

Prior Authorization Hospital Outpatient Department Services

The Exemption Process

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 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Agenda

- Exemption Cycle
- Notifications
- Additional Documentation Request (ADR) defined
- Navigating FISS
- NGS Connex
- Eligible Services
- How to submit Medical Record Documentation
- Timeline of the Exemption Process
- How to be successful during the ADR review
- Contact Us
- Provider Resources
- Q&A

Exemption Cycle

- Hospital OPD providers may qualify for exemption from Prior Authorization (PA) upon demonstration of compliance with Medicare coverage, coding, and payment rules by achieving at least 90 percent provisional affirmations during an annual assessment. Providers would be demonstrating they understand the requirements for submitting accurate claims by meeting this compliance requirement.

Standard Cycle	Exemption Cycle
January 1 to December 31	January 1 to December 31
Compliance determined by affirmed PAR submissions	Compliance determined by post-pay claim review
-90% or greater = Notice of Exemption	-90% or greater = Continuation of Exemption -90% or less = Withdrawal from exemption

Exemption Cycle

- What qualifies providers for exemption?
 - Submission of at least ten PA requests in a nine-month period
 - PA provisional affirmation threshold of at least 90 percent
- What are providers exempt from?
 - Prior Authorization Request (PAR) submission
 - Submitting claims with a Unique Tracking Number (UTN)

Notifications

■ Notice of Exemption

<u>November 2</u>	<ul style="list-style-type: none">-Exemption notification letters sent with 60 days' notice prior to exemption starting-Notifications will include an opt-out form
<u>January 1</u>	<ul style="list-style-type: none">-Exemption start: submitted PARs will be rejected-Nonexempt providers are still required to submit PARs

Notifications

■ Additional Documentation Request (ADR)

<u>June 30</u>	-Ten claims submitted and paid
<u>August 1</u>	-Exempt providers will receive ADR requests for ten post-pay claims from the exemption period -Provider has 45 days to submit documentation -NGS has 45 days to review
<u>November 2</u>	-Results letter generation

Notifications

- Notice of withdrawal

<u>November 2</u>	-Notification of Withdrawal - less than 90% claim approval rate, <i>or</i> less than ten qualifying claims were billed during the exemption period
<u>December 18</u>	-NGS will accept PARs for DOS on or after January 1
<u>January 1</u>	-Withdrawn providers must have an associated PAR for submitted claims

Notifications

- Notice of Continuation

<u>November 2</u>	<ul style="list-style-type: none">-Notification of Continuation – greater than 90% claim approval rate-Opt-out included
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Exemption Process Summary

Currently

- Standard Cycle: PAR affirmation rates are monitored
- Exemption Cycle: 10 claims submitted and paid by June 30

November 2

- Notice of Exemption letters (new, continue or withdraw) sent with 60 days' notice
- Opt-out for new and continuing providers

January 1

- Exemption start: submitted PARs will be rejected
- Standard start: Providers withdrawn from exemption, providers who did not achieve a 90% PAR affirmation rate, **or** providers who opted-out of exemption

August 1

- 10 claims submitted and paid by June 30
- Exempt providers will start receiving ADR requests for 10 postpay claims from the exemption period
- Provider has 45 days to submit documentation
- NGS has 45 days to review

December 18

- Withdrawn providers may submit PARs

Additional Documentation Request (ADR)

```
MAP1881                NATIONAL GOVERNMENT SERVICES, #13001 UAT   ACMFA561 04/01/21
KXT2938   SC                REASON CODES INQUIRY                A20212CF 06:10:46
                                MNT: CIE3820 082720

PLAN REAS   NARR   EFF      MSN      EFF      TERM      EMC      HC/PRO   PP      CC
IND  CODE   TYPE   DATE      REAS      DATE      DATE      ST/LOC   ST/LOC   LOC   IND
1    58VEN   E    060120
TPTP A      B      NPCD A      B      HD CPY A 2  B 2  NB ADR 1  CAL DY 45  C/L L
-----NARRATIVE-----
THIS ADDITIONAL DEVELOPMENT REQUEST (ADR) IS PART OF A PROVIDER SPECIFIC
POST-PAYMENT REVIEW OF VEIN ABLATION, HCPCS:
--36473: MECHANO-CHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG,
    ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE
--36474: MECHANO-CHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG,
    ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE
LCD/SIA:
```

