Prior Authorization Requests and Decisions

VitalPoint®

Department of Labor

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Overview

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Overview

A Prior Authorization Request is required in order to allow certain medications to be prescribed for a claimant. The following require Prior Authorization Request Forms to be submitted and approved before the medication can be dispensed:

- All compounded medications (DOL CA-26 form)
- All opioid compound medications (DOL CA-27 form)
- Opioid medications (DOL CA-27 form)
- Non-formulary medications (DOL PBM Non-Formulary Drug Prior Authorization form)

Medications submitted by the prescriber on the appropriate form must be valid NDCs, and cannot be a denied NDC on the OWCP DFEC NDC Denial List. They also cannot be herbal supplements.

Prescribers fill out these forms online in the Optum FECA Prescriber Portal.

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Opioid rules for form submittal

Opioids follow special rules for the prior authorization request form process:

- Portal will only allow submission for an opioid request when the claimant is taking less than two opioids currently, including opioid compounds. (If taking one opioid, only one opioid request will be allowed; if not taking any opioids, requests for up to two opioids will be allowed.)
- A request will be allowed for an additional opioid if one of the current opioid approvals is expiring within the next 15 days
- Re-approval of opioid medications is required every 60 days or less (less if the medication is approved for fewer than 60 days)

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Overview

Prior Authorization Request Form is completed by the prescriber in the Optum OWCP FECA Prescriber Portal



It is reviewed by Optum Clinical personnel who make a decision on whether the medication is appropriate for the claimant. This will update the claim profile.



When the prescription processes through Optum, the prior authorization decision is automatically applied for the approval or denial period



A new request can be submitted by the prescriber up to 15 days before the approval period ends, to minimize medication delays

Status of the prior authorization request will be Pending until a decision is made by the Clinical team. The status will then change to Approved or Denied.

DOL staff can view Prior Authorization Requests and the approved/denied decision in the following locations in the VitalPoint portal:

- Claim Activity Journal
- Claim Decision History
- Claim Documents

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Viewing a Prior Authorization Request and its decision in the portal reports

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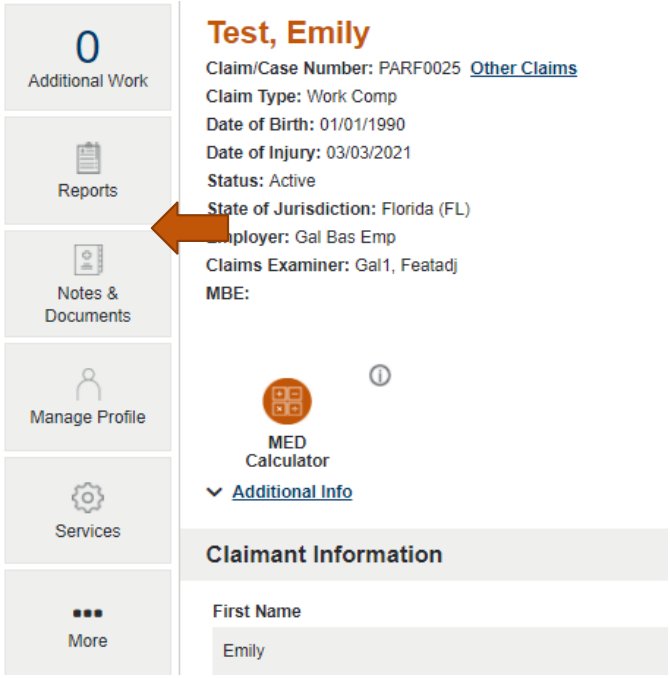
Viewing Prior Authorization Requests

Prior Authorization Requests are included in the reports and documents for the claim, available from the left-hand claim menu.



- Claim Activity Journal
- Claim Decision History
- Claim Documents

Note: Prescribers and claimants can also view prior authorization requests and outcomes in the Claim Documents portion of their designated portals.

