

New prior authorization request timelines, effective April 1, 2021

UnitedHealthcare Community Plan of Texas

Effective April 1, 2021, Texas Health and Human Services Commission (HHSC) updated deadlines related to prior authorization requests with incomplete or insufficient information.

Services may be denied or there may be a gap in care if there is no prior authorization approval, so please ensure you're submitting your request in a timely manner with complete supporting information. We have more information about required documentation at UHCprovider.com/TXcommunityplan > Prior Authorization Forms and Medical Necessity Supporting Documentation > [Medical Record Requirements for Pre-Service Reviews](#).

Prior authorization request timelines

You can submit requests electronically or by fax. For more information about prior authorization, go to UHCprovider.com/TXcommunityplan > [Prior Authorization and Notification](#).

Complete requests include the necessary supporting documentation. When we get a complete request, we'll send you and the member our determination decision **within 3 business days**.

Incomplete requests don't have sufficient clinical documentation for us to make a decision. To help avoid delaying care or avoid gaps in continuing care, please understand the timelines involved with submitting that necessary information to us.

- **Within 3 business days** of receiving the incomplete request, UnitedHealthcare will send you a letter detailing the clinical information needed
- Then, **within 3 business days** of receiving the letter, the health care professional submits the missing information to UnitedHealthcare

Within 7 business days of receiving the initial incomplete authorization request, we may refer the request for physician review. If we don't receive the requested clinical information, and the request will result in an Adverse Benefit Determination, we'll refer the request to a UnitedHealthcare medical director for a preemptive physician review with the requesting physician.

Within 10 business days of receiving the initial incomplete authorization request, we'll make a determination decision.

Specific timelines for prior authorization request submissions

Physical, occupational and speech therapies – Initial requests	• Within 5 business days from the date therapy treatments start
Physical, occupational and speech therapies – Recertification requests	• No more than 30 calendar days before the current authorization expires
Home health skilled nursing	• Within 3 business days of the start of care • After an assessment or evaluation in the member's home
PDN (private duty nursing) – Initial requests	• Within 3 business days of the start of care
PDN – Recertification requests	• At least 7, but no more than 30, calendar days before the expiration of the current authorization

We're here to help. If you have questions, please call us at **888-887-9003**, 8 a.m.–6 p.m. Central Time, Monday–Friday.

