

UnitedHealthcare Community Plan of Arizona prior authorization requirements for OT, PT and ST services

Frequently Asked Questions

Overview

Effective **Feb. 1, 2023**, you're required to submit prior authorization requests for occupational, physical and speech therapy (OT, PT, ST) services when treating members of UnitedHealthcare Community Plan of Arizona. Submit the requests after you complete the member's initial evaluation and before their initial therapy visit.

Go to Network News at UHCprovider.com/news for more information.

Frequently asked questions

How does this new prior authorization requirement differ from current requirements?

Before this change, we required prior authorization for OT and PT services after the member's 12th visit. Now, you must submit prior authorization requests after the member's initial evaluation and before their initial therapy visit.

Do the new prior authorization requirements apply to members who are already receiving therapy services?

Yes, prior authorization is required for all UnitedHealthcare Community Plan members receiving OT, PT and ST services. If an authorization is in place, you don't need to submit another request until the current authorization expires or is used.

If I'm currently providing OT and PT services for a patient, do I need to do a new evaluation or reevaluation before requesting prior authorization for therapy treatment services?

No. If the member's plan of care is current (completed within the past 6 months), you're not required to submit a new evaluation or reevaluation. To provide ongoing treatment services, you'll need to submit a prior authorization request and include the following documentation:

- Referral signed by a physician, obtained at the time of the evaluation
- Current evaluation or reevaluation report and plan of care
- Current progress report or the member's most recent daily treatment notes

For dates of service on or after **Feb. 1, 2023**, submit your prior authorization request up to 14 days before the requested service. You can submit your request using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com > Sign In. We'll review the prior authorization request for medical necessity and issue an authorization, if appropriate.

Where can I find the full list of service and therapy codes that require prior authorization?

To view the full list of services and therapy codes affected by this change, please reference the current UnitedHealthcare Community Plan Prior Authorization document. **Go to UHCprovider.com/azcommunityplan** > Prior Authorization and Notification > Current Prior Authorization Plan Requirements > **UnitedHealthcare Community Plan – Complete Care.**

How will these requirements affect claims or a member's out-of-pocket costs?

If prior authorization isn't on file before you perform a procedure, we'll deny claims submitted for that service. You may not bill the member if you've already performed the service.

Who can submit prior authorization requests for therapy visits?

The treating therapy provider can submit prior authorization requests.

How do I submit requests for prior authorization?

You can submit your request using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Sign in at UHCprovider.com > Sign In. We'll review the prior authorization request for medical necessity and issue an authorization, if appropriate.

How far in advance can I submit prior authorization requests?

You can request prior authorization up to 14 days before the requested service date. This time frame allows you to share the most current information about the member's treatment needs.

What documentation do I need to send when I submit a prior authorization request?

For members younger than age 21, please send the following:

- Signed physician's order dated less than 30-days old, specifying the discipline(s) to be evaluated
- Current well-child visit or an exam note describing the need for the requested evaluation(s)

For members ages 21 and older, no prior authorization is needed. Benefit limits apply.

Which place of service should I choose when submitting my request online?

Choose "Office or Outpatient" from the dropdown menu. Don't choose "Outpatient Facility."

Is training available on how to submit prior authorization requests?

Yes. Training is available for all tools, including our Prior Authorization and Notification tool. Sign in at UHCprovider.com/training > Digital Solutions. Scroll down to **Interactive Guide for Prior Authorization and Notification** to review the guide.

Who reviews prior authorization requests?

Arizona state-licensed medical professionals, including occupational therapists, physical therapists and speech-language pathologists, will review your prior authorization request, using evidenced-based clinical criteria. An Arizona state-licensed physician will review all requests identified as medically necessary.

What criteria does UnitedHealthcare use to review prior authorization requests?

Our reviews of treatments identified as medically necessary are consistent with the member's benefit plan and applicable state law for all OT, PT and ST services. You can find our coverage determination guidelines at UHCprovider.com/azcommunityplan > Current Policies and Clinical Guidelines > [Community Plan Medical & Drug Policies and Coverage Determination Guidelines](#). In the left navigation bar, click on Community Plan Policies and Guidelines, then scroll down to [Outpatient Physical and Occupational Therapy – Community Plan Coverage Determination Guideline](#). Scroll further for the [Speech Language Pathology Services – Community Plan Coverage Determination Guideline](#).

What happens if I submit my request with incomplete information?

We'll notify you by letter if your request is missing information. You'll have 14 days from the date of the Notification of Extension letter to submit the information. If we don't receive the additional information within the time frame, we'll make a decision based on the information we have.

How quickly will UnitedHealthcare process my prior authorization request?

We'll process your request within the state-required turnaround time of 14 calendar days. If we request additional information, we'll process your request within 36 hours after receiving the necessary information.

How will UnitedHealthcare notify me of prior authorization approvals?

If we approve your prior authorization request, we'll notify the treating therapist by fax.

How will UnitedHealthcare notify me of denials?

If we deny your prior authorization request, we'll notify the treating therapist by phone. We'll also send a letter to the treating therapist and member.