Prior Authorizations

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Learning Objectives

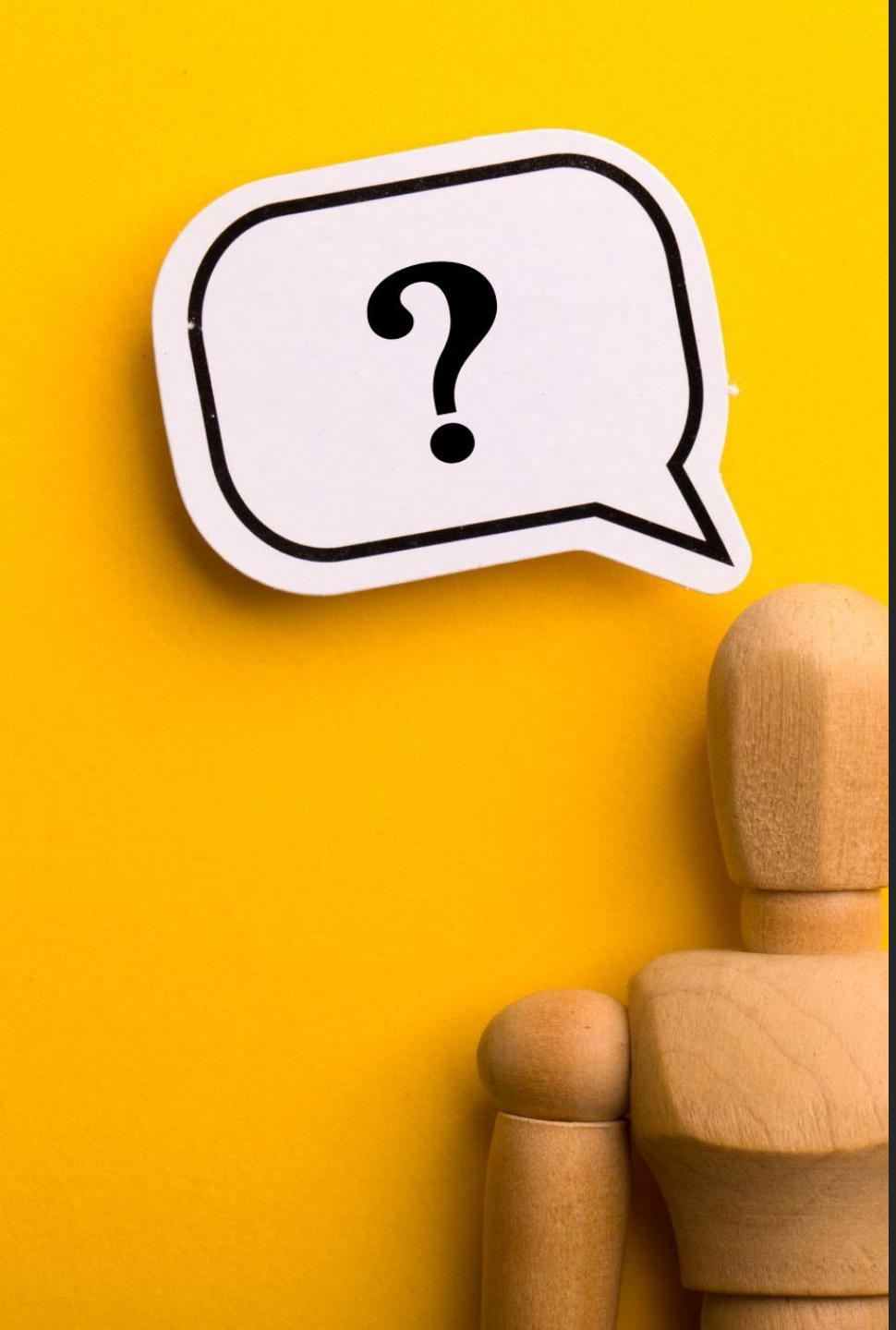
- What is a prior/preauthorization (PA)
- Services that require a PA
- Understanding health plans and PA
- Overview of the PA insurance process
- PA Denials and next steps
- Effective Utilization review departments
- The future of PA's

What is a Prior Authorization?

Prior Authorization, Preauthorization, Precertification

A process that requires a health plans approval before a patient can received certain services or medications

Coverage is not a guarentee



What is a PA to us?

Annoying

Long wait times

Frustrating

How is this possible??

