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Part 2. Prior Authorization

MassHealth requires providers to obtain prior authorization (PA) for certain services. See the MassHealth program regulations for the proposed service to determine when PA is required. In addition to program regulations, PA requirements may appear in Subchapter 6 of certain provider manuals, provider bulletins, or in other written issuances from MassHealth. MassHealth posts its publications in the Provider Library on the MassHealth Web site at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library. To identify which drugs require PA, go to the MassHealth Drug List at www.mass.gov/druglist.

MassHealth reviews PA requests on the basis of medical necessity only and does not establish or waive any other prerequisites for payment, including eligibility or referral. The approval of a PA is not a guarantee of payment. You must still verify the member's eligibility, other insurance, and any other restrictions before providing service. If PA is required for a service that you want to provide, follow these guidelines when submitting your request to MassHealth.

The following information and instructions about PA are for:

- non-pharmacy services;
- pharmacy services; and
- nonemergency transportation services.

Requesting Prior Authorization for Non-pharmacy Services

For non-pharmacy medical services, MassHealth strongly encourages providers to request PA using the Provider Online Service Center (POSC) at www.mass.gov/masshealth/provider-service-center. Providers can use the POSC to submit PA requests and all attachments electronically and to review the status of PA requests.

Providers may also request PA for non-pharmacy services using the paper Prior Authorization Request form (PA-1). The PA-1 form and attachments should be sent to the appropriate address listed on the PA form or in Appendix A of your MassHealth provider manual.

- PA requests for members of the Massachusetts Commission for the Blind (MCB) will be handled by the Prior Authorization unit. These PAs can also be submitted via the POSC.
- If the PA request is for a member of Community Case Management (CCM), CCM will process the request, which can be submitted via the POSC;
- If the PA request is for dental services, a third-party administrator processes the request. This request must be submitted on the ADA dental claim form, not the PA-1 form.

For any subsequent request for the same service, you must request a new PA. Subsequent requests may be submitted via the POSC. If you choose to complete a paper PA request, mail it along with a copy of the initial request and any required supporting documentation to the appropriate address listed in Appendix A of your MassHealth provider manual.

For address and telephone information for non-pharmacy PA services, refer to Appendix A of your MassHealth provider manual.

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Other Required Prior Authorization Forms

PA requests for certain services require additional forms that must accompany the request. These supplemental forms (attachments) may be submitted via the Provider Online Service Center, along with the paper PA form, or on the ADA form for dental requests.

Dental Services

- **Supplemental Dental Prior Authorization Form**

The supplemental dental prior authorization form (DEN-1) is a two-sided form on which the provider charts the current status of the member's teeth. This form must accompany the PA request for all dental services except orthodontics. This form may be submitted as an attachment via the POSC or as an attachment submitted with the paper PA form.

- **Orthodontics Prior Authorization Form**

For full orthodontic treatment and treatment visits that are billed quarterly, the orthodontist must complete an orthodontics prior authorization form (DEN-2). This form may be submitted as an attachment via the POSC or as an attachment submitted with the paper PA form.

For continuation of orthodontic services for the second year, the orthodontist must submit a new PA request with updated information and a copy of the original orthodontic prior authorization form (DEN-2). The same procedure must be used for the first half of the third year, if this treatment is necessary.

- **Peer Assessment Rating Index (PAR Index Recording Form)**

Orthodontists must complete the PAR Index Recording Form (DEN-7) when requesting PA for full orthodontic treatment (see 130 CMR 420.428(H) in the [dental regulations](#)). This form may be submitted as an attachment via the Provider Online Service Center or as an attachment submitted with the paper PA request form. Refer to Appendix D of the *Dental Manual* for detailed instructions and examples of the use of the PAR Index Recording Form.

Nursing Services

- **Request and Justification for Continuous Skilled Nursing Services**

When requesting PA for continuous skilled nursing services for members over the age of 21, the provider must complete both a PA-1 form and a request and justification for continuous skilled nursing services (PA/PDN-1). This form may be submitted as an attachment via the POSC or as an attachment submitted with the paper PA form.

