

# Submitting a Prior Authorization using the CoverMyMeds integration (Web)

Last modified on 02/20/2025 2:06 pm EST

DrChrono has implemented a CoverMyMeds (CMM) new enhancement, *Electronic Prior Authorization (ePA)*. The improvement will allow for a Prior Authorization to be submitted to the Payer directly from the "send eRx" page, making it quicker for a patient to immediately begin or continue treatment with as little delay as possible.

## Key Enhancements

- Information will be sent to the provider indicating whether Prior Authorization is required for a medication.
- Patient information will be sent to CMM's allowing the provider to submit an ePA request to the payer through CMM's platform.
- ePA message populates in the DrChrono message center.

## Workflow

Provider initiates PA Request to Payer from send eRx page → PA Request & Response(s) save in Patient's Chart > Demographics > Authorizations → PA Responses from Payer are forwarded to Message Center with patient's name attached.

### Initiating a Prior Authorization Request

- From the patient's chart, perform a [prescription benefits](#) check via the Eligibility section.
- Once the prescription benefit has been confirmed navigate to Send eRx (via the patient's chart).
- Enter the following required fields ( Medication, SIG, Dispense, Dispense Unit, Days Supply, and Diagnosis Codes). The diagnosis code must first exist in the Problem list in order to appear.
- *The Initiate PA box will only appear if a PA is required.*
- Click Initiate Standard Request or Initiate Urgent Request.

*\*Urgent Request = payer is required to provide a response in a specific timeframe (typically within 24hrs).*

- A pop-up notification will appear if there is an existing PA request for the medication. If not...
- Go to the next step to complete the authorization request.

The screenshot displays a medical software interface for a patient named Peter Test (Female, 14 years old, born Aug. 26, 2008). The left sidebar contains a navigation menu with 'Send eRx' highlighted. The main content area shows the 'New Prescription' form, which includes fields for medication type (Medication, Compound, Supply), medication name, SIG, effective date, and dispensing options (Dispense, Dispense Unit, DAW, Days Supply, Refills). A red error message at the top states: 'Patient Address is required for sending out new prescriptions. Please enter in the patient's address in the demographics section here.'

## Completing a Prior Authorization Request

The prior authorization request can be completed via the Message Center **OR** the Authorization tab within the patient's chart.



Once the PA request has been initiated, typically it will take 1-2 minutes to appear in the Message Center / Patient's Chart. However, the timeframe is ultimately based on the payer.

Via the Message Center (envelope located at the top right corner)

- Scroll to Prior Authorization (column on the left side under ERX section).
- Click the Prior Authorization with the title START PA.
- Once the message has been opened, click the button Start PA.
- The page will auto-navigate to the Prior Authorization Request screen.
- Fill in the required information needed. Documents can also be attached (ie: clinical notes).
- Click Submit request.

