

Prior authorization vs. predetermination

When it comes to verifying medical necessity before a procedure or service is rendered, we want to make sure you understand the difference in **prior authorization** and **predetermination** and how UMR manages both. You will also find information on how to submit a prior authorization/predetermination request, as well as details on checking the status of a request and a couple of frequently asked questions.

Prior authorization

A requirement

of the patient's employer plan that specific services be reviewed for medical necessity and authorized prior to them being rendered.



Predetermination

Not a requirement

of the patient's employer plan. Rather, UMR does this as a courtesy review for the provider to determine if the services are medically necessary prior to them being rendered.



This document provides instructions for how to search for prior authorization (PA) and predetermination requirements, as well as appropriate methods for submitting requests.

The UMR prior authorization requirement search tool – a guide for external users

At UMR, we've created a new tool to easily identify if services require prior authorization on the members' plans.

Our new Prior Authorization Requirement Search Tool will quickly and accurately perform a search and deliver results that let you know if a prior auth is necessary for a specific member. The tool also provides other situational criteria that might be applicable to the prior auth requirements.

Follow these steps to perform a search

1 Sign in to **umr.com** to access **Patient search**.

2 After signing in, enter Patient ID or Social Security number (SSN), then select **Search**.

3 Go to **Select patient**, select **Prior Authorization** from **View** drop-down, then select **Search**.

The image displays three screenshots of the UMR website interface. The first screenshot shows the homepage with a 'Sign in to your account' modal. The second screenshot shows the 'Patient search' tool with a search form. The third screenshot shows the 'Patient found' results page with a table of coverage information.

UMR Member Employer Provider Partner Broker Select language

Home Find a provider Form center Sign in

Welcome to health care reimagined

UMR makes it easier for you to take charge of your health with simple, personalized health care plans that give you the freedom to focus on what matters most - living life to the fullest.

Sign in to your account

I am a...

Need to register? [Create your account](#)

By signing into your account, you can:

- Find health care providers
- Check health care account balances
- View claims
- Update your profile

New to UMR? Let's get started

Registering with UMR is quick and easy. By signing in, you can manage your benefits and get the care you need, when you need it. Plus, you'll have access to our online tools and resources that'll help you get the most out of your health care. Additionally, watch a video to see how UMR is refreshing the look of our website.

UMR Home TIN maintenance Message center Contact us My account

Patient search Claims Prior authorization Refund tracking Remittance advice Form center

Hi, XYZ Provider Inc.

Provider: XYZ Provider Inc.

My Favorite Clinic
123 Any Street
Best City, USA 12345

Quick links

Provider resources Online services section

Patient search

Find out everything you need to know about a member with one search. This search will bring up the exact view your member sees. In order to conduct other employer related tasks, return to this dashboard.

Search for a new patient

Start a new search for a different patient

Search by:

Patient ID or SSN

Enter patient ID or SSN

Search Clear filters

UMR Home TIN maintenance Message center Contact us My account

Patient search Claims Prior authorization Refund tracking Remittance advice Form center

See how we're reimagining the secure provider portal [View FAQs](#) or [user guide](#) to learn more.

Patient found

You are now viewing: **Cade Blank (06/08/1965, ID 44053229)**

To access patient information, choose the patient from drop-down menu below, then select the desired view from the second drop-down.

Select patient: Cade Blank (06/08/1965) View: Summary

Coverage summary

Coverage type	Provider network	date	Term date	Class	Plan number	Benefit plan
Long term disability	Health reimbursement account		Active	XXX	999999999	XXX
Dental	Family	7/1/1776	Active	XXX	999999999	XXX
Consumer account	Single	7/1/1776	Active	XXX	999999999	XXX
Medical	Family	7/1/1776	Active	XXX	999999999	XXX

*The effective date reflects the date the benefit becomes available for this individual for the specific coverage in effect for the benefit as of date, and is not necessarily the date the individual had coverage.

(Fictionalized data)

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On the **Prior authorization search** screen, the fields marked with a red asterisk are required entries. To return the most precise results, it is best to enter as much information as possible in the remaining fields.

Field entry notes:

- A diagnosis code must include a decimal after the third character – for example, 123.45
- If the date is unknown, enter today's date

TIN search: Enter a TIN in the **Rendering provider tax ID number (TIN)** box, and then select **Select provider**.

From the Provider type drop-down menu, select either **Physician** or **Facility**, and then enter additional search criteria and select **Search**.

Select a provider from the **Provider name** column, then select **Next**. If you do not see the correct provider listed in the results, you can modify criteria and search again, or select **Cancel** to return to the prior authorization search main screen.

The image displays two screenshots of the UMR (United Medical Resources) web application interface for prior authorization searches.