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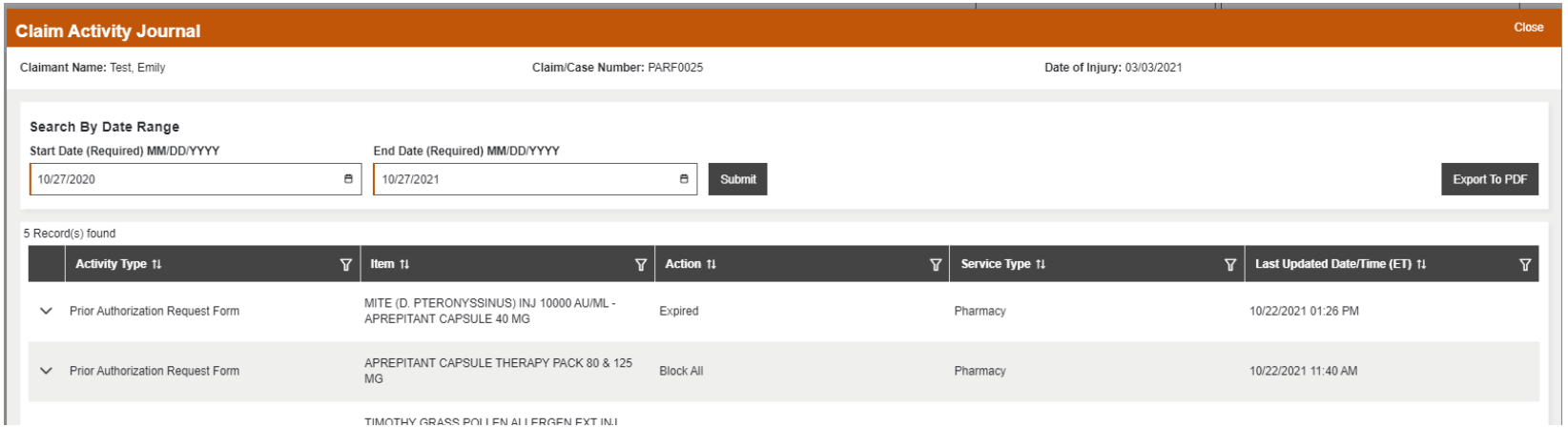
Claim Activity Journal

The **Claim Activity Journal** includes all Prior Authorization Requests for the claim—those with a decision and those pending a decision.
Locate the desired record in the report and click on the **chevron** to expand.



Note: The Activity Type column can be sorted so that all authorization requests will be listed consecutively.

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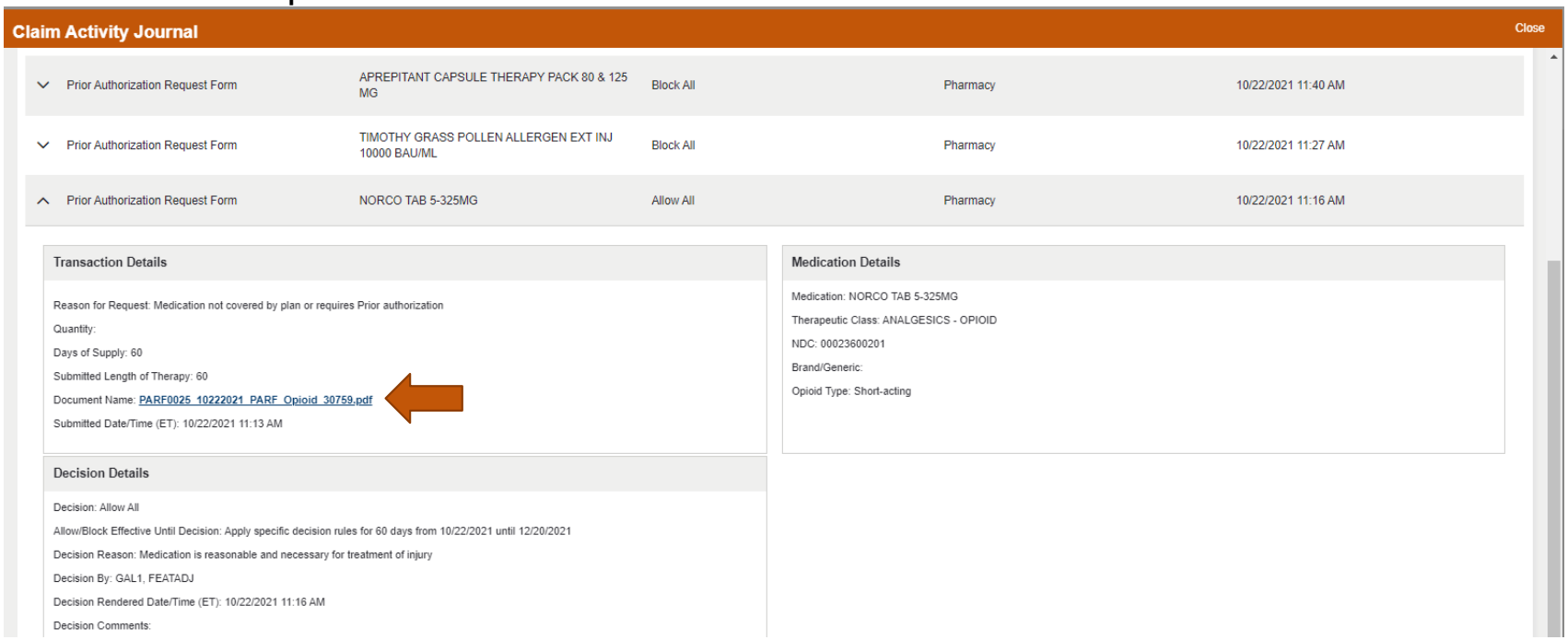
Claim Activity Journal – Transaction Details

The **Transaction Details** section of the report provides details of the request, including Quantity, Days Supply, Submitted Length of Therapy, and Submitted Date/Time. Clicking on the document name will open a PDF of the completed prior authorization request form.



