

Prior Authorization Rules

What is an authorization?

Some medical services are covered only if a provider gets an advance approval (prior authorization), which is sometimes called pre-authorization or pre-certification. Prior authorization is required for some medical services, supplies, or Part B drugs before benefits can be rendered. We must confirm medical necessity and appropriate level of care as defined by the member's benefit plan. A prior authorization is not a guarantee of benefits or payment. Like all Medicare health plans, we cover everything that Original Medicare covers.

Authorization requests may be submitted as a Standard request (decision within 14 calendar days) or an Expedited request (decision within 72 hours). Authorization requests for Part B drugs have a shorter timeframe: Standard (decision within 72 hours) and Expedited (decision within 24 hours).

By submitting an Expedited request, you attest that waiting for a decision to be made under the standard CMS timeframe could place the member's life, health, or ability to regain maximum function in serious jeopardy.

If Troy Medicare needs additional information to approve a service prior authorization request, we may file an extension to the decision timeframe of up to an additional 14 calendar days. We do not apply extensions to requests for Part B drugs.

Steps for Submitting a Prior Authorization Request:

- Ensure that the requested service requires an authorization and check the member's eligibility and benefits. This can be done by calling 1-888-494-8769 (Troy)
- Complete the Medical Coverage Determination form on <https://troymedicare.com/pa> All fields provided must be filled in entirely.
- Attach all applicable clinical documentation to support the need for the requested service, supplies, or Part B drug.
- Fax completed Coverage Determination form with attached clinical documentation to 910-239-8293. Please use a cover sheet to protect the member's PHI.

INPATIENT ADMISSIONS

Note: Urgent/emergent hospital admissions require notification at the time of admission. Elective hospital admissions require prior authorization before admission and notification when admitted. Includes admissions to all facilities including:

- Hospitals, acute inpatient care
- Inpatient rehabilitation facilities
- Long term acute care (LTACH)
- Psychiatric admissions
- Skilled nursing facility/swing bed

Thank you for your cooperation.