

# Report on Medicare Compliance Volume 29, Number 21. June 08, 2020

## CMS Prior Authorization Program: What Hospitals Need From the Physician's Office

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By Nina Youngstrom

Hospitals may want to distribute this form to physicians to enlist their help with Medicare's prior authorization program for five hospital outpatient procedures, which takes effect July 1,<sup>[1]</sup> said Ronald Hirsch, M.D., vice president of R1 RCM, who developed the form. Physicians also will be hit in the wallet for denied procedures, CMS says. Contact Hirsch at [rhirsch@r1rcm.com](mailto:rhirsch@r1rcm.com).

### Applicable to:

#### Medicare Fee-For-Service Insurance (Primary or Secondary)—Hospital Outpatient Department

- Blepharoplasty
- Botulinum Toxin Facial Injections
- Panniculectomy
- Rhinoplasty
- Vein Ablation

### Beneficiary Information

- First and last name
- Medicare Beneficiary Identifier—MBI
- Gender
- Date of Birth

### Physician Information

- Name
- National Provider Identifier—NPI
- CMS Certification Number
- Office Address
- Phone Number
- Fax Number

## Procedure Information

- Anticipated Date of Service
- All Planned HCPCS Codes
- ICD-10-CM Diagnosis Code(s)
- Units of Service
- Paired Code(s) for Botulinum Toxin Injections

## Medical Records (See Procedure-Specific Requirements)

- Documentation Supporting Medical Necessity
- Photographs
- Reports of any Applicable Imaging or Diagnostic Tests

**1** Nina Youngstrom, “As Prior Auth Gets Underway, Hospitals Will Have Several Chances for Claims Approval,” Report on Medicare Compliance 29, no. 21 (June 8, 2020).

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