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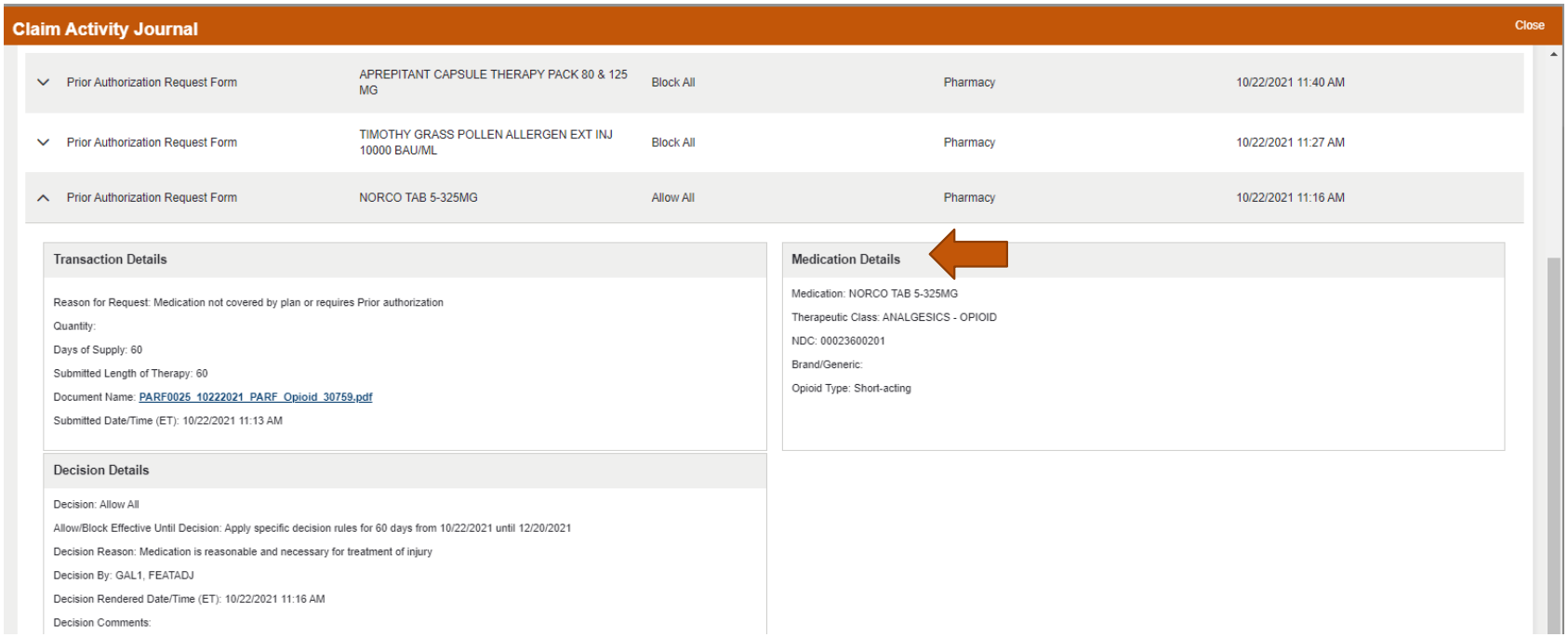
Claim Activity Journal – Medication Details

The **Medication Details** section of the report provide details on the Medication name, Therapeutic Class, NDC, Brand/Generic, and Opioid Type (if applicable). If it is a compound, then the ingredients will display in an ingredient section of the report.



