

For patients with UnitedHealthcare AARP Medicare Advantage HMO plans

Referral and Prior Authorization Criteria

These HMO plans are considered “Managed” plans, meaning South Tabor Family Physicians LLP provides and coordinates your care and all referral and prior authorization needs. These plans require prior authorization for services not received at South Tabor Family Physicians.

There are many factors considered when reviewing healthcare needs.

Hierarchy Application for Services

South Tabor Family Physicians LLP applies the hierarchy of care to evaluate the necessity of services. When no other criteria are available, the Internally Developed Clinical Criteria is used.

1. Member Eligibility and Coverage
<https://www.medicare.uhc.com/>
2. Center for Medicare and Medicaid Services (CMS) Criteria
<https://www.medicare.gov/>
 - a. National Coverage Determination (NCD)
 1. <https://www.cms.gov/medicare/coverage/determination-process>
 - b. Local Coverage Determination (LCD)
 1. <https://www.cms.gov/medicare/coverage/determination-process/local>
 - c. Medicare Benefit Policy Manual
 1. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c01.pdf>
3. Insurance Company Criteria
 - a. Coverage Summary
 1. https://www.uhc.com/medicare/alphadog/AAEX24HP0123552_000
 - b. Clinical Guidelines and Medical Policies
 1. <https://www.uhcprovider.com/en/policies-protocols/clinical-guidelines.html>
 2. <https://www.uhcprovider.com/en/policies-protocols/medicare-advantage-policies/medicare-advantage-medical-policies.html>
4. Evidence-based resources and literature
5. Internally Developed Clinic Criteria (based on the following):
 1. Evidence based treatment guidelines.
 2. The appropriateness of the request.
 3. Treatment for conditions that cannot be treated in the primary care setting.
 4. Uses clinical data and medical necessity, including:
 - a. Lab results.

- b. Diagnostic imaging results.
 - c. Visit notes.
 - d. Documented/Demonstrated compliance
5. All requests are reviewed using the automatic approval list
- a. If the service request is not automatically approved, the request will go to the Medical Director for a final determination.

This ensures:

- All requests are treated using the same guidelines.
- Adequate access to care.
- Appropriateness of care.
- Consistent communication.
- Following the treatment/plan of care.
- Continuity of care.
- Financial implications are considered for patients, the health plan, and the delegated entity.

Having trouble finding what you are looking for? We're here to help.

Contact United Healthcare at the number on the back of your ID card, or at:

<https://www.uhc.com/medicare/contact-us.html>

Contact South Tabor Family Physicians LLP Managed Care Department Monday through Friday, 8:30 am to 4:30 pm, at (503) 261-7221.