# Compass - Prior Authorization (PA), Exceptions, Appeals Guide

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**Description:** Process steps to ensure agents are determining if a Prior Authorization or Clinical Exception is appropriate, and an index of links to specific Prior Authorization, Clinical Exception, and non-Clinical Exception specific process documents.

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| What is a Prior Authorization (PA), Exception, or Appeal? |

At CVS Caremark®, making sure members have access to affordable medications is our priority. To help keep costs low, plans cover a specific list of medications to treat most conditions. However, there may be times that require a new prescription or additional actions to be taken before certain medications are covered.

**What is a Prior Authorization?**

A prior authorization is a beneficial process where your doctor seeks approval from your prescription benefit manager (PBM) before prescribing certain medications. This helps ensure that you receive the most effective and appropriate treatment, tailored to your specific needs. This is typically required for medications that may have alternatives or could be prone to misuse. It may also help keep costs down, so you do not overpay.



Requirements vary by plan. See [Prior Authorization and Clinical Exceptions Scenarios (063995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fb502149-98f6-43eb-935c-8d467702a50c) for examples.

**What is a Clinical Exception?**

 An exception is a special case where the PBM may make an allowance outside the usual guidelines, often based on medical necessity.   
Requirements vary by plan. See [Prior Authorization and Clinical Exceptions Scenarios (063995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fb502149-98f6-43eb-935c-8d467702a50c) for examples.

 For Specialty Drugs that require a PA or Clinical Exception, refer to [Compass - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c)**.**

**What is a Non-Clinical Exception?**

Exceptions that are copay related, or are currently paying on the plan, but the member is requesting an exception to the way they are processed/covered.   
See [Prior Authorization and Clinical Exceptions Scenarios (063995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fb502149-98f6-43eb-935c-8d467702a50c) for examples and actions to take for Non-Clinical Exceptions.

**Who can provide clinical criteria required for the PA/Clinical Exception?**

 Clinical criteria must be submitted by the member's physician or a representative from the physician's office. Members are not allowed to self-attest to any information required on the criteria form.

**What is an Appeal?**

 Appeals come into play if your initial request for a medication is denied. If your doctor believes it is necessary, they can submit an appeal to the PBM, explaining why you need that specific medication.

 If there is not a PA or a Clinical or Non-Clinical Exception denial, do not proceed with an Appeal, instead assist with the member with the PA process. An electronic Prior Authorization request (ePA) is appropriate for PA or Clinical Exception, and a task for Non-Clinical Exceptions. The requestor will not be able to request an Appeal prior to PA or Exception being completed and denied.   
Refer to [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426).

**Summary of differences:**

In summary, a Prior Authorization is obtaining permission before getting certain medications, Appeals are for challenging denials, and Exceptions are for special cases that may warrant a deviation from standard procedures.

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| Determine if a Prior Authorization or Clinical Exception is Needed |

**Examples of why** medications may require a Prior Authorization (PA) **or Clinical Exception:**

* Lower cost generic alternatives are available (subject to significant safety concerns)
* May be used to treat conditions or illnesses that are not covered
* Rx that are used outside the FDA or manufacturer’s guidelines
* Unique dosing
* Rx may have a high potential for abuse (subject to overuse, misuse, or off-label use)
* Require completion of important diagnostic procedures to maximize its therapeutic benefits
* Used for conditions that are not included in the pharmacy benefit, such as cosmetic uses
* Plan designs requiring Mandatory Maintenance Choice (AFL <Annual Fill Limit> overrides already used or not available, etcetera)

**Note:** Refer to [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce), [Universal Care – Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd) and [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) for information on who may initiate and/or check the status of a PA or Clinical Exception.

**Reminder:** For non-Clinical Exceptions, a task will be sent instead.

Refer to Member is requesting a Non-Clinical Exception Scenario - [Prior Authorization and Clinical Exceptions Scenarios (063995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fb502149-98f6-43eb-935c-8d467702a50c).

If an approved Prior Authorization is already on file and a claim and/or test claim rejects for PA needed, contact PA dept. If PA dept cannot provide a resolution, refer to [Compass - Account Executive Consideration Support Task (AE Support Task) (061419)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c45b56be-1ed1-4954-8487-3781fd7d1d55) to submit an AE Support Task.

For Commercial Clients only, if a doctor’s office is calling regarding a PA or Clinical Exception for a member that belongs to a **dedicated team**, do not automatically transfer to the dedicated team. Review the CIF (Client Information Form); if we handle the PA, transfer directly to the appropriate PA Department number without first transferring to the dedicated team. If there is no dedicated PA phone number listed in the CIF, warm transfer to **1-800-294-5979**.



If a member is calling to have an already approved Prior Authorization transferred from a previous account to a new one, verify that the member’s previous account was with our PBM. If yes, reach out to the Prior Authorization Department to see if it can be transferred.



If a member already has a Prior Authorization Approval on file, a new PA can be initiated for renewal up to 90 days before the expiration date. Refer to [Compass – Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) for more information.

