



March 2018

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## Requirements for Expedited Authorization Requests

**Summary:** This is a reminder that Prestige Health Choice (Prestige) updated the requirement for expedited prior authorization requests as of August 1, 2017. All authorization forms have been updated accordingly. The new forms must be used when submitting authorization requests.

A provider may submit an expedited authorization request to indicate that following the standard authorization request timeline could seriously jeopardize a member's life or health or ability to attain, maintain, or regain maximum function.

Prestige will handle these requests within 48 hours of receipt, unless extended for an additional two business days, where warranted. Given these tight timeframes, Prestige appreciates our providers' cooperation in limiting their expedited authorization requests to those cases that truly meet this definition.

To facilitate this, each expedited authorization request must be submitted with a provider's order indicating the request meets the criteria for expediting. Expedited requests received without an order signed by the requesting provider will be handled within the standard time frame of seven days, which may be extended by an additional seven days, where warranted.

All Prestige authorization request forms have been updated to list this new requirement. The updated forms must be used for all authorizations requests going forward. The new forms are available at [www.prestigehealthchoice.com/provider/resources/prior-authorization.aspx](http://www.prestigehealthchoice.com/provider/resources/prior-authorization.aspx), or from your Prestige provider network account executive.

Prestige Health Choice | [www.prestigehealthchoice.com](http://www.prestigehealthchoice.com) | Provider Services: 1-800-617-5727