

MEDICARE PRIOR AUTHORIZATION REQUIREMENTS

Per CMS (Medicare) the following listed procedures require HonorHealth, as the performing facility, to submit to Noridian for Medicare for prior authorization. This is the only Payor that the hospital personnel (Pre-Services) will initiate the prior authorization with Noridian. Noridian requires 14 days to process these requests so please schedule these cases out a minimum of 14 business days. Clinical documentation to support the medical necessity is required, so please include this documentation when scheduling the surgery. Even if you or your surgeon believe the procedure to be medically necessary prior authorization from Medicare is still required.

If you would like more information on this newly mandated Medicare prior authorization requirement, please go to the following links:

<https://www.cms.gov/research-statistics-data-systems/medicare-fee-service-compliance-programs/prior-authorization-and-pre-claim-review-initiatives/prior-authorization-certain-hospital-outpatient-department-opd-services>

<https://www.cms.gov/files/document/opd-frequently-asked-questions.pdf>

The **CPT codes that are applicable** to this prior authorization requirement can be viewed on this link: <https://www.cms.gov/files/document/opd-services-require-prior-authorization.pdf>

The **required documentation** that Medicare requires be submitted with the prior authorization request for each procedure can be found in the CMS Operational Guide, pages 14-20 here: <https://www.cms.gov/files/document/opd-operational-guide.pdf>

Please note: *HonorHealth Pre-Services must receive a “provisional affirmation” (approved) decision from Noridian as a condition of payment. If the provisional affirmation has not been received, the procedure should be rescheduled until approval is secured. Pre-Services will contact the surgeon’s office to provide an update on the status of the prior authorization.*

The following is the list of 8 hospital outpatient procedures that require the hospital to obtain prior authorization from CMS (Noridian) when provided on or after 7/1/2020:

1. **Blepharoplasty**
2. **Botox Injections**
3. **Panniculectomy**
4. **Rhinoplasty**
5. **Vein ablation**
- 6. **Implanted Spinal Neurostimulators**
7. **Cervical spine fusion w/disc removal- This is NOT a Medicare Inpatient Only procedure.** *Procedure should be scheduled as an Outpatient procedure unless patient has other co-morbidities that would warrant inpatient admission and would meet Medicare inpatient criteria. These cases are monitored by HonorHealth Utilization Review nurses to ensure the patient is in the appropriate patient class prior to discharge. Pre-Services will submit to Medicare for prior authorization even if the case is scheduled as an inpatient because there is a high likelihood that the patient’s class could be changed to Outpatient before discharge.*

The following hospital outpatient department services will require prior authorization when provided on or after July 1, 2023:

8. **Facet Joint Interventions**

PENDING PRIOR AUTHORIZATIONS

Many insurances will not retro a prior authorization for a scheduled surgery. If prior authorization is not yet in “approved” status with the plan, patient care could be delayed on date of service. If patient proceeds to surgery on a “pending” prior authorization, many insurances will deny the claim. For that reason, if patient wants to proceed when insurance has not yet approved the prior authorization, we will require patient to sign a waiver, taking financial responsibility should their insurance plan deny any or all charges. ***Please submit your request for prior authorizations with patient’s insurance plan promptly, allowing enough time for the plan to process before the date of service, so patient care is not delayed.***

Please note: United Healthcare (UHC-Commercial, Medicare Advantage and AHCCS plan) and Cigna (Commercial plans) require a “site of service”/“site of care” prior authorization for certain outpatient procedures to be performed at one of our outpatient hospital locations, this includes Piper Surgery Center and Greenbaum Specialty Hospital and Outpatient Surgery Center, as well as the outpatient surgeries performed at the hospital locations. Patient care will be delayed if the authorization is not reflecting a “site of service”/“site of care” authorization. Below are the links to the lists by payor.

Cigna Site of Care:

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0553_coveragepositioncriteria_site_of_service.pdf

UHC Site of Service

<https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/pa-requirements/medicare/UHC-Medicare-Advantage-UHCCP-Prior-Authorization-Effective-9-1-2021.pdf>

REPORT OF “PENDING AUTH” SURGERIES

A report is emailed to all surgeon practices twice a week that lists the surgeries/patients that are booked 1-21 days out. This is a reminder report so the surgeons’ practices will initiate the prior authorization with patient’s insurance plan with sufficient time to allow the plan to process the prior auth request, if one is required. Please help us provide exceptional patient experience by requesting prior authorization from patient's insurance plan promptly so there is no delay in patient care on the date of service. Please note: Piper Surgery Center at Shea hospital and Greenbaum Specialty Hospital and Outpatient Surgery Center at Osborn hospital are NOT ambulatory surgery centers, so many payers do require prior authorization for outpatient procedures at these facilities. For these facilities, please request prior auth under Shea Hospital for Piper and Osborn Hospital for Greenbaum.

Please remember for Cigna and UHC, many Outpatient surgeries scheduled at the hospital (including Piper and Greenbaum) require a Site-of-Service or Site-of-Care prior authorization. See above under heading: **Pending Prior Authorizations** for more information.

Note: *If you are not currently receiving this report, please call Pre-Services Supervisor at 623-300-9192 or 623-300-9171 to be added to receive this report. Please do not rely on Pre-Services to call your office to remind you to obtain prior authorization for a procedure scheduled at an HonorHealth facility.*

Pre-Services does not obtain prior authorizations (except Medicare), but we do validate the prior authorizations, that are provided by the surgeon practices, with the patient’s insurance plan.

More information on next page



MEDICAL NECESSITY REVIEW

All surgeries will be reviewed for medical necessity according to the insurance plans' medical policies. Occasionally, the procedure requires a clinical review by HonorHealth's nurse auditors. This will identify if the patient does not meet the medical necessity requirements of their insurance plan. If the clinical documentation received by HonorHealth is not sufficient for the nurse to make determination on whether the procedure meets medical necessity, the surgeon's office would be notified, and a request would be made for the surgeon's office to provide additional clinical documentation, if available, to facilitate the medical necessity review process.

If the surgery is determined not to meet the medical necessity according to the patient's insurance plan, there are some options:

1. Patient could proceed if they sign an HonorHealth waiver or Medicare ABN, taking financial responsibility for the surgery/procedure should the payor deny any charges.
2. Procedure could be cancelled and then rescheduled when the medical necessity requirement is met.
3. Patient can "Opt Out" of insurance and choose to be self-pay and receive HonorHealth's 50% prompt pay discount or be offered one of HonorHealth's self-pay medical packages, if one is available.

HONORHEALTH HOSPITALS NPI NUMBERS

Scottsdale Osborn Medical Center & Greenbaum Specialty Hospital & Outpatient Surgery - 1811951429

Scottsdale Shea Medical Center & Piper Outpatient Surgery - 1386608859

Scottsdale Thompson Peak Medical Center - 1417152745

John C. Lincoln Medical Center & Outpatient Surgery - 1770690695

Deer Valley Medical Center - 1528169125

Sonoran Crossing Medical Center - 1265063010

To call **Pre-Services Financial Counselors**, please call 623-580-5800 press 1 for English, then press 1 again, then press 6 (surgery prior authorization or pre-registration).

Thank you for your partnership and cooperation,

HonorHealth Pre-Services/Pre-Registration Department

Sherrie Sutton, Supervisor (623) 300-9192

Mallory Thompson, Supervisor (623) 300-9194

Ginger Beard, Network Director (623) 229-1014 (Cell)