The Pink Envelope



Additional Documentation Request (ADR)

Table 1: List of post payment claims

Last Name	First Name	MBI	Claim Number (DCN)	Date of Service (DOS)	ADR Letter Number: {{CF_ContractId}}00000{{CF_ICNDCN}}PR	Letter Reason Code:	Procedure Codes Billed

Table 2: List of services and corresponding reason code

Service	Reason Code
Botulinum Toxin Injections	58BTX
Blepharoplasty	58BPH
Rhinoplasty	58RHN
Panniculectomy	58PNC
Vein Ablation	58VEN
Cervical Fusion with Disc Removal	58CVF
Implanted Spinal Neurostimulators	58SNT

FISS DDE Main Menu

MAP1701 TC98548	NATIONAL GOVERNMENT SERVICES, #13001 UAT MAIN MENU	ACMMA561 02/13/13 C201313P 11:22:52
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01	INQUIRIES
02	CLAIMS/ATTACHMENTS
03	CLAIMS CORRECTION
04	ONLINE REPORTS

ENTER MENU SELECTION: █ 01

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Inquiry Sub-menu

MAP1702	NATIONAL GOVERNMENT SERVICES, #13001 UAT	ACMFA561 03/11/20
MXG9282	INQUIRY MENU	A2020200 13:18:11

BENEFICIARY/CWF	10	ZIP CODE FILE	19
DRG (PRICER/GROUPER)	11	OSC REPOSITORY INQUIRY	1A
CLAIM SUMMARY	12	CLAIM COUNT SUMMARY	56
REVENUE CODES	13	HOME HEALTH PYMT TOTALS	67
HCPC CODES	14	ANSI REASON CODES	68
DX/PROC CODES ICD-9	15	CHECK HISTORY	FI
ADJUSTMENT REASON CODES	16	DX/PROC CODES ICD-10	1B
REASON CODES	17	CMHC PAYMENT TOTALS	1C
INVOICE NO/DCN TRANS	88	PROV PRACTICE ADDR QUER	1D
		NEW HCPC SCREEN	1E

ENTER MENU SELECTION: **17**

Reason Code File: Page 1

MAP1881 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMFA561 04/01/21
KXT2938 SC REASON CODES INQUIRY A20212CF 06:07:17
MNT: CIE3820 082720

PLAN	REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRO	PP	CC									
IND	CODE	TYPE	DATE	REAS	DATE	DATE	ST/LOC	ST/LOC	LOC	IND									
1	58VEN	E	060120							E									
TPTP	A	B	NPCD	A	B	HD	CPY	A	2	B	2	NB	ADR	1	CAL	DY	45	C/L	L

-----NARRATIVE-----

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR ALL SERVICES ORDERED AND PROVIDED. CMS SIGNATURE GUIDELINES, ARE DESCRIBED IN THE CMS MEDICARE PROGRAM INTEGRITY MANUAL - (PUB. IOM 100-08), CHAPTER 3.3.2.4 / SIGNATURE REQUIREMENTS. EXCEPTIONS FOR SIGNATURE REQUIREMENTS ARE ALSO LISTED. THESE GUIDELINES APPLY TO ALL DOCUMENTATION REQUIRED FOR THIS REVIEW.

