QHA Medicaid Preauthorization Review Process

The following procedures will require preauthorization:

- Cosmetic Procedures
  - Ear Procedures
  - Nose Procedures
  - Mammoplasties/Gynecomastectomies
  - Facial Surgery
- Obesity Procedures
- Preadmission Review for Admission to Acute Long Term Care Facilities
- Change of Medicaid eligibility during an ALTC admission and 20-day review to ensure acute services or plans to discharge

QHA will also review the above procedures (principal or secondary) retrospectively on an inpatient or outpatient basis if the authorization is included with the claim.

Preadmission/preprocedure review is a responsibility of QHA, the practicing physicians, and the providers. The areas of required review listed above are identified to Medicaid and will not be paid unless the claim denotes review has been performed and the admission is medically necessary and the setting is appropriate. The primary responsibility of initiating preadmission review rests with the physician or his/her designee.

1. Physicians or their designees are encouraged to review and be familiar with the required areas of review. When a physician decides to schedule a procedure/admission, either inpatient or outpatient, which is within the identified areas of review, he/she or other designated personnel should mail or fax the required information to QHA. All pertinent data regarding the patient and the procedure/admission should be included in the information mailed in. The QHA Case Review Coordinator (CRC) cannot approve an admission or procedure if the data is incomplete. QHA recommends that the information be submitted two weeks prior to the scheduled surgery date. If possible requests for admission to the ALTC should be submitted one day prior to the admission.

2. The QHA CRC will need the necessary patient, physician, outpatient, hospital, or clinic information and will require medical indications for the admission or surgical procedure, as appropriate. The necessary information needs to be copies of documentation which demonstrate the medical necessity for the procedure (i.e., actual copies of clinic records demonstrate failed outpatient treatment). When the CRC is able to determine that the criteria are met, based on information received, the following will occur:

    a. The procedure is authorized for payment and a computer-generated form, "Request for Pre-review," is then completed by the CRC. Copies are mailed to the admitting physician, and facility where the patient is being admitted or the surgery is being performed.

b. Upon receipt of the authorization form, the facility should maintain the document with the medical record for subsequent billing information. The QHA authorization number must be transcribed by the provider to the UB-92 billing form and submitted to the North Dakota Department of Human Services (DHS) to assure proper payment. The QHA authorization number is edited by the DHS/State, and if it is not present or valid, the claim will be pended until verified, corrected, and/or retrospectively reviewed by QHA and an authorization number issued.

3. When the CRC is unable to approve the admission/procedure, the CRC refers the information to a Physician Reviewer (PR). (When appropriate, the CRC consults with the Medical Consultant throughout the review process.) The PR reviews the case and if they approve the admission/procedure, the PR completes the form and returns it to the CRC for completion of the review process. If the PR reviews the case and agrees with the initial CRC referral, an opportunity to discuss is sent out by the CRC and the attending physician/surgeon is given the opportunity to submit the additional information.

   If the attending physician/surgeon submits additional information, it is sent back to the original PR for consideration. If the PR then determines the admission/procedure is inappropriate, not medically necessary, or is not at the appropriate level, the attending physician/surgeon, facility, and beneficiary will be informed in writing through a letter of denial. The attending physician/surgeon may opt to cancel the admission/procedure and request a reconsideration. If the attending physician/surgeon wishes to proceed, he/she may perform the admission/procedure and upon receipt of the denial, request a reconsideration. If the PR reviews the additional information and approves the admission/procedure, the PR completes the form and returns it to the CRC for completion of the review process.

4. **Reconsideration:** The Physician Reviewer (PR) will make a final determination based upon the additional information and/or the opinion of a specialty physician. The PR will take into consideration coverage issues agreed upon by QHA and the State of North Dakota (DHS). The admission/procedure will not be covered unless a medical indication is clearly documented to substantiate the performance of the admission/procedure.

   The reconsideration determination by the QHA PR is final. The Medical Consultant will be consulted as needed when it is appropriate to complete any review.