Avoid Processing Delays for Prior Authorization Requests With These Guidelines

Improving the patient experience by helping members *understand how the prior authorization (PA) process and timelines work when PA is needed.*

Visit **bit.ly/HNPAInfo** to access PA:

- Validation tools
- Inpatient and outpatient forms
- Requirements lists, which include third-party vendors who perform PA reviews for select services.

Where to submit prior authorization requests	
If you are …	**Submit inpatient or outpatient service PA requests to:**
A physician or other provider affiliated with a delegated participating physician group (PPG)	The PPG and follow the PPG's procedures. Contact the PPG for information.
Directly contracting fee-for-service (FFS) providers	Refer to the PA Requirements list at **bit.ly/HNPAInfo** for direction on where to submit PA requests based on the type of service, drug, device or procedure.
Be aware of prior authorization timelines	
If the request is for…	**Submit the prior authorization request:**
An **elective** inpatient or outpatient service or procedures	As soon as the need for service is identified.
A **routine** service or procedure	At least five business days before a scheduled procedure.
An **urgent** service or procedure	72 hours before a scheduled procedure. Emergency services do not require prior authorization.

If you have not received a response in this timeframe, please contact Community Health Plan of Imperial Valley at **833-236-4141**. Members should contact the PPG or provider office directly for PA status and updates.

Follow these tips to avoid processing delays:

- Submit timely (see table above).
- Include sufficient clinical notes. Some surgical requests require submission of non-returnable color photos, models or X-rays (e.g., reconstructive surgery or repair).
- Include all member information (e.g., date of birth, ID number).
- Include correct CPT codes.
- Provide anticipated date of service, if scheduled, or place of service code and facility name.
- Include information for the referring and/or servicing physician or other provider (e.g., tax ID number/National Provider Identifier (NPI), contact name, phone number).
- Submit request to correct department and/or entity.
- Include the correct amount requested (number of visits, dosage, quantity).