



**Prior Authorization FAQ
For Distribution 9/25/2018**

Q: If there is an existing prior authorization for a date of service (DOS) in October for a code that will no longer require an authorization in October, do I include the authorization when I submit my claim?

A: You do not have to include the authorization on your claim, but if you prefer to do so you can. That authorization will still be in our system and will be valid. You do not need to cancel the authorization.

Q: If I submit a request in September for an October DOS for a code that no longer requires an authorization as of 10/1/18, will that request be processed in September, or will it be put aside since no authorization will be required due to October DOS?

A: If we know for sure the DOS is after 10/1, then you will receive a fax or communication telling you that no authorization is required. If we are unsure, we will process the request.

Q: What will the turnaround time be for the remaining codes that require prior authorization?

A: When you request prior authorization for a Mercy Care member, we'll review it and get back to you according to the following timeframes:

- **Routine** – 14 calendar days upon receipt of request.
- **Urgent** – 72 hours upon receipt of request. An urgent request is appropriate for a non-life-threatening condition, which if not treated promptly, will result in a worsened or more complicated patient condition. We encourage you to call the Prior Authorization Department at **602-263-3000** for all urgent requests.

Q: I looked at the grid and/or ProPat and verified the code did not require a prior authorization. My claim was denied for no prior authorization. What do I need to do? Will these be passed through? Do I resubmit?

A: Please contact Member Services at **602-263-3000**, or **602-586-1841** for RBHA prior authorizations.

Q: Can I anticipate any further changes to prior authorization requirements?

A: As we continue to review our processes, you may see future changes to our prior authorization requirements. We will communicate those changes through provider notice.

Q: Who can I call with questions about a Prior Authorization?

A: Prior Authorization will still take calls for services requiring prior authorization you can reach the Prior Authorization Department by calling **602-263-3000**, or **602-586-1841** for RBHA prior

authorizations. The only calls that will no longer be taken are for Behavioral Health inpatient (BH IP) admissions; those notifications must be faxed.

Q: Did AHCCCS require these prior authorization changes, or was this Mercy Care's decision?

A: AHCCCS did not require these changes. This is a business decision made by Mercy Care to reduce the administrative burden on our providers and to help remove barriers to care.

Q: Will other health plans be doing this as well?

A: That is up to the individual health plan.

Q: Since ProPat will not be updated until a later date, how do we know if a code requires prior authorization?

A: You can check the code list on our website under the Providers tab. You can also call the Prior Authorization Department at **602-263-3000**, or **602-586-1841** for RBHA prior authorizations.

Q: Will my utilization of codes that no longer require authorization be monitored?

A: We will continue to monitor utilization through our claims payment process.

Q: Is there a chance any of the codes removed from the prior authorization requirement will be a requirement again in the future?

A: While we can never say for certain, our intention with this change is allow our providers to better serve our members. If we were to add a code back into the prior authorization requirement, that decision will not be taken lightly. If this were to happen we will ensure to provide ample notice to our providers.

Q: Will I be required to submit medical records to support utilization in the future for any of the codes that no longer require prior authorization?

A: As a contracted provider with our health plan, you may be asked to submit medical records.