



LA MH Rehabilitation Prior Authorizations Frequently Asked Questions

How will I be notified of current clients' authorizations?	Providers will be notified via US Mail. The addresses used will be taken from claims information. Missing authorizations can be sent to this email address networkse@optum.com after 9/01/18. Authorizations can be reviewed via the Prior Authorization and Notification Tool on uhcprovider.com . Order Express Support Center 66-206-5420
Can we receive authorizations by email and mail?	Authorizations cannot be emailed due to HIPAA regulations. However, as stated above, providers may view their authorizations in the uhcprovider.com portal. Training and registration information can be utilized at that site.
What Behavioral Assessment Form will I need to include?	Please continue to use the same assessment form used prior to the new prior authorization requirements.
Can the assessment be submitted via the portal?	Yes, all documents will need to be submitted via the portal. Scanned documents will be accepted.
Does the person rendering the services need to be the person entering the authorizations?	Due to the sensitive nature of clinical information, the person completing the request should be able to speak to the clinical presentation of the client.
Will treatment plans need to be submitted?	Treatment plans are not required but are encouraged to be submitted whenever possible.
Can I request more units before all of the current authorized units are exhausted?	It is always important to report the most up to date clinical presentation. It takes five days to make this determination, so please balance when it is the best time to send in a renewal request. We recommend requesting authorization for more units, no more than two weeks in advance.
How can I view my authorizations online?	Authorization can be reviewed via the Prior Authorization and Notification Tool on uhcprovider.com
How will the number of units authorized and end dates be determined?	Authorizations will be determined by medical necessity, but will not exceed six months in length. Typically a standard amount of units will be given. The provider should request additional sessions when those units are exhausted, or the timeframe of the authorization has ended. Please use the sessions as determined by the individual need of the member.
Does Optum have a specific Member Choice Form they want us to use?	Optum will accept the Louisiana Department of Health Member Choice Form.
Do we select "initial request" when submitting the prior authorization for existing members?	Initial request is to be used only when the member is starting treatment.
Will we still have clinical reviews and peer-to-peers, as well? If so, how often?	At times, a Care Advocate may determine a case needs full clinical review to determine medical necessity. This decision is made based on severity, intensity of services, and member need. A peer review will occur if a Care Advocate cannot determine medical necessity, based on the documentation provided. Please ensure the phone number entered into the request is the direct number to the person who will be reviewing the case.

Questions? Please contact Louisiana Provider Services at: 1-866-675-1607 or networkse@optum.com