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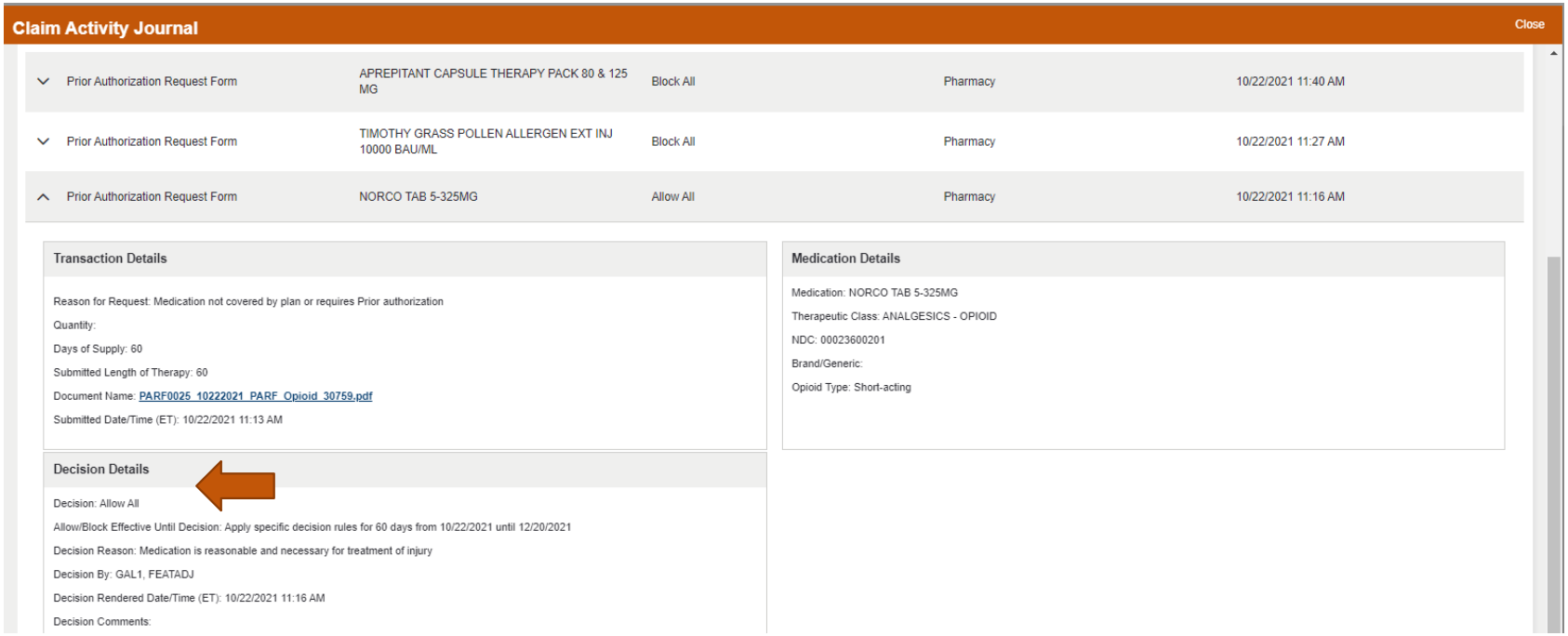
Claim Activity Journal – Decision Details

The **Decision Details** section provides information on the approval or denial decision.
The **Decision** field shows whether the request was approved or denied.
The **Allow/Block Effective Until Decision** field shows the timeframe that the decision will be in effect for the medication.



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Decision Status

The decision status of a Prior Authorization Request will be one of the following:

Approved

The medication has been approved for prescribing for the designated length of therapy, subject to the listed maximum daily allowance, maximum days of supply, and other approval restrictions set by the Clinician.

Denied

The medication has been denied for prescribing and will block at point of sale. If something has changed that may merit a new decision for the medication, the prescriber can submit a new prior authorization request form via the Prescriber Portal.

Pending

A decision has not yet been made by the Optum Clinical team. Decision details will not display while the decision is Pending.

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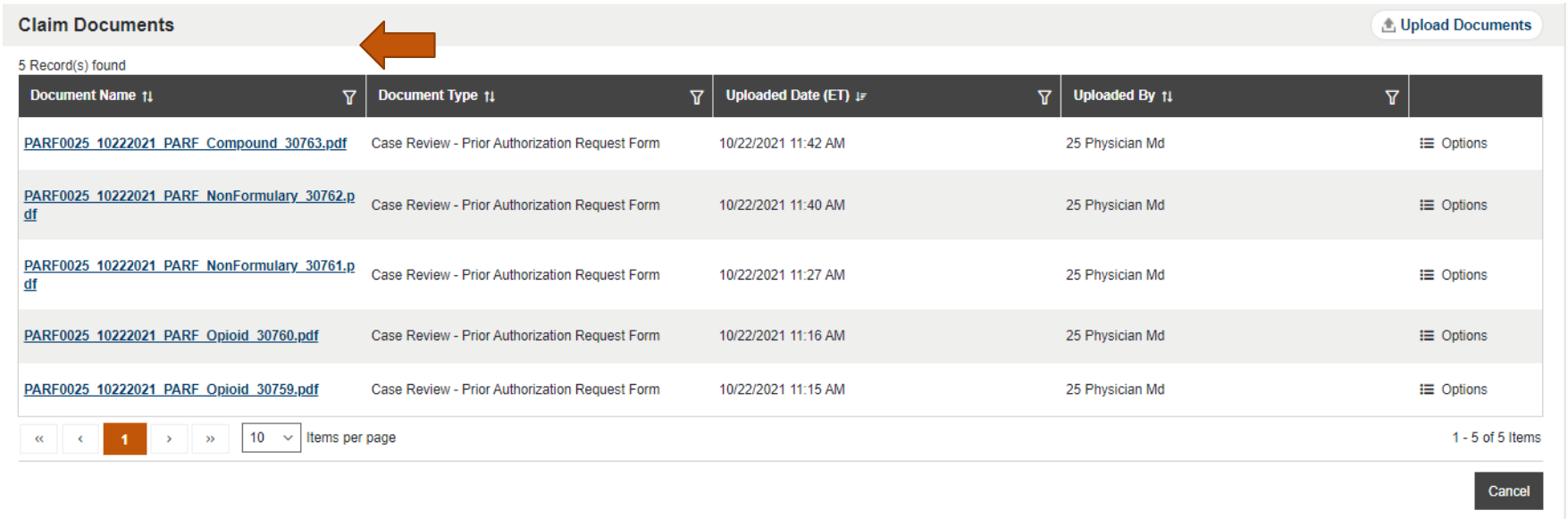
Viewing a Prior Authorization Request – Claim Documents

