

Site of Care for Certain Therapy Services

UnitedHealthcare Community Plan of Florida Frequently Asked Questions

Overview – Site of Care

We currently require prior authorization for all speech, occupational, and physical therapy services. As part of our efforts toward the Triple Aim of improving health care services, health outcomes and cost of care, beginning May 13, 2019, once prior authorization for these therapy services is requested in accordance with our prior authorization requirements, we'll determine whether the site of care is medically necessary, including cost effective, consistent with Florida's Agency for Health Care Administration (AHCA) definition of medical necessity. Site of care reviews will be conducted only if the service will be performed in an outpatient hospital.

In many cases, these therapy services can safely and effectively be performed in a more cost-effective site of service, such as an in-network freestanding clinic.

Site of care reviews will apply to the following UnitedHealthcare Community Plan of Florida benefit plans:

- Florida M*Plus Managed Medical Assistance (MMA) Medicaid benefit plans
- Florida Healthy Kids (FHK)

The utilization review guideline we use to help facilitate our site of care medical necessity determinations for these therapy services will be available at UHCprovider.com/policies > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Outpatient Speech, Occupational and Physical Therapy – Site of Care (for Florida Only).

You can find the list of services that are subject to prior authorization requirements in our Administrative Guide, available at UHCprovider.com/FLcommunityplan > [Prior Authorization and Notification](#) > UnitedHealthcare Community Plan Prior Authorization Requirements.

Key Points

For UnitedHealthcare Community Plan members, we currently require notification/prior authorization for speech, occupational and physical therapy services.

Beginning May 13, 2019, UnitedHealthcare Community Plan will include a site of care determination in authorization of therapy services in an outpatient hospital facility.

Frequently Asked Questions

Why did UnitedHealthcare choose these therapy services for site of care medical necessity reviews?

We conducted careful clinical reviews to determine which therapy services are clinically appropriate to be performed at a free standing clinic for most members. We took into consideration the terms of our members' benefit plans, and any applicable Medicaid guidelines.

Where can I submit a prior authorization request?

PCP prior authorization requests for evaluations and re-evaluations must be submitted online using the Prior Authorization and Notification tool on Link at UHCprovider.com/paan.

Which factors are considered as part of the site of service medical necessity review?

Our review process takes into account factors including the availability of a participating free standing clinic, the member's medical condition and Florida's Agency for Health Care Administration (AHCA) definition of medical necessity. Information regarding our utilization review guideline that will be used to help facilitate our site of care medical necessity determinations for these therapy services is available at UHCprovider.com/policies > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Outpatient Speech, Occupational and Physical Therapy – Site of Care (for Florida Only).

What if I already have a prior authorization on file for therapy services?

We'll honor an existing therapy authorization for its duration. The member's primary care provider (PCP) must submit prior authorization requests for re-evaluation. At the time of re-evaluation, we'll make a site of care medical necessity determination.

How can requesting providers find an in-network freestanding clinic in their area?

PCPs can find therapy providers during the online prior authorization request submission process. When choosing the "Office," place of service, you'll be able to search for a free standing therapy provider by name, ZIP code, etc.

Referring providers can also contact UnitedHealthcare Network Management or call the number on the member's health plan ID card. When referring providers submit a request for prior authorization, we'll determine whether an in-network freestanding clinic is available within a reasonable service area and provide that information.

What happens if the nearest network freestanding clinic is a long distance for the patient to travel or does not have the equipment or resources for the planned procedure?

We realize there may be instances when a UnitedHealthcare member doesn't have geographic access to a network freestanding clinic that has the necessary resources to provide the care they need. In such cases, the procedure will be authorized at a network outpatient hospital.

What if a patient has co-morbid medical conditions that may be more appropriately treated in an outpatient hospital setting?

We recognize that some patients require more complex care and may not be able to receive that care in a freestanding clinic. In such cases, the procedure will be authorized at a network outpatient hospital.

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

If prior authorization is not on file before performing a procedure, claims for that service will be denied and the member can't be billed for the service.

Do you have training or more information available about the new prior authorization process?

Training is available on UHC On Air for on-demand viewing. Topics include the process for requesting prior authorization, clinical coverage criteria, and documentation requirements.

To access UHC On Air:

- Sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.
- Select the UHC On Air tile from your Link dashboard.
- Choose the Florida channel to find the UnitedHealthcare Community Plan Therapy Site of Care Medical Necessity Review programming

Who do I contact for more information?

PCPs and medical care providers can call UnitedHealthcare at **877-842-3210**. Care providers participating in an Optum network should call Optum at **800-873-4575**.