Frequently Asked Questions: Prior Authorization Request

Who should request a prior authorization?
Providers are responsible for submitting the prior authorization request. The request must be submitted for covered services that require authorization prior to rendering the services.

What do I do if the prior authorization is expiring?
Providers are responsible for requesting a new authorization at least 14 days before the current approved authorization expires if the service needs to continue.

What if I do not have a prior authorization and perform the service?
An authorization should be obtained prior to performing the service to avoid an administrative claim denial. Retro authorizations requests will not be accepted. Please refer to the Prior Authorization payment policy.

Is there a prior authorizations payment policy?
Yes, please refer to the Payment Policies page located under the For Providers category on our website, commonwealthcarealliance.org.

Where do I find the covered services & prior authorization requirements?
Section 4 of the Provider Manual, Covered Services & Prior Authorization Requirements, includes all the information you need on our Prior Authorization requirements and covered services. Our Provider Manual can be found on our website under the For Providers category or by going to commonwealthcarealliance org/provider-manual.

Who do I call with questions regarding covered services & prior authorization?
If a requested service or item is not listed, please contact our Provider Services Department at 866-420-9332 for clarification.

Where do I find the prior authorization forms?
The complete list of prior authorization forms are available in two locations on the CCA website:

- Provider Manual Section 18: Prior Authorization Forms
- Forms, Lists and Notices page on our website found under For Providers > Resources and Forms

What number should I fax the prior authorization forms to?

- The Inpatient/Observation Admission prior authorization forms must be faxed to 855-811-3467
- All other prior authorization forms must be faxed to 855-341-0720

When will I receive the decision for the prior authorization request submitted?
Prior authorization decisions will be made no later than fourteen (14) calendar days after CCA receives the request (or within seventy-two [72] hours for expedited requests). The decisions are faxed directly to the providers fax number on file.

When should I request an authorization to be expedited?
A member, or any physician may request that CCA expedite an organization determination (prior authorization request) when the member or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

Why am I receiving a form labeled Referral in addition to the authorization?
You may receive a referral for one of two reasons:

1) To provide demographic information
2) To conduct an evaluation in order to fulfill the service being requested

Who can I contact if I have questions about the prior authorization?
If you have questions about the approved authorization (e.g. number of units, Procedure Code etc.), please contact our Provider Services Department for assistance at 866-420-9332.

What should I do if I do not receive a decision within the timeframe?
If you did not receive a decision within the allowed timeframe, please contact our Provider Services Department for assistance at 866-420-9332.

How do I check on the status of a prior authorization request?
To check the status of an authorization, please contact our Provider Services Department for assistance at 866-420-9332.

How often should I verify member eligibility?
Providers are required to confirm member eligibility on a regular basis and prior to rendering services. All prior authorizations are contingent upon member eligibility.

- Eligibility may be confirmed by contacting:
  - Logging into the EZ NET Online Claims Web Portal
  - Using the MassHealth Provider Online Service Center
  - Using the NEHEN Provider Portal
  - CCA Provider Services at 866-420-9332

How do I obtain access to CCA's EZNet Online Claims Web Portal?
CCA offers a secure web portal where providers can view their claim status and validate member eligibility. Information on obtaining access can be found on page 6 Section 6: Claims and Billing Procedures of CCA's Provider Manual. Our Provider Manual can be found on our website under the For Providers category or by going to commonwealthcarealliance org/provider-manual.

What should I do if I receive a denial for a claim where prior authorization approval was obtained?

If you feel that you have received Prior Authorization and your claim was administratively denied, please submit your proof of prior authorization submission via the Request for Claim Review form. Guidance on submitting an appeal can be located on page 8 of Section 6: Claims and Billing Procedures of CCA's Provider Manual. Our Provider Manual can be found on our website under the For Providers category or by going to commonwealthcarealliance org/provider-manual.

Who should I call if I have questions about claims?

For billing, claim status, questions or inquiries, please contact our Claims Department directly at 800-306-0732.