

BUSINESS WORKFLOW DOCUMENT – GBD AUTH PROCESSING (POC)

- Step 1: Identify the claims pertaining to **Georgia Medicaid** which have been pended for No-Auth Match Found.

Please look-up for the following values to identify if the claim has been pended for No-Auth found

- Table Name: CMC_CLCL_CLAIM
 - Columnar Level Details
 - Claim Type (CLCL_CL_TYPE): M (Medical)
 - Claim Sub Type (CLCL_CL_SUB_TYPE): M (Medical) or H (Hospital)
 - Group Contrived Key (GRGR_CK): 7
 - Claim Pend Code (CLST_MCTR_REAS): Z118
- Step 2: Identify Claim Line Item which has been flagged for Auth Violation
 - If the sub type is Medical claim, then to determine the place of service identifier lookup for the following details:
 - Table Name: CMC_CDML_CL_LINE (Medical Claim Sub type)
 - Columnar Level Details
 - Place of Service Identifier (PSCD_ID)
 - Lookup into the Data Definition Document (GBD_Auth_Infinity_Metadata_Copy.xlsx Sheet Name – GBD-Auth) row#29/Column H to determine if the place of service can be classified to be outpatient.
 - Pre-Authorization Indicator (CDML_PC_IND) – should have a value of ‘V’
 - If the sub type is Hospital claim, then to determine the place of service identifier lookup for the following details:
 - Table Name: CMC_CLHP_HOSP
 - Columnar Level Details
 - Claim ID (CLCL_ID)
 - Facility Type (CLHP_FAC_TYPE)
 - Bill Classification (CLHP_BILL_CLASS)
 - Table Name: CMC_HBCD_BILL_DESC
 - Columnar Level Details

- Hospital Billing Classification Number (HBCD_ID)
 - Evaluate this value by concatenating CLHP_FAC_TYPE & CLHP_BILL_CLASS
- Place of Service Identifier (HBCD_POS_IND) – Value has to ‘O’

➤ Step3: Identify if Provider is In-Network

- Check whether the Claim’s Servicing Provider ID (PRPR_ID) in CMC_CLCL_CLAIM is also present in CMC_NWPR_RELATION. Claim Low Service Date (CLCL_LOW_SVC_DT) should be in-between (boundary date inclusive) NWPR_EFF_DT and NWPR_TERM_DT.
 - If the provider is in-network, cross check **if the Revenue code** (RCRC_ID) on the claim line is present against the [Behavioral Health Grid](#) (Svc Code). Please note that the claim’s Place of Service Indicator must be Outpatient.
 - In the Behavioral Health Grid, lookup to Column G – Authorization Rule for Par Providers
 - If the value is ‘Y’ then
 - Claim Line Level - Deny the claim line with Y41 Disallow Explanation Code (EXCD_ID) and AX (CDOR_OR_ID) override at the Claim Line Override Table (CMC_CDOR_LI_OVR)
 - If the value is ‘N’ then
 - Claim Line Level - And Bypass Auth Requirement on Claim Line with 036 Explanation Code (EXCD_ID) and LP (CDOR_OR_ID) at the Claim Line Override Table (CMC_CDOR_LI_OVR)
 - If Revenue code is not found on BH Grid and the provider is in-network, then cross **check if the Procedure Code** (IPCD_ID) on the claim line is present against the [Behavioral Health Grid](#) (Svc Code). Please note that the claim’s Place of Service Indicator must be Outpatient.
 - In the Behavioral Health Grid, lookup to Column G – Authorization Rule for Par Providers
 - If the value is ‘Y’ then
 - Claim Line Level - Deny the claim line with Y41 Disallow Explanation Code (EXCD_ID) and AX (CDOR_OR_ID)

override at the Claim Line Override Table
(CMC_CDOR_LI_OVR)

- If the value is 'N' then
 - Claim Line Level - And Bypass Auth Requirement on Claim Line with 036 Explanation Code (EXCD_ID) and LP (CDOR_OR_ID) at the Claim Line Override Table (CMC_CDOR_LI_OVR)
 - If the Revenue code and the Procedure Code does not match the Svc Code on Behavioral Health Grid, then lookup for the Procedure Code in PLUTO.
 - If PLUTO recommends an Auth is required, then
 - Claim Line Level - Deny the claim line with Y41 Disallow Explanation Code (EXCD_ID) and AX (CDOR_OR_ID) override at the Claim Line Override Table (CMC_CDOR_LI_OVR)
 - If PLUTO recommends that an Auth is not required, then
 - Claim Line Level - And Bypass Auth Requirement on Claim Line with 036 Explanation Code (EXCD_ID) and LP (CDOR_OR_ID) at the Claim Line Override Table (CMC_CDOR_LI_OVR)
- Step4: Identify if Provider is Out of Network
- Check whether the Claim's Servicing Provider ID (PRPR_ID) in CMC_CLCL_CLAIM is NOT present in CMC_NWPR_RELATION OR Claim Low Service Date (CLCL_LOW_SVC_DT) should NOT be in-between (boundary date inclusive) NWPR_EFF_DT and NWPR_TERM_DT.
 - If the provider is out of network, cross check **if the Revenue code** (RCRC_ID) on the claim line is present against the [Behavioral Health Grid](#) (Svc Code). Please note that the claim's Place of Service Indicator must be Outpatient.
 - In the Behavioral Health Grid, lookup to Column H – Authorization Rule for Non-Par Providers
 - If the value is 'Y' then
 - Claim Line Level - Deny the claim line with Y41 Disallow Explanation Code (EXCD_ID) and AX (CDOR_OR_ID) override at the Claim Line Override Table (CMC_CDOR_LI_OVR)
 - If the value is 'N' then
 - Claim Line Level - And Bypass Auth Requirement on Claim Line with 036 Explanation Code (EXCD_ID) and

LP (CDOR_OR_ID) at the Claim Line Override Table
(CMC_CDOR_LI_OVR)

- If the provider is out of network, cross **check if the Procedure Code** (IPCD_ID) on the claim line is present against the [Behavioral Health Grid](#) (Svc Code). Please note that the claim's Place of Service Indicator must be Outpatient.
- In the Behavioral Health Grid, lookup to Column H – Authorization Rule for Non-Par Providers
 - If the value is 'Y' then
 - Claim Line Level - Deny the claim line with Y41 Disallow Explanation Code (EXCD_ID) and AX (CDOR_OR_ID) override at the Claim Line Override Table (CMC_CDOR_LI_OVR)
 - If the value is 'N' then
 - Claim Line Level - And Bypass Auth Requirement on Claim Line with 036 Explanation Code (EXCD_ID) and LP (CDOR_OR_ID) at the Claim Line Override Table (CMC_CDOR_LI_OVR)
- If neither the Revenue code or the Procedure Code does not match the Svc Code on Behavioral Health Grid, then no further lookup for the Procedure Code shall be done in PLUTO since provider is out of network.
 - Claim Line Level - Bypass Auth Requirement on Claim Line with 036 Explanation Code (EXCD_ID) and LP (CDOR_OR_ID) at the Claim Line Override Table (CMC_CDOR_LI_OVR).

- Note 1: As part of this POC, please note that ITS claims are out of scope.
- Note 2: We are not going to look at Non-Notification Grid since all claims that we are analyzing are outpatient claims.
- Note 3: AIM Grouper Codes is out of scope from the current scope of POC.