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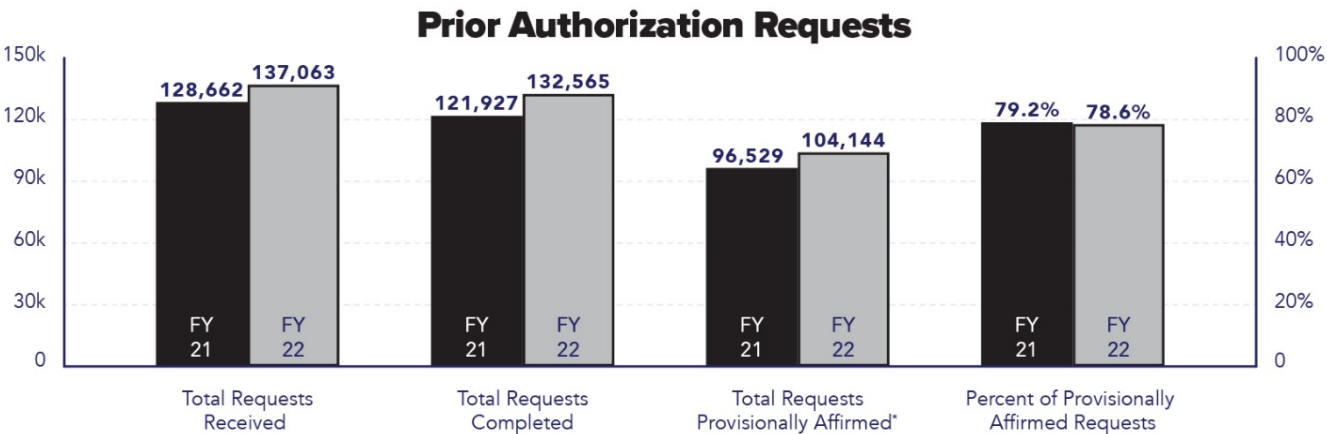
New CMS Data on the Hospital Outpatient Prior Authorization Process

By Nina Youngstrom

CMS recently posted this data on its prior authorization program.^[1]

Prior Authorization for Certain Hospital Outpatient Department (OPD) Services

The prior authorization program for certain hospital OPD services ensures that Medicare beneficiaries continue to receive medically necessary care while protecting the Medicare Trust Funds from unnecessary increases in the volume of covered services and improper payments. The Calendar Year (CY) 2020 Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) Final Rule (CMS -1717-FC) established a nationwide prior authorization process and requirements for certain hospital OPD services. These services are blepharoplasty, botulinum toxin injection, rhinoplasty, panniculectomy, and vein ablation. As part of the CY 2021 OPPS/ASC Final Rule (CMS -1736-FC), CMS added cervical fusion with disc removal and implanted spinal neurostimulators to the prior authorization process.



*For FY 21, there was a formula error resulting in a slightly higher number of requests affirmed. The formula was corrected after the release of the Department of Health and Human Services' annual agency financial report.

MAC Review Timeliness	
	Average Number of Days
FY 21	4.3

FY 22	4-5
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Appeals							
	Total Reviews Completed	Total Reviews Affirmed	Total Reviews Non-Affirmed	Claims Appealed to Level 1	Level 1 Appeals: Overturned	Level 1 Appeals: Upheld	% Of Claims Overturned Out of Total Reviews Completed
FY 21	121,927	96,529	25,398	2,454	511	1,943	0.4%
FY 22	132,565	104,144	28,421	1,886	419	1,467	0.3%

OPD Providers Exempt from Prior Authorization ^[2]	
FY 21	165
FY 22	302

MAC Accuracy Rate	98.1%	98.5%
	FY21	FY22

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