

# Preauthorization Requirements for Managed Care

## Benefit Interpretation: Submitting Letters of Medical Necessity

Univera Healthcare requires that physicians obtain preauthorization for certain services by preparing a letter of medical necessity (and, if possible, completing a *Preauthorization for Medical Necessity* form) and faxing it with pertinent information to (716) 857-6361 or 1(800) 404-1442.

For complete information about medical necessity criteria associated with a specific procedure, treatment, or service, see the Health Plan's Medical Protocols and Policies. This material is available in the Provider Pages of the Web site, [www.univerahealthcare.com](http://www.univerahealthcare.com), or upon request from Provider Service at (716) 857-4444 or 1(800) 617-1114.

Procedures and services that require physicians to submit a Letter of Medical Necessity to obtain preauthorization *include but are not limited to:*

- Cosmetic / reconstructive procedures including but not limited to:
  - alopecia areata
  - blepharoplasty
  - breast implant removal
  - gastric bypass
  - gynecomastia surgery
  - port-wine stain removal
  - reduction mammoplasty
  - scar revision
  - sclerotherapy
- Contract exclusions
- Custodial Care
- Dental services
- Gamma knife surgery
- Home uterine monitoring
- Investigational/experimental procedures
- Neuropsychological Testing
- Out-of-area, out-of-network non-emergency care
- Photodynamic therapy
- TMJ Treatment

## Other Preauthorizations

**Durable Medical Equipment, Home Care Services, Hospice, Infusion Therapy, Prosthetics and Orthopedic Devices.** Vendors obtain preauthorization by contacting the Health Plan at (phone) (716) 857-6295 or 1(800) 724-1176; or (fax) (716) 857-6289 or 1(800) 542-6977.

**Notification for Hospital Admissions (Local).** Facilities must notify the Health Plan when patient is admitted by calling (716) 857-4500 or 1(800) 610-1113.

**Notification for Skilled Nursing Facility (SNF) Admissions.** Ordering providers must notify the Health Plan prior to patient admission by calling (716) 504-4500 or 1(800) 960-1058.

**Physical Therapy and Occupational Therapy.** Physicians shall give members an order for treatment to be received from participating PTs and OTs. After making the initial evaluation, PT/OTs must fax a *PT/OT Initial Authorization Form* to (716) 857-6361 or (888) 465-1373 to obtain preauthorization for additional visits. For information, call (716) 857-6303 or 1(888) 576-7783

**Speech Therapy.** Members need no order to be covered for an initial visit to a participating speech therapist (ST). STs must obtain preauthorization for additional visits by faxing a *Speech Therapy Visit Report* and relevant documentation to (716) 857-6361 or 1(888) 465-1373. For information, call (716) 857-6303 or 1(888) 576-7783.

**Transplantation Services.** If a physician determines that a managed care member requires solid organ or bone marrow transplantation services, the physician must obtain a preauthorization by submitting a Letter of Medical Necessity for benefit interpretation (see section above).

**Questions? Call Provider Service at (716) 857-4444 or 1 (800) 617-1114**