

Specialty Guidance Program Medicare Advantage plans

Quick reference guide

Overview

Starting Jan. 3, 2022, the UnitedHealthcare Specialty Guidance Program (SGP), an evidence-based prior authorization request tool, will be effective for non-cancer Medicare Part B drugs. SGP helps facilitate prior authorization reviews, which can help simplify your experience. Optum, an affiliate of UnitedHealthcare, manages SGP.

What's new

SGP is applicable to UnitedHealthcare® Medicare Advantage members, including UnitedHealthcare Community Plan Dual Special Needs Plan (D-SNP) members. When you're requesting prior authorization for non-cancer Medicare Part B medications for these members, you'll use the SGP tool.

Medications requiring a prior authorization review

You can find the medications requiring prior authorization in the [Medicare Advantage Prior Authorization List](#) and in the [Medicare Part B Step Therapy Program](#) policy.

What's not changing

Cancer-related medications

There are no changes to how you submit prior authorization requests for cancer-related medications.

Medicare Part D medications

Continue to submit requests for Medicare Part D drugs through the pharmacy benefit manager (PBM) for the member's plan. For information on the difference between Part B and Part D drugs, see the [Medications/Drugs \(Outpatient/Part B\) Coverage Summary](#).

You won't use the SGP tool for members of these plans

- Specific UnitedHealthcare commercial plans:
 - Harvard Pilgrim Healthcare
 - Oxford
 - UnitedHealthcare West
 - UMR
- UnitedHealthcare Community Plan
- UnitedHealthcare Individual Exchange plans
- UnitedHealthcare Medicare Advantage plans that have delegated arrangements with medical groups and independent practice associations (IPAs)
- Additional plans may be included in the future



Members of excluded plans and excluded medications may be subject to other prior authorization requirements. You can go to UHCprovider.com/priorauth > [Advance Notification and Plan Requirement Resources](#) to learn more.

SGP prior authorization requests

Verifying member eligibility

You can verify UnitedHealthcare member eligibility:

- The Eligibility and Benefits tool on the UnitedHealthcare Provider Portal at UHCprovider.com/eligibilitytool
- Call the Provider Services number on the member ID card

Submitting requests

Online submissions are preferred and may result in an immediate determination, especially when requests meet required criteria.

1. Sign in to UHCprovider.com
2. Click on the **Prior Authorization tool**
3. Click on **Specialty Pharmacy Transactions Submission & Status** to be redirected to the Optum SGP tool

You can track your submissions when you submit online, and you can copy a previous prior authorization request to create a new request with similar details by clicking Prior Authorization Clone Functionality.

Determinations and status updates

The tool may determine, after you complete the requested information, that the request meets Centers for Medicare & Medicaid Services (CMS) criteria or UnitedHealthcare medical policy criteria. If the request meets the plan's required criteria, your request may be approved in real time.

If a request isn't automatically approved at submission, we'll review the prior authorization requests that require clinical review using regulatory guidelines. For Part B drugs, CMS requires the Medicare Advantage plans to provide notice of decision to the enrollee (and the physician involved, as appropriate) as expeditiously as the enrollee's health condition requires, but no later than 72 hours after receiving the prior authorization request for standard review priority and no later than 24 hours after receiving the prior authorization request for expedited review priority.

We'll send you a notification letter after a determination. You can also view the status of your submitted requests by signing in and going to the SGP tool.

Future start dates

You can create prior authorization requests to start 90 calendar days in advance. By default, the start date is the same day you sign in to submit your request.

Requests for out-of-network prior authorizations

If a member has out-of-network benefits, SGP will accept prior authorization requests from out-of-network providers.

Appeals

We'll manage appeals through the pre-service appeals and claim reconsideration, appeals process outlined in the UnitedHealthcare Administrative Guide. If you receive a denial letter, directions and appeal rights are included.

If a member's dosage changes, will that require a new prior authorization request?

If the dosage exceeds the originally requested amount, you'll need to create a new prior authorization request. However, if the dosage is less than the approved total, you don't need to create a new prior authorization request. When you're submitting a request, there is a Request Max option.

Can I view and copy previously submitted prior authorization requests?

Yes. You can check the status of existing and historical prior authorization requests by signing in to the tool and clicking **View Prior Authorization Details**.

You can copy an existing prior authorization request to create a new request with similar details by clicking **Prior Authorization Clone Functionality**.

SGP tool technical questions

What if I can't find my patient within the SGP search tool?

When searching for a member, we suggest you only use the required fields (Last name, date of birth [DOB], member ID). Don't include group ID – this may reduce the search results.

The system informed me that if a new prior authorization request is approved, it will terminate the previous request. What does that mean?

This warning message displayed in the SGP system indicates that there's already an active prior authorization request for that member and drug combination. There can be only 1 active prior authorization for each member per drug. If you decide to continue with the prior authorization request and it is approved, it will end the existing case and replace it with your new prior authorization request.

Why can't I add procedural, diagnostic, service(s) or office code(s) to the prior authorization request in the SGP tool?

SGP is specific to reviews for medically administered drugs. Please contact Provider Services at the number on the member's medical ID card for help processing authorizations for other services.

Why wasn't I redirected to the Optum SGP tool from the UnitedHealthcare Provider Portal Prior Authorization and Notification tool?

Check the pop-up blocker settings on your internet browser and "enable" it for this site.

Questions?

Contact specialtyguidanceprogram@optum.com or call 888-397-8129