Maryland: Prior authorization and concurrent review reminder

We are required to perform a concurrent review on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services and pharmaceuticals. Here are the **current prior authorization plan requirements.**

The advance notification/prior authorization list is subject to change. See the **Medical Policy Update Bulletin** to be informed of changes.

When a prior authorization request is submitted, a care provider of the same or similar specialty reviews all cases in which the care (or prescription medication) doesn't appear to meet criteria or guidelines adopted by UnitedHealthcare® Community Plan Medical Policy Committee. Coverage decisions are based on the appropriateness of care, service and existence of coverage.

How to make an appeal
If coverage is denied, you have the right to request a peer-to-peer discussion with the reviewing health care professional and a copy of the criteria used in a review. You can arrange peer-to-peer discussions by calling **800-955-7615** or send a fax to 866-800-1461. Detailed information is included in the denial letter.

You and your patients have the right to appeal denial decisions. The denial letter contains directions on how to file an appeal. Appeals are reviewed by a health care professional who was not involved in the initial denial decision and is of the same or similar specialty.

Learn more
For more information, review chapter 12 of our **provider manual.**

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