If the member is under the age of 22, PA requests must be obtained from Community Case Management (CCM). Direct your requests to the appropriate address provided in Appendix A of your MassHealth provider manual.

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Therapy Services: Physical, Occupational, and Speech/Language

- **Request and Justification for Therapy Services**

When requesting PA for therapy services, the provider must complete both a PA-1 form and a request and justification for therapy services form (THP-2).

If the member is under the age of 22, PA requests must be obtained from CCM. Direct your request to the appropriate address in Appendix A of your MassHealth provider manual.

Obtaining Forms

You may download PA forms from www.mass.gov/masshealth, by clicking on the MassHealth Provider Forms link. You may also request supplies of all PA forms from the appropriate address listed in Appendix A of your MassHealth provider manual.

Notice of Prior Authorization Decision for Non-pharmacy Services

MassHealth notifies both the provider and the member in writing, of its decision on PA requests. The letter indicates whether the services were approved, modified, or denied. The letter also contains the PA number assigned to the request, even if the request was denied. If the service was approved or modified, you must include the PA number on the claim when submitting it for payment. If you have submitted your PA request via the POSC, you can also find out the status of your request using the same service. MassHealth responds to PA requests that contain all required information within the time periods specified in 130 CMR 450.303(A):

- **Nursing** – within 14 calendar days from the date the PA unit receives the request;
- **DME** – within 15 calendar days from the date the PA unit receives the request; and
- **For all other services** – within 21 days from the date the PA unit receives the request.

Prior Authorization Decisions for Non-pharmacy Services

MassHealth may make any of the following decisions on a PA request.

Note: See PA notice for decision on a PA request.

- **Approve the request** – the request is authorized.
- **Modify the request** – the authorization is for a service or item that is different in quantity or nature than that which was originally requested.
- **Deny the request** – the request is denied and MassHealth will not pay for the service.
- **Defer the request** – the PA is returned to the provider with a request for additional information and status of “deferred,” that must be submitted before a decision can be made. If the deferral is via the POSC, the screen is titled “Additional Information.”

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Requesting Prior Authorization for Pharmacy Services

For pharmacy services, MassHealth encourages providers to request PA using a drug-specific PA form, if applicable, or the MassHealth drug prior authorization request form. All PA forms for pharmacy services, along with the MassHealth Drug List, are available on the Web at www.mass.gov/druglist. All PA requests for drugs must be submitted by mail or faxed to the address or fax number listed on the PA form or listed in Appendix A of your MassHealth provider manual.

Notice of Prior Authorization Decision for Pharmacy Services

The Drug Utilization Review (DUR) program notifies the pharmacy, the provider, and the member, in writing, of its decision within 24 to 48 hours of the date the DUR program receives the request. A fax is sent to the pharmacy and the provider, and the member receives a letter. The PA number is provided on the fax only if the request is approved. The pharmacy provider should not enter this number on the online transaction. A PA tracking number is assigned regardless of whether the request was approved or denied.

Requesting Prior Authorization for Non-emergency Transportation

For nonemergency transportation services, the provider of the medical service for which the member needs transportation must fill out the Prescription for Transportation (PT-1) form to verify that the member's need for transportation is medically necessary. The request for transportation is approved only when public and private transportation resources are not available and door-to-door transportation is medically necessary. Providers must send completed PT-1 forms to the appropriate address listed in Appendix A of their MassHealth provider manual. See the MassHealth transportation regulations for more information about MassHealth coverage for nonemergency transportation services. PT-1 forms are processed within four business days from receipt.

Notice of Prior Authorization Decision for Transportation Services

Transportation authorization specialists may take any of the following actions on a request (PT-1).

- **Authorize the request** – the request is approved and MassHealth will pay for the service.
- **Deny the request** – the request is denied and MassHealth will not pay for the service.
- **Mail back the request** – the form is incomplete and is being returned to gather missing information.