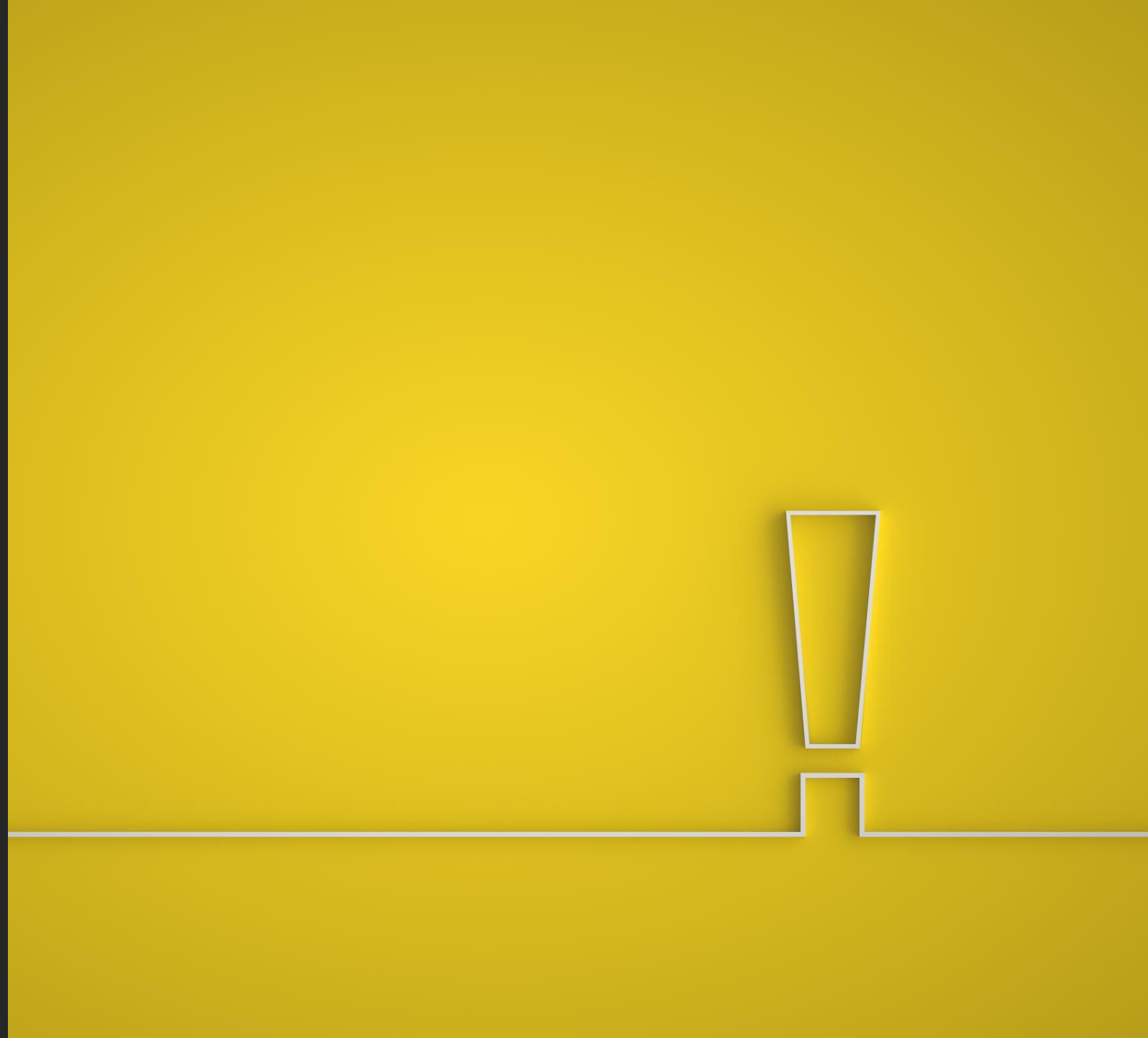
The *Why* of Authorizations

Pros

- Affordability
- Safety
- Quality

Cons

- Administrative Burden
- Delayed Care
- Discrimination



The Who, What, When of Authorizations

- *Who* is responsible to obtain the PA
- *What* services and products require a PA
- *When* is a PA required

Medicare Plans

Traditional Medicare

Medicare Advantage

Medicaid Plans

State Medicaid

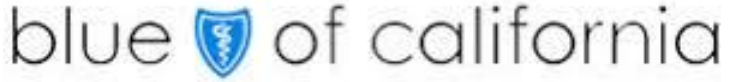
Medicaid Replacement or Managed Care Organization (MCO plans)