The **Claim Documents** report includes Prior Authorization Requests. Locate the desired Prior Authorization Request and click the PDF link to view the form document.



Claim Documents

Upload Documents

5 Record(s) found

Document Name	Document Type	Uploaded Date (ET)	Uploaded By	
PARF0025_10222021_PARF_Compound_30763.pdf	Case Review - Prior Authorization Request Form	10/22/2021 11:42 AM	25 Physician Md	Options
PARF0025_10222021_PARF_NonFormulary_30762.pdf	Case Review - Prior Authorization Request Form	10/22/2021 11:40 AM	25 Physician Md	Options
PARF0025_10222021_PARF_NonFormulary_30761.pdf	Case Review - Prior Authorization Request Form	10/22/2021 11:27 AM	25 Physician Md	Options
PARF0025_10222021_PARF_Opioid_30760.pdf	Case Review - Prior Authorization Request Form	10/22/2021 11:16 AM	25 Physician Md	Options
PARF0025_10222021_PARF_Opioid_30759.pdf	Case Review - Prior Authorization Request Form	10/22/2021 11:15 AM	25 Physician Md	Options

« ‹ 1 › » 10 Items per page 1 - 5 of 5 Items

Cancel

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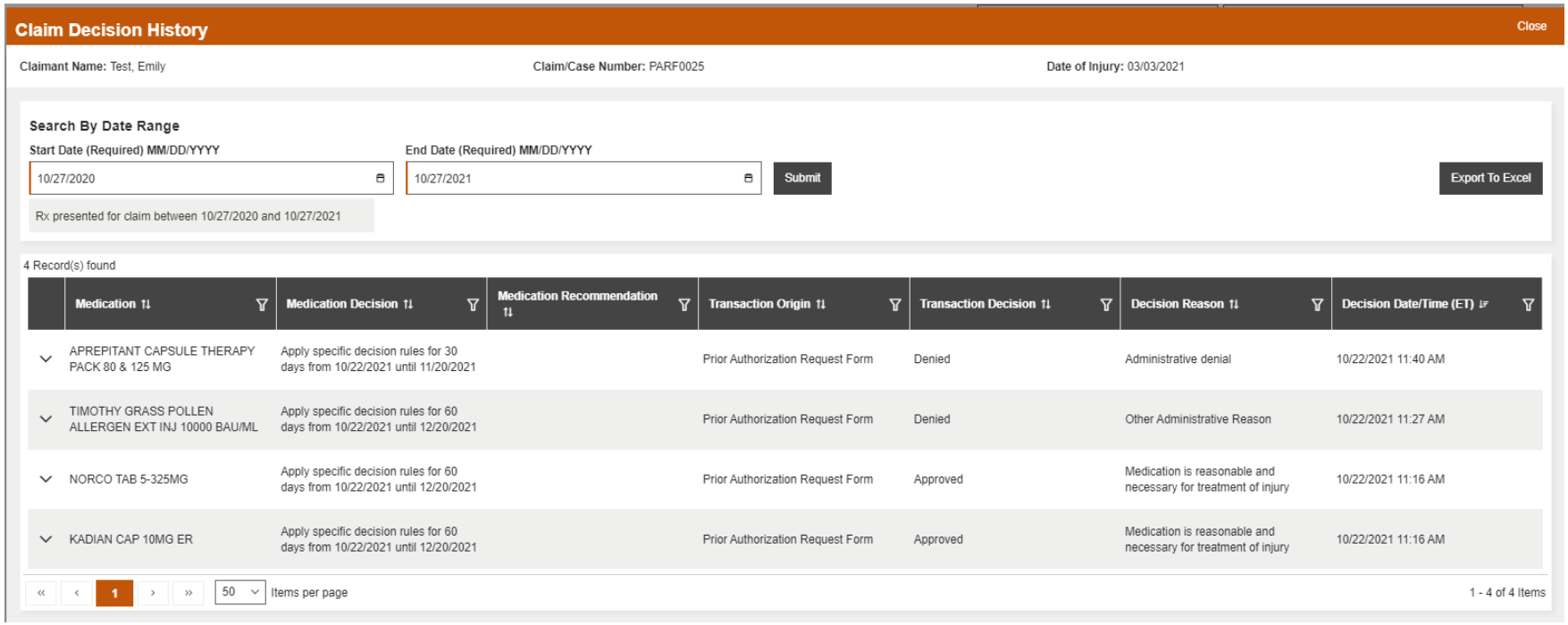
Claim Decision History

