

## Alliant/GMCF Review

### Prior Authorization/Utilization Management

Review Type	PA Type	Description
Hospital Admissions and Outpatient Procedures (Precertification)	<b>Z</b>	Evaluation of the medical necessity of inpatient admissions and selected procedures provided in an inpatient or outpatient setting. Includes dental procedures provided in a hospital.
Practitioner's Office Surgical Procedures	<b>M</b>	Evaluation of the medical necessity of certain procedures performed in a practitioner's office.
In-State Transplant Reviews (Precertification – In State Transplants)	<b>(Z) ZI</b>	Evaluation of in-state transplant prior approval requests.
Out-of-State Reviews (Precertification – Out of State)	<b>(Z) ZO</b>	Evaluation of prior approvals requests for specialized medical services that cannot be provided safely in Georgia. A Georgia Physician can submit a request for the member to travel OOS and receive services from a Provider who is capable of providing the service and willing to accept the member.
EPSDT Health Check Dental (under 21 yrs.)	<b>R</b>	Evaluation of the medical necessity of requests for dental services for members under 21 years of age.
Adult Dental	<b>T</b>	Evaluation of the medical necessity of requests for certain dental codes for members 21 years and older.
Emergency Ambulance Ground Air	<b>E A</b>	Evaluation of the medical necessity for Air or Ground Emergency Ambulance Services.
Non-Emergency Travel	<b>N</b>	Review of non-emergency travel requests.
Vision	<b>V</b>	Evaluation of the medical necessity of prior approval requests for vision care.
Oral/Maxillofacial Surgery	<b>OM</b>	Evaluation of prior approval requests for oral-Maxillofacial procedure codes.
Durable Medical Equipment	<b>D</b>	Evaluation of the medical necessity for the purchase, lease, replacement, or repair of durable medical equipment.

<b>Review Type</b>	<b>PA Type</b>	<b>Description</b>
Orthotics and Prosthetics	<b>DP</b>	Evaluation of requests for the purchase, replacement, or repair of O&P devices.
Hearing Aide Services	<b>DH</b>	Evaluation of requests for hearing aids, accessories, and/or repairs.
Additional Physician Office Visits	<b>U</b>	Evaluation of prior approval requests for additional physician office visits that are in excess of the annual Medicaid service limits of 12 visits for the fiscal year
Additional Psychiatric Services (under age 21 years)	<b>PY</b>	Evaluation of prior approval requests for additional psychiatric service office visits for members under age 21 that are in excess of the annual Medicaid service limits of 24 visits for the calendar year.
Additional Psychological Services (under age 21 years)	<b>PS</b>	Evaluation of prior approval requests for additional psychological service office visits for members under age 21 that are in excess of the annual Medicaid service limits of 24 visits for the calendar year.
Hospital Outpatient Therapies	<b>ZT</b>	Evaluation of prior approval requests for therapeutic services (PT, OT, ST) provided in an outpatient hospital.
Radiology PA- Facility Setting	<b>(Z) ZZ</b>	Evaluation of prior approval requests for certain radiology procedures provided in an outpatient hospital.
Radiology PA-Physician Office	<b>(M) ZM</b>	Evaluation of prior approval requests for certain radiology procedures provided in a physician's office.
Medications PA- Facility Setting	<b>ZD</b>	Evaluation of prior approval requests for certain high cost injectable drug codes provided in an outpatient hospital.
Medications PA-Physician Office	<b>(M) ZMP</b>	Evaluation of prior approval requests for certain high cost injectable drug codes provided in a physician's office.
Nursing Homes Level 1 PASRR Review	<b>L1</b>	Review of PASRR Level I screening requests submitted for nursing home applicants to determine the presence of a mental illness, mental retardation, or a related disorder. Referral for Level II assessment is made when either the diagnosis or presenting behaviors indicate the presence of an actual or suspected mental disorder. (Level II evaluations are not completed by GMCF).
Nursing Facility Mechanical Ventilation Services	<b>M1</b>	Review requests for medical necessity of mechanical ventilation services for members residing in nursing facilities. The nursing facility must first be authorized by DCH to provide vent services.

