

Coordination of Benefits and Authorizations

When to Request Prior Authorization for Services

Sometimes a prior authorization for services is necessary, even when the bill will go to an insurance company other than us, the primary payer, for our member.

Some of our members may have other insurance, such as commercial or Medicare, that is their primary insurance, with Medicaid as the payer of last resort. You should first bill the primary insurance company. Several things may happen; the primary insurance may:

- Pay the full claim for the service
- Pay a portion of the claim, in which the claim can be sent to us, along with the primary insurance company's explanation of benefits (EOB), for us to consider payment
- Not respond within 110 days from the date of service, in which case the full claim can be sent to us with supporting documentation of your submission of the claim to the primary insurance
- Deny the claims, in which case you can submit the claim to us, along with the primary insurance company's explanation of benefits (EOB) showing the denial, for payment consideration

How to Request a Prior Authorization

Even when our members have another insurance as the primary payer, you should submit a request for authorization of services prior to the delivery of those services. You can request prior authorization either:

- **Online:** Use the Prior Authorization and Notification tool on Link. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Fax to 877-940-1972.** You can find the form for faxing at UHCprovider.com/TXCommunityPlan > Provider Forms > [Standard Prior Authorization form: Texas Department of Insurance](#).

If you need help with a specific request, please call **866-604-3267**.

Submitting a Claim Reconsideration

A claim reconsideration may help when a claim was denied with a reason of no authorization, yet you had secured a prior authorization. Go to UHCprovider.com > Claims and Payments (learn more) > [Submit a Corrected Claim, Claim Reconsideration and Projects / Begin Appeal Process](#). You will find directions on how to submit online or you can fax the form. Either way, be sure to include documentation supporting medical necessity for the service and the authorization number.

We're Here to Help

If you have questions, please call **888-887-9003** from 8 a.m. – 6 p.m. Central Time, Monday – Friday. You can also contact your Physician Advocate directly. Thank you.