Top Screenshot: Prior authorization search

The top screenshot shows the "Prior authorization search" page. The header includes the UMR logo and navigation links: Home, TIN maintenance, Message center, and Contact us. Below the header is a navigation bar with tabs: Patient search, Claims, Prior authorization (selected), Refund tracking, Remittance advice, and Form center. The main content area has three boxes: "View member cases" (Update cases, check status or complete drafts >), "View member decision history" (Search by decision ID >), and "View your draft and submitted cases" (Update cases, check status or complete drafts >). The "Prior authorization search" section includes a note: "Required fields are marked with an asterisk." and "All inpatient stays require prior authorization." The form fields are: "Place of service:" (dropdown), "Procedure code or description:" (text input, up to five codes), "Diagnosis code or description:" (text input), "Date of service:" (MM/DD/YYYY date picker), and "Rendering provider tax ID number (TIN):" (text input). A "Select provider" button is located at the bottom right of the form.

Bottom Screenshot: Select provider

The bottom screenshot shows the "Select provider" page. It displays the "Rendering provider tax ID number (TIN): 0000000000" and "Date of service: 07/04/1776". Below this is a note: "Enter additional criteria below to refine your search results." The form fields are: "Provider type:" (dropdown, currently set to "Physician"), "Provider first name:" (text input), "Provider last name:" (text input), "National provider identifier (NPI):" (text input, currently set to "0000000000"), and "ZIP code:" (text input, currently set to "12345"). A "Search" button is located at the bottom right of the form. Below the form is a table with columns: NETWORK, PROVIDER NAME, NPI, ADDRESS, CITY, STATE, ZIP, NETWORK LEVEL, and NETWORK NAME. The table is currently empty, and a message below it states: "No results found matching your search criteria." At the bottom of the page, there is a "Showing 0 to 0 of 0 entries" indicator, a "10" items per page dropdown, and a "Unable to find a specific provider" message: "Don't worry, selecting a provider is not required to perform a prior authorization search. You can click the cancel button to take you back to the prior authorization search where you can do a search without selecting a specific provider." There are "Cancel" and "Next" buttons at the bottom right.

(Fictionalized data)

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- 5 When you are finished entering search criteria, review details for accuracy and modify any necessary fields. Select **Search** to view results.

Viewing your search results

Based on search criteria entered, the tool will display one or more of the following options:

- No coverage for this service
- Prior authorization is required
- Medical necessity review needed/ pre-determination recommended
- No requirements found for the procedure code

The results will display similar to what you see here, defaulting to the **In-network** tab if no provider is selected. Note that multiple tiers may be applicable. To view tiers, including out-of-network benefits, select the desired tab.

To view requirements for other tiers, select the desired tab.

The screenshot shows the UMR website's 'Prior authorization search' form. The header includes the UMR logo and navigation links: Home, TIN maintenance, Message center, and Contact us. Below the header is a dark blue bar with links: Patient search, Claims, Prior authorization, Refund tracking, Remittance advice, and Form center. The form itself has a title 'Prior authorization search' and a note: 'Required fields are marked with an asterisk.' Below this is a list of instructions: 'All inpatient stays require prior authorization.' The form fields include: 'Place of service' (a dropdown menu), 'Procedure code or description' (a text input with a search icon), 'Diagnosis code or description' (a text input with a search icon), 'Date of service' (a date picker), and 'Rendering provider tax ID number (TIN)' (a text input). A 'Select provider' button is next to the TIN field. At the bottom is a 'Search' button.

The screenshot shows the 'Prior Authorization results' page for 'Tier one'. It displays the 'Decision ID: 000000' and a note: 'Please save for your records'. Below this are tabs for 'Tier one', 'Tier two', and 'Out-of-network'. A green box indicates 'Code Blank is part of this tier' with the participating network name 'NEXUS ACO'. The search criteria are listed: 'Place of service: Elective Inpatient Hospital', 'Procedure code: 82306 - Vitamin D; 25 hydroxy, includes fraction(s), if performed', 'Diagnosis: F33.2 - Major depressive disorder, recurrent severe without psychotic features', 'Date of service: 07/04/1776', and 'YAX ID number (TIN): 000000000'. An orange box with a warning icon states: 'Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.' At the bottom is a 'Prior authorization submission' button.

This screenshot is identical to the one above, showing the 'Prior Authorization results' page for 'Tier one'. It displays the 'Decision ID: 000000' and a note: 'Please save for your records'. Below this are tabs for 'Tier one', 'Tier two', and 'Out-of-network'. A green box indicates 'Code Blank is part of this tier' with the participating network name 'NEXUS ACO'. The search criteria are listed: 'Place of service: Elective Inpatient Hospital', 'Procedure code: 82306 - Vitamin D; 25 hydroxy, includes fraction(s), if performed', 'Diagnosis: F33.2 - Major depressive disorder, recurrent severe without psychotic features', 'Date of service: 07/04/1776', and 'YAX ID number (TIN): 000000000'. An orange box with a warning icon states: 'Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.' At the bottom is a 'Request authorization submission' button.

