

Prior authorization requirement changes for certain therapy services, effective January 1, 2022

UnitedHealthcare Community Plan of Nebraska

Overview

Beginning **January 1, 2022**, changes to the UnitedHealthcare Community Plan of Nebraska Medicaid current physical, occupational and speech therapy notification/prior authorization process will be implemented.

The therapy code list will be updated to reflect this change effective **February 1, 2022**. Please visit: UHCprovider.com/NEcommunityplan > Prior Authorization and Notification > [Current Prior Authorization Plan Requirements](#).

Changes to the current notification/prior authorization process are:

- A Primary Care Provider (PCP) or referring specialist authorization will **no longer be required** for evaluation and re-evaluation requests for physical, occupational and speech therapy services in all settings.
- Authorization is not required for physical, occupational and speech therapy evaluation and re-evaluations.
- The Site of Service requirement is being eliminated.

We're here to help you

If you have questions about this process, please contact UnitedHealthcare at 866-331-2243.

Key points

- This change affects UnitedHealthcare Community Plan of Nebraska members
- These requirements will apply whether a member is new to therapy or will continue receiving therapy
- We'll deny claims if prior authorization is not on file before the date of service, and you won't be able to balance bill the member
- Prior authorization isn't required for emergency or urgent services