



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**Dental Bulletin 24**  
**August 1999**

**TO:** Dentists Participating in MassHealth  
**FROM:** Mark E. Reynolds, Acting Commissioner  
**RE:** **New Address for Prior Authorization Requests for Drugs**

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***Background***

In the continuing effort to manage the pharmacy program in a clinically appropriate and cost-effective manner, the Division of Medical Assistance ("the Division") is contracting with the University of Massachusetts Medical School ("UMass") to process all prior authorization requests for drugs, including those drugs that are administered in the physician's office. UMass currently administers the Drug Utilization Review Program for the Division.

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***New Address  
for PAs for  
Drugs Only***

Effective 9/6/99, submit requests for all injectable, infusable, and oral drugs or biologicals (such as Hyalgan) that require prior authorization to the following address.

**University of Massachusetts Medical School**  
**DUR Program Offices**  
**11 Midstate Drive**  
**Auburn, MA 01501**

**Telephone: (508) 721-7171**  
**Fax: (508) 721-7138**

**NOTE: Send only prior-authorization request for *drugs*, including Hyalgan, to UMass.**

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***PA Procedures  
for Drugs  
Dispensed by  
a Pharmacy***

Prior authorization for drugs and biologicals dispensed by a pharmacy must be requested by the prescribing provider. The prescribing provider must complete a Request for Prior Authorization form or submit a written request on his or her letterhead containing the information required in the billing instructions in Subchapter 5 of his or her provider manual. The request must include the name, address, and telephone number of the pharmacy that will fill the prescription.

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***Drugs Dispensed  
in the Office***

For drugs that you dispense in your office, complete a Request for Prior Authorization form as described in the billing instructions in Subchapter 5 of your provider manual. The request must contain the servicing provider number of the individual practitioner who will be performing the procedure. Do not enter the group-practice provider number (the seven-digit number beginning with 97).

**NOTE:** This instruction applies only when you are requesting prior authorization and does not change the way in which you enter provider numbers on the claim form.

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***Supplies of the  
PA Form***

To obtain supplies of the Request for Prior Authorization form, mail or fax a written request to the following address or fax number.

Unisys  
ATTN: Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: (617) 576-4087

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***Questions***

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

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