Schedule Clinical Patients Reports Billing Account Marketplace Help

Search 623 185

ALL MESSAGES ? Prior Authorization Fax number: +1 (800) 855-6374

Incoming Messages 4996

Starred

All Messages 5223

FAX 4927

Incoming Fax

Outgoing Fax 4

LAB RESULTS

Lab Results

ERX

eRx Requests 4

eRx Change 132

eRx Cancel 41

Prior Authorization

REFERRALS

Outbound Referrals

Contacts

ONPATIENT

Online Appointments 55

Patient Message 3

Sent Message 1

TASKS NEW TASK

My Tasks 83

DIRECT MESSAGES

Incoming Direct Messages

Outbound Direct Messages

ENROLLMENT

Status Changes

Reorder menu

Customize Workflow

Mark as Read Mark as Unread Show Archived

NEXT Search Messages

	From	Title	Associated patient	Created	Updated
<input type="checkbox"/>	CoverMyMeds	Start PA: Bactrim DS 800 mg-160 mg oral tablet		June 27, 2023, 1:08 p.m.	June 27, 2023, 1:08 p.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: moxifloxacin 400 mg oral tablet		June 27, 2023, 12:30 p.m.	June 27, 2023, 12:58 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: CellCept 500 mg oral tablet		June 27, 2023, 10:05 a.m.	June 27, 2023, 12:09 p.m.
<input type="checkbox"/>	CoverMyMeds	More PA Questions: CellCept 500 mg oral tablet		June 27, 2023, 10:08 a.m.	June 27, 2023, 10:08 a.m.
<input type="checkbox"/>	CoverMyMeds	More PA Questions: Bactrim DS 800 mg-160 mg oral tablet		June 27, 2023, 9:45 a.m.	June 27, 2023, 9:45 a.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: Aspirin Low Strength 81 mg oral delayed release tablet		June 27, 2023, 9:43 a.m.	June 27, 2023, 9:43 a.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: Capzasin-HP 0.1% topical cream		June 27, 2023, 9:38 a.m.	June 27, 2023, 9:42 a.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Aspirin Low Strength 81 mg oral delayed release tablet		June 27, 2023, 9:36 a.m.	June 27, 2023, 9:36 a.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: moxifloxacin 400 mg oral tablet		June 26, 2023, 2:45 p.m.	June 26, 2023, 2:45 p.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: ethinyl estradiol-norgestimate triphasic 35 mcg oral tablet		June 23, 2023, 10:30 p.m.	June 23, 2023, 10:30 p.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: Imioxia 1%-4% topical cream		June 23, 2023, 11:30 a.m.	June 23, 2023, 11:30 a.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: Subsys 100 mcg sublingual spray		June 23, 2023, 11:30 a.m.	June 23, 2023, 11:30 a.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: pramoxine 1% rectal foam		June 23, 2023, 11:30 a.m.	June 23, 2023, 11:30 a.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: Percocet 2.5 mg-325 mg oral tablet		June 23, 2023, 11:30 a.m.	June 23, 2023, 11:30 a.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: ethinyl estradiol-norgestimate triphasic 35 mcg oral tablet		June 23, 2023, 9:54 a.m.	June 23, 2023, 9:54 a.m.
<input type="checkbox"/>	CoverMyMeds	More PA Questions: Symjepi 0.3 mg injectable kit		May 26, 2023, 12:44 p.m.	June 22, 2023, 1:07 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Capzasin-HP 0.1% topical cream		June 22, 2023, 1:07 p.m.	June 22, 2023, 1:07 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Bactrim DS 800 mg-160 mg oral tablet		June 22, 2023, 1:06 p.m.	June 22, 2023, 1:06 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Bactrim DS 800 mg-160 mg oral tablet		June 22, 2023, 1 p.m.	June 22, 2023, 1:02 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: cephalexin 500 mg oral capsule		June 22, 2023, 12:55 p.m.	June 22, 2023, 12:58 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Aspirin Low Strength 81 mg oral delayed release tablet		June 22, 2023, 12:58 p.m.	June 22, 2023, 12:58 p.m.
<input type="checkbox"/>	CoverMyMeds	More PA Questions: Symjepi 0.3 mg injectable kit		May 26, 2023, 12:45 p.m.	June 22, 2023, 11:56 a.m.
<input type="checkbox"/>	CoverMyMeds	PA Closed due to Error: moxifloxacin 400 mg oral tablet		June 21, 2023, 7:30 p.m.	June 21, 2023, 7:30 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: pramoxine 1% rectal foam		June 21, 2023, 5:02 p.m.	June 21, 2023, 5:02 p.m.

Feedback Support ? ?

Release: 7a1eeb63 (changed: 2023-06-27 7:02 AM -0400) Practice Chat

Explore History (0)

Via the Authorization tab within the patient's chart

- Navigate to Demographics > Authorizations tab.
- Locate the Prior Authorization Medication > the status will show as Open.
- Click the 3 dots (...) to the right under the Action column.
- Choose Send PA.
- Fill in the required information needed. Documents can also be attached (ie: clinical notes).
- Click Submit at the bottom of the request.

[← Go Back](#)

### Prior Authorization Request - Due 12/23/2022

Medication: Apretin 100MG tablets

Description: This is the description of the prior authorization request. This is the description of the prior authorization request. This is the descriptive authorization request.

Contact: example@mail.com

1: Does the patient receive semi-annual checkups?

Attachment: [document for question 1.pdf](#)

1.1: Start Date

1.2: End Date

2: What symptoms has the patient exhibited (select all that apply)?

3: When is your appointment?

