BIENVIVIR SENIOR HEALTH SERVICES
MEDICAL DEPARTMENT

MED: 2.01	EFFECTIVE DATE:	9/10/2024	REVISED DATE:	-	CORRELATE: YES

SUBJECT: Prior Authorization Policy (Excludes Post-Acute)

POLICY:
All services provided to PACE participants require authorization and/or approval from the Interdisciplinary Team prior to delivery of services unless treatment meets the definition of emergent. The PACE program is responsible for conducting a utilization review of all such requests. This function is required to ensure appropriate care coordination consistent with §460.102(c)(2)(ii) and §460.92(a)(3). Service authorization and approval will be based on the participant's current medical, physical, emotional, and social needs and current clinical practice guidelines and professional standards of care applicable to the particular service consistent with §460.92(b)(1)(2). Consistent with §460.98(b)(4), authorized and approved services must be provided as expeditiously as the participant's health condition requires, considering the participant's medical, physical, emotional, and social needs.

Furthermore, when the site of service requested for prior authorization is for the inpatient setting, Bienvivir will determine whether this level of care is medically necessary and is consistent with the participant's (a) diagnosis or condition and (b) goals of care/advanced care plan. If the authorization request meets the guidelines for approval AND the site of service being requested is for inpatient, this will also be reviewed to determine if the requested procedure can be performed in a lower level of care, such as an outpatient hospital or ambulatory surgery center.

Beginning 9/30/2024, Bienvivir will require the requesting provider to submit a prior authorization. This request must be faxed to 915-875-8852. Approval from Bienvivir must be received before any procedure is to be performed or service is provided. Failure to obtain approval prior to performing may result in a delay in payment or a claims payment denial.

DEFINITIONS:

Participant: The individual enrolled in and covered by Bienvivir

Expedited: Waiting for a decision under the standard timeframe could place the participant's life, health, or ability to regain maximum function in serious jeopardy.

Standard: The requested procedure will not place the life, health, or ability to regain maximum function in serious jeopardy within a reasonable timeframe as defined by Bienvivir. Services

must be provided as expeditiously as the participant’s health condition requires, considering the participant’s medical, physical, emotional, and social needs.

Medical Necessity:

1. Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
2. In accordance with generally accepted standards of medical practice

NOTE: If the request is for Post-Acute admission, please refer to MED 2.03 Post-Acute Authorization.

PROCEDURE:

All contracted (and non-contracted) providers shall comply with the following requirements by submitting a prior authorization request to Bienvivir prior to performing a requested procedure or billing for said equipment or service. Failure to obtain prior authorization from Bienvivir may result in denial or delay in payment of claims.

1. **Initial Prior Authorization Requests:**
   a. Must be faxed to the UM Department at 915-875-8852. Authorization requests must include the CPT or HCPCS codes being requested along with all pertinent clinical notes, lab, and radiology studies, AND specify the desired site of service.
   b. Bienvivir will make and communicate its decision within seven (7) days for standard requests and 72 hours for expedited requests ***from the time that complete clinical information has been received.*** Decisions must be made as expeditiously as the participant’s condition requires and will be based on the participant’s medical, physical, emotional, and social needs.
   c. If a request is submitted as EXPEDITED but the clinical information does not support the urgency of the request, Bienvivir may contact the requesting provider to request that the status be changed to STANDARD.
   d. APPROVAL: This will be communicated by telephonic outreach to the requesting provider.
   e. INTENT TO DENY: This will be provided telephonically, and the option to complete a Peer-to-Peer review will be offered.
      i. If Peer-to-Peer review results in an approval, the service is approved and can proceed as planned.
      ii. If the denial is maintained after the Peer-to-Peer review, Bienvivir UM will send a letter to the requesting provider explaining the decision and informing all parties of their appeal rights.
      iii. If no Peer-to-Peer review is completed within the timeframe, the UM Nurse will send a letter to the requesting provider explaining the decision and informing all parties of their appeal rights.
   f. Peer-to-Peer Process Timeframes for Prior Authorization are as follows:
      i. STANDARD AUTH REQUESTS:
         1. A request for a Peer-to-Peer review must be made within one (1) business day of the notice of the Intent to Deny.

2. Peer-to-Peer reviews must be completed within five (5) business days from the time that the Peer-to-Peer was requested.

ii. EXPEDITED REQUESTS:

1. A request for a Peer-to-Peer review must be made within one (1) business day of the notice of the Intent to Deny.
2. Peer-to-peer reviews must be completed within two (2) business days of being requested.

g. All APPROVED Prior Authorization requests will be authorized for 60 days from the date they are authorized. If the request is not completed within that timeframe, it will be voided, and a new authorization must be submitted.

h. If the same procedure or service has been previously requested and is still eligible for an appeal, the appeal process must be followed. Any Prior Authorization request that is submitted will be considered a duplicate and will be voided. The requesting provider will be informed should this occur.

