Tips for Requesting Prior Authorizations and Data Corrections

The following reminders will assist providers when requesting prior authorizations and data correction requests.

- When requesting prior authorization for an inpatient medical surgical revenue code, do not request prior authorization for CPT codes for the same inpatient stay. The revenue code authorization will cover any procedures provided during the inpatient stay as services are paid on a per diem basis.

- Please submit a summary of the medical necessity of a hospital stay. Do not submit extensive documentation with prior authorization requests. Staff are not able to review to the detail required if a large number of documents are provided. These cases will be pended requesting a summary.

- Data correction requests are not submitted through the Provider Web Portal. Any portal submission requesting a data correction will be rejected. Data corrections must be submitted by filling out the Prior Authorization Data Correction Form (FA-29) and faxing it to the number listed on the form.
  - Data corrections are defined as correcting or modifying non-clinical, administrative data on a previously submitted prior authorization request.

- Unscheduled revisions cannot be requested due to services being modified or denied by the doctor. You must follow the prior authorization appeals process.