Review Type	PA Type	Description
Swingbed	SW	Evaluation of the medical necessity of Swingbed admissions/continued stays for adults (DMA6) and children (DMA6A).
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID)	MR	Evaluation of the medical necessity of ICF-ID admissions/continued stays for adults (DMA6) and children (DMA6A).
Utilization Management Plans	N/A	Review of hospital utilization management plans to determine compliance with Federal and DCH required elements.

### Waiver Review

Review Type	PA Type	Description
Children’s Intervention Services	B	Evaluation of the medical necessity of prior approval requests for rehabilitative and restorative therapeutic services that are offered to Medicaid eligible children under the Children’s Intervention Services program.
Independent Care Waiver (ICWP) DMA6 DMA80	I6 I	Evaluation of the medical necessity and reasonableness of cost of care for the Independent Care Waiver Program client. The ICWP provides home and community based services to adult individuals with physical disabilities or traumatic brain injuries.
SOURCE LOC	S6	Evaluation to determine if a member meets the policy criteria and level of care for admission/continued stay in the Service Options Using Resources in Community Environments program.
CCSP LOC	C6	Evaluation to determine if a member meets the policy criteria and level of care for admission/continued stay in the Community Care Services Program.
Georgia Pediatric Program (GAPP) DMA6A DMA80	G6 GP	Evaluation of the medical necessity of admission to or continued enrollment in the Georgia Pediatric Program, which provides skilled in-home care and medical day care to medically fragile recipients less than 21 years of age.

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NOW LOC COMP LOC	<b>N6</b> <b>CO6</b>	Evaluation to determine if a member meets the policy criteria and level of care for admission/continued stay in the New Options Waiver or Comprehensive Supports Waiver Programs.
Katie Beckett Waiver	<b>DW</b>	Evaluation of the medical necessity of initial and continued placement in the TEFRA-Katie Beckett waiver program. This waiver assistance is available to children under age eighteen (18) who are chronically impaired to the extent of requiring nursing home level of care.

### Medical Claims Review

Review Type	Description
Outlier	Evaluation of requests from Providers for reimbursement of hospital stays of extraordinarily high costs when compared to most discharges classified in the same Diagnosis Related Group (DRG). The operating cost of the case must exceed the cost threshold to be eligible for Outlier Review. Nurses review the hospital charges to determine what is covered and what is non-covered.
Suspended Claims Review	<p>Review of suspended claims via Interchange prior to adjudication to ensure appropriateness of services and quality of care. Suspended claims include:</p> <ul style="list-style-type: none"> <li>• Out of State (OOS)</li> <li>• 30 day rolling period: Re-admissions within 30 days of previous hospitalization</li> <li>• Hospice: non-hospice services only- DMA521</li> <li>• Modifiers: claims suspended for modifiers: 22, 24, 52, 54, 55, 58, 62, and 78</li> <li>• Sterilization DMA69</li> <li>• Hysterectomies DMA276</li> <li>• Abortions DMA311</li> <li>• Psychiatric inpatient admissions greater than 30 days</li> <li>• Podiatry: multiple surgeries within 2 days</li> <li>• Injectable Drugs – Synagis</li> <li>• Prepayment Review of providers identified by DCH/PI for fraudulent/abusive activities.</li> <li>• Emergency Medical Assistance (EMA) for illegal aliens.</li> <li>• Mass adjusted claims</li> <li>• Other suspended claims</li> </ul>

Review Type	Description
Medical Claims Appeals	Review of appeals submitted by providers for denied adjudicated claims, and system edit auto denials. Providers submit request for appeals using the DMA 520A and must submit supporting documentation. Documentation may be faxed or submitted via the portal <i>Provider Workspace</i> .
State Utilization Review (SURS) Member & Provider	Review of members (member studies) and providers identified by DCH to determine fraud and/or abuse.

## Nurse Aide Program

<b>Review Type</b>	<b>Description</b>
Staff Development Reviews	Annual reviews of staff development programs at all licensed Medicare and Medicaid long term care facilities. Information audited: CNA in-service hours, current CNA certification status and employment status.
Nurse Aide Training Program Applications	Review of applications submitted by training and/or competency evaluation programs for compliance with federal training program regulations. Training Program candidates may submit an application via the Georgia Web Portal; and then must submit hardcopies of textbooks, exams, and program policies for the review to be conducted.