CHANGE TO CLAIMS APPEAL PROCESS

Claims Denied for Lack of Prior Authorization

EFFECTIVE DATE: July 1, 2017

Dear Providers:

As a reminder, there are certain services/equipment that require **prior** authorization before those services are rendered to CMS Plan enrollees. A list of services requiring prior authorization can be found at this link:

SERVICES & EQUIPMENT REQUIRING PRIOR AUTHORIZATION (PA)
https://com-peds-pedicare.sites.medinfo.ufl.edu/files/2014/09/Authorization-Requirements-July-27-2016.pdf

LINK TO CMS/PED-I-CARE AUTHORIZATION REQUEST FORM
https://com-peds-pedicare.sites.medinfo.ufl.edu/files/2014/09/PIC-Authorization-Request-Form-Aug-5-2016.pdf

In the event that a claim is submitted for a service that is rendered and requires a prior authorization, and a prior authorization is not on file with CMS's TPA, the claim will be denied payment.

Beginning July 1, 2017, there will be a change in the way CMS Plan/Ped-I-Care handles claims that have been denied for lack of prior authorization.

When a claim is denied for lack of a prior authorization, providers receive an Explanation of Benefits (EOB) from CMS's TPA that will document "Needs Prior Authorization" as the reason for non-payment. This code can apply to a single line, multiple lines or all lines on a submitted claim.

In the event you should receive an EOB with this listed as a denial reason, you may submit a request for a retro authorization to CMS/Ped-I-Care. Your request will follow the standard utilization review process, and be considered for medical necessity. If the services are deemed medically necessary, an authorization will be issued. As a reminder, an authorization does not guarantee payment.

LINK TO CMS/PED-I-CARE AUTHORIZATION REQUEST FORM
https://com-peds-pedicare.sites.medinfo.ufl.edu/files/2014/09/PIC-Authorization-Request-Form-Aug-5-2016.pdf

Claims associated with approved retro authorizations will no longer automatically be reprocessed. If a retro authorization is granted, ***you, the Provider, will be required to resubmit the claim for processing*** through the standard claim submittal process. Please keep in mind, "clean" claims (those claims that are completed correctly and have the appropriate documentation, including the authorization when necessary) must be submitted within 365 days from the date of service. Claims submitted after 365 days from date of service cannot be paid.

The Claims Appeal Team at Ped-I-Care will still be available to help with other claim denial issues. The process for appealing a claim denied for other reasons than lack of prior authorization can be found in the provider manuals at:

1699 S.W. 16th Avenue, Bldg. A, 3rd Floor, Gainesville, Florida 32608
Phone: (866) 376-2456 • Fax (352) 294-8092 • http://pedicare.peds.ufl.edu

TITLE 19 PROVIDER MANUAL
https://com-peds-pedicare.sites.medinfo.ufl.edu/files/2017/02/Provider-Manual-T19-February-7-2017.pdf

TITLE 21 PROVIDER MANUAL
https://com-peds-pedicare.sites.medinfo.ufl.edu/files/2017/02/Provider-Manual-Title-21-November-29-2016.pdf

If you have questions about this change, please call us toll-free at (866) 376-2456, or (352) 627-9100, and choose Prompt #2. We will be happy to answer your questions. You can call from 8:00 am to 5:00 pm., Monday through Friday. We are closed on holidays.

We appreciate your services to children in the CMS Plan, and look forward to continuing to work with you.