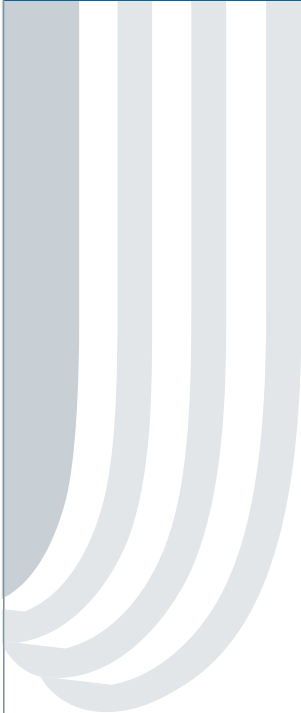


# UnitedHealthcare Certificate of Coverage 2007 to 2011 Comparison



UnitedHealthcare is introducing a new Certificate of Coverage (COC) in 2011. The 2011 COC provides an opportunity to enhance quality of care and reduce health care cost. Some of the key changes in the 2011 COC include:

- ▶ Medical Necessity
- ▶ Prior Authorization
- ▶ Benefit updates for four service categories
- ▶ Pharmacy
  - Prior Authorization
  - Retail Before Mail

### **Medical Necessity**

The goal of Medical Necessity is to help drive optimal patient outcomes, high-quality care and make care more affordable. Medical Necessity will allow for the identification of the optimal treatment, avoiding unnecessary care that may result in complications or cause delays in the member receiving the most appropriate care.

#### **Prior Authorization**

Prior authorization is a core component of Medical Necessity. It involves conducting pre-service reviews to ensure that the proposed service meets the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness, as defined by nationally recognized clinical guidelines and criteria. The 2011 COC has been updated to reflect the change from Pre-Service Notification to Prior Authorization.

### **Pharmacy**

#### **Prior Authorization**

To obtain certain medications, the member requirement is changing from Pre-Service Notification to Prior Authorization.

#### **Retail Before Mail**

When a member is new to a drug therapy, they may be required to obtain two (2) fills at retail before obtaining a 90-day fill at mail.

### **Medical benefit coverage overview for brokers and customers**

The following overview provides a high-level comparison, by service category, of the 2007 COC to the 2011 COC. The benefit information provided represents UnitedHealthcare national standards; and State specific regulations will always override these standards, and some specific benefit plans may vary from national standards.

## UnitedHealthcare Certificate of Coverage 2007 to 2011 Comparison

### New Benefit Standards for 2011 Certificate of Coverage

Topic	2007 COC	2011 COC
Pre-Service Benefit Reviews	<ul style="list-style-type: none"> <li>• Pre-service notification required for services listed in the 2007 COC</li> <li>• Review of services to determine eligibility and benefit exclusions</li> </ul>	<ul style="list-style-type: none"> <li>• Prior Authorization required for medical and pharmacy services listed in the 2011 COC</li> <li>• Review of services to determine eligibility, benefit exclusions and medical necessity</li> <li>• Services determined to be not medically necessary do not meet the criteria of a Covered Health Service and are therefore excluded benefits</li> </ul>
<b>Benefits Changed from 2007 to 2011 Certificate of Coverage – Categories in Alphabetical Order as found in the Schedule of Benefits</b>		
Durable Medical Equipment (DME)	Benefit standard of \$2,500 annual limit combined network/non-network, includes wound vacuums <sup>1</sup>	Wound vacuums are not subject to the standard \$2,500 DME dollar limit <sup>1</sup>
Rehabilitation Services, Outpatient Therapy and Manipulative Treatment	Utilizes term "Chiropractic"	Changed term from "Chiropractic" to "Manipulative Therapy"
Surgery - Outpatient	No member pre-service notification requirement	New requirement for members to obtain prior authorization for non-network diagnostic cardiac catheterization, electrophysiology implant, and sleep apnea surgeries
Therapeutics Treatments - Outpatient (dialysis, chemo, radiation oncology)	Member pre-service notification requirement for non-network dialysis	Additional requirement for members to obtain prior authorization for non-network intensity modulated radiation therapy and MR-guided focused ultrasound

<sup>1</sup> The annual DME limit of \$2,500 does not apply to any DME that is rehabilitative in nature and thus is an Essential Health Benefit.

**Benefits NOT Changed – Product Standards are the same for both 2007 and 2011 Certificate of Coverage**

- Ambulance
- Clinical Trials
- Congenital Heart Disease Surgeries
- Dental - Accident Only
- Dependent Age
- Diabetes Services
- Emergency Health Services
- Hearing Aids
- Home Health Care
- Hospice
- Hospital - Inpatient Stay
- Lab, X-ray and Diagnostics - Outpatient
- Lab, X-ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine
- Maximum Policy Benefit
- Mental Health Services
- Member Requirements for Non-Network Services
- Neurobiological Disorders - Autism Spectrum Disorder Services
- Ostomy Supplies
- Pharmaceutical Products - Outpatient
- Physician Fees for Surgical and Medical Services
- Physician's Office Services - Sickness and Injury
- Pre-existing condition exclusion
- Pregnancy
- Preventive Care Services
- Prosthetic Devices
- Reconstructive Procedures
- Scopic Procedures - Outpatient
- Skilled Nursing Facility
- Substance Use Disorder Services
- Transplantation Services
- Urgent Care
- Vision Exam

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