

# Medical & Pharmaceutical Prior Authorization REQUESTS

AvMed classifies requests for Prior Authorization according to CMS/NCQA guidelines. Prior Authorizations are grouped into classifications: Standard/Non-Urgent or Expedited/Urgent. Health plans are allowed up to 15 days to process (14 days for Medicare) Standard/Non-Urgent and 72 hours for Expedited/Urgent pre-service requests.

## PHARMACEUTICAL PRIOR AUTHORIZATION PROCESS

For prior authorizations of Member or Provider administered pharmaceuticals please complete AvMed's Medication Exception Request form, found at [AvMed.org/ Providers/ Forms](https://www.avmed.org/providers/forms) and fax it to **1-877-535-1391**.

Urgent Medicare Part D requests will be expedited within 24 hours. Standard Medicare Part D requests will be expedited within 72 hours.

All other pharmaceutical prior authorizations follow the turnaround times listed in the "Medical Prior Authorization Process" below.

## MEDICAL PRIOR AUTHORIZATION PROCESS

### DATE OF SERVICE/SCHEDULING CONSTRAINTS

To meet our Provider's and Member's needs, AvMed has added a section to the top of the AvMed Medical Prior Authorization form to process Standard/Non-Urgent requests quickly based on the date of service/scheduling constraints.



**If you have a Standard/Non-urgent Request that requires a decision within 7 days, please check the "Process this request ASAP due to date of service/scheduling constraints" box and include the date of service and the date the authorization is needed.**

All requests are processed as quickly as possible within NCQA/CMS guidelines and the communication of time constraints provided. It is critical that all proper documentation accompany the initial Pre-Authorization request. Please note, resubmitting the request will not expedite the process, it may slow it down.

**An Authorization Request form can be found at [AvMed.org/Providers](https://www.avmed.org/providers).**

- **Please complete the form in its entirety so AvMed will have all the information required to provide a timely response.**
- **Be sure to include clinical history and any previous pertinent treatment and supporting documentation.**

## DEFINITION OF EXPEDITED/URGENT REQUESTS

An Expedited/Urgent request is a request for medical care or services, that if waiting for a decision under Standard/Non-Urgent timeframe:

- Could place the Member's life, health, safety (of Member or others) or ability to regain maximum function in serious jeopardy
- In the opinion of the practitioner, would subject the Member to adverse health consequences without the care or treatment being requested

### Expedited/Urgent Requests are:

- Decided upon within 72 hours or as quickly as the Member's health requires
- Based on the above criteria, not on the date of service/scheduling constraints

### For Expedited/Urgent Requests:

- Please complete the Authorization Request form
- Complete the Expedited/Urgent Request section located at bottom of form
- Submit via fax to **1-800-552-8633**.

## DEFINITION OF STANDARD/ NON-URGENT REQUESTS

A Standard/Non-Urgent request is a request for medical care or services for which application of the Standard/Non-urgent time period for making a decision does not jeopardize the life or health of the Member or the Member's ability to regain maximum function and would not subject the Member to severe pain. Most Referral Requests are Standard/Non-Urgent.

- Submit requests a minimum of 10-14 days prior to the anticipated date of service. AvMed's decisions requests average less than 5 days. Turnaround is much quicker than the 15 days (14 for Medicare) NCQA/ CMS allows for a Standard/Non-Urgent Request decision.

- Complete the form in its entirety so we have all the information required to provide a timely response.
- Include clinical history and any previous pertinent treatment and supporting test results.
- **If you have a Standard/Non-urgent Request that requires a decision within 7 days, please check the "Process this request ASAP due to date of service/scheduling constraints" box and include the date of service and the date the authorization is needed.**
- Date of service and/or scheduling constraints does not allow for the reclassification of Standard/Non-Urgent requests to Expedited/Urgent. **AvMed will process the Standard/ Non-Urgent request as a priority based on the "date of service/authorization needed by" information you provide on the Prior Authorization form.**

### For Standard/Non-Urgent Requests:

Please complete the Authorization Request form and submit via fax to **1-800-552-8633**.

## CONTACT AVMED

AvMed is available for Practitioners seeking information about the UM process and the authorization of care. For your convenience, the AvMed Provider Portal provides pertinent information about Member eligibility and authorization status. You can access the Provider Portal at **AvMed.org/Provider**.

**If you need to speak directly with AvMed regarding the authorization process, please contact AvMed's Provider Service Center at 1-800-452-8633.**





## PHARMACEUTICAL PRIOR AUTHORIZATION PROCESS:

- Please complete AvMed's Medication Exception Request form
- Submit via fax to **1-877-535-1391**

## MEDICAL PRIOR AUTHORIZATION PROCESS

### FOR STANDARD/NON-URGENT MEDICAL REQUESTS:

- Please complete the Authorization Request form
- Submit via fax to **1-800-552-8633**

### FOR EXPEDITED/URGENT MEDICAL REQUESTS:

- Please complete the Authorization Request form
- Complete the Expedited/Urgent Request section located at bottom of form
- Submit via fax to **1-800-552-8633**

If you need to speak directly with AvMed regarding the authorization process, please contact AvMed's Provider Service Center at **1-800-452-8633**.