

Site of Care and Prior Authorization Updates

For Speech, Occupational and Physical Therapy Services

UnitedHealthcare Community Plan of Florida aims to improve cost efficiencies for the overall health care system. One way we'll do that is by conducting site of care medical necessity reviews for all speech, occupational and physical therapy services. We're also revising our existing prior authorization requirements.

Site of Care Medical Necessity Reviews

For dates of service on or after May 13, 2019, once prior authorization for speech, occupational, or physical 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.

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).

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)

Site of care reviews will apply to all speech, occupational and physical therapy procedure codes that are currently subject to prior authorization requirements. You can find the list of services that are subject to prior authorization requirements at UHCprovider.com/FLcommunityplan > [Prior Authorization and Notification](#) > UnitedHealthcare Community Plan Prior Authorization Requirements.

Prior Authorization Requirement Changes

For dates of service on or after May 13, 2019, we're making the following changes to our prior authorization requirements for speech, occupational and physical therapy services:

- In order to support the physician's role in managing member care, the member's primary care provider (PCP) will be required to submit prior authorization requests for evaluations and re-evaluations. Currently, these types of prior authorization requests for therapy services are often submitted by therapy providers.
 - PCP prior authorization requests must be submitted online using the Prior Authorization and Notification tool on Link at UHCprovider.com/paan.

We will require that additional documentation be submitted to us as part of the prior authorization process for evaluations and re-evaluations. The additional documentation requirements can be found in the utilization review guideline at UHCprovider.com/policies > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Outpatient Speech, Occupational and Physical Therapy Services (for Florida Only).

We're Here to Help

If you have additional questions, please call us at 877-842-3210. Thank you.