# When to Contact the Prior Authorization Team

[When to Contact the Prior Authorization Department](#_Toc177566814)

[Related Documents](#_Toc177566815)

**Description****:** Contains information on when to contact the Prior Authorization (**PA**) Team, including referring to the Client Information Form (**CIF**) to determine who handles Prior Authorizations, and contacting the Prior Authorization team.

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| When to Contact the Prior Authorization Department |

 Always contact the PA Department through a conference. Do not transfer the member unless asked by the PA representative.

**Common Reasons to contact the PA team:**

* The Turnaround Time (**TAT**) for the Prior Authorization has passed and a determination is not yet on file.
* Clarification is needed.  
  **Example****:** There is a denied Prior Authorization, and more information is needed than provided by the notes.  
  **Note****:** Neither the Customer Care Representative (**CCR**) nor the PA team may answer clinical questions (warm transfer to the clinical care team) or influence the decision. This is for explanation only.
* Member asks to speak directly with the Prior Authorization Department or regarding the Prior Authorization becomes escalated.  
  **Example:** For non-PA related escalations, contact the Senior Team.
* The provider is on the line and would like to submit a Prior Authorization or is requesting more information.

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| **Step** | **Action** | |
| **1** | Review the CIF to ensure Caremark handles the Prior Authorization. | |
| **2** | Review the Prior Authorization history to determine if a Prior Authorization or Clinical Exception is on file.  **Note:** Sometimes when outside organizations are responsible for a Prior Authorization or Clinical Exception, the approval will appear as a long-term override rather than as a Prior Authorization. | |
| **If…** | **Then…** |
| **No** Prior Authorization is on file | Determine if a Prior Authorization is appropriate and assist member. Refer to [Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). |
| A Prior Authorization **is** on file | Proceed to the next step. |
| **3** | Run a test claim to determine updated and accurate information.  **Note****:** A claim may have previously been rejected but changes have been entered and now accepts. Run a **fresh** test claim. | |
| **4** | Review the information on file with the caller as appropriate.  Refer to the [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) to determine what information may be released based on the caller type. | |
| **5** | Determine if the caller is not satisfied with information provided or additional information is needed to clarify. | |
| **6** | Refer to the number in the test claim to determine which number to call for that specific Prior Authorization team.  **Note****:** If no number is listed in the test claim, refer to the CIF. If there is not a number in the CIF, call the main Prior Authorization number at **1-800-294-5979 (option 1)**. | |

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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)

[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 Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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