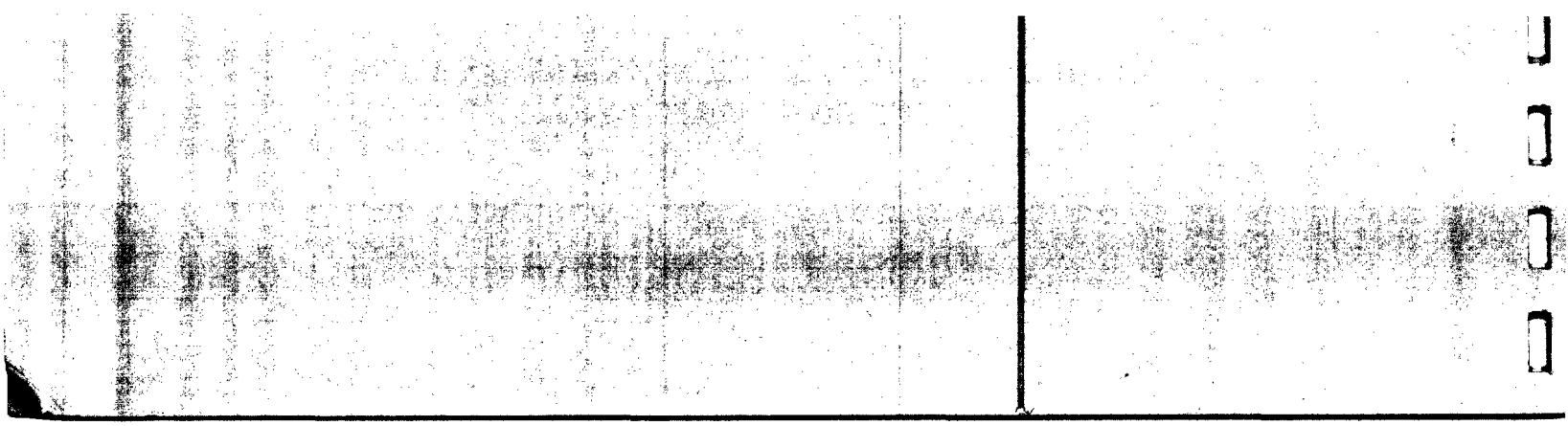


M E D I C A L
A S S I S T A N C E
PROGRAM

**Prior
Authorization**





These are just some of the most frequently used services that you might need that will require your health care provider receive prior authorization.

- **Dental Services**
- **Vision Care Services**
- **Durable Medical Equipment**
- **Mental Health Services**

If you would like a complete listing of all services that require prior authorization, contact: The Department of Human Services
Health Care Management Division
444 Lafayette Road, St. Paul, MN 55155-3848
612/297-2022



Dental Services

- Removable Prosthesis (dentures)
- Hospitalization for Dental Treatment
- All Periodontic Services (gum problems)
- Services Needed More Often Than is Customary (such as teeth cleaning more than twice a year)

Vision Care Services

- Replacement of Eyeglasses (either lost, stolen or damaged due to circumstances beyond your control, more often than once in a two-year period)

Durable Medical Equipment

- Wheelchairs and Accessories
- Patient Lifts (hydraulic or electric)
- Augmentative Communication Devices (such as Touch Talker and Talking Computers)
- Other Durable Equipment (such as flotation pads, special shoes, etc.)
- Equipment Paid Through Home and Community-Based Waiver Program

Mental Health Services

- Diagnostic Assessment (beyond 8-hour limit for people with challenging behaviors)
- Family Psychotherapy (in excess of 26 hours per calendar year)

RESOURCES

Legal Services Offices:

