Tips for submitting prior authorization into CIM:

1. Please refer to the **List of Services Requiring Prior Authorization (PA)** to determine if a PA is required for the service before submitting a request. You can find the complete PA list and codes on the Provider Services page in CIM.

- If the procedure code does not require a PA, the service can be provided if the diagnosis and the procedure code pair and follow the prioritized list set by OHA.
- If the service code falls below the line (not funded), the provider can submit for a PA to have it reviewed for medical necessity.

2. When submitting chart notes in CIM, **limit chart notes** to only those that apply to the service. You do not need to send the members entire medical history. The system has limits on how many pages it can load. Sending more chart notes than necessary delays the review process.

3. Providers should **only** submit Expedited requests according to the OHA rules, CFR 438.210 (2) (i) *For cases in which the provider indicates following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function…*

Please Note: During this initial transition period (1/1/19-3/31/19), Specialists are allowed a 90-day transition/grace period for Referrals, however the guidance on whether a PA is required or not still applies.
- Beginning 4/1/19, a Referral must be on file from the PCP to the Specialist for services requiring a referral. Once the transition period ends (3/31/19), if no referral is on file from the PCP, claims could be denied.