The **Claim Decision History** report includes Prior Authorization Requests that have a decision. Click the chevron to see details of the request and decision.



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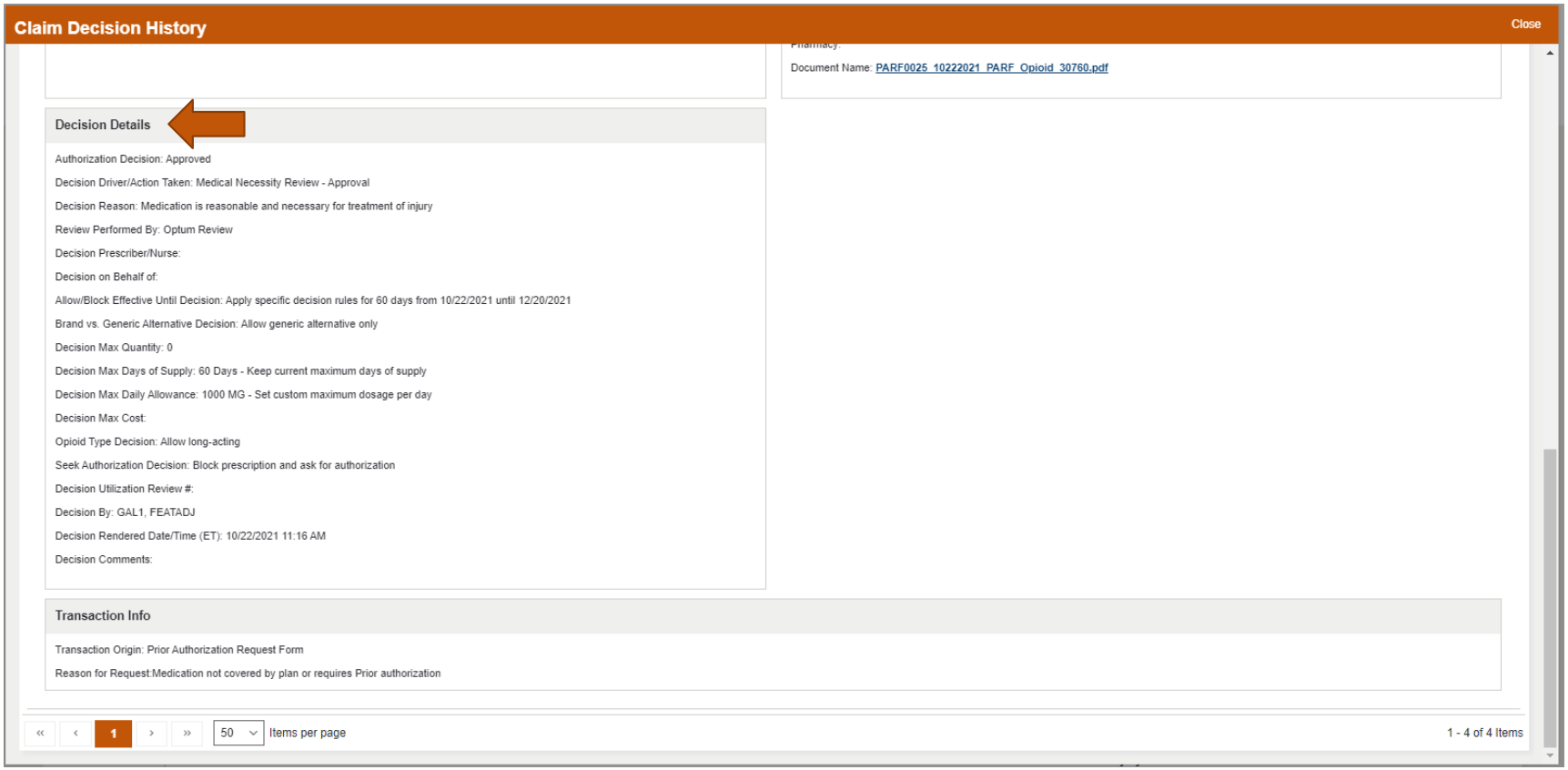
Claim Decision History – decision details

The Decision Details section shows outcome and timeframe:
Authorization Decision: this field shows whether request is approved or denied
Allow/Block Effective Until Decision: this field shows the timeframe that the decision will be applied



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Claim Decision History – approval parameters

If the request is Approved, the Decision Details section shows any approval restrictions set by the Optum Clinician. The following can be set by the Clinician as applicable for the medication.