**Note:** If the member is calling about a need for a future Prior Authorization or Exception due to a formulary change, **do not** begin the ePA process. A test claim will show no PA/Exception required until the formulary change date, but the ePA system will reject the need for a PA before one is needed. We can assist the member/provider with the Prior Authorization or Exception once the date of the change occurs.

**Example:** Member calling due to receiving a letter notifying them about a formulary change that will happen but has not happened yet.

**Perform the Steps below:**

 Do **not** file a PA or Clinical Exception until you have ensured a PA or Clinical Exception is appropriate.

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| **Step** | **Action** | | | |
| **1** | Determine if a PA or Clinical Exception is needed by running a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).  **Note:** Run your own fresh test claim to ensure accuracy; things may have changed. | | | |
| **If…** | **Then…** | | |
| Test claim accepts | No Prior Authorization is necessary at this time. Assist member with medication needs.   * If member would like additional information about their Prior Authorization, refer to [PA, Exception, or Appeals Index](#PAIndex). | | |
| Test claim denies and rejection is for reasons **other than:**  Rejection codes 70, 75, 76, 606, or 608 | Prior Authorization or Clinical Exception is not appropriate. Research based on rejection code/reason and assist member.  **Example:** Assist member with possible alternatives. | | |
| Test claim rejects for Prior Authorization or Clinical Exception Required  Rejection codes 70, 75, 76, 606, or 608.  **Note:** Description field of rejection displays “PA or Prior Auth required, please call <XXX>’. | Proceed to next step.  **Always** refer the CIF to determine who handles Prior Authorizations and for any plan specific instructions. | | |
| **2** | From the Test Claim screen, assist members with possible drug alternatives.   Refer to [Compass - Viewing and Running Test Claims for Alternative Rx(s) (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b).  **Reminder:** Ask how much medication member has on hand. If the member has five (5) days or less of medication on hand, determine all alternative options to obtain the medication for the member. Refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9). | | | |
| **If…** | | **Then…** | |
| Member is satisfied with alternatives | | No ePA is needed. | |
| Member would like to start Prior Authorization or Clinical Exception process | | Proceed to next step.  **Notes:** When a plan’s formulary is set to change in the future but hasn’t yet been updated, members may receive a letter informing them of the upcoming change. This letter will detail the medication affected and explain that a PA will be needed for that medication after the specified date.   * Until the actual date of change, the member’s plan remains coded according to the current plan rules and formulary. * Due to this, if you run test claims, including future dated test claims, the results will not reflect correctly. * Only on/after the actual date of the change will the systems be updated, and test claims will provide accurate information. * We **cannot** start the PA process until the actual date of the change. * These notes also apply to Caremark.com. | |
| **3** | Review for an existing Prior Authorization or Clinical Exception request. | | | |
| **If…** | | **Then…** | |
| Member has a PA or Clinical Exception on file | | Refer to [Compass – Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status (056368)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d3aac37-46a9-4417-ac20-fa3a32337652). | |
| Member does not have PA or Clinical Exception on file | | Proceed to next step. | |
| **4** | Assist member with Prior Authorization or Clinical Exception request as follows:  **Note: Always** refer to the CIF to determine who handles Prior Authorizations and for any plan specific instructions. | | | |
| **If…** | **Then…** | | |
| Medication is a specialty medication | Specialty handles its own medication authorization. Refer to [Compass - Specialty Pharmacy (CTS – Caremark Therapeutic Pharmacy Services) Call Handling (058175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c). | | |
| PA or Clinical Exception is on file, but for future date. | Refer to [Prior Authorization or Clinical Exception Urgent, Duplicate, and Back Dating Requests (059538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3ab218b-4ed8-445b-955e-eaae57a8a8ed). | | |
| PA or Clinical Exception is required, and **no** PA is on file | **If the CIF indicates that our PBM…** | | **Then…** |
| Handles and the **member** is calling | | Refer to [Compass – Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). |
| Handles and the **prescriber’s office** is calling | | Provide the phone number listed in the test claim rejection and offer to warm transfer. If there is no phone number in the reject or the CIF, warm transfer to **1-800-294-5979**.  **Note:** If after business hours, offer to submit the ePA via Compass.  Refer to [Compass – Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). |
| Does not handle | | Advise who handles the PA or Clinical Exception. Provide information from the CIF on who to contact for the PA or Clinical Exception and instructions for who should call (usually prescriber). |

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| PA, Exception, or Appeals Index |

* [Work Instructions for Compass](#WIsForCompass)
* [General PA or Exceptions Work Instructions](#GenPAWIs)

For links to each specific document with a brief description of that document,refer to the table below:

