**Prior Authorization and Clinical Exceptions Scenarios**

[Coverage Scenario Guides](#_Toc202952832)

[Related Documents](#_Toc202952833)

**Description:** Contains scenarios and questions that agents may commonly be asked about.

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| Coverage Scenario Guides |

**Notes:**

* Examples listed below are only some examples and not an all-inclusive list.
* Tasks will send a letter to the MD/Provider for the member.
* Use your resources, such as test claim rejection codes and messaging for more assistance.

Refer to the table below:

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| **Scenario** | **Actions** | |
| Member requesting Prior Authorization  **Examples:**   * Plan allows the medication only in certain circumstances backed by clinical evidence. (Diabetic drugs may be covered for people with Type 2 Diabetes, but not pre-Diabetes or for weight loss.) * Plan allows medication at a limited quantity, but the member’s doctor prescribes more than the quantity typically allowed by the plan. * A more cost effective alternative is available that would potentially be a better fit for the member and save money. | Run a Test Claim with today’s date to determine if the medication being requested rejects. | |
| **If test claims…** | **Then…** |
| Shows accepted | No Prior Authorization is required. Assist member with filling Rx. |
| Rejects | Review rejection message and refer to appropriate document based on rejection code and messaging. Refer to [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045). |
| Member is requesting a Clinical Exception  **Examples:**   * Exception request for plan to allow use of Compound Medication. * Request an exception when a drug is normally not covered on the plan (plan exclusion).   **Notes:**   * When a Formulary Exception is approved, it will be added to the highest “non-specialty” tier for the member’s plan. * A member can only receive a single exception at a time; they cannot receive a Formulary Exception and then request a Tiering Exception to reduce cost at the same time. It may be possible to get an approval for both, but it must be done via the Appeals process. | Proceed to assist with sending an electronic Prior Authorization (ePA). If the request is denied, appeals paperwork will be sent to the member and their Dr. for next steps. Refer to [Compass – Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4).  If a rejection for this Clinical Exception request is already on file, refer to [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426). | |
| Member is requesting a Non-Clinical Exception  **Examples:**   * Tier Exception - member requesting medication is covered at a lower tier. * DAW Exception (DAW Cost Difference) - member is requesting DAW cost share is waived. * MChoice Exception - Member is requesting to use a non-MChoice network pharmacy and no opt-out is available on plan. | Follow CIF for instructions on how to send an exception request. If no directions:  A request for Non-Clinical Exceptions can be made unless the CIF states otherwise.   For **Compass**, submit the following Support Task: Refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) as needed.   * **Task Type:** Contact Provider for Exception * **Exception Type:** Select the appropriate Exception being requested. * **Ensure** you leave specific and detailed notes of the Non-Clinical Exception request, including the Provider’s Name, Phone and Fax Numbers.   **For Compass users**, after the Support Task is submitted, refer to [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02c153cf-704c-4e27-9e1f-a4633adf546c).  For **PeopleSafe**, submit the following RM Task:   * **Task Category:** Commercial Prior Authorization * **Task Type:** Contact MD/Provider for Exception * **Queue:** Commercial Prior Authorizations and Appeals * **Ensure** you leave specific and detailed notes of the Non-Clinical Exception request.   + In the RM Task notes be sure to include Provider’s Name, Phone and Fax Numbers; Prescription (Rx) Number and Rejection Code (if applicable); Name of Medication, Strength, and Days' Supply/Quantity. | |
| Member is requesting a Prior Authorization due to a notice of upcoming formulary change. | Run a test claim to determine if a PA is currently required.   * If a PA is not currently required, but will be in the future, advise the member that once the plan change happens, we are more than happy to assist with beginning the process to request the Prior Authorization. However, we cannot begin the process until a Prior Authorization is actually needed per a rejected test claim.   **Note:** This is due to how an ePA is processed via CoverMyMeds, and a physical PA fax is processed by our PA team. If they are attempting to start a PA, and the medication comes back no PA required, the request will be denied as unnecessary. | |

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| Related Documents |

[Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)

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

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

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