THIS ADDITIONAL DEVELOPMENT REQUEST (ADR) IS PART OF A PROVIDER SPECIFIC POST-PAYMENT REVIEW OF VEIN ABLATION, HCPCS:

--36473: MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG,
ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE

--36474: MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG,
ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT

Reason Code: Page 2

MAP1881 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMFA561 04/01/21
KXT2938 SC REASON CODES INQUIRY A20212CF 06:10:46
MNT: CIE3820 082720
PLAN REAS NARR EFF MSN EFF TERM EMC HC/PRO PP CC
IND CODE TYPE DATE REAS DATE DATE ST/LOC ST/LOC LOC IND
1 58VEN E 060120 E
TPTP A B NPCD A B HD CPY A 2 B 2 NB ADR 1 CAL DY 45 C/L L

-----NARRATIVE-----

LCD/SIA:

--LOCAL COVERAGE DETERMINATION (LCD): TREATMENT VERICOSE VEINS OF THE LOWER
EXTREMITY (L33575).

--LOCAL COVERAGE ARTICLE: BILLING AND CODING: TREATMENT VERICOSE VEINS OF
THE LOWER EXTREMITY (A52870)

--LOCAL COVERAGE ARTICLE: BILLING AND CODING: RESPONSE TO COMMENTS:
TREATMENT VERICOSE VEINS OF THE LOWER EXTREMITY (A55704)

~

1. RELEVANT MEDICAL HISTORY AND PHYSICAL EXAMINATION INCLUDING THE
FOLLOWING: FINDINGS THAT SUPPORT A DIAGNOSIS OF SYMPTOMATIC VARICOSE

Reason Codes via NGS Medicare.com

Attestation

NGSConnex

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

- This system is provided for Government authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:

Accept

Access NGS Medicare

NGSMedicare gives you access to the latest Medicare education and a wide variety of Medicare tools.

I am a...

Please select

Enter



Medicare Compliance

Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Reason Codes via NGS Medicare.com

Prior Authorization

About Prior Authorization ^

About Prior Authorization

Prior Authorization for Certain
Hospital Outpatient Department
Services ^

About Hospital OPD PA Model

OPD Facility/Physician
Communication

Ways to Submit Requests

Expedited Requests

Exemption Process

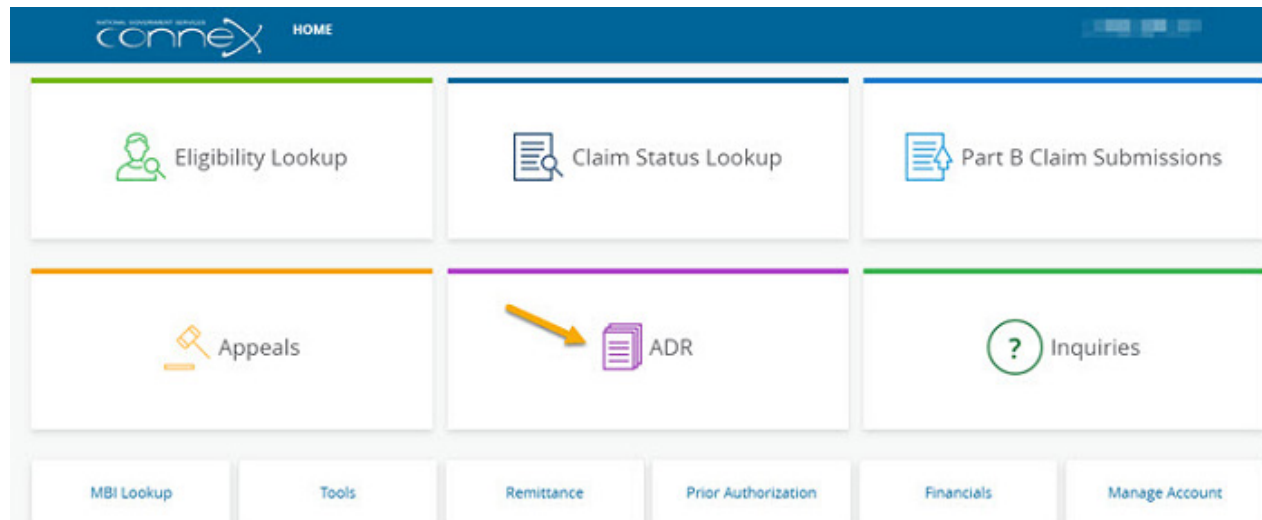
Documentation Information

Prior Authorization OPD
Alerts

Related Content

- Additional Documentation Request (ADR) Cover Sheet
- ADR Documentation List by Reason Code
- OPD Operational Guide
- Prior Authorization for Certain Hospital Outpatient (OPD) Services
- The Exemption Process Frequently Asked Questions

