

# Prior Authorization Hospital Outpatient Department

## The Exemption Process

3/12/2024



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# Today's Presenters

## Prior Authorization exemption team

- Lauren Pardue, Data Specialist
- Stefanie Boucher, Clinical Review Nurse Senior





# Agenda

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## Standard Prior Authorization Process

Lauren Pardue

## Exemption Process

Stefanie Boucher

## Process Comparison

Stefanie Boucher

## Successful Submissions

Lauren Pardue

## Q&A

# Objectives

- Discuss the sequence of events within the standard review process.
- Discuss the sequence of events within the exemption process.
- Review the complete submission package for an approved claim.

# Standard Prior Authorization Review Process

# Prior Authorization Process

- Submit prior authorization request (PAR) and await determination: proceed with procedure or resubmit to obtain an affirmed decision
- Submit at least 10 PARs from January 1-September 30
  - Affirmation rates are calculated based on initial submissions
    - ✓ Overall affirmation rate must be at least 90%
  - Notice of exemption by November 2
  - May opt-out
- Notification letters for exempt providers only
  - 60 days' notice



# The Exemption Process

# Exemption Process

- No prior authorization requests required
- Bill at least ten claims with PA services by June 30
  - Notice of withdrawal
    - ✓ prior to ADRs
    - ✓ Compliance-by November 2
  - Notice of continuation by November 2
    - ✓ May opt-out



# Process Comparison

## Standard Process vs. Exemption Process

# Standard Review vs. Exemption

## ■ Standard Cycle

- January 1 to December 31
- Prior authorization submissions
- Driver: prior authorization requests (PARs)

## ■ Notification types

- PAR decision letters
- Exemption

## ■ Exemption Cycle

- January 1 to December 31
- No prior authorization submissions
- Drivers
  - ✓ Initially: PARs
  - ✓ Additional Documentation Requests (ADRs)

## ■ Notification types

- Exemption
- Continuation
- Withdrawal
  - ✓ Less than ten claims that met criteria
  - ✓ Compliance



# Newly Exempt

- Verify status via the [Prior Authorization Exemption Status Inquiry Tool](#)
  - Updates made no later than December 18
- Connex submissions will be blocked
- Faxed submissions will be rejected
- No unique tracking number (UTN) on claims
- Requires submission and payment of ten claims by June 30
- Additional documentation requests (ADRs) issued by August 1
  - Providers: 45 days to respond
  - NGS: 45 days to review

# Newly Exempt

- ADR results by November 2
- May opt-out
  - ✓ Form included with notification letter
    - Must be completed by an authorized representative
    - Must be received by NGS by November 30
    - Submit to NGS via email or fax
      - NGS will notify provider of opt-out acceptance or rejection
        - Opt-out request will be rejected if received after November 30
  - ✓ Will not receive ADRs if accepted
    - PARs required

# Withdrawn Providers

- Prior to the ADR process
  - Less than ten qualifying claims billed by June 30
  - Notified in early August
- Compliance
  - Less than 90% ADR compliance rate
    - ✓ Claim denials
    - ✓ Non-response: 56900 denials
    - ✓ Notified by November 2
- December 18
  - May begin submitting PARs via fax and Connex
  - Updates to the [Prior Authorization Exemption Status Inquiry Tool](#)
- January 1
  - Must have an associated PAR for claims with prior authorization services

# Continuing Providers

## ■ Compliance

- At least 90% claim approval rate
- Notified by November 2
  - ✓ Connex portal or mail
- May opt-out
  - ✓ Form included with notification letter
    - Must be completed by an authorized representative
    - Must be received by NGS by November 30
    - Submit to NGS via email or fax
      - NGS will notify provider of opt-out acceptance or rejection
        - Opt-out request will be rejected if received after November 30
  - ✓ Will not receive ADRs if accepted
  - ✓ Will require PARs as of January 1
- Updates to the [Prior Authorization Exemption Status Inquiry Tool](#)
  - ✓ No later than December 18



# Continuing Providers

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# Successful Submissions

# View and Print ADRs from FISS/DDE

- Access claims through the Claims Inquiry screen/option.
- Type 01 at the online system main menu, then type 12 on the Inquiry Menu for claims.
- At the claim inquiry screen, type SB6001 in the status/location (s/loc) field and press <enter>. SB6001 indicates an ADR has been generated for any given claim.
- Type “S” to the left of the claim, under the SEL field and press <enter>.
- The ADR letter can be located on page 06 of the claim.