Commercial Plans

Medi-Cal

health net

KAISER PERMANENTE®



Get the Card


You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.
INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:
Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 48 hours.
We encourage you to use a PCP as a valuable resource and personal health advocate.
AWAY FROM HOME CARE
Call us 24/7/365:
1-800-244-6224
Send claims to:
P.O. Box 182223
Chattanooga, TN 37422-7223
Cigna
Pathwell
Specialty℠
myCigna.com


Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association
Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM provides adminstrative services only and has no financial risk for claims.
Pharmacy providers:
file claims according to your network contract. All other providers: file claims with the local BCBS plan. For Medicare claims, bill Medicare.
bcbsm.com
Customer Service: 888-447-4696
24/7 Nurse Line Support: 800-775-2583
Behavioral/Mental Health and Substance Abuse: 800-762-2382
Fraud Hotline: 800-482-3787
For Providers Only:
Benefits and Eligibility: 800-676-2583
Precertification: 800-572-3413
Rx Prior Authorizations: 800-437-3803
Spring Health Mental Health Services*:
RKT.SpringHealth.com
Premise 24/7 virtual health*: 877-644-6460
*Contracts separately with the group. Not a BCBSM product.


www.highmarkbcbsde.com
To receive high level benefits:
Receive care from a network provider.
Receiving non-emergency care through an out-of-network provider will result in a reduced level of benefits.
Precertification is required for all inpatient admissions.
Highmark Blue Cross Blue Shield Delaware provides administrative claims payment services and does not assume any financial risk or obligation with respect to claims.
Member Service 1-800-345-4593
Call for Precertification:
Mental Health 1-800-421-4577
Substance Abuse 1-800-421-4577
Other Admissions 1-800-572-2872
Submit medical claims to the local BC/BS plan.
Highmark Blue Cross Blue Shield Delaware is an Independent Licensee of the Blue Cross and Blue Shield Association.

