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Prior Authorization for Certain Hospital Outpatient Department Services - The Exemption Process

5/7/2025

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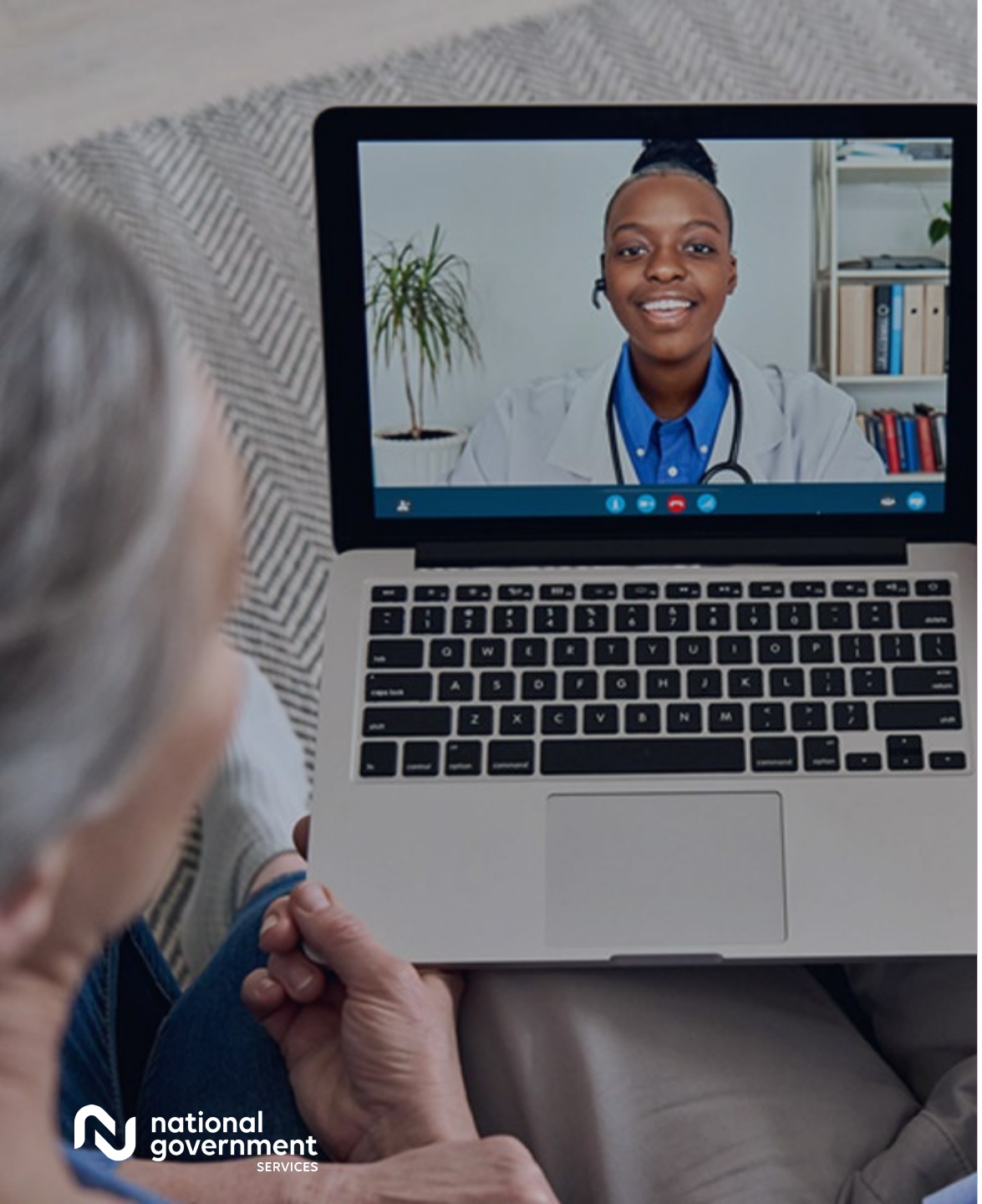

