Sir Andrew Witty
Chief Executive Officer
UnitedHealth Group
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May X, 2023

Dear Sir Witty,

The undersigned organizations urge you not to implement United Healthcare's (UHC) gastrointestinal (GI) endoscopy prior authorization program. It is flawed and misguided and will harm patients, limit access to care for vulnerable populations, delay diagnosis of colorectal cancer in younger populations, and needlessly increase physician and practice burden. Nearly 1,500 patients and their physicians have sent letters to UHC expressing the harms, both immediate and long term, that the program will cause.

Impact to patients

The National Cancer Institute confirms that "Colorectal cancer is a leading cause of cancer death among people under 50 in the United States, with rates of new diagnoses still climbing in this age group."[i] However, UHC's prior authorization program for GI endoscopy, even though it purportedly excludes screening colonoscopy, will most certainly have a chilling effect on patients' willingness to undergo medically recommended subsequent colonoscopy examinations after polyps or cancers are removed or for diagnostic testing when they have red flag symptoms. Eighty percent of physicians report that the prior authorization process can lead to treatment abandonment.[ii] This policy will also likely exacerbate existing sociodemographic disparities in care and outcomes, as our most vulnerable patients are most subject to access issues.

UHC's program will undoubtedly cause delays in care for high-risk individuals. The Center for Consumer Information and Insurance Oversight (CCIIO) states that "Identification of 'high-risk' individuals is determined by clinical expertise.[iii] If a medical provider determines that a patient is high-risk for colorectal cancer, and a U.S. Preventive Services Task Force recommendation applies to that high-risk population, that service is required to be covered in accordance with the requirements of the interim final regulations, without cost-sharing." However, UHC will require those patients to wait to receive approval via its prior authorization process before they can receive treatment even though they have been deemed at 'high risk' for colorectal cancer by a physician.

UHC will require prior authorization for most GI endoscopic procedures, many of which are low volume procedures and are performed for patients who are bleeding, not able to swallow, vomiting, or having pain. For those patients whose treatment requires prior authorization, 94% of physicians report delays in access to medically necessary care.[iv]

With the increase in early colorectal cancer diagnoses, continued health disparities, and delayed care caused by the COVID-19 pandemic, our most vulnerable patients will be hurt by this program. Many patients who are hesitant to undergo an endoscopy may interpret delays caused by your prior authorization program as an indication that UHC does not believe the care

recommended by their physician is medically appropriate. We urge you to consider the unintended consequences that limiting access to services on the colorectal cancer screening continuum (e.g., diagnostics and surveillance colonoscopy) will have on vulnerable populations.

Screening colonoscopy **will** require prior authorization

Although UHC says that screening colonoscopy will be excluded, UHC has not provided instruction on how to code screening colonoscopy or one that results in a therapeutic intervention. If UHC truly intended to exclude screening colonoscopy, explicit coding instructions should have been provided the day the program was announced. Unless instructions are provided and time for physician education is allowed, prior authorization will be needed for screening colonoscopies.

Increasing physician burden

In addition to harming patients, the GI endoscopy prior authorization program will cause undue burden to practices at a time when UHC says it is attempting to ease physician burden. Because endoscopists often do not know exactly what procedure(s) they will be providing during an endoscopy, UHC clinician representatives have told us that endoscopists will need to request prior authorization for the base code (e.g., 43235 for EGD and 45378 for colonoscopy). ***Therefore, from a practice operations standpoint, every upper and lower endoscopic and capsule endoscopy procedure will require prior authorization, not just the 61 codes listed in UHC's GI Endoscopy Procedures list.***

According to studies by the American Medical Association, the average practice completes 45 prior authorizations per week per physician, resulting in 14 hours of paperwork per week. Over a third of physicians have staff that work exclusively on prior authorization alone.[v] Physicians and staff are already overburdened with insurance program requirements. Implementing yet another program that adds to the already high administrative burden physicians face for procedures that are medically appropriate and indicated, and potentially lifesaving, seems like a waste of UHC's resources and, most certainly, physicians' time.

No evidence of overutilization data provided

Many of the CPT codes covered by the GI endoscopy prior authorization program are low volume and could not be considered overutilized. On several occasions, we asked UHC to share de-identified, aggregate data from UHC showing recent evidence of overutilization. Our request was denied. We asked UHC to identify the procedures of concern and offered to partner together to educate physicians on appropriate utilization in adherence to published guidelines. UHC declined to identify specific procedures of concern and instead referred to studies they claim suggest overutilization in GI endoscopy. To date, we have received no information from UHC that substantiates overutilization for any GI endoscopic or capsule endoscopy procedure.

Controlling costs at the expense of patient care

If, as UHC purports, the GI endoscopy prior authorization program was designed to ensure appropriate care based on guidelines, it should not include the low volume esophagoscopy and colonoscopy through stoma procedures. This program has clearly been designed to control costs by broadly limiting care rather than improving patient care.

UHC's short-sighted GI endoscopy prior authorization program has not been well designed, will result in delays for medically necessary care for patients, adds unnecessary paperwork burden to physicians and their staff, and may violate CCIIO recommendations. For these reasons, we urge you not to implement the GI endoscopy prior authorization program.

Sincerely,

cc: Laurie Gianturco, MD, National Medical Director, Radiology, United Healthcare
Anne Docimo, MD, Chief Medical Officer, United Healthcare
Philip Kaufman, Chief Growth Officer, United Healthcare

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[i] https://www.cancer.gov/news-events/cancer-currents-blog/2020/colorectal-cancer-rising-younger-adults
[ii] https://www.ama-assn.org/system/files/prior-authorization-survey.pdf
[iii] https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12
[iv] https://www.ama-assn.org/system/files/prior-authorization-survey.pdf
[v] https://www.ama-assn.org/system/files/prior-authorization-survey.pdf