

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) 317-8779. 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>Telligen, Inc. has been contracted by Idaho Medicaid to review the majority of the surgeries requiring authorization. To see what surgeries they prior authorize, see the Telligen Pre-Authorization List.</p> <p>Idaho Medicaid’s Medical Care Unit reviews any surgeries that Telligen 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 Telligen 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 1 (877) 314-8779.</p>
<p>3. How do I request a PA from Telligen?</p>	<p>The preferred method of requesting a PA from Telligen is to submit the request through the web portal (Qualitrac) at https://id.qualitrac.com. If you are not currently set up to use Qualitrac, please visit http://idmedicaid.telligen.com, navigate to the Document Library, and download the Security Admin Registration Form and follow the instructions provided within.</p> <p>Also available in the Document Library is a Qualitrac User Guide that will further guide you through the process of submitting your request for PA through the Qualitrac portal after you have registered with Telligen.</p>

	<p>The other methods of submitting a review include secure fax, telephone, and standard mail. All methods of contact are provided on http://idmedicaid.telligen.com.</p>
<p>4. 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 Telligen and Medicaid require a PA before the surgery is performed.</p> <p>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>5. 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>6. 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>7. Do I need a PA for 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>8. What if the inpatient stay is over three days?</p>	<p>Telligen 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 Telligen Provider Manual (available at http://idmedicaid.telligen.com) for more detailed information. You can submit PAs to Telligen as described in question 3 above.</p> <p>For more information about the requirements for an inpatient stay requiring a PA, please see the Medicaid Provider Handbook.</p>
<p>9. 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 diagnosis 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>10. Do I need a referral to see an out-of-state provider?</p>	<p>There may be cases in which a Healthy Connection (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</p>

	<p>1 (866) 686-4272.</p> <p>Health Connections questions can be answered by calling 1 (888) 528-5861. You may also check the Healthy Connections webpage for additional information.</p>
<p>11. How do I check the status of my Telligen PA?</p>	<p>If the request was submitted through Qualitrac, you can log in at any time and check the current status of your PA. You will also be notified any time there is a status change to your PA.</p> <p>If your request was submitted to Telligen either by mail, fax, or telephone, you will receive the decision in the same method by which you submitted your request. IE: If you faxed in your request, your decision will be faxed back to you.</p> <p>If the PA is denied, Telligen will mail a non-certification notice to both the participant and the provider.</p> <p>If you haven't received a notification and want to find out the status of your request, you may call Telligen at (866) 538-9510 and request a status update.</p>
<p>12. How do I appeal a decision from Telligen?</p>	<p>Appeal instructions are given in the denial letter that the participant and provider will receive.</p>
<p>13. 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> <p>Other issues or questions should be directed to Telligen's help line at 1 (866) 538-9510, Telligen's Help Desk email at IDmedicaidsupport@telligen.com, or IDHW Medicaid at 1 (844) 708-2916.</p>