CMS Finalizes Prior Authorization Rule



1/31/2024

On January 17, 2024, CMS issued a final rule regarding Interoperability and Prior Authorization. The goal of the final rule is to improve patient, provider, and payer access to data and the prior authorization process. Effective January 1, 2026, impacted payers, such as Medicare Advantage organizations, state Medicaid, and CHIP programs, must provide prior authorization decisions within 72 hours for urgent requests and 7 calendar days for non-urgent requests. Any denial must include a specific reason for such denial. This rule does not apply to prior authorization requests for medications.

Click Here to read the entire January 2024 Healthcare Law Update now!

For more information, contact:
John D. Fanburg, Chair | 973.403.3107 | jfanburg@bracheichler.com
Edward Hilzenrath | 973.403.3114 | ehilzenrath@bracheichler.com
Erika R. Marshall | 973.364.5236 | emarshall@bracheichler.com