# ADR Service Categories

- Random selection across all PA services
  - Botulinum Toxin Injections: 58BTP
  - Blepharoplasty: 58BPP
  - Vein Ablation: 58VEP
  - Panniculectomy: 58PNP
  - Rhinoplasty: 58RHP
  - Cervical Fusion with Disc Removal: 58CVP
  - Implanted Spinal Neurostimulators: 58SNP
  - Facet Joint Interventions: 58FCP



# Responding to an ADR

- NGSConnex
  - Part A: [NGSConnex User Guide](#)
  - Part B: [NGSConnex User Guide](#)
- esMD
  - Content type 8.5
- Fax
  - JK: 317-841-4530
  - J6: 317-841-4528
- Mail

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

# Claim Submission

- Prior authorization documentation  
AND
- Operative documentation
- Medical necessity cannot be determined by operative note alone
- Please provide a point of contact for questions
  - Minimize claim denials
  - Maintain exemption status

# Resources

- [How to Find and Respond to Post Payment Review ADR](#)
- [FISS/DDE Provider Guide](#)
- [NGSConnex User Guide](#)
- [Outpatient Department Guide \(cms.gov\)](#)
- [NGSMedicare.com](#)

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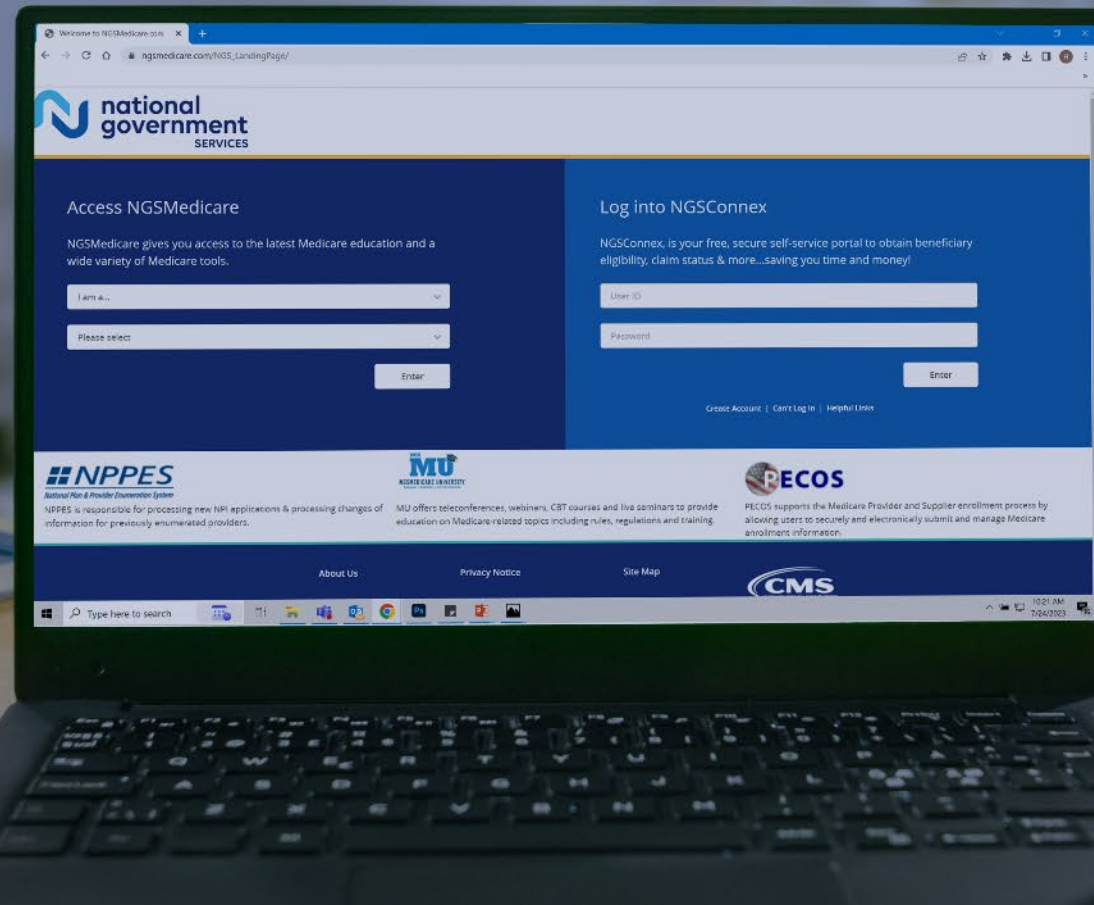
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