POLICY TITLE: Non-Participating Providers No Prior Authorization Obtained Deny: Advantage
POLICY #: RM-001

PARAMOUNT ADVANTAGE

PARAMOUNT AND PROMEDICA HEALTH PLAN

APPLIES TO:	Paramount Advantage
EFFECTIVE DATE:	12/23/2019 - Original Date 07/01/2020 (administrative updates) 03/08/2021 (added Exception) 10/01/2021 (updated Policy & Exceptions)
SCHEDULED ANNUAL REVIEW DATE:	July 1 (each calendar year)
PURPOSE:	This policy is a guideline only and does not constitute a benefit determination, medical advice, or guarantee of payment, plan preauthorization, an Explanation of Benefits or a contract. This policy is not intended to address every claim situation. Whether a procedure is covered shall be determined based on the terms and provisions of a specific member plan or policy. Claims may be affected by other factors, such as state and federal laws and regulations, provider contract terms and our professional judgment.
DEFINITION:	N/A
POLICY:	**Claim services submitted by non-participating provider with no prior authorization will be denied with NO PATIENT LIABILITY unless the following criteria are met:** • **Emergency Services** • **Federally Qualified Health Centers (FQHC)** • **Rural Health Clinics (RHC)** • **Non-Par providers billing with locations 21, 31, and 32 when the admission dates are associated with an authorized admission** • **Qualified Family Planning Providers (QFPP)** • **Prior authorization is obtained** • **Otherwise required by Ohio Law** • **Lab toxicology – MUST BE ACCOMPANIED BY REQUIRED DOCUMENTATION** **https://www.paramounthealthcare.com/assets/documents/provider/lab_toxicology.pdf**

Affiliate of PROMEDICA

Appeal process:
If a claim is denied, non-participating providers may file an appeal within 60 days of the denial. Per the OAC rule 5160-26-08.4(D) (1), a provider may file an appeal orally or in writing within sixty calendar days from the date the denial was issued. An oral appeal filing must be followed with a written appeal.

Please visit https://www.paramounthealthcare.com/assets/documents/provider/provider-appeals-ucm-form.pdf to obtain Paramount's Clinical Authorization Appeal form to submit an appeal for reconsideration.

EXCEPTIONS:

Effective 10/2/2020:
Behavioral Health provider type 84/95 – if no prior authorization is obtained, the claim will be denied.

Effective 11/01/2021:
Exception added: Non-Par providers billing with location 21, 31, and 32 when the admission dates are associated with an authorized admission. Applicable to Dates of Service of 11/1/2021 and forward.

Approvals:

President: _____

Chief Operating Officer: _____