



New TennCare Expedited Prior Authorization Appeal Guidelines Effective Jan. 1, 2017

The Bureau of TennCare updates their policies and procedures regularly. We wanted to let you know that effective Jan. 1, 2017, TennCare updated the definition of what can be considered for an expedited prior authorization appeal. These appeals will be processed and resolved within three business days when, according to TennCare:

“the acute presentation of this medical condition is of sufficient severity that the absence of a decision within three business days could seriously jeopardize the enrollee’s life, physical health or mental health, or their ability to attain, regain, or maintain full function.”

If the situation meets the new definition of an expedited appeal, you can submit an appeal on behalf of your patient who is a TennCare member. To help the request process within three days, please include all related clinical information and:

- Fill out the Provider Expedited Appeal Certification Form at tn.gov/tenncare > Providers > [Miscellaneous Provider Forms](#).
- Fax the completed form and related documentation to TennCare at **866-211-7228**. Please don’t send the form to UnitedHealthcare Community Plan.

Prior Authorization Requests

Also changing on Jan. 1, 2017, you’ll get a decision about routine prior authorization requests for TennCare members within 14 days instead of the previous turnaround time of 21 days. Including clinical information with your request will help ensure the request is processed as quickly as possible. For more information on prior authorization, visit UHCCommunityPlan.com > For Health Care Professionals > Tennessee > [Provider Information](#) > Prior Authorization

If you have any questions, please contact your UnitedHealthcare Provider Advocate. Thank you.