

Report on Medicare Compliance Volume 32, Number 24. July 10, 2023 With Prior Auth Now Required for Eight Outpatient Procedures, Time May Be Ripe for Audits

By Nina Youngstrom

Now that facet joint interventions on July 1 joined the list of hospital outpatient procedures that require prior authorization for Medicare reimbursement, the time may be ripe for auditing compliance with the requirement. There could be snags because getting the brass ring of prior authorization—a unique tracking number (UTN)—and ensuring it's on the claim form calls for coordination among the patient access, clinical and revenue cycle departments, a compliance officer said.

UNC Health in North Carolina has audited its compliance with the prior authorization requirement twice since it took effect in 2020, said Patrick Kennedy, executive system director of hospital compliance. It initially identified and addressed gaps in education and processes. “Our most recent audit was much cleaner,” Kennedy said. The only problem identified was the lack of a UTN when the physician changed course after the procedure was underway.

Hospitals are required to obtain prior authorization from Medicare administrative contractors (MACs) for eight outpatient procedures—blepharoplasty, botulinum toxin injections, panniculectomy, rhinoplasty, vein ablation, implanted neurostimulators, cervical fusion with disc removal and facet joint interventions—before submitting claims.^[1]

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