

Prior Authorization

The Exemption Process

September 15, 2021



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Agenda

- Exemption Cycle
- Notifications
- Additional Documentation Request (ADR) defined
- Navigating FISS
- NGSConnex
- Eligible Services
- How to submit Medical Record Documentation
- Timeline of the Exemption Process
- How to be Successful During the ADR Review
- Polling Questions
- NGS Site Walkthrough
- 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 a semiannual assessment. Providers will be demonstrating they understand the requirements for submitting accurate claims by meeting this compliance requirement.

Cycle 1	Cycle 2
May 1 st to November 1 st	November 1 st to May 1 st
<u>March 1st</u> Exemption letters sent with 60 days' notice prior to exemption starting	<u>September 1st</u> Exemption letters sent with 60 days' notice prior to exemption starting

Exemption Cycle

What qualifies providers for exemption?

- Submission of at least 10 PA requests in a 6 month period
- PA provisional affirmation threshold of at least 90 percent

What are providers exempt from?

- Prior Authorization Request (PAR) submission
- Submitting claims without a Unique Tracking Number (UTN)

Notifications

Notice of Exemption

Cycle 1	Cycle 2
May 1 st to November 1 st	November 1 st to May 1 st
<u>March 1st</u> Exemption letters sent with 60 days' notice prior to exemption starting	<u>September 1st</u> Exemption letters sent with 60 days' notice prior to exemption starting
<u>May 1st</u> -Exemption start: No PAR submission; submitted PARs will be rejected -Non-exempt providers are still required to submit PARs	<u>November 1st</u> - Exemption start: No PAR submission; submitted PARs will be rejected -Non-exempt providers are still required to submit PARs

Notifications

Additional Documentation Request (ADR)

- 90% or greater compliance for continued exemption
- Review of 10 claims billed during the exemption cycle

Cycle 1	Cycle 2
May 1 st to November 1 st	November 1 st to May 1 st
<u>September 30th</u> Exempt providers will start receiving ADR requests-a random selection of 10 post pay claims billed during the exemption period -Provider has 45 days to submit documentation -NGS has 30 days to review	<u>April 2nd</u> Exempt providers will start receiving ADR requests-a random selection of 10 post pay claims billed during the exemption period -Provider has 45 days to submit documentation -NGS has 30 days to review
<u>December 17th</u> Notification of withdrawal (less than 90% claim approval rate)	<u>June 19th</u> Notification of withdrawal (less than 90% claim approval rate)

