
TITLE: DME Requiring Prior Authorization Review and Pricing

PURPOSE: To establish a consistent process to provide pricing for procedure codes that require medical review by FCA for approval and pricing.

PROCEDURE: FCA will medically review and, when appropriate, price all procedure codes that do not have a standard price indicated on the Medicaid fee schedule. FCA will review the Medicaid Fee schedule on a quarterly basis to ensure that all procedure codes requiring review and pricing are included on the FCA pricing list.

PROCESS:

1. Providers are required to submit written documentation to the FCA preauthorization department for review and pricing prior to submitting a paper claim to the plan's third party administrator for reimbursement.
2. FCA preauthorization department is required to complete a PSN Pricing Form on approved procedures. Once completed, the FCA Claims Department will be notified that the PSN Pricing Form is complete and will obtain the original copy from the Preauthorization Department.
3. FCA Claims Department will stamp the PSN Pricing Form for payment and forward the form to the plan's third party administrator.
 - A. Preauthorization Review Process:
 1. FCA preauthorization staff will receive the completed preauthorization form and accompanying documentation for approval and pricing of non-priced Medicaid procedure codes from the provider.
 2. Documentation must include:
 - a. Valid documentation of medical necessity per Medicaid policy
 - b. Signed and dated authorization from the prescriber
 - c. A description of the items or services
 - d. Name of the manufacturer's model, style, features, attachments, modifications, and accessories
 - e. A description of the time, skill, and equipment to be used
 - f. Documentation of any cost incurred, including billing invoices from the manufacturer
 - g. If a repair service, the manufacturer, duration of the warranty, model, and serial number
 - h. For a non-routine service, a description of the item before the repair
 - i. Date and time the item will be made available to the member



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3. FCA preauthorization staff are required to:
 - a. Establish beneficiary eligibility for benefits and requested items
 - b. Determine packet is complete
 - c. Review proposal
 - d. Request additional information from vendor if needed
 - e. Make medical necessity determination

 4. Approval of request :
 - a. Enter authorization into Amysis system. Include pricing in "Remarks" section of authorization screen
 - b. Add approved price and authorization number to preauthorization form and fax copy to vendor
 - c. Notify the FCA Claims Department that the PSN Pricing Form has been completed. Original copy will go to the FCA Claims Department. Make a copy of the PSN Pricing form for preauthorization file

 5. Denial of Request:
 - a. Follow the established denial process. (FCA-2006-040: Preauthorization of Medical Services Policy).

 6. File documentation in the preauthorization file.

Attachments:

Current procedure code memo and procedure codes from AHCA
FCA Pricing Sheet
PSN Pricing Form