



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

MassHealth
Outpatient Hospital Bulletin 40
August 1999

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

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.

***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.

***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.

***Drugs Dispensed
in the Outpatient
Department***

Subchapter 5 of your in the outpatient department complete a Request for Prior Authorization form as described in the billing instructions in Subchapter 5 of your provider manual. Be sure that the request contains the outpatient hospital's provider number. Do not enter the individual physician's or the group practice's provider number (the seven-digit number beginning with 97).

***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

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.