Notifications

Notice of Withdrawal

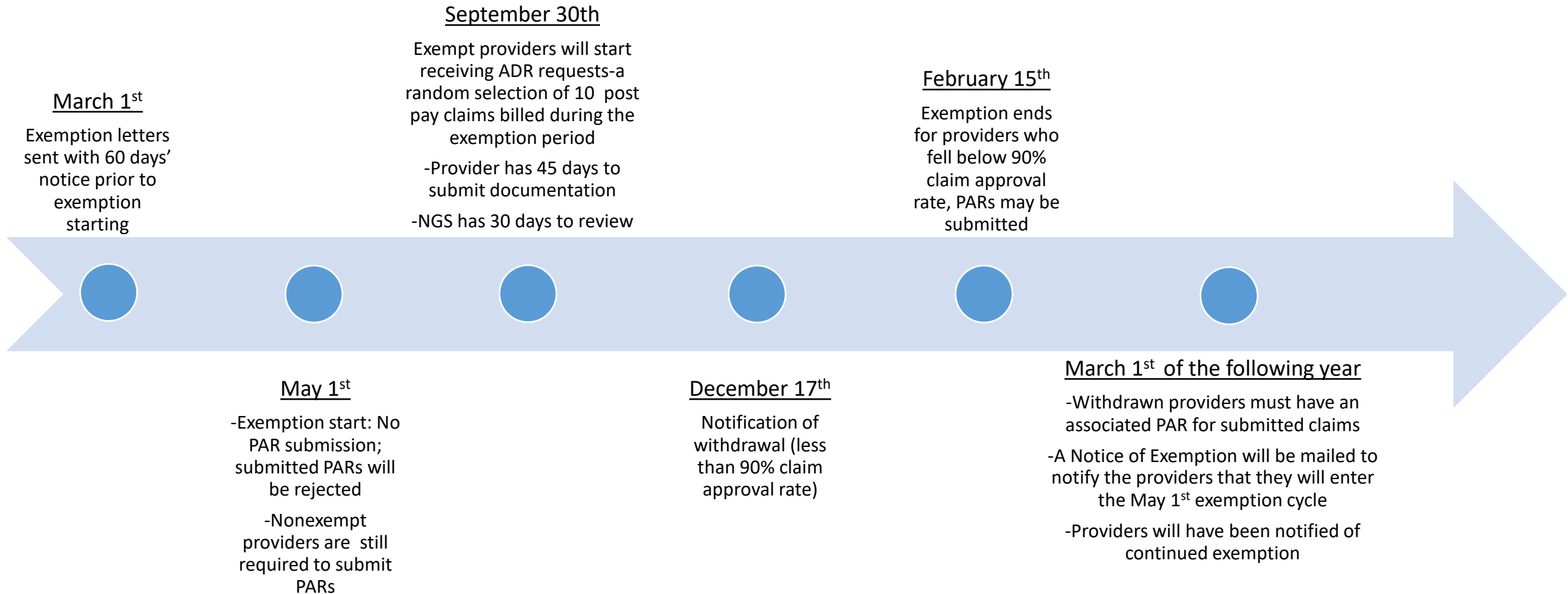
Cycle 1	Cycle 2
May 1 st to November 1 st	November 1 st to May 1 st
<u>December 17th</u> Notification of withdrawal (less than 90% claim approval rate)	<u>June 19th</u> Notification of withdrawal (less than 90% claim approval rate)
<u>February 15th</u> Exemption ends for providers who fell below 90% claim approval rate, PARs will be accepted	<u>August 18th</u> Exemption ends for providers who fell below 90% claim approval rate, PARs will be accepted
<u>March 1st of the following year</u> -Withdrawn providers must have an associated PAR for submitted claims -Providers will have been notified of continued exemption -A Notice of Exemption will be mailed to notify the providers that they will enter the May 1 st exemption cycle	<u>September 1st of the following year</u> -Withdrawn providers must have an associated PAR for submitted claims -Providers will have been notified of continued exemption -A Notice of Exemption will be mailed to notify the providers that they will enter the May 1 st exemption cycle

Notifications

Notice of Continuation

Cycle 1	Cycle 2
May 1 st to November 1 st	November 1 st to May 1 st
<u>No later than March 1st</u> Notification of continued exemption	<u>No later than September 1st</u> Notification of continued exemption

Timeline Summary: Cycle 1



Timeline Summary: Cycle 2

September 1st

Exemption letters sent with 60 days' notice prior to exemption starting

April 2nd

Exempt providers will start receiving ADR requests-a random selection of 10 post pay claims billed during the exemption period

- Provider has 45 days to submit documentation
- NGS has 30 days to review

August 18th

Exemption ends for providers who fell below 90% claim approval rate, PARs may be submitted

November 1st

- Exemption start: No PAR submission; submitted PARs will be rejected
- Nonexempt providers are still required to submit PARs

June 19th

Notification of withdrawal (less than 90% claim approval rate)

September 1st of the following year

- Withdrawn providers must have an associated PAR for submitted claims
- A Notice of Exemption will be mailed to notify the providers that they will enter the November 1st exemption cycle
- Providers will have been notified of continued exemption

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                S B6000    S B6000    E
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: 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

LCD/SIA:

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

1. HISTORY AND PHYSICAL

2. PROGRESS NOTES DOCUMENTING PHYSICAL FINDINGS AND EFFECTIVENESS OF
TREATMENT

The Pink Envelope



Proprietary and Confidential



Additional Documentation Request (ADR)

