

## Outpatient Therapy Prior Authorization Quick Reference Guide

On **July 1, 2017**, OptumHealth Physical Health began managing the prior authorization process for certain outpatient therapy services for UnitedHealthcare Community Plan. This quick reference guide is a handy resource to help you with this change. The following benefit plans managed by UnitedHealthcare Community Plan are affected:

- Children's Health Insurance Program
- State of Texas Access Reform ( STAR)
- STAR+PLUS
- STAR Kids
- UnitedHealthcare Connected™ (Medicare-Medicaid Plan)

### Services That Need Prior Authorization

You'll need to request prior authorization for:

- In-home services
- Outpatient therapy services, including those provided by home health, Comprehensive Outpatient Rehabilitative Facilities (CORF), Outpatient Rehabilitative Facilities (ORF) and nursing facilities, both skilled and long-term care.

Be sure to check the member's eligibility before you render services. For services that do require prior authorization before they're provided, claims will be denied if we don't have an authorization on file.

Initial evaluations for occupational therapy or physical therapy do not require prior approval.

### Approvals for Initial Evaluations and Therapy Services

If a therapy service is provided on the same day as an initial evaluation, we will require additional information to approve the therapy. The initial evaluation claim can still be processed. The approved therapy will include any services performed during the initial evaluation.

For authorization lists by plan, go to **UHCCommunityPlan.com** > For Health Care Professionals > Texas > Provider Information > [Prior Authorization](#).

### How to Request Prior Authorization

- Complete the Optum Patient Summary Form (PSF-750) to request prior authorization before services are provided. The PSF-750 should be sent within three days of the initial date of service indicated on the form.
  - Effective **March 1, 2018**, you need to include the Texas Medicaid Pediatric Supplement to the PSF-750 form for members 16 and younger. This will help during the review of your prior authorization request to make sure the services are part of the member's plan of care and Texas Health Steps.
  - A referring physician or specialist and parent or guardian signature are required on the form. A prior authorization request for children and youth that does not include this form, properly completed, will result in an administrative rejection of the authorization request. Services delivered without a prior authorization may be denied.



- The form is available at [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com) > Resource Library > Clinical Submission Forms > [Optum Patient Summary Form \(PSF-750\)](#). If you're registered with Optum, complete and submit the form at [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com).
- If you're not already registered, you have two ways to do so:
  - Register at [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com).
  - Complete the Provider Online Access Form and fax it to **888-626-1701**.

If you are unable to submit the form online or have other questions about submitting a prior authorization request, please call Optum at **800-873-4575**.

Your patients, who are able, should provide the information requested in the bottom section of the PSF-750. For patients 16 or younger, please complete the Pediatric Supplement form to the PSF-750.

You may also fill out and submit the:

- [Standard Prior Authorization Form: Texas Department of Insurance](#) or the
- [Texas Medicaid Physical, Occupational, and Speech Therapy Prior Authorization Form](#).

To ensure proper processing, include supporting documentation and please include your tax ID number on the form.

#### **Check the Status of Your Prior Authorization Request**

You may view the status of your prior authorization requests online, and print them for your records.

- Go to [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com). Sign in. Then go to Clinical Subs and Claims > Clinical Sub Status.
- If you need more information about prior authorization for outpatient therapy services, go to [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com). Sign in and choose Plan Summaries & Fee Schedules.

#### **We're Here to Help**

- If you have questions about submitting the prior authorization request, please call Optum at **800-873-4575**.
- For all other inquiries or general questions, please call UnitedHealthcare Community Plan Customer Service at **888-887-9003**.



### Provider Online Access Form

To request access to [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com), please complete the information below and fax to 888-626-1701.

#### Primary Location

Tax ID: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP code: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Clinic Fax: \_\_\_\_\_

Clinic Email: \_\_\_\_\_