Albert Lea 507/377-2831
Toll Free Line 1-800/223-0280

Anoka 612/422-7575

Bemidji 218/751-9201
Toll Free Line 1-800/642-6836

Brainerd 218/829-1701

Cambridge 612/689-2849
Toll Free Line 1-800/622-7772

Cass Lake 218/335-2223

Duluth 218/726-4800
Toll Free Line 1-800/622-7266

Grand Rapids 218/326-6290

Little Falls 612/632-5431
Toll Free Line 1-800/622-7774

Mankato 507/387-5588
TDD 507/387-2321

Marshall 507/537-1588
Toll Free Line 1-800/622-7771

Migrant Legal Services
Fargo Office 701/232-8872
St. Paul Office 612/291-2837

Minneapolis, Downtown 612/332-1441
TTY 612/332-4668

Minneapolis, Northside 612/377-2566

Minneapolis, Southside 612/827-3774
TDD 612/827-1491

Moorhead 218/233-8585
Toll Free Line 1-800/452-3625

Oficina Legal 612/291-0110

Pine City 612/629-7166

Prior Lake 612/440-1040

St. Cloud 612/253-0121
Toll Free Line 1-800/622-7773

St. Paul 612/222-4731
TTY 612/222-5863

St. Paul Indian Center 612/222-0690

Virginia 218/749-3270

Willmar 612/235-9600
Toll Free Line 1-800/622-4011

Winona 507/454-6660
Toll Free Line 1-800/372-8168

Worthington 507/372-7368

There are 3 actions **you** can take if your needed service or equipment request is delayed beyond the 6 weeks timeline.

1. Contact your provider to verify that prior authorization requirements have been submitted. If your provider has submitted the forms, call **612/296-3386** the DHS Prior Authorization office to determine if additional information was requested and why your request hasn't been processed.
2. Call your County Financial Worker. They may be able to help you find out the cause of the delay or reason for denial.
3. File an appeal for delay or denial.

Appeals

Delay Appeals

If you have waited longer than 6 weeks, you might choose to file an appeal.

Submit **in writing** the request for an appeal, including your name, address and description of what you are appealing (for example: My dentist requested prior authorization for hospitalization for dental work for my son John—Medical Assistance #00000—on June 1, 1990. I have waited 2 months and have not received a response. My dentist has not heard either. I request a hearing.).

Denial Appeal

If you have been denied prior authorization, DHS must notify you—in writing— at the same time they notify your health care provider.

If you decide to appeal this denial, you have **30 days** to submit your request for an appeal as listed above (if you show good cause, you may have up to 90 days to appeal).

All appeals must be submitted in writing to:

Appeals Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

A DHS referee will notify you in writing of the location and time of your hearing. You do not need an attorney. However, since an appeal can be complicated at times, it is often a good idea to seek legal advice from an advocacy agency. A list of phone numbers is provided in this folder for your use.

Bring to your hearing all the documentation your provider previously submitted in order to obtain prior authorization as well as any other specific materials that relate to your particular health care need. It is also important to have a letter from your health care provider supporting your medical need.



How do I get Prior Authorization?

Your health care provider (doctor, dentist, etc.) must submit a completed form to the Department of Human Services (DHS).

What does my health care provider have to prove in order for me to get needed services?

Services and equipment have to be:

- Medically necessary (as determined by the prevailing medical community standards for customary practice and usage);
- Appropriate and effective to the medical needs of the recipient;
- Timely (considering the nature and present status of the recipient's medical condition);
- The least expensive appropriate alternative health service available; and
- An effective and appropriate use of program funds.

In addition, each specific type of health service or equipment may have individual documentation requirements (such as dental x-rays, lab reports, etc.).

What if my health care provider doesn't submit the required forms?

If you received health care and your provider didn't request prior authorization, you are **not** responsible for payment to that provider.

What is the difference between Prior Authorization, Payment Limitation, and Non-Covered Services or Equipment?

Prior Authorization is an advance written approval for services/equipment needs.

Payment Limitation is the upper limit on the amount or type of services available for reimbursement from the Medical Assistance Program. **Non-Covered Services** or

Equipment are items not covered by the Medical Assistance Program.

Who makes Prior Authorization determinations?

DHS administers the Medical Assistance Program and authorizes consultants in various medical specialties to review requests and make final determinations.

What if I have both Medical Assistance and Private Health Insurance, an HMO or Medicare?

You must first try to obtain payment from your own health coverage plan. If your plan denies payment or only pays part of the cost, your health care provider should submit a request for prior authorization—including the plan's denial or partial payment—within 20 days of the insurance company's notice.

How long does Prior Authorization usually take?

DHS has 30 working days from receipt of the request to reply to your health care provider. More time may be needed if DHS requests additional information. If that should happen, your provider has 20 working days to submit that information.

What if I have an emergency?

In case of an emergency, payment for services requiring prior authorization can be made if your provider makes a request for payment within 5 working days of the emergency service. All previously mentioned requirements must be met and the emergency must be explained.

DHS defines an emergency as risk of serious physical or mental disability, continued serious pain or possible death if the service or equipment is not given immediately.

**Governor's Planning Council
on Developmental Disabilities**

300 Centennial Office Building
658 Cedar Street, St. Paul, MN 55155
