

Prior authorization changes for outpatient therapy services

UnitedHealthcare Medicare Advantage

Overview

Effective Sept. 1, 2024, UnitedHealthcare will require prior authorization for physical therapy (PT), occupational therapy (OT), speech therapy (ST) and chiropractic services delivered in office and outpatient hospital settings, excluding home settings. This applies to UnitedHealthcare® Medicare Advantage nationally, excluding Dual Complete Special Needs Plans (D-SNP). Current prior authorization requirements in Arkansas, Georgia, South Carolina and New Jersey for outpatient therapies (PT/OT/ST) continues as previously deployed, and will now include Medicare-covered chiropractic services.

Requirements

Following an initial evaluation, outpatient therapy and chiropractic services must be authorized for members new to therapy and those who are currently receiving therapy. For comprehensive requirements starting Sept. 1, 2024, see the [Advance Notification and Clinical Submission Requirements](#).

Process

Prior authorization is not required for the initial evaluation to be considered for reimbursement. However, a prior authorization is required for subsequent treatment visits. Health care providers are then required to submit the initial evaluation results and the care plan. For dates of service on or after Sept. 1, 2024, providers should use the [UnitedHealthcare Provider Portal](#) to request prior authorization.

We'll review the prior authorization request for medical necessity using CMS Chapter 15 criteria, applicable LCDs and InterQual® criteria to render a determination. Medical necessity reviews are conducted by licensed medical professionals including chiropractors, physical therapists, occupational therapists and speech-language pathologists. The provider and member will be notified of our medical necessity determination.

Impacted procedure codes

- **Outpatient therapies:** 92507, 92508, 92526, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97799, G0283
- **Chiropractic services (Medicare-covered):** 98940, 98941, 98942 when billed with AT-modifier