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Today's Presenters

- Prior Authorization Exemption Team
  - Lauren Pardue, Data Specialist
  - Raeann Lawson, Clinical Review Nurse Senior
- Provider Outreach and Education Consultant
  - Jean Roberts, RN, BSN, CPC

Agenda

Standard Prior Authorization Process

Lauren Pardue

Exemption Process

Raeann Lawson

Process Comparison

Raeann Lawson

Successful Submissions

Lauren Pardue

Q&A

Objectives

- Outline the steps in the standard review process
- Explain the events in the exemption process
- Examine the components of a complete submission for an approved post-pay Additional Documentation Request (ADR) claim

Standard Prior Authorization Review Process

Prior Authorization Process

- Submit prior authorization requests (PARs) to obtain a Provisional Affirmation that is valid for 120 days
- A minimum of ten (10) PARs must be submitted between January 1 and September 30
  - Affirmation rates are based on initial submissions
  - Must achieve a 90% or greater compliance rate
- Exemption notices will be issued by November 2, with an option to optout
  - Notifications letters are sent only to exempt providers, with a 60-day notice period

The Exemption Process

Exemption Process

- PARs not accepted for review or required on claims for DOS on or before January 1
- Submit at least ten claims with PA services by June 30
  - May receive notice of withdrawal vs ADRs
    - Potential withdrawal notice issued by November 2
- Notice of continuation will be issued by November 2
  - Opt-out option available

Process Comparison

Standard Process vs. Exemption Process

Standard Review vs. Exemption

	Standard Cycle	Exemption Cycle
Duration	January 1 to December 31	January 1 to December 31
Activity	Submission of PARs	No prior authorization submissions required
Review Type	PARs	ADRs
Notification	PAR decision letters, Exemption notices	Exemption, Continuation, Withdrawal (if fewer than ten claims meet criteria or compliance)

Newly Exempt (1)

- Verify status using the Prior Authorization Exemption Status Inquiry Tool
  - NGS updates will be completed by December 10
- Connex submissions will be blocked
- Faxed submissions will be rejected
- Claims do not require a Unique Tracking Number (UTN)
- Must have ten (10) claims processed for payment by June 30
- ADRs will be issued by August 1
  - Providers have 45 days to respond to ADRs
  - NGS has 45 days to review responses

Newly Exempt (2)

- Opt-out option via form included in results letter
  - An authorized representative must complete the form and submit to NGS via email or fax by November 30
  - NGS will inform providers of opt-out acceptance or rejection. Requests submitted after November 30 will be rejected
- Accepted opt-outs will be required to submit PARs for DOS on or after January 1

Withdrawn Providers

	Prior to ADRs	ADR Compliance
Reason for Withdraw	Less than ten (10) qualifying claims billed prior to June 30	Less than a 90% post-pay ADR compliance rate *Note: ADR compliance includes non-response (56900) denials
Notification Timeline	Early August	By November 2
Next Step	Starting January 1, submit PARs via Connex or fax	Starting January 1, submit PARs via Connex or fax
The Prior Authorization Exemption Status Inquiry Tool will be updated by December 10.		

Continuing Providers (1)

- Requirements to continue exemption status:
  - Minimum 90% post-pay claim approval rate
  - Notification by November 2 via Connex portal or mail
- Opt-out option via form included in results letter
  - An authorized representative must complete the form and submit to NGS via email or fax by November 30
  - NGS will inform providers of opt-out acceptance or rejection. Requests submitted after November 30 will be rejected. Notify providers of opt-out acceptance or rejection.
  - Accepted opt-outs will not receive ADRs, but PARs will be required starting January 1
- Updates to the Prior Authorization Exemption Status Inquiry Tool will be completed by December 10

Continuing Providers (2)

- Verify status using the Prior Authorization Exemption Status Inquiry Tool
  - Updates will be made by December 10
- PARs are not required
  - Fax submissions will be rejected
  - Connex submissions will be blocked
- Claims do not require a UTN
- Must have ten (10) claims processed for payment by June 30
- ADRs will be issued by August 1, with a 45-day response period for providers and a 45-day review period for NGS

