Prior Authorization: Frequently Asked Questions

What does the submission process for a prior authorization (PA) request look like?

- The preferred method for submitting PAs is through our Secure Provider Web Portal.
- PAs can also be submitted by faxing the appropriate inpatient or outpatient PA request form, posted at our website to the applicable physical or behavioral health number listed on each form.
  - Physical Health (Outpatient & Inpatient): 1-833-257-8327
  - Behavioral Health Outpatient: 1-844-908-1170
  - Behavioral Health Inpatient: 1-844-908-1169
- If unable to submit online or through fax, requests can be submitted by calling the Medical Management Department toll-free at 1-833-404-1061. Clinical will need to be submitted via portal or fax before the case can be reviewed.

When do I need a prior authorization?

- For a complete and accurate list of services that require a prior authorization, use the Prior Authorization Check Tool on the ITC website.
- For Radiology and Advanced Imaging Services, visit radmd.com for more information about these services and submission.

When does clinical information need to be included with a prior authorization?

- Clinical information is **always required** for review of a prior authorization request.
- The most common delay in the authorization process is due to the lack of clinical information provided. PAs cannot be reviewed until clinical information is received from the provider.

When should I submit a prior authorization for a patient?

- As soon as possible to allow time for processing to avoid delays in care. For specific timelines for service type, please reference the Provider Manual.

Prior Authorization: Frequently Asked Questions

If a prior authorization is denied, what is the process for appealing the denial?

- If a denial is received, the process to start an appeal is in the denial letter. Copies of the letter are mailed to the member and ordering provider. Servicing provider (if different) receives a faxed copy of the ordering provider's letter.

What resources are available to providers to help submit prior authorizations to ITC?

- PA Check Tool
- Provider Manual
- Provider Portal
- ITC Pharmacy Information
- IME Prescribed Drugs Provider Manual

- PA Forms:
  - Outpatient Medicaid Prior Authorization Form
  - Inpatient Medicaid Prior Authorization Form
  - Medicaid Supplemental Information Prior Authorization Form

Helpful Tip: Be sure to fill out both prior authorization forms completely. This will include the authorization request form plus the Medicaid Supplemental Information form. The three most important items on the PA forms are 1) a *fax number*, 2) *contact person* and 3) *address for the letter*. Be sure these are included on any PA form submitted to ITC.

Questions about Pharmacy Authorizations? Please refer to our website, or contact Provider Services at 1-833-404-1061.

Submitting an authorization for an LTSS patient? All prior authorizations must be submitted through the Case Manager or Care Coordinator. For more information, contact Provider Services at 1-833-404-1061.

Third Party Liability involved? Please refer to page 21 and 22 of the Provider Billing Manual for information and processes related to coordinating benefits.

This document is supplemental to all Iowa Total Care Provider Manuals. For official processes, policies and standards, please refer to the ITC Provider Manual and ITC Provider Billing Manual.