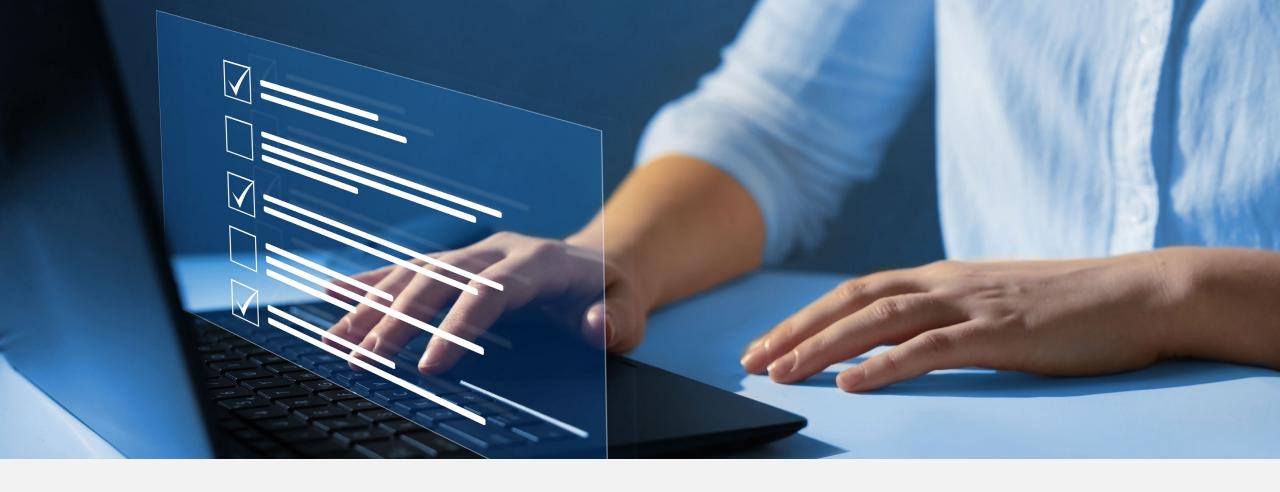# Prior Authorization Hospital Outpatient Department

The Exemption Process

6/11/2024

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*
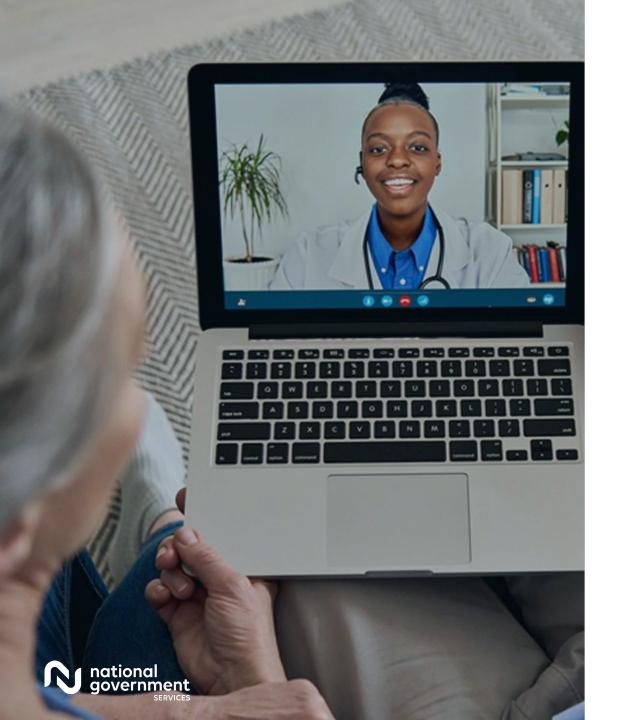
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Today's Presenters

- Hospital Outpatient Department (HOPD) Prior Authorization Clinical Review Nurse Leadership Team

  - Macy Smith RN, BSN

  - Sydney Sabo RN, BSN

  - Stefanie Boucher RN, BSN

  - Bailey Lindsay RN, BSN

  - Michelle Vannatter-Johnson RN, BSN

Agenda

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

- 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

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](#)

Questions?

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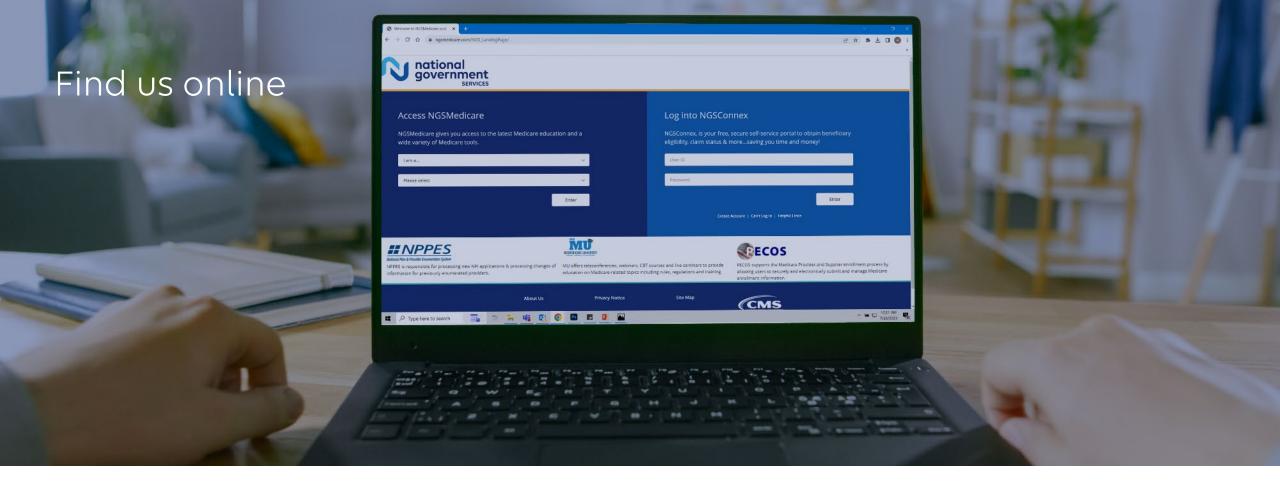
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