PROVIDER REIMBURSEMENT GUIDANCE			
Prior Authorization			
Original Date Approved	**Effective Date SCO/ICO**	**Effective Date MAPD***	**Revision Date**
9/3/2019	03/01/2022	03/01/2022	02/01/2022

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☒ CCA Medicare Preferred – (PPO) MA*
☒ CCA Medicare Value - (PPO) MA*
☒ CCA Medicare Preferred – (PPO) RI*
☒ CCA Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance © (CCA) requires all providers to obtain Prior Authorization (PA) for certain services before the services are rendered. Request for authorization will begin on the date the authorization request is received or for a future date(s) stated on the request. Any date(s) of service requested prior to CCA receiving the authorization request will not be retroactively reviewed for medical necessity and will result in an administrative denial. Emergency services do not require Prior Authorization.

AUTHORIZATION REQUIREMENTS:

For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual. Any post-service appeal regarding lack of Prior Authorization will follow the same guidelines. If you feel that you received an inappropriate denial, please submit appropriate documentation via the Request for Claim Review form. Guidance on submitting an appeal can be located in the CCA Provider Manual.

***NOTE:** links to forms and provider manual mentioned above can be found in the References Section below.

BILLING AND CODING GUIDELINES:

CCA follows industry standard coding guidelines. Refer to current coding guidelines for a complete list of ICD (International Classification of Disease), CPT/HCPCS, revenue codes, and modifiers. CCA will deny claims if prior authorization, referral and/or inpatient notification have not been obtained or submitted for a specialty appointment or inpatient service when required.

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

Commonwealth Care Alliance
Prior Authorization Requirements
Prior Authorization Instructions

Payment Policies:
Massachusetts / Rhode Island

Provider Manuals:
Massachusetts / Rhode Island

Prior Authorization Forms:
Massachusetts / Rhode Island

POLICY TIMELINE DETAILS

1. Approved September 2019
2. Revised Scope and Format November 2021 for MAPD