(Fictionalized data)

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It is important to scroll through all results and determine which apply to the situation. In addition, you may see color-coded results as follows:

If you see	It means
 Orange box with text	Applies to the specific search criteria entered with no other conditions to consider
 Blue box with text	Applies to the specific search criteria entered with additional conditions for users to review
 Gray box with text	Additional information that might apply – a user must review to determine if the result applies to the situation based on criteria other than CPT code or diagnosis (such as place of service, etc.)

Further down the results page, you will see important additional requirements that may apply. This displays other results that may apply based on factors other than the CPT code. Some of this information can be narrowed down by including a diagnosis code in the initial search, or by searching the diagnosis code in the **Filter your results** field.

 **Prior authorization required**

when billed with the following modifier(s):

- NR
- NU
- UE

AND

when billed amount is greater than or equal to \$1500.00

Furthermore, you may see a combination of results returned. If you do, follow this chart:

If you see	And	Then
Prior authorization	Medical necessity/pre-determination	Prior authorization is required
Prior authorization	No coverage	There is no coverage for this service
Medical necessity/pre-determination	No coverage	There is no coverage for this service

Outside of the search criteria available, other results may be dependent on additional factors such as patient age, dollar or visit threshold etc.

Prior Authorization results

Decision ID: 000000

Please save for your records

Tier one

Tier two

Out-of-network

Place of service: Elective Inpatient Hospital

Procedure code: 82306 - Vitamin D; 25 hydroxy, includes fraction(s), if performed

Diagnosis:  Not entered. To target your results, enter a TIN

Date of service: 07/04/1776

YAX ID number (TIN):  Not entered. To target your results, enter a TIN

 Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.

 Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.

EXCEPT when performed by the following provider(s):

- Call customer service for provider specific detail.

(Fictionalized data)

If you have questions or need assistance with this tool, please call the customer service number on the member’s ID card.

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How to check the status of your submission

After submitting prior authorization/predetermination requests, you can check the status of each one. Follow these steps.

1. From the Provider home page, select **Prior authorization** from the navigation bar.
2. Select **Search by transaction number**.
3. Enter transaction number and select **Search**.

The prior authorizations and predeterminations for the patient information you entered under your tax ID will be displayed. The **Status** will be indicated for each one listed like shown here.

The first screenshot shows the UMR website's 'Prior authorization' page. The navigation bar includes 'Home', 'TIN maintenance', 'Message center', and 'Contact us'. The 'Prior authorization' link is highlighted in the navigation bar. Below the navigation bar, there are three main sections: 'View your draft and submitted cases', 'View individual cases', and 'Check if prior authorization is required or submit a request'.

The second screenshot shows the 'Prior authorization case search' page. It includes a search form with fields for 'Search by' (Select one), 'Case status' (Select one), and 'Service date range' (From (mm/dd/yyyy) - To (mm/dd/yyyy)). There is an 'Apply' button and a 'Search' button. Below the search form, there is a table with the following columns: Transaction #, Member ID, Patient name, Place of service, Date of service, Facility name, Physician name, Status, and Actions. The 'Status' column is highlighted in red. The table contains two rows of data, both with a status of 'Complete'. The 'Actions' column for each row includes links for 'Edit', 'Submit an extension', 'Submit admission notification', and 'Appeal'.

Transaction #	Member ID	Patient name	Place of service	Date of service	Facility name	Physician name	Status	Actions
00000000	44043209	Blank Code	Clinic	07/04/1776	My Favorite Clinic	Doctor One	Complete	Edit Submit an extension Submit admission notification Appeal
00000000	44043209	Blank Code	Clinic	07/04/1776	My Favorite Clinic	Doctor One	Complete	Edit Submit an extension Submit admission notification Appeal

(Fictionalized data)

Status types

The following are classifications or “types” of Status you will see listed.

- **Submitted:** UMR has received and request will be reviewed
- **In Progress:** Being routed to proper area
- **Pending review:** Case is being reviewed
- **Not Required:** No authorization required
- **Not handled by CM:** UMR doesn't manage this member's plan's care management (CM)
- **Partially approved:** Case was partially approved
- **Call back required:** UMR requires additional information; therefore, UMR will call the provider contact
- **Approved:** Services approved
- **Denied:** Services denied
- **Case Voided:** Reason would be given as to why case was voided at time of void

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Other ways to submit your request



By phone

Call **866-494-4502** to speak to a representative for both prior authorization/predeterminations. The UMR representative will need the following information:

- Patient's ID number, name and date of birth
- Provider and facility name, address, and telephone number
- CPT and diagnosis codes
- Date of service
- Contact at your office/facility and phone number
- Documentation to support medical necessity

Frequently asked questions

How will the provider be notified of the result of the review?

For approvals and/or denials, a UMR team member may call your office, but a letter will be sent to the applicable doctor, facility and/or member.

For prior authorizations only:

- If denied, then the appeal/dispute process will be outlined in the notification letter.
- If the prior authorization cannot be reviewed for some reason, you will be notified with an explanation.

How many days should I expect to wait before services are approved?

Predeterminations and preauthorizations can take up to 15 business days to complete.