2. Prior Authorization Requests that include an Inpatient Admission:

a. These requests will first be reviewed for the medical necessity of the procedure or service. If it is determined to be medically necessary and aligned with the participant's goals of care, it will then be reviewed for the appropriate site of service.

b. Bienvivir abides by the Medicare Inpatient Only List.

c. If the requested procedure is NOT on the Medicare Inpatient Only List, the Bienvivir UM Nurse will also review the medical necessity for the site of service. The process outlined above for approvals and denials will apply. If the inpatient setting is NOT APPROVED but the procedure IS APPROVED, this would be considered a partial denial for the site of service. The requesting provider could then agree to change the site of service to a lower setting (i.e., Outpatient Hospital or ASC) and notify the Bienvivir UM Nurse. Alternatively, a Peer-to-Peer review can be completed.

3. Notice of Admission:

a. When the procedure is approved, the requesting provider will be notified of any days that are approved if requested.

b. When an overnight stay is approved/expected, the Bienvivir UM Nurse will authorize a one-day stay at the time the Prior Authorization is approved.

c. The treating provider and/or hospital is required to notify the Bienvivir UM Nurse by sending a Notice of Admission within 24 hours of the admission.

STANDARDS:

- 42 CFR Part §460

ADDITIONAL GUIDELINES:

- Social Security Act Sec 1862 [42 U.S.C. 14395y]
- 42 CFR Part §412
- CMS Inpatient Only List (2024): https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates
- National Coverage Determinations (NCD)

- Local Coverage Determinations (LCD)
- Local Coverage Articles (LCA), when used in tandem with LCD

Procedure Reviewed: ______________________________ Date: 9/10/2024
Medical Director

Procedure Reviewed: ______________________________ Date: 9/10/2024
Chief Executive Officer

Review/Revision History

Designated Committee Approval	Procedures Revised	Statement Amended	Attachment Titles	Correlates
P&P - 9/10/2024				MED 2.02
CCI - 9/5/2024				MED 2.03
-				MED 110
-				
-				

BIENVIVIR SENIOR HEALTH SERVICES
MEDICAL DEPARTMENT

SUBJECT: **Prior Authorization Policy (Excludes Post-Acute)**

POLICY: MED:2.01

All services provided to PACE participants require authorization and/or approval from the Interdisciplinary Team prior to delivery of services unless treatment meets the definition of emergent. The PACE program is responsible for conducting a utilization review of all such requests. This function is required to ensure appropriate care coordination consistent with §460.102(c)(2)(ii) and §460.92(a)(3). Service authorization and approval will be based on the participant’s current medical, physical, emotional, and social needs and current clinical practice guidelines and professional standards of care applicable to the particular service consistent with §460.92(b)(1)(2). Consistent with §460.98(b)(4), authorized and approved services must be provided as expeditiously as the participant’s health condition requires, considering the participant’s medical, physical, emotional, and social needs.

Furthermore, when the site of service requested for prior authorization is for the inpatient setting, Bienvivir will determine whether this level of care is medically necessary and is consistent with the participant’s (a) diagnosis or condition and (b) goals of care/advanced care plan. If the authorization request meets the guidelines for approval AND the site of service being requested is for inpatient, this will also be reviewed to determine if the requested procedure can be performed in a lower level of care, such as an outpatient hospital or ambulatory surgery center.

Beginning 9/30/2024, Bienvivir will require the requesting physician to submit a prior authorization. This request must be faxed to 915-875-8852. Approval from Bienvivir must be received before any procedure is to be performed or service is provided. Failure to obtain approval prior to performing may result in a delay in payment or a claims payment denial.

DEFINITIONS:

Participant: the individual enrolled in and covered by Bienvivir

Expedited: waiting for a decision under the standard timeframe could place the participant’s life, health, or ability to regain maximum function in serious jeopardy.

Standard: the requested procedure will not place the life, health, or ability to regain maximum function in serious jeopardy within a reasonable timeframe as defined by Bienvivir. Services

must be provided as expeditiously as the participant's health condition requires, considering the participant's medical, physical, emotional, and social needs.

Medical Necessity:

1. Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
2. In accordance with generally accepted standards of medical practice

Approval: ______________________________ Date: 9/5/2024
Committee with Community Input Chair

Approval: ______________________________ Date: 9/5/2024
Chief Executive Officer

Approval: ______________________________ Date: 9/5/2024
Medical Director