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# Authorization Process



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3/3/2022



# Agenda



- Pre-Auth Check Tool
- Auth Notifications & Submissions
- Auth Creation
- Turnaround Times
- Nurse Review & Notification

# Prior Auth Notification

The logo for ambetter. is displayed in white lowercase letters inside a magenta circle. A small trademark symbol (TM) is located to the right of the circle.

Service Type	Timeframe
Scheduled admissions	Prior Authorization required five (5) business days prior to the scheduled admission date
Elective outpatient services	Prior Authorization required five (5) business days prior to the elective outpatient service date
Emergent inpatient admissions	Notification one (1) business day
Observation – 48 hours or less	Notification within one (1) business day for nonparticipating providers
Observation – greater than 48 hours	Requires inpatient prior authorization within one (1) business day
Maternity admissions	Notification within one (1) business day
Newborn admissions	Notification within one (1) business day
Neonatal Intensive Care Unit (NICU) admissions	Notification within one (1) business day
Outpatient Dialysis	Notification within one (1) business day
Organ transplant initial evaluation	Prior Authorization required at least 30 days prior to the initial evaluation for organ transplant services.
Clinical trials services	Prior Authorization required at least 30 days prior to receiving clinical trial services.

# Pre-Auth Check Tool

Before logging into Secure Portal-- utilize Pre-Auth Check Tool

Verification of Prior Authorization necessity can be found through this tool.

<https://www.ambetteroftennessee.com/provider-resources/pre-auth-check.html>

# Questionnaire



Answering the following questions: if “No” is indicated for all questions: prompt will populate to enter CPT code

Are services being performed in the Emergency Department, or for Emergent Transportation?

Yes  No

## Types of Services

Are services being performed or ordered by a non-participating provider?

Is the member being admitted to an inpatient facility?

Are anesthesia services being rendered for pain management or dental surgeries?

Is the member receiving hospice services?

Is the member receiving gender reassignment services?

# Pre-Auth Check Tool

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Enter the code of the service you would like to check:

e0601


**Y**  
Yes

**E0601** - CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE  
Authorization required for all providers.

**YES** indicates that the provider will need to submit via Web Portal or FAX

A blue L-shaped arrow pointing from the text above to the 'Y' result box.

**NO** indicates that no authorization is required and services may be rendered

A blue L-shaped arrow pointing from the text above to the 'N' result box.

Enter the code of the service you would like to check:

45378

**N**  
No

**45378** - DIAGNOSTIC COLONOSCOPY  
No authorization required.

# Cont.

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If “Yes” is indicated in questionnaire, Prompt will indicate Prior Auth is required

## [Secure Provider Web Portal](#)

Are services being performed in the Emergency Department, or for Emergent Transportation?

Yes  No

### Types of Services

Are services being performed or ordered by a non-participating provider?

YES

NO

Is the member being admitted to an inpatient facility?

Are anesthesia services being rendered for pain management or dental surgeries?

Is the member receiving hospice services?

Is the member receiving gender reassignment services?

This service requires prior authorization. [Login Here](#) to submit an authorization



# NIA Requested Services

- Request services for high tech imaging or therapy services to be submitted to NIA for review-- [RadMD.com](https://www.radmd.com)
- Retrospective Services for Imaging Therapy: Ambetter of TN will process-Timely notification will be taken into consideration for retrospective reviews

Enter the code of the service you would like to check:

Check



Conditional

**97110** - THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES

Services are administered by NIA.

To submit a prior authorization [Login Here.](#)



# Submitting Prior Auth Form

- Authorization can be submitted via Secure Provider Web Portal or Fax
  - [Secure Provider Web Portal](#)
- Prior Auth Forms: required for Fax submissions
  - Inpatient/Outpatient forms located on Provider Resources
  - Forms must be filled out completely
  - For HH/, Hospice, DME, Drug/Genetic Testing: Referring Physician Name & NPI # required for letter notification per NCQA requirements
  - [Inpatient Authorization Fax Form](#)
  - [Outpatient Authorization Fax Form](#)

# Prior Auth Form



**ambetter.** of Tennessee **OUTPATIENT AUTHORIZATION FORM** Complete and Fax to: 1-844-811-8467 Transplant Request Fax to: 1-833-974-3118

Request for additional units: Existing Authorization [ ] Units: [ ]

**Standard requests** - Determination within 2 business days of receiving all necessary information.  
 I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 2 business days to avoid complications and unnecessary suffering or severe pain.