4: Number Only (Optional)

Attachment (Up to 1)

Please attach patient clinical notes as it's required according to the law.

[document 1.pdf](#)

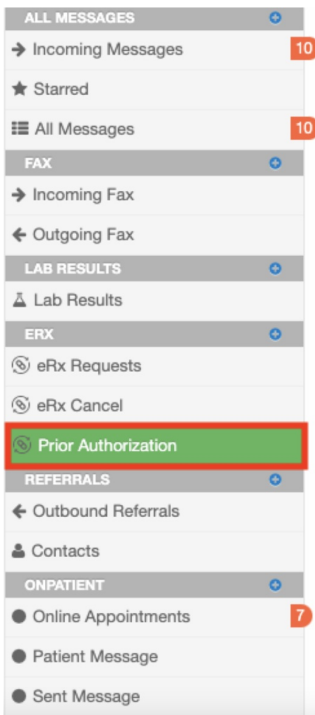
[Choose Document](#)

Comment

[Submit PA Request](#) [Cancel](#)

### Viewing Prior Authorization Responses from the Payer

- Navigate to the Message Center.
- Scroll to Prior Authorization (column on the left side under ERX section).
- Select the message applicable to the patient's name.
- View response (Approved, Complete More Questions, Denied).
- *Payer notes are located at the bottom of the response (i.e. a denied payer's response and/or payer response file attachments).*



<input type="checkbox"/>	From	Title	Associated patient	Created	Updated
<input type="checkbox"/>	CoverMyMeds	PA Approved: Adderall 10 mg oral tablet		April 12, 2023, 2:22 p.m.	April 12, 2023, 2:23 p.m.
<input type="checkbox"/>	CoverMyMeds	PA Approved: nortriptyline 10 mg/5 mL oral solution		April 12, 2023, 1:19 p.m.	April 12, 2023, 1:20 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Condylox 0.5% topical gel		March 30, 2023, 1:09 p.m.	April 6, 2023, 2:43 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Adlyxin subcutaneous kit		March 30, 2023, 1:10 p.m.	April 6, 2023, 2:43 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Vimpat 10 mg/mL oral solution		March 30, 2023, 1:09 p.m.	March 30, 2023, 1:09 p.m.
<input type="checkbox"/>	CoverMyMeds	Start PA: Endocet 5/325 oral tablet		March 30, 2023, 1:07 p.m.	March 30, 2023, 1:07 p.m.

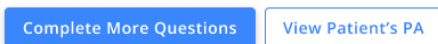
## Example PA Responses

### APPROVED

**PA Approved: Flonase 50 mcg/inh nasal spray**

### COMPLETE MORE QUESTIONS

- Click "Complete More Questions" button.
- Complete additional questions requested by the payer.
- Submit PA at the bottom of the request.



### DENIED

**PA Denied: Flonase 50 mcg/inh nasal spray**

### Viewing Existing Prior Authorization Requests

- (via Patient Chart) Navigate to Demographics > Authorizations.
- Clicking the 3 dots (...) under the action column allows a PA to be sent, canceled, archived and view the payer's response.

\*If a canceled PA Request has been approved, the user can send a new PA Request using the same drug via the Send eRX page.

Prior Authorization (CoverMyMeds)

[Add Authorization Manually](#)

[Active](#)

[Archived](#)

Medication	Authorization #	Status	Effective Date	Expiration Date	Date Updated	Action
Medication 1		<a href="#">Initiated</a>			12/05/2022	...
Medication 2		<a href="#">Open</a>			12/05/2022	...
Medication 3		<a href="#">Requested</a>			12/05/2022	...
Medication 5	123456778	<a href="#">Approved</a>	12/05/2022	12/05/2022	12/05/2022	...
Medication 6		<a href="#">Denied</a>			12/05/2022	...
Medication 7		<a href="#">Expired</a>	12/05/2022	12/05/2022	12/05/2022	...

Here is a [link](#) to a video that will walk you through Submitting a Prior Authorization using the CoverMyMeds integration

[FAQ- Submitting a Prior Authorization using the CoverMyMeds integration \(Web\)](#)

[Submitting a Manual Prior Authorization - CoverMyMeds integration\(Web\)](#)