Table 1: List of post payment claims

Last Name	First Name	MBI	Claim Number	ADR Letter Number: {{CF_ContractId}}00000{{CF_ICNDCN}}PR	Letter Reason Code:

Table 2: List of services and corresponding reason code

Service	Reason Code
Botulinum Toxin Injections	S8BTX
Blepharoplasty	S8BPH
Rhinoplasty	S8RHN
Panniculectomy	S8PNC
Vein Ablation	S8VEN
Cervical Fusion with Disc Removal	S8CVF
Implanted Spinal Neurostimulators	S8SNT

FISS DDE Main Menu

MAP1701
TC98548

NATIONAL GOVERNMENT SERVICES, #13001 UAT
MAIN MENU

ACMMA561 02/13/13
C201313P 11:22:52

- 01 INQUIRIES
- 02 CLAIMS/ATTACHMENTS
- 03 CLAIMS CORRECTION
- 04 ONLINE REPORTS

ENTER MENU SELECTION:

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Inquiry Sub-menu

MAP1702
MXG9282

NATIONAL GOVERNMENT SERVICES, #13001 UAT
INQUIRY MENU

ACMFA561 03/11/20
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
KCT2938 SC REASON CODES INQUIRY A20212CF 06:07:17

MNT: C1E3820 082720

PLAN	REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRD	PP	CC
IND	CODE	TYPE	DATE	REAS	DATE	<u>DATE</u>	ST/LOC	ST/LOC	<u>LOC</u>	IND
1	58VEN	E	060120				S B6000	S B6000		E
TPTR	A	B	NPCD	A	B	RD CPY A 2	B 2	NB ADR 1	CAL DY 45	C/L <u>L</u>

-----NARRATIVE-----

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR ALL SERVICES ORDERED AND PROVIDED. CMS SIGNATURE GUIDELINES, ARE DESCRIBED IN THE CMS MEDICARE PROGRAM INTEGRITY MANUAL - (FUR. 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.

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PROCESS COMPLETED --- PLEASE CONTINUE

PRESS F13-EXIT F16-SCROLL FWD F18-NEXT

Reason Code: Page 2

MAP1881 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMEA561 04/01/21

KKT2938 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	<u>DATE</u>	ST/LOC	ST/LOC	<u>LOC</u>	IND
1	58VEN	E	060120				S B6000	S B6000		E
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PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT



Responding to ADR Requests in NGSConnex

Medical Review Additional Documentation Requests (ADRs)

ADRs Awaiting Documentation

Respond to ADR not in list

Export

Search

1 - 2 of 2

Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date	Claim Finalized Date (Part B)
	2180	2/27/2018	Awaiting Document	4/13/2018	1300			
	2180	2/23/2018	Awaiting Document	4/9/2018	1300			

Responding to ADR Requests in NGSConnex

Additional Documentation Request

SaveSubmitCancel1 of 1+

Create Date: 5/24/2019 12:22:17 PM

*Beneficiary Last Name:

*Beneficiary First Name:

*Medicare ID:

*DCN:

*Reason Code:

Provider Name:

Provider Address:

Provider Address 2:

Provider City: NEW YORK

Provider State: NY

Provider ZIP:

Provider NPI:

Provider PTAN:

Note: This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal. Instead utilize other methods for submission, listed on the ADR letter.

*Case ID Number:

NOTE: Case ID Number should be 25 characters in length.

Responding to ADR Requests in NGSConnex

Attachments

New

Delete

Cancel

Search

1 - 1 of 1

Attachment Name	Size (In Bytes)	Type	Modified	Created By
<div><div></div></div>				ADAM103

Attachments

New

Delete

Cancel

Search

1 - 1 of 1

Attachment Name	Size (In Bytes)	Type	Modified	Created By
SUBMIT A CLAIM	971,725	docx	5/24/2019 12:...	