Responding to ADR Requests in Connex



Responding to ADR Requests in Connex

▼ Select a Provider

🔍 Search Provider

Search

[Reset Search](#)

PTAN ↕	NPI ↕	TIN ↕	Provider/Supplier ↕	City ↕	State ↕	LOB ↕	
							Select
							Select
							Select
							Select
							Select
							Select
							Select

Responding to ADR Requests in Connex

ADR Summary [Submission History](#)

The last forty-five days of Medical Review (MR) ADRs for the provider selected are displayed. To search for other MR ADRs or to narrow/expand your search, use the filter options.

Filters:

ADR From Date ADR To Date ADR Status Claim Number CaseID

[Search](#) [Reset Search](#)

[ADR not in list](#)

Actions	Claim Number	Beneficiary Name	ADR Date	ADR Status	Due Date	Case ID	Nurse Review Decision	Remittance Advice Date
No items to show...								

Responding to ADR Requests in Connex

The screenshot shows the 'ADR Information' form within the National Government Services Connex system. The interface includes a top navigation bar with the 'National Government Services' logo, a 'HOME' link, and a user profile dropdown for 'CHARITY BRIGHT'. Below the navigation bar is a progress indicator with three steps: '1 ADR Information', '2 Attachments', and '3 Submit'. The main form area is titled 'ADR Information' and contains a grid of input fields. A 'Cancel' link is located in the top right corner of the form area. At the bottom right, there is a blue 'Next' button preceded by a yellow arrow.

ADR Information		
Created Date	Provider Name *	Provider Address
Provider Address 2	Provider City	Provider State
Provider Zip	Provider NPI *	Provider PTAN *
Beneficiary First Name *	Beneficiary Last Name *	Medicare ID *
DCN *	Reason Code *	Case Number *

Responding to ADR Requests in Connex

The screenshot shows the 'MEDICAL REVIEW ADR' form in the National Government Services system. The breadcrumb trail is 'Home > ADR Summary > New MR ADR'. The form has three steps: 1. ADR Information, 2. Attachments (current), and 3. Submit. A 'Cancel' link is visible on the right. The 'Attachments' section contains a yellow note box stating: 'Note: Please upload required attachments to support the MR ADR submission.' Below the note is a file upload area with a cloud icon and the text 'Drop a file here or browse to upload'. A small orange arrow points to the upload icon. At the bottom left of the upload area, it says 'Maximum file size: 25 MB'.

Responding to ADR Requests in Connex

The image displays two sequential screenshots of the 'MEDICAL REVIEW ADR' form in Connex.

