

SURGERY AND MEDICAL PROCEDURE PRIOR AUTHORIZATION PROCESS
FREQUENTLY ASKED QUESTIONS
WWW.MEDUNIT.DHW.IDAHO.GOV

Question	Answer
<p>1. When do I need to request a prior authorization (PA)?</p>	<p>To learn if a PA is required, check the Medicaid Fee Schedule. Many CPT and HCPCS codes do not require a PA. In the search engine of the fee schedule, enter the CPT or HCPCS code. If there is a “Y” in the PA indicator column, then a PA is required. If there is an “N”, then no PA is required.</p> <p>Fee schedules are updated monthly so the PA indicator present on the actual date of service is the one that applies.</p> <p>If the entered code does not appear on the fee schedule, fax the request to the Medical Care Unit at (877) 314-8779. A nurse reviewer will review it and work directly with the provider as to what will or will not be covered. Expect additional time for this policy review.</p>
<p>2. Who do I send my PA request to?</p>	<p>Qualis Health has been contracted by Idaho Medicaid to review the majority of surgeries requiring authorization. To see what surgeries they prior authorize, see the Qualis Health Pre-Authorization List.</p> <p>Idaho Medicaid’s Medical Care Unit reviews any surgeries that Qualis doesn’t review. To see the most common surgeries that are prior authorized by Medicaid, go to the Surgeries Requiring Prior Authorization from Medical Care Unit document. For a full list of surgeries that Medicaid prior authorizes see the Medicaid Fee Schedule.</p> <p>IMPORTANT - The provider is asked to submit the request to either Qualis or the Medicaid Medical Care Unit, not both. If you do not see a certain code on either list, please fax the request to Medicaid’s Medical Care Unit at (877) 314-8779.</p>

Question	Answer
<p>3. How do I request a PA from Qualis Health?</p>	<p>The preferred method of requesting a PA from Qualis Health is to submit the request through the web portal at iEXCHANGE. If you are not currently set up to use iEXCHANGE, please contact 1 (800) 783-9207 and they will help you. You can find more information about iEXCHANGE by visiting the Qualis website.</p> <p>You may also fax your request with a cover page to 1 (800) 826-3836. Please include the medical information pertinent to the medical necessity criteria.</p> <p>If you choose to phone in your PA, please call 1 (800) 783-9207. You can also mail your request to:</p> <p style="text-align: center;">Qualis Health ATTN: Prior Authorizations PO Box 33400 Seattle, WA 98133-0400</p>
<p>4. How do I request a PA from Medicaid's Medical Care Unit?</p>	<p>To request a PA from the Medicaid Medical Care Unit, you must fax your request to (877) 314-8779. The Medical Care Unit does not accept phone, on-line, or emailed requests.</p> <p>You must use the Medical Prior Authorization Request Form to submit your request. Please fill in all the required information including the proposed date of service (when possible). Please fax any pertinent supporting documentation which addresses the medical necessity of the proposed surgery along with your request form.</p> <p>The nurse reviewer may request additional documentation to establish medical necessity for the procedure. The requested documentation must be received by the Medical Care Unit within five working days or the request may be denied. The decision to authorize is usually made within five working days, but complex requests may require additional review time by the Medical Director.</p>

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<p>5. Can I obtain authorization retro-actively or after the surgery has been performed?</p>	<p>A provider is at risk of not being reimbursed for a surgery performed without a PA. Both Qualis Health and Medicaid require a PA before the surgery is performed. If a participant is approved for Medicaid retro-actively after the date of the procedure, those surgeries will be reviewed on a case-by-case basis and authorization will be based upon medical necessity criteria.</p>
<p>6. Is it necessary to obtain authorization for a facility.</p>	<p>Yes. If a surgery or procedure is to be in a facility, an authorization is created for both facility and the surgeon. The request form requires NPI for both. If no PA is needed for the surgery, no PA is needed for the facility.</p>
<p>7. What if the participant has Medicare A&B or Medicare-Medicaid Coordinated Plan (MMCP) coverage?</p>	<p>For participants with active Medicare A&B or MMCP coverage, it is not necessary to submit a PA. Providers must follow the Medicare requirements and submit claims to Medicare first. Medicaid is always the payer of last resort.</p>
<p>8. Do I need a PA for a hospital inpatient stay of three days or less?</p>	<p>No. The state of Idaho does not require PAs for an inpatient stay of three days or less. If discharge occurs on the fourth day, authorization is not required.</p>
<p>9. What if the inpatient stay is over three days?</p>	<p>Qualis Health reviews inpatient stays that are longer than three days. To get a PA for an inpatient stay that is longer than three days, refer to the Qualis Provider Manual for more detailed information. You can submit PAs to Qualis Health as described in question three above.</p> <p>For more information about the requirements for an inpatient stay requiring a PA, please see the Medicaid Provider Handbook.</p>

Question	Answer
<p>10. Are there any circumstances where a patient can have an inpatient hospital stay longer than three days before a PA is required?</p>	<p>Yes. There are certain cesarean sections (C-section) that do not require a hospital PA until after the fourth day. Those qualifying C-sections are determined by specific diagnoses codes (which are those codes in the admitting or principal field). To find out what codes fall into this category, please see the Medicaid Provider Handbook and look under C-section for a detailed list of diagnosis codes.</p>
<p>11. Do I need a referral to see an out-of-state provider?</p>	<p>There may be cases in which a Healthy Connections (HC) primary care provider may need to refer a participant to an out-of-state specialist. If this is the case, the same PA criteria will need to be followed as if it were an in-state PA. You can see the Medicaid Fee Schedule to determine if a HC referral is required.</p> <p>An out-of-state provider must be enrolled with Molina Medicaid Solutions as an Idaho Medicaid Provider in order to be reimbursed by Medicaid for covered services. To enroll, the provider may call 1 (866) 686-4272.</p> <p>Healthy Connections questions can be answered by calling 1 (888) 528-5861. You may also check the Healthy Connections webpage for additional information.</p>
<p>12. How do I check the status of my Qualis Health PA?</p>	<p>If the request was submitted through i-EXCHANGE, you can check the status on the iEXCHANGE website in the communication box.</p> <p>If your request was submitted to Qualis either by mail, fax, or phone, you will receive a call with the decision of the PA.</p> <p>If the PA is denied, Qualis Health will mail a non-certification notice to both the participant and provider.</p> <p>If you haven't received a notification and want to find out if Medicaid reviewed the PA, you can call a Molina representative at 1 (866) 686-4272 and they can find out if the authorization was approved or denied. If there is not a seven-digit authorization number in the Medicaid system, you will need to call Qualis at 1 (800) 826-3836 to find out the status of the PA.</p>

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<p>13. How do I check the status of my Medicaid Medical Care Unit PA?</p>	<p>A Notice of Decision (NOD) of approvals and denials will be mailed to the participant and provider by Medicaid.</p> <p>You may also go to your Trading Partner Account and check the form entry/authorization status link or call Molina Medicaid Solutions at 1 (866) 686-4272, option 3.</p>
<p>14. How do I appeal a decision from Qualis Health?</p>	<p>Appeal instructions are given in the denial letter the participant and provider will receive.</p>
<p>15. How do I appeal a decision from Medicaid's Medical Care Unit?</p>	<p>Appeal instructions are given on the Notice of Decision letter that is mailed to both the participant and provider.</p> <p>If the provider has additional information to support medical necessity, the provider may submit this information for further consideration and review to the Medical Care Unit.</p>
<p>16. Who do I contact if I have questions?</p>	<p>You can contact Molina Solutions at 1 (866) 686-4272. All claim payment problems can be directed to Molina.</p>

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