Prior Authorization Appeals and Claim Appeals: A Reminder for Providers

October 28, 2022

The purpose of this alert is to remind pharmacy providers and prescribers about the processes for submitting prior authorizations (PAs) and claim appeals. A Medi-Cal pharmacy provider or prescriber may submit PA appeals following a PA denial determination by the Department of Health Care Services (DHCS). Similarly, claim appeals offer Medi-Cal pharmacy providers a method for resolving problems related to claim disputes for Fee-for-Service claims processed by either Medi-Cal Rx or the California Medicaid Management Information System (CA-MMIS).

Pharmacy Provider and Prescriber PA Appeals

- Provider PA appeals are accepted via the Medi-Cal Rx Provider Portal, fax, or U.S. Mail.
- Providers have 180 days to submit a PA appeal from the date of the initial denial.
- PA appeal requests must explicitly indicate "appeal."
  - **Medi-Cal Rx Provider Portal Submission:** Select the appeal option.
  - **Fax/U.S. Mail Submission:** State the word "appeal" on the *Medi-Cal Rx Prior Authorization Request Form*.

  Note: Unless the PA appeal request is specifically noted as an appeal, a second PA submitted for a previously denied request is treated as a new initial review.
- Medi-Cal Rx issues PA Appeal Acknowledgement correspondences to the provider via fax or U.S. Mail (when fax is unavailable) within one (1) calendar day of an appeal request.

For more information, refer to the *PA Adjudication* section of the *Medi-Cal Rx Provider Manual*.

Pharmacy Provider Claim Appeals

- Claim appeals are accepted via U.S. Mail to the Medi-Cal Rx Claims Department.

  Medi-Cal Rx Customer Service Center
  ATTN: Provider Claim Appeals
  P.O. Box 610
  Rancho Cordova, CA 95741-0610
- Claim appeals must be submitted on a *Medi-Cal Rx Provider Claim Appeal Form*.
- Each claim appeal should include only one beneficiary.
- Providers must submit an appeal within 90 days of the action/inaction precipitating the complaint.
- Claim appeals should include the following legible supporting documentation as available/applicable:
  - Corrected claim (if necessary)
  - Remittance advice pertaining to claim history
  - Explanation of Medicare Benefits or Medicare Remittance Notice
  - Other Health Coverage payments or denials
  - All Provider Claim Inquiry Forms, Medi-Cal Rx Claim Inquiry Acknowledgement Letters, Medi-Cal Rx Claim Inquiry Response Letters, or other dated correspondence to and from the Medi-Cal Rx Claim Appeal Team documenting timely follow-up. Providers must identify the claim(s) involved and specifically describe the disputed action or inaction regarding each claim.
- Medi-Cal Rx Claim Appeal Team will acknowledge each claim appeal within 15 calendar days of receipt.

Refer to the *Medi-Cal Rx Provider Claim Appeal Processes* section of the *Medi-Cal Rx Provider Manual* prior to submitting the claim appeal for submission requirements and information concerning timeliness.

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.