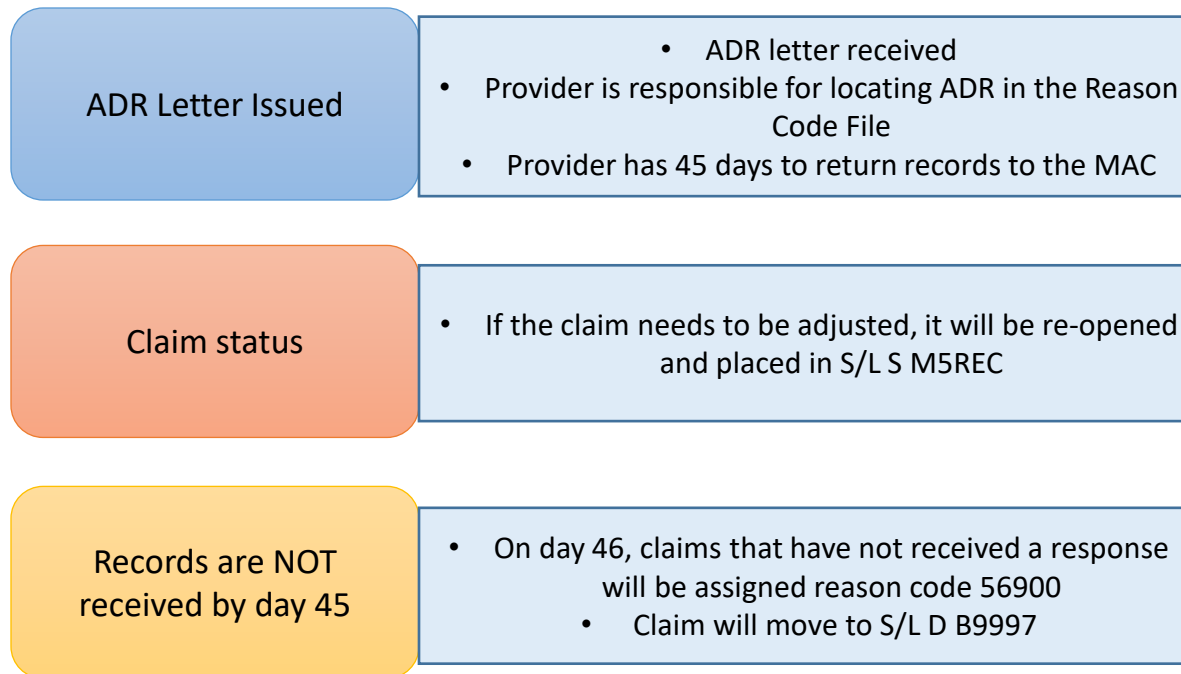
Top Screenshot: Ready To Submit?

- Breadcrumbs:** Home > ADR Summary > New MR ADR
- Section Header:** MEDICAL REVIEW ADR
- Progress Bar:** 1 ADR Information (active), 2 Attachments, 3 Submit
- Form Content:**
 - Ready To Submit?
 - Have you verified your Medical Review Additional Documentation response is complete, all supporting documentation is attached and you are ready to submit your request?
- Buttons:** Back, Submit (highlighted with an orange arrow), Cancel

Bottom Screenshot: Submitted

- Breadcrumbs:** Home > ADR Summary > New MR ADR
- Section Header:** MEDICAL REVIEW ADR
- Progress Bar:** 1 ADR Information (active), 2 Attachments, 3 Submit
- Form Content:**
 - Submitted
 - Your Medical Review Additional Documentation response was successfully submitted on 11/02/2021
- Buttons:** Back, Close (highlighted with an orange arrow), Cancel

ADR Path



Eligible Services

- Five original Prior Authorization services
 - Botulinum Toxin Injections*
 - Blepharoplasty*
 - Vein Ablation*
 - Panniculectomy
 - Rhinoplasty
- Two additional services
 - Cervical Fusion with Disc Removal
 - Implanted Spinal Neurostimulators*

Submission of Additional Documentation Requests

- Follow the documentation guide on the ADR
 - Follow established regulation(s)
- Minimum Necessary
 - 45 CFR 164.502 (b)
- Must Submit
 - 42 CFR 424.516 (f)
- Verify prior to submission

Submission for JK Providers



NGSConnex
esMD: Content type
"8.5"



National Government
Services Inc.

8115 Knue Road
Indianapolis, IN 46250

ATTN: Mail &
Distribution

*Add/insert the operational
unit record to be scanned



National Government
Services Inc.

