



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

MassHealth
Vision Care Bulletin 12
August 1999

TO: Vision Care Providers 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 devices 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 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 Office***

For drugs that you dispense in your office, complete a Request for Prior Authorization form as described 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.

***Supplies of the
PA Form***

To obtain supplies of the Request for Prior Authorization form, send 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.