ADR Path

ADR Letter Issued

- ADR letter received
- Provider is responsible for locating ADR in the Reason Code File
- Provider has 45 days to return records to the MAC

Claim status

- If the claim needs to be adjusted, it will be re-opened and placed in S/L S M5REC

Records are NOT received by day 45

- On day 46, claims that have not received a response will be assigned reason code 56900
 - Claim will move to S/L D B9997

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

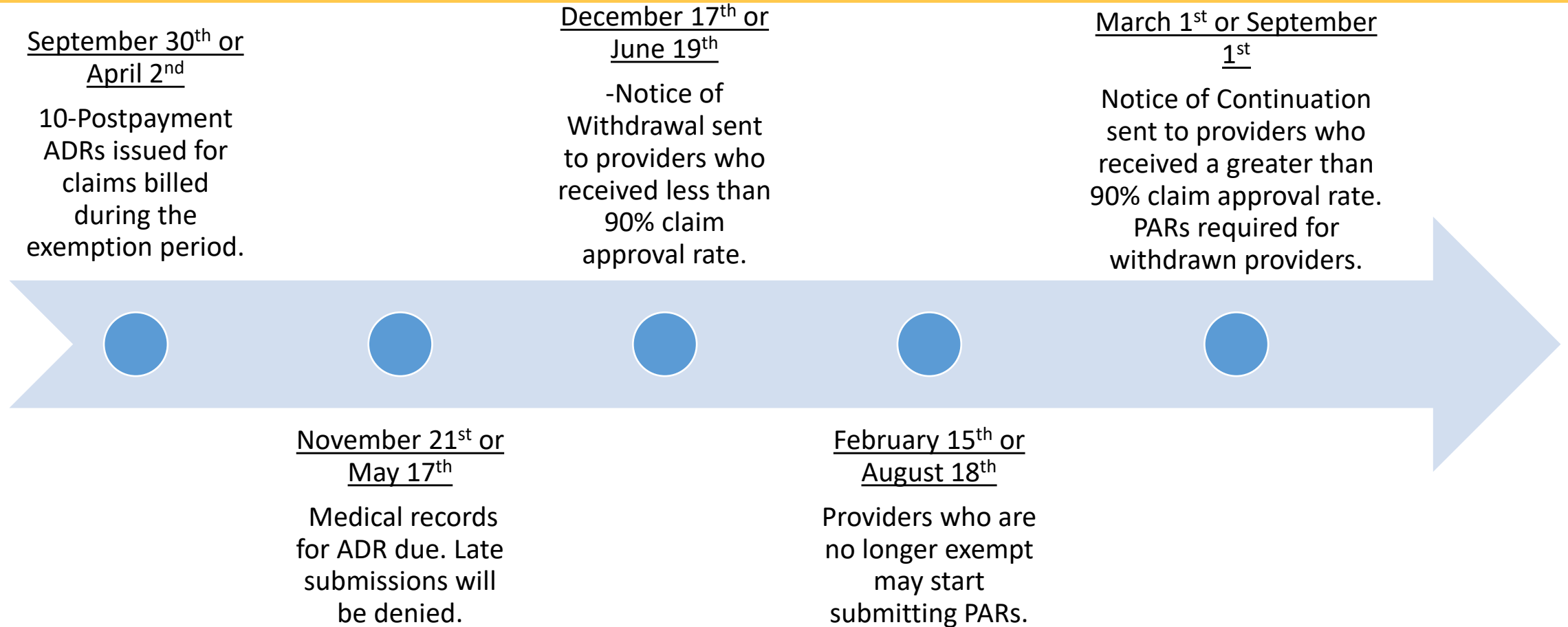
Indianapolis, IN 46207-
7108



FAX: 317.841.4528

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

ADR Timeline for Cycles 1 and 2



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 documentation requested, including the ADR letter
 - Correct service
 - Correct date of service
 - Correct beneficiary

Polling Question #1

Polling Question #2

Polling Question #3

Polling Question #4

Polling Question #5

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

[Prior Authorization OPD Operational Guide](#)

[NGS Medicare Prior Authorization](#)

[CMS Prior Authorization](#)

[NGS Connex User Guide](#)

[Exemption FAQ](#)

[LCDs, Billing Articles, NCDs](#)

Thank you!

Questions?