

Avoid Processing Delays for Prior Authorization Requests with These Guidelines

FOLLOW SUBMISSION INSTRUCTIONS AND HELP IMPROVE PATIENT EXPERIENCE WITH TIMELY CARE

Set expectations with your patients to help them understand how the prior authorization (PA) process and timelines work when a PA is needed.

Physicians and other providers can coordinate medically necessary care for their patients with a PA form that is submitted timely and with accurate information.

Where to submit PA requests

For elective inpatient or outpatient services, physicians and other providers:

- **Physicians and other providers affiliated with a delegated independent practice association (IPA)** – follow the IPAs PA procedures and contact the IPA for information.



Be aware of PA timelines

For elective inpatient or outpatient services, submit requests for PA:

- ✓ As soon as the need for service is identified, *or*
- ✓ At least five business days for routine requests, *or*
- ✓ 72 hours for urgent requests. Emergency services do not require prior authorization.

Avoid PA processing delays

Here are the most common reasons why PA forms are returned or not processed.

- ✗ Not submitted timely.
- ✗ Lack of sufficient clinical notes. Some surgical requests (e.g., reconstructive surgery or repair) require submission of non-returnable color photos, models or X-rays.
- ✗ Incorrect CPT codes.
- ✗ Missing anticipated date of service, if scheduled.
- ✗ Missing the tax identification number/National Provider Identifier (NPI) for referring and servicing provider(s).
- ✗ Sent to an incorrect department and/or entity.
- ✗ Amount requested is missing or incorrect (number of visits, dosage, quantity).

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Use online tools to help prepare for PA request submission

- Verify member eligibility – Log in to the secure portal at bit.ly/CHWLogin.
- Confirm benefit coverage – The member’s Evidence of Coverage is available online at bit.ly/MemberEOC.
- More details about PA – Go to bit.ly/CHWPreAuthCk.
- Pre-Auth Check screening tool – Go to bit.ly/MedicaidPreAuth.



Fill out a PA form

You can find PA forms on the website at bit.ly/ProviderFormsResources:

- **Inpatient Medicaid Authorization Fax Form**
- **Outpatient Medicaid Prior Authorization Fax Form**



Include required information

The PA Requirements form must be completed in its entirety. It must also include sufficient clinical information and/or medical records to support medical necessity for services that are requested.

Be sure to include:

- Member’s name.
- Member’s identification number.
- Member’s date of birth.
- Diagnosis (clinical notes, reports of previous procedure, specialist reports/evaluation).
- Requesting physician’s name, address, phone and fax numbers, and contact person.
- Place where services are provided.
- Physician’s name (physician receiving the referral), ancillary provider name and facility name.
- Procedures codes.
- Date of service.



Submit the PA form to California Health & Wellness Plan (CHWP)

- Online post login via the provider website at bit.ly/CHWLogin.
- Fax to the number on the PA form or to the appropriate department listed under Prior Authorization Contacts. Use the fax number on the form to submit requests 24 hours a day, seven days a week.
- CHWP has partners for select PA reviews. Refer to the Prior authorization contact section on where to submit your PA requests.

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Find the status of your PA

We encourage you to frequently check the status of submitted authorizations by referencing the list below or post login on the provider website at bit.ly/CHWLogin.

Decisions are made within 5 business days for routine requests and 72 hours for urgent requests (unless additional information is needed to determine whether, or to what extent, the benefits are covered or payable under the member’s plan).

If you have not received a response within this timeframe, please contact CHWP.

Prior authorization contacts

Please note, failure to obtain authorization may result in administrative claim denials. CHWP providers are contractually prohibited from holding any member financially liable for any service administratively denied by CHWP for failure of the provider to obtain timely authorization.

Authorization requests may be submitted by fax, phone or secure website and should include all necessary clinical information. Urgent requests for PA should be called in as soon as the need is identified.

Service	Fax number or website	Download form
Inpatient Authorizations	866-724-5057	Inpatient Medicaid Prior Authorization Fax Form – English (PDF)
Outpatient Medical Services	866-724-5057	Outpatient Medicaid Prior Authorization Fax Form – English (PDF)
Concurrent Reviews – Clinicals	855-556-7910	No download available
Admissions/Face Sheets/Census Reports	855-556-7907	No download available
CBAS Treatment Requests	855-556-7909	CBAS Treatment Request Form – English (PDF)
California Children’s Services (CCS) member process verification	www.dhcs.ca.gov/services/ccs/Pages/MedAuthsClaims.aspx	No download available
Chiropractic Services	www.medi-cal.ca.gov/404.aspx	https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/chiro.pdf
Complex imaging, MRA, MRI, PET, and CT scans	www1.radmd.com/radmd-home.aspx	
Dental services	www.medi-cal.ca.gov/404.aspx	www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/
Federal Indian Health Service	Federal Indian Health Service providers identified as MOA 638 facilities do not require prior authorization approval for certain services	No download available
Long-term Care	866-724-5057	Long-Term Care Authorization Notification Form – English (PDF)
Musculoskeletal Services for members ages 21 and over	www.myturningpoint-healthcare.com/#/	No download available
Non-Emergency Medical Transportation (NEMT)	Modivcare: 877-457-3352	Physician Certification Statement (PCS) – English (PDF)
Outpatient Behavioral Health Services	please contact the Health Plan for Pre-authorization information	No download available
Physician-Administered Medications	877-259-6961	Prescription Drug Prior Authorization or Step Therapy Exception Request Form – English (PDF)
Pharmacy or Self-administered Medications	Medi-Cal Rx: 800-859-4325	Refer to the Medi-Cal Rx Contract Drugs List of covered drugs and services. Prior authorizations may be required, and providers may use Cover My Meds to submit a prior authorization request or complete a Prior Authorization Form at Medi-Cal Rx Provider Portal
Substance Abuse and Inpatient Behavioral Health Services	www.medi-cal.ca.gov/404.aspx	https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/nonspecmental.pdf
Vision (Ophthalmologist/Optomtrist)	visionbenefits.envolvehealth.com	No download available