



**Re: Obtaining Authorizations and Avoiding Payment Denials**

Dear Provider,

CSI Network Services is committed to expediting the payment process and reducing denials from payors. As you know, commercial payors have strict requirements for obtaining timely authorizations and accurate, timely claims submission. Key to successful claims processing and adjudication is securing authorizations prior to provision of services.

During the normal course of business, authorizations **must** be requested **24 hours prior** to the provision of services. In cases where CSI is referring a case to your home care agency, this authorization will be given to you by CSI, along with a reminder of when authorization expires.

We do know there are situations when requesting an authorization **prior** to the provision of services may not be possible. In an emergent patient event, or if the service is required on a weekend, holiday, or after CSI's working hours (8:00 a.m. – 5:00 p.m. Monday – Friday), the agency **must** request authorization for services on the next business day.

**After the initial authorization is provided by CSI, it is the responsibility of the home care agency to track the need for additional authorizations and, as necessary, initiate requests for additional authorizations.** CSI will not contact the agency when authorizations are due.

In the event services were provided **without a prior authorization**, a retro-authorization from the payor will be required. This is often very difficult to obtain from payors. The agency must provide all medically necessary documentation for services rendered. Upon receipt of this information, CSI will submit a request to the appropriate payor in an attempt to obtain retro-authorization. Please understand that the payor may not grant a retro-authorization, in which case, you have the option to advise CSI not to submit the claim to the payor. If you do wish CSI to submit the claim, and it is denied by the payor for lack of authorization, **CSI will charge a 20% fee to appeal the denial, which will be applied to the payment of such an appealed claim.**

If you submit claims for services that have not been previously authorized or for which you have not requested a retro-authorization, CSI will issue an "Administrative Rejection" on such claims. This may include but is not limited to the following scenarios:

- No authorization requested by provider when required by payor
- The number of services billed exceeds the number of services authorized
- Service types billed do not match services authorized.

After receiving an "Administrative Rejection", and if it is necessary to request a retro-authorization, you may do so by completing the "Retro Authorization Request Form" (attached), and, in addition, submit all required documentation, including **the claim**, physician notes and a signed plan of care/485.

If service types billed do not match services authorized, the claim may be re-submitted with correct service types.

If you have any questions regarding the above, please call CSI Provider Relations at 440-627-2036. Thank you for being a CSI Network Services provider!

CSI Network Services

Q:1.2010

### Retro-Authorization Request Form

**Date of Request:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Patient Information:**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**Start of Care:** \_\_\_\_\_

**Services:**

	# of Visits	Specific dates of service requested
<input type="checkbox"/> IV Nurse	_____	_____
<input type="checkbox"/> Skilled Nurse	_____	_____
<input type="checkbox"/> Home Health Aide	_____	_____
<input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Occupational Therapy	_____	_____
<input type="checkbox"/> Speech Therapy	_____	_____
<input type="checkbox"/> Medical Social Worker	_____	_____
<input type="checkbox"/> Hospice Routine	_____	_____
<input type="checkbox"/> Hospice Continuous	_____	_____
<input type="checkbox"/> Hospice Inpatient	_____	_____
<input type="checkbox"/> Other	_____	_____

Please attach a copy of this form to the following **Required Documents** and submit to the CSI Reimbursement Department- **Attention Appeals:**

**Required Documents:**

- Claim
- Visit notes supporting Medical Necessity
- Physician orders
- Signed plan of care/485

Upon receipt of payment from the payor, CSI will apply a 20% administrative fee to your contracted rate.