UnitedHealthcare Community Plan of Tennessee

Frequently asked questions

TennCare prior authorization requirements for chiropractic services overview

Effective **Jan. 1, 2022,** prior authorization is required for chiropractic services for UnitedHealthcare Community Plan of Tennessee TennCare members after the 10th visit.

Reimbursement will be for a single evaluation management visit and X-ray per year, and for manipulation codes in the first 10 visits without prior authorization. These codes will be reimbursed with spine ICD-10 codes only. Other treatment modalities will not be reimbursed.

How do I request prior authorization for chiropractic services?

Use the Prior Authorization and Notification tool at **UHCprovider.com/paan.** Please submit your request no sooner than 30 days in advance of the 10th visit.

Where can I find the medical necessity guidelines?

See the UnitedHealthcare Community Plan of Tennessee **coverage determination guidelines for manipulative therapy**.

Where can I see the prior authorization code list?

You can find the list of codes that are subject to prior authorization requirements at **UHCprovider.com/TNcommunityplan** > Prior Authorization and Notification Resources.

Will these prior authorization requirements apply for members who are already receiving services?

Yes. Prior authorization requirements will apply to members who are new to services and those who are currently receiving services.

Will these requirements affect claims or a member's out-of-pocket costs?

No. If a prior authorization is not on file before performing a procedure, claims for that service will be denied and the member cannot be billed for the service.

Key points

- For dates of service starting Jan. 1, 2022, prior authorization is required for chiropractic services after the 10th visit for all UnitedHealthcare Community Plan of Tennessee TennCare members.
- These requirements will apply whether a member is new to services or will continue receiving services on or after Jan.1, 2022.
- Claims will be denied if prior authorization is not on file before the date of service. Please note that members cannot be balance billed.

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What happens if I submit my request with incomplete information?

An incomplete request may be denied.

Which place of service should I choose when submitting my request online?

When choosing “place of service” for outpatient services, please choose the “Office or Outpatient” from the dropdown menu. Do not choose “Outpatient Facility.”

Are submission instructions or training available?

Yes. **Self-paced training for the Prior Authorization and Notification tool** is available at **UHCprovider.com/training.**

How quickly will you process my request?

We’ll process a complete prior authorization request within 36 hours of receipt of necessary information (including 1 working day), not to exceed 14 calendar days from the receipt of request.

What criteria do you use to review prior authorization requests?

See the UnitedHealthcare Community Plan of Tennessee coverage determination guidelines for manipulative therapy.

How will you notify me of approvals?

If we approve the request, we’ll notify the treating chiropractor by fax.

How will you notify me of denials?

If we deny the request, we will notify the treating chiropractor by phone. We’ll also send a letter to the chiropractor and member.

Questions?

If you have questions, call UnitedHealthcare at **800-690-1606.**
For contracting and credentialing questions, call Optum at **800-873-4575.**

PCA-1-21-04447-C&S-FAQ_12142021

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