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June 23, 2020

David S. Wichmann
Chief Executive Officer
UnitedHealthcare
9700 Health Care Lane
Minnetonka, MN 55343

Dear Mr. Wichmann:

SUBJECT: UHC Prior Authorization Requirements for Uploading Radiographic Images

Dear Mr. Wichmann:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we are writing to express concern about UnitedHealthcare's (UHC) new prior authorization policy for the surgical treatment of spinal conditions. This new policy requires the surgeon or the office staff to upload the actual images of radiographic studies to obtain prior authorization. We strongly believe that this policy is unnecessary, ill-advised and will adversely affect patients' timely access to care. Additionally, the policy inappropriately veers towards the practice of medicine. We, therefore, ask that UHC to permanently end this new policy.

Specifically, this policy states:

> Medical notes documenting all of the following:
>
> 4. Specific diagnostic image(s) that show the abnormality for which surgery is being requested which may include MRI, CT scan, X-ray and/or bone scan. Consultation with requesting surgeon may be needed to select the optimal images.
>
>   **Note**: Diagnostic images must be labeled with:
>
>   a. The date taken and
>   b. Applicable case number obtained at time of notification, or member's name and ID number on the image(s)
>
> Submission of diagnostic imaging is required via the external portal at www.uhcprovider.com/paan or via email at CCR@uhc.com; faxes will not be accepted."

Our membership is adamantly opposed to this requirement and its impact on patients' access to beneficial surgical care for numerous reasons.

The prior authorization process has increased significantly over the last several years — both in terms of utilization as well as the requirements involved — delaying or preventing time-sensitive surgeries. It has been shown that the prior authorization process leads to delays of necessary treatments, abandonment of treatment, negative impact on clinical outcomes, and in some cases, serious adverse events, such as death, disability or other life-threatening outcomes.[1,2,3] The new policy adopted by UHC increases this

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already burdensome prior authorization process, with no apparent added benefit to the UHC, the patient or the physician in facilitating appropriate surgical care.

The actual uploading of radiographic images for prior authorization will inevitably create additional delays in access to care for patients for the following reasons:

- The prior authorization process is completed by physician office staff, who are not trained to read MRIs or other imaging studies. Therefore, office staff will require, as the policy states, "consultation with the requesting surgeon" and disrupt the already busy schedules of our surgeons, preventing them from caring for other patients.
- Some practices where this policy has already been instituted have reported requirements of 30 minutes or more per case for the surgeon to open, then locate the appropriate images, and cut and paste them into the portal.
- In some cases, the surgeon does not possess the radiographic images, but instead, a radiology facility may have the images or may not be in a digital format. This creates yet another hurdle for the surgeon and their staff.
- The majority of prior authorizations are initially reviewed at the insurer level by nursing staff. These staff members are not trained in how to read or interpret MRI's or other advanced imaging studies.
- If a peer-to-peer review is required due to a denial, in most cases, these are done by medical directors who are not spine surgeons. Typically, they are primary care physicians, who are also not trained in the interpretation of advanced radiographic studies. Most physicians who are not surgeons or radiologists do not look at the actual images themselves, and often only read the report which is already being provided during the prior authorization process.

If the initial nursing staff who are reviewing the cases, as well as the majority of medical doctors, are not trained to read and interpret imaging studies, we believe there is no utility in providing these images. Furthermore, by the time the prior authorization process beings, the patient's radiographic images have been reviewed by an independent board-certified radiologist, as well as the surgeon. Neurosurgeons and orthopaedic surgeons are fully trained to independently interpret radiographic studies, as opposed to primary care physicians, who receive no such training.

We, therefore, question how supplying the actual images to the insurer will benefit the patient or the surgeon more than the currently required radiology report. Is the goal of this policy to have these images independently reviewed by a UHC radiologist or surgeon to determine whether surgical intervention is appropriate? Is the goal to ensure that there are no additional diagnoses that need to be treated? If so, neither one of these objectives could adequately be accomplished with only "pertinent" images that are uploaded.

Imaging is only one component used by the surgeon to determine the most appropriate treatment course. Imaging must be reviewed and evaluated in the context of the individual patient's history, physical examination findings, electrophysiologic studies, and in relation to other treatments that have been attempted and failed, such as therapy, injections, or other conservative measures. UHC certainly understands these components of a patient's care, as documentation of all of the above is required for prior authorization. However, the surgeon is the only one involved in the patient's care that puts all of this data together to determine the most appropriate treatment course.

While some might argue that this new policy is an attempt to make the already cumbersome prior authorization process more formidable, we assume that this policy was constructed in good faith, with the best interests of patients and physicians in mind. However, the implementation of this policy will prove onerous at best. We are concerned that this policy will add significant work to physicians and their office

staff, without any patient benefit, and ultimately lead to inappropriate delays in and the potential for adverse outcomes.

We want to remain partners with insurers such as UHC to provide access to the most appropriate and timely care for our patients. The best way to achieve this goal is to streamline the prior authorization and pre-certification processes, not to make it more difficult, which will be the inevitable result of this new policy. The AANS, CNS and AANS/CNS DSPN, therefore, urge UHC to halt this new policy permanently.

Thank you for considering our comments. We look forward to your response.

Sincerely,

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Steven N. Kalkanis, MD, President
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References

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