Successful Submissions

View and Print ADRs from FISS/DDE

- To access claims:
  1. Use the Claims Inquiry screen/option
  2. Enter "01" at the online system main menu, then type "12" on the Inquiry Menu
  3. On the claim inquiry screen, enter "SB6001" in the status/location (s/loc) field and press Enter. "SB6001" indicates an ADR has been generated
  4. Type "S" to the left of the claim under the SEL field and press Enter
  5. Locate the ADR letter on page 06 of the claim

ADR Service Categories

- Random selection across all Prior Authorization 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

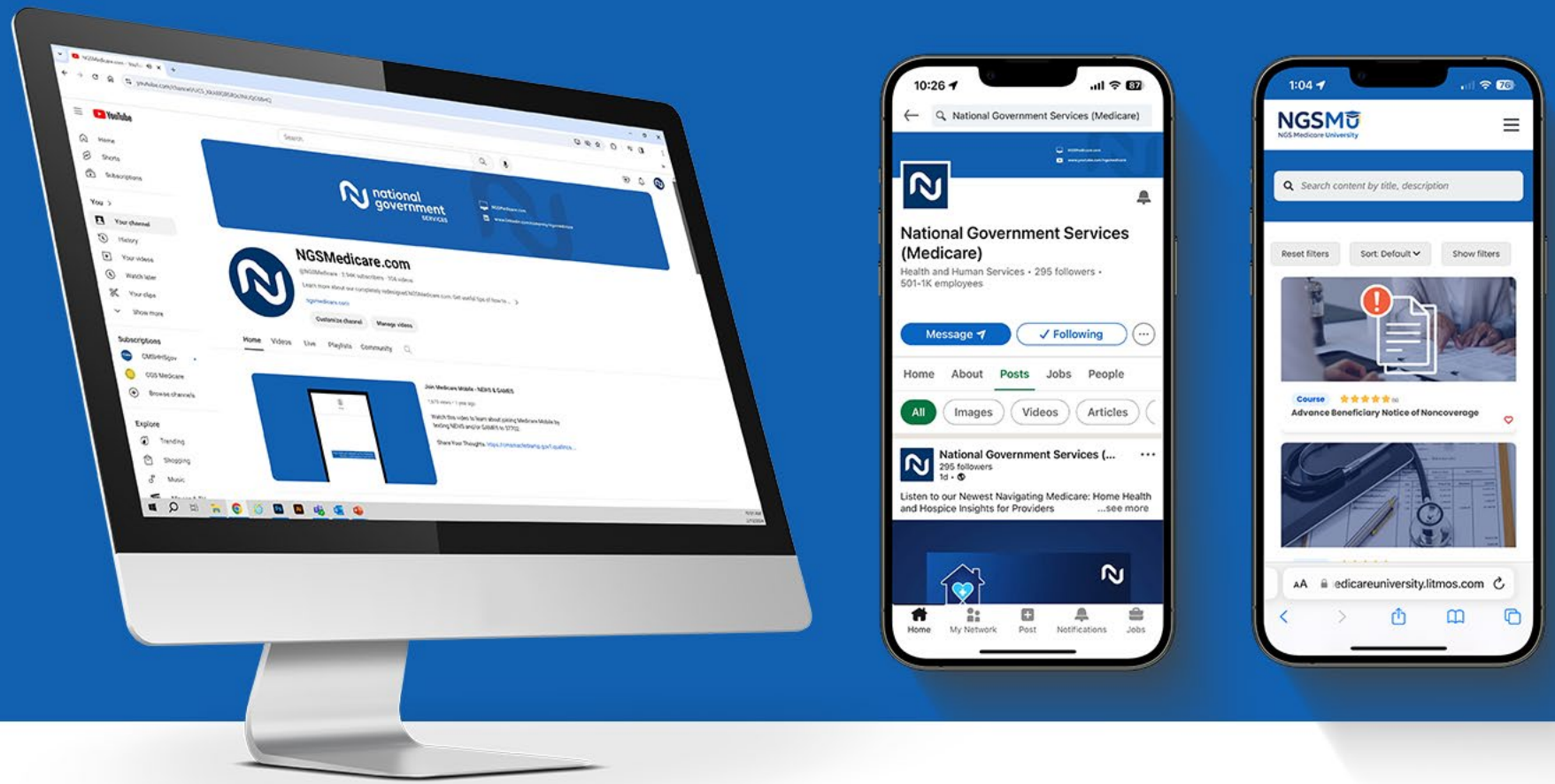
- To ensure compliance and minimize claim denials while maintaining exemption status, please adhere to the following guidelines:
  - Provide comprehensive **prior authorization documentation and operative documentation**
  - Medical necessity cannot be determined by the operative note alone
  - This approach will help minimize claim denials and maintain exemption status

