



Can I request a prior authorization start date to be backdated?

UPHP policy does not allow for retro-authorization (back-dating) of requests. Prior authorization start dates will be no earlier than the date the request was received by UPHP.

I cannot find the desired J-code/Q-code?

If a J-code/Q-code cannot be found on the portal, please check our website for the most up-to-date list of medical drugs that require a prior authorization. If it is not on the list on the website, then it does not require a prior authorization. Please check the MDHHS provider fee schedule to ensure the code is covered. If it is on the list of drugs requiring a PA, then please pick a code that most closely matches the drug you are requesting and add a note indicating the actual code you are requesting.

How can I prevent claim denials?

To avoid claim denials, ensure a prior authorization is in place if required by UPHP and only use the code that was approved and listed on the approval letter.

When can I expect a response to my submitted request?

Standard: Decision within 7 calendar days.
Urgent: Decision within 72 hours. Urgent requests should be reserved for cases that if waiting for a decision under the standard timeframes would place the member's life, health, or ability to regain maximum function in serious jeopardy.

Can I fax requests versus using the portal?

All applicable service/item and Medicaid Medical Pharmacy (J-Code, Q-code) prior authorization requests will now be processed directly by UPHP via the UPHP Assist Provider Portal. UPHP no longer accepts faxed prior authorization requests for medical pharmacy drugs from in-network providers. To access the UPHP Assist Provider Portal, or to become a registered user, please visit: <https://www.uphp.com/provider-login/>. Please note that at this time, UPHP continues to accept inpatient/observation and skilled nursing/swing bed admissions and updates by fax.

If you are an out-of-network provider and do not wish to register in the UPHP Assist Provider Portal, you may submit requests by fax using the request form to **1-906-225-4516**.

UPHP Prior Authorization FAQ

How can I improve the chances of having a prior authorization approved?

1. Review UPHP member handbooks and/or certificates of coverage to ensure service or item is a covered benefit, found at <https://www.uphp.com/>.
2. Review criteria ahead of time to ensure you have included all required information.
3. Promptly provide answers to follow up calls or faxes.
4. Ensure you are submitting for a covered diagnosis code. Covered codes can be found at: <https://www.uphp.com/pharmacy/medicaldrugbenefitjcode/>.
5. Check the UPHP Provider Search to see if there are in-network providers available who can provide needed services ahead of requesting any out-of-network services.

Where can I find the medical drug (J-code, Q-code) criteria?

The criteria used for prior authorization determination can be found at: <https://www.uphp.com/pharmacy/medicaldrugbenefitjcode/>