Prescription Drug Prior Authorization

Website will have a list of drugs requiring preauthorization

Step Therapy

Example: Weight Loss Drugs

Timeframe

Check the carriers website for a timeframe

Currently seeing 3-5 day approvals

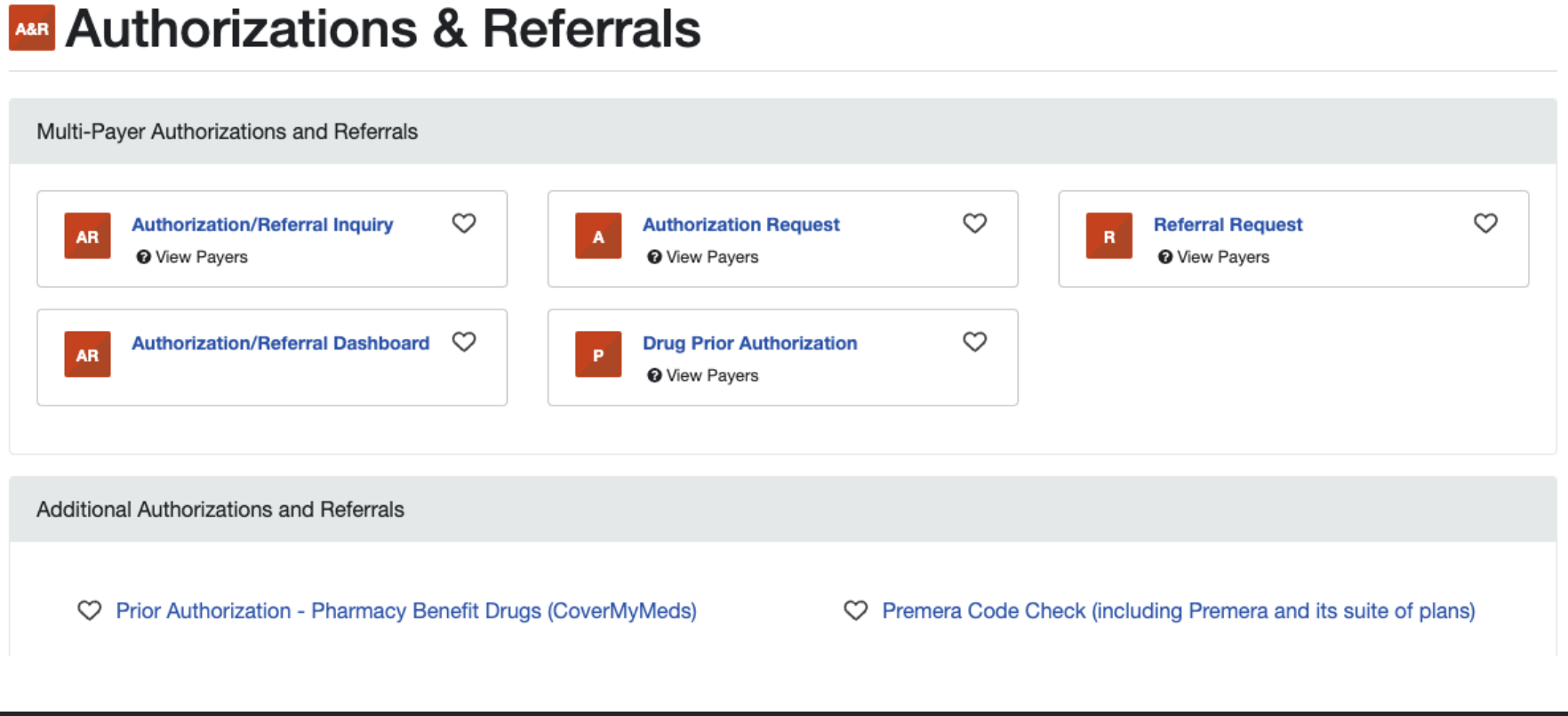
Urgent requests 24 to 72 hours

More complex authroizations can take longer

Prescription authorizations usually take 24 hours for approval

Requirements & Tips

- Know the Benefit Plan
- Make a List
- Spreadsheets
- Electronic Prior Authorization
- Diagnosis code and Procedure code
- Know Your Timeline


A&R
Authorizations & Referrals
Multi-Payer Authorizations and Referrals
AR
Authorization/Referral Inquiry
View Payers
A
Authorization Request
View Payers
R
Referral Request
View Payers
AR
Authorization/Referral Dashboard
P
Drug Prior Authorization
View Payers
Additional Authorizations and Referrals
Prior Authorization - Pharmacy Benefit Drugs (CoverMyMeds)
Premera Code Check (including Premera and its suite of plans)

Availity

Payer Portals and Websites

Radiation oncology (continued)

- Hyperthermia
- Radiopharmaceuticals

See "Foreign Service and Student Health plan information" in the General information section for more guidance.

Precertification for all members with HMO-based, Aetna Medicare Advantage plans, and insured Aetna commercial when performed in any facility except inpatient, emergency room and observation bed status.

- Providers should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-622-7329

Site of Service

Precertification is required for the following when all of the following apply:

- The member is enrolled in an Aetna fully insured commercial plan; and,
- Service(s) in an outpatient hospital setting (NOT an ambulatory surgical facility or office setting); and,
- The procedure is one of the following:
  - Carpal tunnel surgery (29848, 64721)
  - Complex wound repair (13101, 13132)
  - Cystourethroscopy (52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 57288)
  - Hemorrhoidectomy (46250, 46255, 46257, 46258, 46261, 46262, 46320)
  - Hernia repair (49505, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655)
  - Hysteroscopy (58558, 58563, 58565)
  - Intranasal dermatoplasty (30620)

Real Life Examples

Situations where you can assume a PA is needed

- VA Community Care Network (VCCN)
- Surgery
- Emergency to Inpatient
- Physical Therapy
- Mental Health

