans** or **For Exchange Plans**
 - You can find clinical criteria for commercial plans, Community Plans and Individual Exchange plans in the following medical policies:
 - Implantable beta-emitting microspheres for treatment of malignant tumors
 - Intensity-modulated radiation therapy
 - Proton beam radiation therapy
 - Radiation therapy: Fractionation, image-guidance, and special services
 - Stereotactic body radiation therapy and stereotactic radiosurgery
 - You can find clinical criteria for Medicare Advantage plans in the Coverage Summary:
 - Radiologic Therapeutic Procedures



Where can I find more information?

For prior authorization questions, please visit [UHCprovider.com/en/contact-us/contact-us-network.html](https://uhcprovider.com/en/contact-us/contact-us-network.html) then select your state and email the physician and hospital advocate team. You can also email unitedoncology@uhc.com or call us at **888-397-8129**.

For system issues, please call the UnitedHealthcare Help Desk at **866-842-3278** (option 1), 7 a.m.– 9 p.m. CT, Monday–Friday.

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