

Ambetter of North Carolina Inc. Provider Guide

Retrospective Authorization Review Request

Retrospective Authorization Review Definition:

Retrospective authorization review is an initial review of services provided to a beneficiary, but for which authorization and/or timely notification to Ambetter of North Carolina Inc. was not obtained due to extenuating circumstances. Examples of extenuating circumstances include, but are not limited to the following:

- Member was unconscious at presentation
- Member did not have their Ambetter ID card, or otherwise indicated other coverage
- Services authorized by another payer who subsequently determined member was not eligible at the time of service

How should Providers submit a Retrospective Authorization Review?

Providers should request a retrospective authorization review promptly; as soon as they are made aware of the extenuating circumstances.

Retrospective authorization review requests may be submitted to Ambetter of North Carolina Inc. using one of the following prior authorization submission processes:

- [Secure Provider Portal](#) (Preferred and most efficient method)
- Phone: 1-833-863-1310
- Fax: 1-844-536-2412

NOTE: If faxing, providers should use the [Prior Authorization form](#) located online.

What should be included in the Retrospective Authorization Review?

Retrospective authorization review requests must contain:

1. Clinical documentation that illustrates specific clinical evidence supportive of the request and demonstrates alignment with the applicable definition of medical necessity
2. Specific details on the extenuating circumstances as to why an authorization was not obtained (preferably on the cover page of the request).

When can the provider expect to hear back?

Ambetter of North Carolina Inc. will have 30 calendar days to review and finalize a decision.

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How are retrospective authorization requests reviewed?

- If the request is received and extenuating circumstances are not clearly defined, the request will not be reviewed and will be denied due to failure to follow authorization procedures (administrative denial).
- If the request is received and extenuating circumstances are clearly defined, the request will be reviewed for medical necessity.

If the provider disagrees with the retrospective authorization review determination:

Providers may request a Peer-to-Peer review or submit an appeal following the guidance in the authorization denial letter.

Support

Please view the Provider section of our website at ambetterofnorthcarolina.com for additional tools and resources. You may also contact your [Provider Engagement Administrator](#) directly for support and education.

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