

# Retroactive Authorization Requests Policy

## Policy

Authorization is required for all admissions (elective and urgent). Authorization may also be required for services such as (but not limited to) infertility testing, genetic testing, high-tech radiology, certain surgical procedures, and certain DME items. Authorization is also required for any service rendered by a provider who is non-participating with the Plan.

If a provider (participating or non-participating) was unable or otherwise failed to obtain prior authorization, then requests for retroactive review and possible authorization can be submitted to the Plan within 120 days from the date of service. Requests made beyond 120 days from the date of service will not be considered.

The date of service is considered to be the date of discharge for inpatient admissions and the actual date of service for all other services.

Submission of a retroactive authorization request does not guarantee approval or payment.

## Place of service

This policy applies to services rendered in all settings.

## Policy history

Origination date:	April 1, 2017
Previous revision date(s):	N/A
Connection date & details:	May 2017 – Introduced policy. July 2018 – Annual review, no updates July 2019 – Annual review, no updates.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*