Attention: Medical
Review Prior
Authorization Request

PO Box 7108
Indianapolis, IN 46207-
7108



FAX: 317.841.4530

Always check www.NGSMedicare.com for the most current information

Submission for J6 Providers



NGSConnex
esMD: Content type
"8.5"



National Government
Services Inc.
8115 Knue Rd
Indianapolis, IN 46250
Attn: Mail & Distribution
*Add/insert the operational
unit record to be scanned



National Government
Services Inc.
Attention: Medical
Review Prior
Authorization Request
PO Box 7108
Indianapolis, IN 46207-
7108



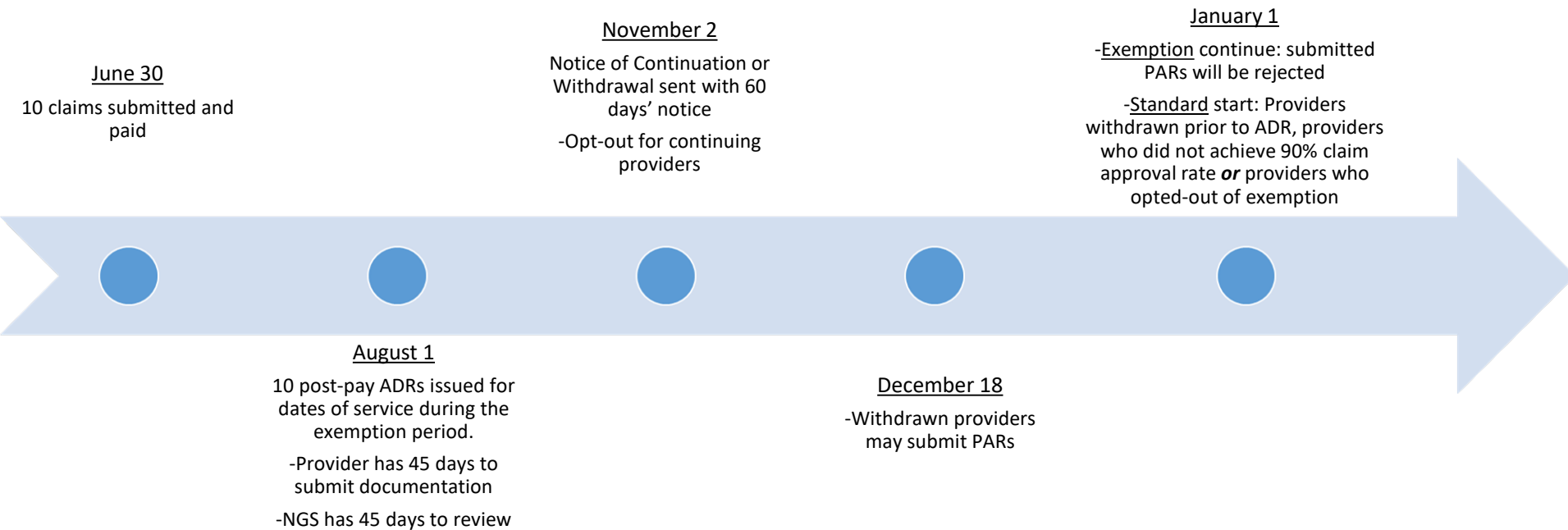
FAX: 317.841.4528

Always check www.NGSMedicare.com for the most current information

The Keys to Success

- Provide NGS with an appropriate contact person for additional questions
- Monitor mail locations
- Timely Responses
 - 45 days for initial submissions
 - 48 hours for additional requests
- Submit all requested documentation
 - Include completed ADR cover sheet for each claim, separate submissions
 - Correct service
 - Correct date of service
 - Correct beneficiary

ADR Process Summary



Contact Us

- Please visit NGSMedicare.com
 - Contact Us
 - Be sure to call the appropriate jurisdiction
- Prior Authorization Shared mailbox
 - J6: NGSJ6PriorAuthorization@anthem.com
 - JK: NGSJKPriorAuthorization@anthem.com

Provider Resources

- [OPD Operational Guide](#)
- [NGS Medicare Prior Authorization](#)
- [CMS Prior Authorization](#)
- Exemption FAQ
- LCDs, Billing Articles, NCDs
- [NGSConnex User Guide](#)
- Internet Only Manual (IOM) 100-08, Chapter 3, section 3.2.3
- MLN 909160

Thank you!

Questions?