**Urgent requests** - business days to avoid complications and unnecessary suffering or severe pain.

\* INDICATES REQUIRED FIELD

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY

**MEMBER INFORMATION** \*Date of Birth: 11231956  
 \*Medical Member ID: U987654321 Last Name, First (last name): Smith, Joe

**REQUESTING PROVIDER INFORMATION**  
 \*Requesting NPI: 1234567890 \*Requesting TIN: 213456789 Requesting Provider Contact Name: Anna Johnson  
 Requesting Provider Name: Dan Rogers Phone: 9999999999 Fax: 9999999992

**SERVICING PROVIDER / FACILITY INFORMATION**  
 Same as Requesting Provider  
 \*Servicing NPI: 9876543201 \*Servicing TIN: 987654321 Servicing Provider Contact Name: Amy Stinson  
 Servicing Provider/Facility Name: Medical DME Supp Phone: 9876543218 Fax: 9876543672

**AUTHORIZATION REQUEST**  
 \*Primary Procedure Code: E0601 Additional Procedure Code: [ ] \*Start Date OR Admission Date: 02042022 \*Diagnosis Code: g47.33  
 Additional Procedure Code: [ ] Additional Procedure Code: [ ] End Date OR Discharge Date: 04042022 Total Units/Visits/Days: 3

**\*OUTPATIENT SERVICE TYPE** (Enter the Service type number in the boxes) 417

402 Biopharmacy	997 Office Visit/Consult	533 BH Applied Behavioral Analysis	417 Rental
702 Cochlear Implants & Surgery	510 Orthotics	502 BH Community Based Services	100 Purchase
999 Drug Testing	704 Outpatient Services	515 BH Electroconvulsive Therapy	
922 Experimental and Investigational Services	171 Outpatient Surgery	518 BH Intensive Outpatient Therapy	
305 Genetic Testing & Counseling	302 Pain Management	510 BH Medical Management	
349 Home Health	147 Prosthatics	518 BH Mental Health/Chemical Dependency Observation	
	301 Sleep Study	519 BH Outpatient Therapy	

- Once Auth request received-Referral Specialist review request and create the auth request using Ambetter Auth Guidelines
- If missing information is noted or error in member/provider info: a faxback is sent to provider indicating missing info or error and requests for auth form resubmission
- To be processed as “Urgent” Request physician signature is required and the statement certifying the statement for urgent review is applicable

# Turn Around Time

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Clock starts ticking based off timestamp indicated on auth request form if submitted via fax or web note automatically generated

Type	Timeframe
Prospective/Urgent	Within (2) business day of receipt of all information needed to complete the review. If all information is not received by the end of the (72) hours a determination will be made based on available information.
Prospective/Non-Urgent	Within (2) business days of receipt of all information needed to complete the review. If all information is not received by the 14 <sup>th</sup> day of the request a determination will be made based on available information.
Concurrent/Urgent	The earlier of a twenty-four (24) hours, one (1) calendar day from receipt of the request with an EXTENSION of up to seventy-two (72) hours total. A determination will be made based on available information.
Concurrent/Non-Urgent	Two (2) business days from receipt of all information necessary Extension: A onetime extension may be granted up to 3 days. If all information is not received by the end of the (72) hours a determination will be made based on available information.
Retrospective	Thirty (30) calendar days from receipt of the request including all necessary information with an EXTENSION up to fifteen (15) additional calendar

# Medical Necessity Review



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Clinical reviews conducted per guidelines below—Clinical Policies can be viewed on Ambetter of TN website

<b>Medical Services</b>	InterQual® Adult, Clinical Policies and Pediatric Guidelines and internally developed criteria by Ambetter health care professionals and related specialists.
<b>Behavioral Health Services</b>	InterQual® Behavioral Health Criteria (Adult and Geriatric or Child and Adolescent Psychiatry) and internally developed criteria by Ambetter behavioral health care professionals and related specialists.
<b>High Tech Imaging and Therapy Services</b>	Internally developed criteria by National Imaging Associates (NIA). Criteria developed by representatives in the disciplines of radiology, internal medicine, nursing and cardiology. The criteria are available at <a href="http://www.RadMD.com">www.RadMD.com</a> .
<b>Substance Use Disorder Services</b>	American Society for Addiction Medicine (ASAM) Patient Placement Criteria. The criteria are available at <a href="http://www.asam.org">www.asam.org</a> .

# Determination Notifications

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- Approval/Denial notification must be done within 24 hours of determination
  - Can be done by: Phone or Faxed--letter notification normally provided
  - Denials: verbal notifications required: Peer to Peer & Appeals rights granted
    - Peer to Peer to be scheduled within 2 business days from the date of denial

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Questions?

A decorative magenta wave shape at the bottom of the slide, starting from the left edge and curving upwards towards the right.