

Policy: Medical Necessity and Prior Authorization - Individual Product

Principles:

Health Plans - Individual Product

Purpose:

It is the policy of University of Utah Health Plans to review for medical necessity and require prior authorization.

Scope:

University of Utah Health Insurance Plans

A. Commercial

Description:

Some covered benefits may require prior authorization and/or be subject to review for medical necessity. Prior authorization is the process by which we, the carrier, require an approval to access a covered benefit before the enrollee accesses the benefit. If a prior authorization is required for a specific service and not obtained by the provider or enrollee, the service will not be reimbursed even if it is a covered benefit of the plan. Medical necessity reviews are completed when it is necessary to determine if the service is reasonable, necessary, and/or appropriate based on evidence-based clinical standards of care.

- To request a prior authorization, please call customer service at 833-981-0213 or fax the supporting documentation to 801-281-6121. Prior authorization requests for medical services are typically decided within 72 hours of receiving an urgent request or within 15 days for non-urgent requests.
- For more details in regards to what services require prior authorization or a medical necessity review, go to <https://uhealthplan.utah.edu/for-providers/pdf/um-review-guidelines-healthy-premier-individual.pdf>

Current Approval Date:

6 May 2021