Extending Certain Existing Prior Authorizations
UnitedHealthcare Community Plan of Texas

We’re temporarily extending some existing prior authorizations to align with the Texas Health and Human Services Commission (HHSC) and the Texas Medicaid and Healthcare Partnership (TMHP), and to help ensure the continuity of care during the COVID-19 national public health emergency. HHSC updates their COVID-19 page with the most current information for Texas providers.

Authorizations set to expire starting March 1 will be extended for 90 days until we receive further guidance from the state. This applies to all members in CHIP, STAR, STAR Kids, STAR+PLUS, and UnitedHealthcare Connected (Medicare-Medicaid Program).

Exceptions
This extension does not apply to one-time only services or new authorization requests.

Recurring Services
Extended authorizations for recurring services will contain the same proportional amount and frequency as was authorized by the original prior authorization and should be billed accordingly.

Annual Assessments
Some members may be eligible to receive their annual assessment over the telephone. If a member’s annual assessment is due starting March 1 until we receive further guidance from the state, we’ll either issue a new authorization or extend the previous authorization. After the service coordinator holds a member’s assessment over the telephone:

- If the member is eligible for an assessment over the phone, you’ll receive new authorizations for services consistent with the existing process. These new authorizations will be shown in the Prior Authorization and Notification tool in Link.
- If the member isn’t eligible, you won’t receive a new authorization. However, existing authorizations will still be extended. Please continue to bill for these services using the existing authorization numbers.

Electronic Visit Verification
If your services require the use of electronic visit verification (EVV), and you have not received an updated authorization, you may continue to use the existing authorization number. However, these authorizations will be extended and you’ll need to update the end date in the EVV vendor system to reflect the 90-day extension beyond the authorization’s original expiration date. Please continue to bill your EVV services directly to TMHP through TexMedConnect. EVV services billed directly to us will be denied.

Billing
You’re still responsible for including the required documentation when submitting claims because services continue to be subject to retrospective review for medical necessity and are eligible for recovery if services are found to be not medically necessary.

We’re Here to Help
If you have questions, please contact your Physician Advocate or call us at 888-887-9003, 8 a.m. – 6 p.m., Monday – Friday. Thank you.