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| **Title** | **Description** |
| **Work Instructions for Compass** | |
| [Compass – Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) | This document outlines how to initiate an ePA (electronic Prior Authorization) request in Compass. |
| [Compass – Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status (056368)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d3aac37-46a9-4417-ac20-fa3a32337652) | This document provides information on how to obtain a Prior Authorization (PA or Clinical Exception, which may allow for a prescription to be covered that initially does not meet guidelines in Compass. |
| [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426) | Instructions for when an Appeal is requested. An Appeal is a request for the plan to re-review a decision made regarding the coverage of a drug. |
| [Compass – Prior Authorization & Appeal Written Notification Task for Different Languages (063993)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5ba551ac-8755-4e68-813b-00c6de948c3f) | This process is to be used in Compass for members that have received a Prior Authorization or Appeal Denial letter in English and are calling in to request a translation of the denial letter in **one of the following languages:** Chinese, Spanish, Navajo, or Tagalog. |
| [Compass - Quantity Versus Time Limit (QVT) (066445)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b08257d0-52bb-437a-9659-b51f2b20836b) | Provides Reject Code information, how to view Prior Authorization Drug Limitations in Compass, and Examples for when a plan allows a maximum quantity of medication to be filled within a specific time frame, referred to as a Quantity Versus Time limit (QVT) or a Therapy Protocol Quantity Limit. |
| [Compass – PA and Appeals Rejection Codes and Screenshots (074009)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9806d7f-4057-41c8-89a3-078ae3933885) | Provides rejection codes that may be received when a PA may be required and the associated screenshots in Compass. |
| **General PA or Exceptions Work Instructions** | |
| [When to Contact the Prior Authorization Team (063998)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0bef465-4a70-4ebe-aced-908aad7eec38) | This document contains information on when to contact the Prior Authorization Team, including referring to the CIF to determine who handles Prior Authorizations, and contacting the Specialty Prior Authorization team. |
| [Prior Authorization or Clinical Exception Urgent, Duplicate, and Back Dating Requests (059538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3ab218b-4ed8-445b-955e-eaae57a8a8ed) | Provides process and information on Prior Authorization or Clinical Exception urgent, duplicate, and back dating requests.   **Note:** This document is not specific to Compass or PeopleSafe. All agents can utilize these processes. |
| [Prior Authorization (PA) or Clinical Exception Opioid DUR Hard Reject for Above 200 MME/Day Job Aid (059540)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1606b044-3af6-43bf-bf37-188c2355eed3) | Information for when a member or prescriber calls requesting more information about Opioid DUR Hard Reject for above 200 MME/day. |
| [Member Education Talking Points: Prior Authorizations / Exceptions (074020)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9021840a-7c83-4652-921a-9fdf6373137a) | This document contains a list of frequently asked questions received from callers and suggested talk tracks to respond to them. |
| [PAs and Appeals Flow Chart (074015)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=309dc876-14ef-40f4-907d-d604d0125e8e) | PA Flow Chart layout for Care process. |
| [Prior Authorization, Exceptions, Exchanges Glossary of Terms (074021)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=498a0f7a-f045-4c18-97ec-b597171dafe8) | Provides a list of definition is relations to PA, Exceptions, and Appeals. |
| [Prior Authorization Questions and Answer (074022)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e1f9ddb2-60d2-4249-96b5-6d0b2b1849bf) | Provides questions and answers for handling PA processes, including submission, status updates, denials, and appeals. |
| [Prior Authorization and Clinical Exceptions Scenarios (063995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fb502149-98f6-43eb-935c-8d467702a50c) | This document contains scenarios and questions that agents may commonly be asked about. |

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| Turnaround Times |

 **Internal only (Do not disclose to member):** Many factors can affect prior authorization processing time, including state or federal laws or client requirements. Review the CIF to see if there is a client-specific TAT. The time frames listed below are for guidance only.

 **Do not** provide guaranteed turnaround.

**Refer to the following:**

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| **Type** | **Turnaround Time** |
| **Urgent PA Request** | Although I am unable to provide a guaranteed turnaround time, requests can be decided as soon as 1 business day after all information is received from your prescriber.   * The origin of the PA request can be **one of the following:** ePA, fax, or phone/verbal requests. * These requests can be decided within 1 business day **after full clinical information is received from the prescriber**. * It is ONLY considered urgent if the prescriber writes “URGENT” on the faxed document(s), or over the phone states it is urgent. **DO NOT** proactively advise members to tell their Dr. to submit requests as urgent. |
| **Non-urgent PA request** | Although I am unable to provide a guaranteed turnaround time, requests can be decided as soon as 3 business days after all information is received from your prescriber.   * The origin of the PA request can be one of the following: ePA, fax, or phone/verbal requests. * These requests can be decided within 3 business days **after full clinical information is received from the prescriber**. |
| **Exception Review** | * Clinical Exception Review requests can only be done by ePA or fax. * Urgent Requests can be decided within one business day **after full clinical information is received from the prescriber**. * Standard requests can be decided within 3 business days **after full clinical information is received from the prescriber**. |
| **Escalated Calls** | * If the member asks to speak directly with the Prior Authorization Department or becomes escalated due to the Prior Authorization status or process, warm transfer to the [Prior Authorization Department (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad).  **Note:** For non-PA related escalations, contact the [Senior Team (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad).   Refer to [When to Contact the Prior Authorization Team (063998)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0bef465-4a70-4ebe-aced-908aad7eec38). |

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| Related Documents |

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[MED D - Coverage Determinations and Redeterminations (Appeals) Landing Page (004825)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e7d7ad7-e1c1-4fa1-8258-215a1c0ff32b)

[Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA) (048857)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7c3ff2ae-2451-4c2c-9609-3f9f4dfda78c)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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