- Brand vs. Generic Alternative Decision: to allow brand, generic, or both
- Decision Max Quantity: to set max quantity per fill
- Decision Max Days of Supply: to set max days supply per fill
- Decision Max Daily Allowance: to set max daily dosage or max daily quantity
- Decision Max Cost: to set max cost

These decision parameters are written to the claimant's profile as part of the decision and are applied to the claim's incoming pharmacy transactions for the medication during the approval time period.

These decision details can also be found in the cover sheet of the Prior Authorization Request Form PDF document. In any of these VitalPoint reports, clicking on the hyperlinked document name will display the PDF document.

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Viewing a Prior Authorization Request PDF Document

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Sample Prior Authorization Request Form PDF – cover sheet

When you open the Prior Authorization Request PDF document by clicking on the document name, the decision information for the medication will be in the cover sheet.

The **Medication Allow/Block Effective Start Date** and the **Medication Allow/Block Effective End Date** show the timeframe the decision will be enforced on the claim's profile. Any approval restrictions set for the medication as part of the decision are also listed.

Claim/Case Number: PARF0025
Medication Description: NORCO TAB 5-325MG

Decision Details:
Decision: Approved
Decision By: GAL1, FEATADJ
Decision Date (ET): 10/22/2021 11:15:51 AM
Medication Allow/Block Effective Start Date: 10/22/2021
Medication Allow/Block Effective End Date: 12/20/2021
Authorized Length of Therapy: 60
Decision Reason: Medication is reasonable and necessary for treatment of injury
Decision Rendered By: Optum Review
Maximum Days of Supply: 60 Days - Keep current maximum days of supply
Brand vs. Generic Alternative: Allow generic alternative only
Maximum Daily Allowance: 250 Quantity - Set custom maximum dosage per day
Long acting vs. short acting: Allow short-acting
Comment:

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Prior Authorization Request Form PDF – two opioids

If the prescriber submitted two opioids on the same request form, each opioid will have its own decision record in the reports and its own PDF. The cover sheet will state “Medication 1 of 2” to show which opioid this decision is for. The other opioid will be referenced at the bottom of the cover sheet. You will need to go to the other opioid’s report record and PDF to see its decision.

Claim/Case Number: PARF0025
Medication Description: NORCO TAB 5-325MG

Medication 1 of 2
Decision Details:
Decision: Approved
Decision By: GAL1, FEATADJ
Decision Date (ET): 10/22/2021 11:15:51 AM
Medication Allow/Block Effective Start Date: 10/22/2021
Medication Allow/Block Effective End Date: 12/20/2021
Authorized Length of Therapy: 60
Decision Reason: Medication is reasonable and necessary for treatment of injury
Decision Rendered By: Optum Review
Maximum Days of Supply: 60 Days - Keep current maximum days of supply
Brand vs. Generic Alternative: Allow generic alternative only
Maximum Daily Allowance: 250 Quantity - Set custom maximum dosage per day
Long acting vs. short acting: Allow short-acting
Comment:

Medication Description: KADIAN CAP 10MG ER
Decision Details: Decision pending or available under separate cover

