ATTN: ALL PROVIDERS

CARRIER PRECERTIFICATION / PRIOR AUTHORIZATION REQUIREMENTS

Refer to **User Guide: F15 Authorization Record**
Refer to **EHR User Guide: MEDEHR Authorizations**

Prior Authorization number (PA#, precertification, PCP Referral) is a requirement of a growing number of insurance carriers for a provider to justify the need for a patient's service *(before providing the service)* in order for the provider to receive proper reimbursement.

MEDTRON (MSI) uses/creates an F15 Prior Authorization (PA) Record to 'house' procured PA #'s.

MSI advises practice staff to fax, call and/or to reference carrier website or portal
  to verify patient coverage (complete a **Verification of Benefits Form (VOBF)**) and
  determine services that need a PA# (complete a **Precertification Form (PCRTF)**).
Completion of well-developed forms will assist in procuring all salient information for all services **before** performed (office and non-office).

VOBF information will provide patient out of pocket (OOP) expense or maximum amount payable or frequency limits per service; *i.e., many carriers set a maximum for Durable Medical Equipment (DME) or physical/occupational/speech therapy, i.e., max $1500 per year.* **VOBF** *information will also alert practice to pre-collect from patient or to outsource the services (DME, PT, even Rx Pharmacy) rather than providing services which will not be paid.*

PCRTF information will determine the need for PA# on services before providing these services and if carrier response is "a PA # is not required" or "a PA # is not approved" MSI advises users to use the *Response* as the PA #, ask the carrier for a call Reference # or Tracking # to include in a 'N/A per source' PA Record, i.e., set up a F15 PA Record with "N/A per *source*" or "N/A Ref#_____" as the Auth #.

See VOBF/PCRTF samples in **MED***PM (#2 Setup and Support, #13 Letter/Labels).*

F15 record information if attached to a charge line will appear on the CMS 1500 field (box) #23 or EMC equivalent.

Patients with insurance codes that typically require prior authorizations can be 'marked' on the **Patient Insurance Maintenance** screen in the Patient Demographics, i.e., *Insurance Code screen* to display an 'Auth Required' at appointment scheduling and other strategic display screens.

In **MED**EHR, the display of an 'Auth Required' notification is to prompt user to address the authorization needs, at the time an appointment is made, i.e., when 'Auth Required' = 'Y' and no authorization number is added to the appointment, the future appointment is placed on a virtual Authorization 'needed' list or queue accessed via **Reports** tab, 'Auth Required' List.

To assist providers,
MSI has compiled a list of carrier websites and information on obtaining PA's which is available via the MEDTRON website, User Guide Listing. Check back often as more information on each carrier will be available soon!

Contact Software Support for assistance or any questions via:
  From **MED**PM or **MED**EHR Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.
-OR-
  Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)
-OR-
  Fax: (985) 234-0609