

Please refer to the Member Handbook for specific language regarding these policies.

Referrals (see page 17)

UnitedHealthcare Community Plan does not require referrals for you to see a specialist. You can see any specialist with or without a referral.

Authorization (see page 28)

Similar to current practice, clinical authorizations may be required to determine medical necessity for certain services such as therapies, durable medical equipment, and enteral formula. A list of services requiring prior authorization are found on our website and are not more restrictive than the current program

**Medically Necessary means:**

1. For members birth through age 20, the following Texas Health Steps services:
  - (a) screening, vision and hearing services; and
  - (b) other Health Care Services, including Behavioral Health Services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
    - (i) must comply with the requirements of the Alberto N., et al. v. Smith, et al. partial settlement agreements; and
    - (ii) may include consideration of other relevant factors, such as the criteria described in Parts (2)(b – g) and (3)(b – g) of this definition.
2. For members over age 20, non-behavioral health-related health care services that are:
  - (a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
  - (b) provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
  - (c) consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
  - (d) consistent with the diagnoses of the conditions; (e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;
  - (f) are not experimental or investigative; and
  - (g) are not primarily for the convenience of the member or provider; and
3. For members over age 20, behavioral health services that:
  - (a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
  - (b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
  - (c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
  - (d) are the most appropriate level or supply of service that can safely be provided;
  - (e) could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
  - (f) are not experimental or investigative; and

(g) are not primarily for the convenience of the member or provider.