

May 22, 2020



noridian
Healthcare Solutions
Part B MAC Jurisdiction E

Provider NPI Number:

Dear Provider:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has implemented a **Prior Authorization (PA) Program for Certain Hospital Outpatient Department (OPD) Services** furnished on or after July 1, 2020, **nationwide**.

As a condition of payment, Prior Authorization is required for the following certain hospital OPD services:

- i. Blepharoplasty
- ii. Botulinum toxin injections
- iii. Panniculectomy
- iv. Rhinoplasty
- v. Vein ablation

The list of the specific Healthcare Common Procedure Coding System (HCPCS) codes that are included in the OPD Prior Authorization program located in Attachment B.

What You Need to Know

The PA program does not change Medicare benefit or coverage requirements, nor does it create new documentation requirements. The documentation required to be included with a prior authorization request (PAR) is information that hospital OPDs are regularly required to maintain for Medicare payments. The request must be submitted by the hospital OPD (or by the OPD physician on behalf of the OPD), referred to as a “requester.” Under the Prior Authorization process, the requester must submit the request with the required documentation before the service is rendered and before the claim is submitted for payment, so that Medicare can make sure all Medicare requirements are met.

The hospital OPD is responsible for submission of the Prior Authorization Request and all documentation to Medicare on behalf of the Medicare patient.

After receipt of all required documentation from the requester is submitted, Noridian will review and communicate a decision to the requester within 10 business days, explaining whether the Prior Authorization Request meets all Medicare coverage requirements and is provisionally affirmed or is non-affirmed. In emergency situations involving the Medicare patient's life or imminent safety, the requester may seek an expedited review of the Prior Authorization Request. If Noridian substantiates the need for an expedited review, Noridian will make reasonable efforts to communicate a decision within 2 business days of receipt of all relevant documentation. Noridian will send the decision letter regarding the Prior Authorization to the requester and, upon request, to the Medicare patient.

If the Prior Authorization Request is non-affirmed by Noridian the requester may revise and resubmit the PAR an unlimited number of times. Noridian will make every effort to conduct a review and communicate a decision within 10 business days on each resubmitted PAR. Noridian will send the provider detailed reasons for the non-affirm decisions and offer education, to help the provider understand the reason for the non-affirm decision and how the issue can be fixed.

For detailed information about this program please refer to the following resources:

<https://med.noridianmedicare.com/>

Additional Resources

Providers are vital partners in the Medicare program, and CMS is preparing additional resources to give you the information you need. To facilitate open and ongoing dialogue with both patients and providers, and to support program transparency, CMS has established a dedicated website for the hospital OPD services PA with comprehensive information for patients, suppliers, and physicians.

You may request an individual education session if you have concerns about the program. More information is available online. CMS and Noridian will post details of any upcoming educational sessions on its website (link noted above).

CMS Welcomes Feedback

CMS is committed to launching the hospital OPD PA program in an open and transparent manner that serves and protects patients and the health care providers that care for them. Your feedback will be a critical part of the process. Providers, Physicians and Practitioners with questions or other feedback can contact CMS at: OPD_PA@cms.hhs.gov.