Resources

- How to Find and Respond to Post Payment Review ADR
- FISS/DDE Provider Online Guide
- Part A: *NGSConnex User Guide*
- Part B: *NGSConnex User Guide*
- CMS.gov: Prior Authorization (PA) Program for Certain Hospital Outpatient Department (OPD) Services Operational Guide
- NGSMedicare.com

Questions?

Thank you!



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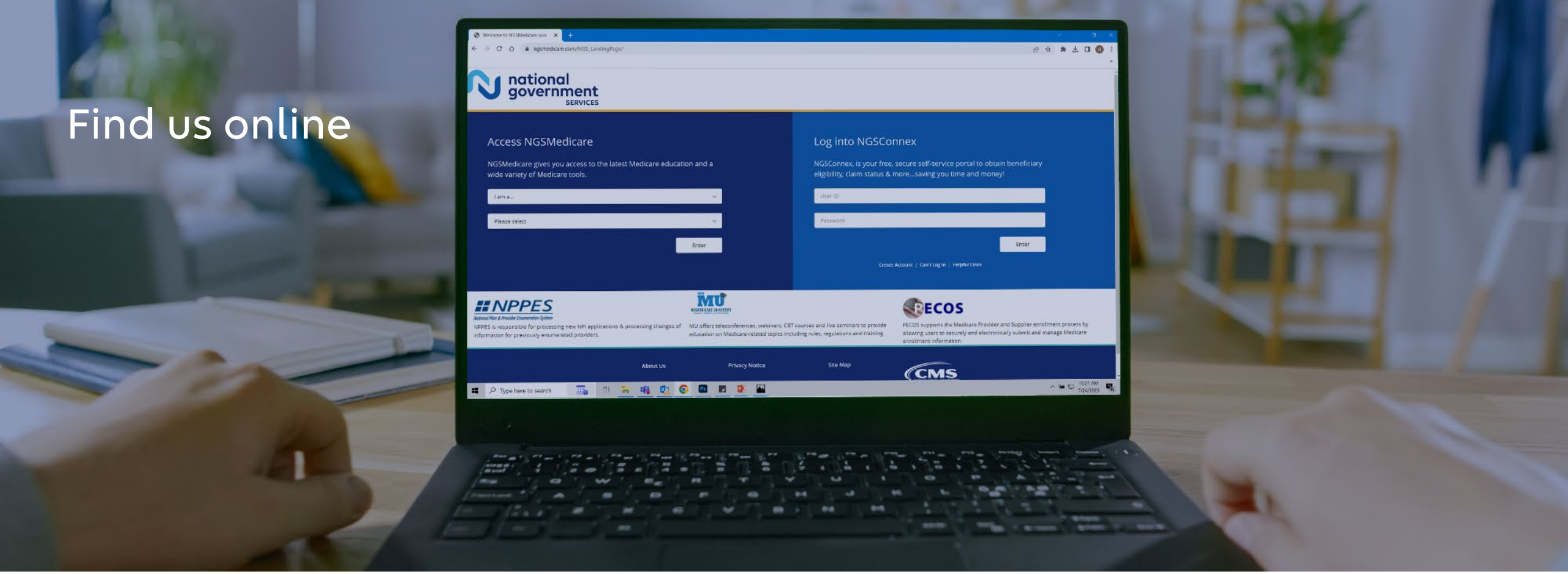

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Online resources, event calendar, LCD/NCD, and tools

IVR System
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

NGSConnex
Web portal for claim information

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