

## **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 833-981-0214 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 <http://uhealthplan.utah.edu/for-providers/pdf/um%20review%20guidelines%20healthy%20premier%20individual.pdf>.

### **Current Approval Date:**

19 April 2024