

Prior authorization requirement changes for certain therapy services

UnitedHealthcare Community Plan of Nebraska

Overview

Starting **Jan. 1, 2022**, we made changes to the physical, occupational and speech therapy notification/prior authorization process for UnitedHealthcare Community Plan of Nebraska members.

We are simplifying the process

You will **not** need:

- A primary care provider (PCP) or referring specialist authorization for evaluation and re-evaluation requests for physical, occupational and speech therapy services in all settings
- Any authorization for physical, occupational and speech therapy evaluation and re-evaluations
- To meet the site of service requirement for reimbursement

You will need:

- Prior authorization on file before the date of service

The therapy code list will be updated and posted Feb. 1, 2022. Please visit UHCprovider.com/NEcommunityplan > **Prior Authorization and Notification** > Current Prior Authorization Plan Requirements.

Questions?

If you have questions about this process, please contact us at **866-331-2243**.

Key points

- These requirements will apply whether a member is new to therapy or will continue receiving therapy
- Prior authorization for the service, not the evaluation, is required
- We'll deny claims if prior authorization is not on file before the date of service, and you won't be able to balance bill the member
- We do not require prior authorization for emergency or urgent services