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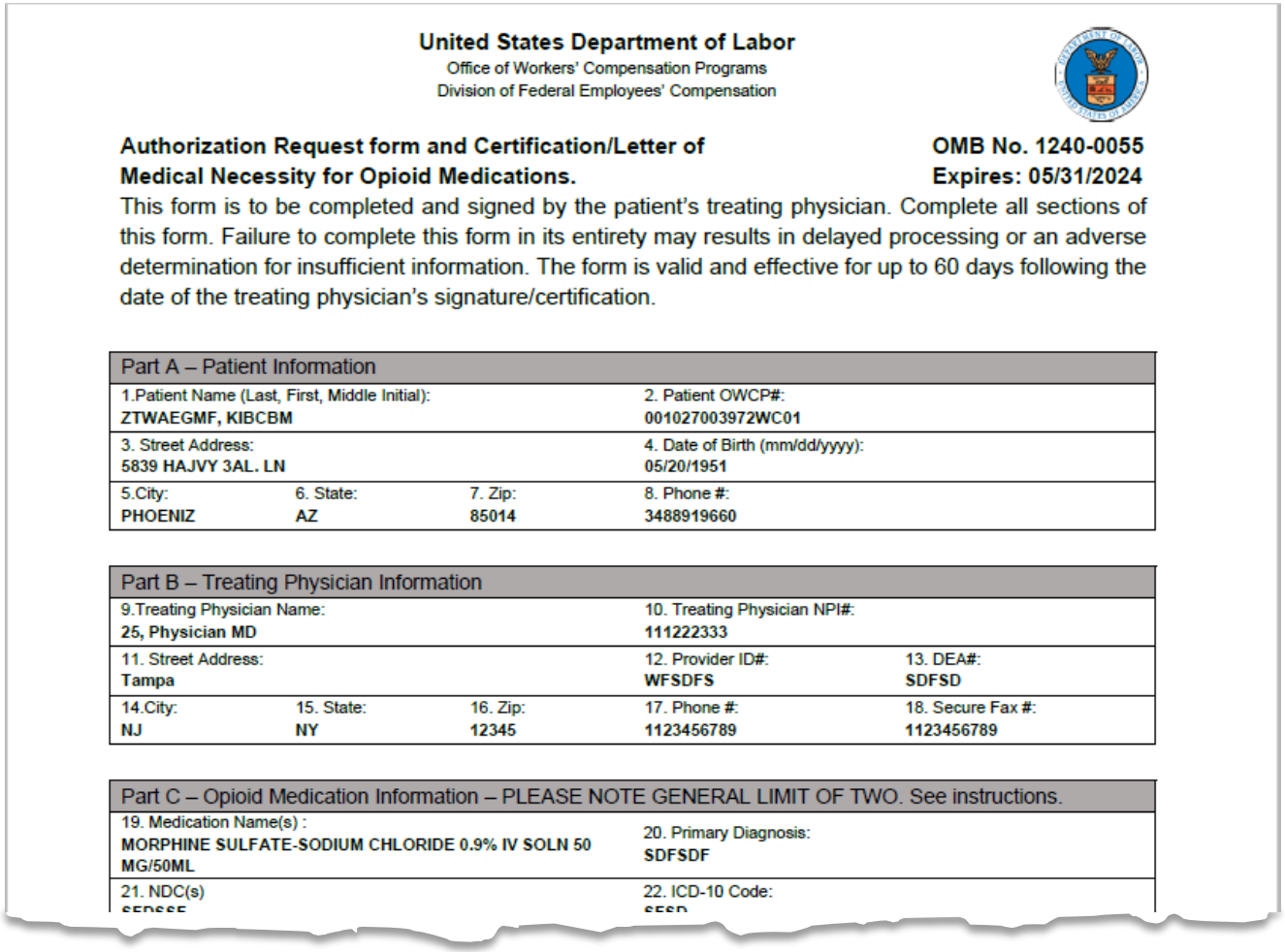
Sample Prior Authorization Request Form PDF

In the PDF, below the cover sheet will be the form the prescriber submitted.



United States Department of Labor
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation

Authorization Request form and Certification/Letter of Medical Necessity for Opioid Medications.

OMB No. 1240-0055
Expires: 05/31/2024

This form is to be completed and signed by the patient's treating physician. Complete all sections of this form. Failure to complete this form in its entirety may results in delayed processing or an adverse determination for insufficient information. The form is valid and effective for up to 60 days following the date of the treating physician's signature/certification.

Part A – Patient Information				
1.Patient Name (Last, First, Middle Initial): **ZTWAEGMF, KIBCBM**			2. Patient OWCP#: **001027003972WC01**	
3. Street Address: **5839 HAJVY 3AL. LN**			4. Date of Birth (mm/dd/yyyy): **05/20/1951**	
5.City: **PHOENIZ**	6. State: **AZ**	7. Zip: **85014**	8. Phone #: **3488919660**	

Part B – Treating Physician Information				
9.Treating Physician Name: **25, Physician MD**			10. Treating Physician NPI#: **111222333**	
11. Street Address: **Tampa**			12. Provider ID#: **WFSDFS**	13. DEA#: **SDFSD**
14.City: **NJ**	15. State: **NY**	16. Zip: **12345**	17. Phone #: **1123456789**	18. Secure Fax #: **1123456789**

Part C – Opioid Medication Information – PLEASE NOTE GENERAL LIMIT OF TWO. See instructions.	
19. Medication Name(s) : **MORPHINE SULFATE-SODIUM CHLORIDE 0.9% IV SOLN 50 MG/50ML**	20. Primary Diagnosis: **SDFSDF**
21. NDC(s) **SFDSSF**	22. ICD-10 Code: **SFSD**

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Thank you





About Optum Worker's Comp and Auto No-fault Solutions

Optum Workers' Comp and Auto No-Fault Solutions collaborates with clients to lower costs while improving health outcomes for the injured persons we serve. Our comprehensive pharmacy, ancillary, medical services, and settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure injured persons receive safe, appropriate and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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