Administrative Denial

Medical Necessity Denial

Authorization is Needed

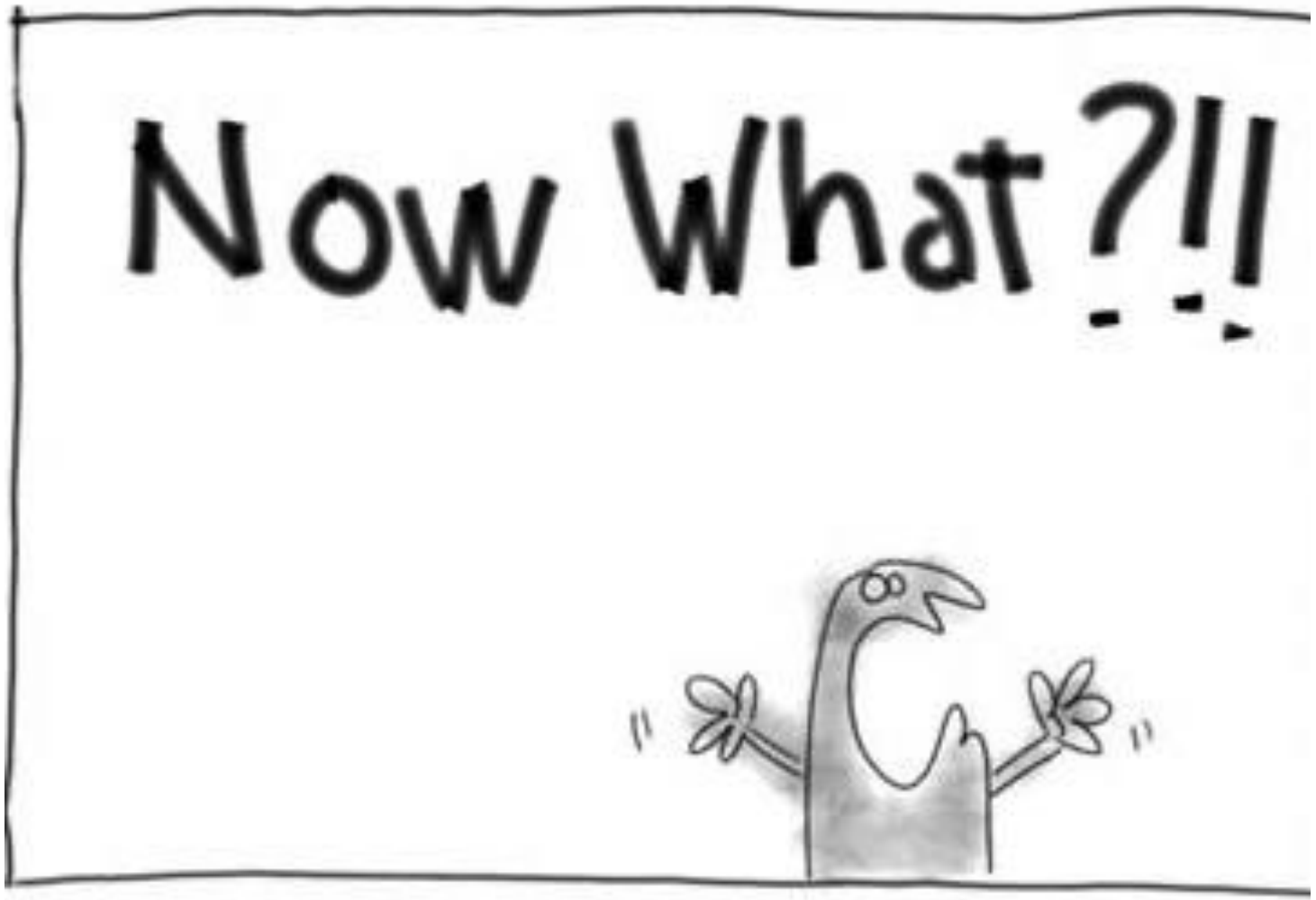
Call the Payer

Retro Authorization

Appeal

Provider reps

Insurance commissioner



Roles

DESIGNATED PRIOR AUTHORIZATION SPECIALIST

UTILIZATION REVIEW MANAGEMENT TEAM

EDUCATION

Medicare Fee-for-Service Compliance Programs

Medical Review and Education

Medicare Fee for Service Recovery Audit Program

Prior Authorization and Pre-Claim Review Initiatives

CMS runs a variety of programs that support efforts to safeguard beneficiaries' access to medically necessary items and services while reducing improper Medicare billing and payments. Through prior authorization and pre-claim review initiatives, CMS helps ensure compliance with Medicare rules.

For more information, see our Prior Authorization and Pre-Claim Review Program stats in the "Downloads" section below.

How They Work | Benefits | Current Initiatives | Previous Initiatives | Downloads

Centers for Medicare & Medicaid Services Initiatives

What Are Lawmakers Doing

- Mandate technical requirements to advance adoption of automation.
- Refine public reporting requirements to promote trust and enable dialogue about additional reforms.
- Extend the duration and scope of prior authorization approval for ongoing care with a defined and accepted course of treatment.
- Develop transparent principles for the annual review of prior authorization requirements.

SB 598: Health care coverage: prior authorization.

Session Year: 2023-2024 **House:** Senate

Current Status: IN PROGRESS (2023-09-01: September 1 hearing: Held in committee and under submission.)

The Future of Authorizations

References

https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/prior-authorization-and-pre-claim-review-initiatives

https://www.ama-assn.org/practice-management/prior-authorization/prior-authorization

https://digitaldemocracy.calmatters.org/bills/ca_202320240sb598

https://www.chcf.org/publication/improving-the-prior-authorization-process-recommendations-for-california/#:~:text=Prior%20authorization%20is%20a%20utilization,delivered%20by%20a%20contracted%20provider.

https://www.chcf.org/publication/improving-the-prior-authorization-process-recommendations-for-california/

Questions

Thank you!

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