

Delivery Email

May 21, 2020

Anne Docimo, MD
Chief Medical Officer
UnitedHealthcare
9900 Bren Road East
Minnetonka, MN 55343

Dear Dr. Docimo:

The undersigned physician organizations request that UnitedHealthcare reconsider the announced plans to begin new prior authorization programs for **lower extremity vascular interventions** and **catheter ablation for atrial fibrillation** (UnitedHealthcare Network Bulletin April 2020 p. 11) on July 1, 2020. The implementation date for lower extremity vascular interventions was later modified to August 1, 2020.

First, we greatly appreciate UnitedHealthcare's ongoing efforts to address challenges surrounding COVID-19 including expanding coverage and access to care with telehealth services. For cardiology, the new telehealth visits are enabling patients and clinicians to continue their direct care and adjust treatment plans as needed while minimizing risk of virus exposure.

During this pandemic, hospitals and clinician practices are experiencing significant decreases in patients seeking medical attention at hospitals and medical practices for routine and potentially emergent cases. Additionally, many hospitals and practices are currently operating on skeleton staffs, causing even the most routine tasks to become more burdensome and time consuming. In the coming months, we anticipate significant patient demand for delayed, postponed, and unaddressed care and illnesses as the country reopens. It is likely that while the demand for care increases, hospitals and clinicians will still be dedicating time on redesigning care and implementing new protocols to ensure patient and clinician safety.

With these and many other COVID-19-related factors, our organizations strongly encourage UHC to withdraw these new prior authorization programs to avoid placing additional restrictions on access to care and to allow hospital and practice staffs to concentrate on addressing patient care rather than new administrative tasks.

We are interested in better understanding the rationale and data surrounding these proposed prior authorization programs. Such information would be helpful in developing new educational opportunities like practice guidelines, appropriate use criteria for our members and the general medical community. If these requirements must remain in place, we request the opportunity to discuss these programs in further detail with UnitedHealth to determine appropriate clinical parameters and implementation timing. Our members are the physicians most likely to provide these procedures and can offer clinical input on coverage policies for these and other services.

To communicate or set up a call with our organizations, please contact ACC via Henry McCants at hmccants@acc.org, HRS via Kim Moore at kmoore@hrsonline.org or SCAI at Wayne Powell at wpowell@scai.org, and SIR and SVS at Trisha Crishock at trishacrishock@gmail.com.

Sincerely,

American College of Cardiology
Heart Rhythm Society
Society for Cardiovascular Angiography and Interventions
Society of Interventional Radiology
Society for Vascular Surgery

cc: Wendy MacLeod, MD
National Medical Director

Jaime Murillo, MD
National Senior Medical Director
UnitedHealthcare