

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Conditions for Medical
4 Assistance and General Assistance Medical Care Payment

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6 Rules as Adopted

7 CONDITIONS FOR MEDICAL ASSISTANCE AND GENERAL ASSISTANCE
8 MEDICAL CARE PAYMENT

9 9505.5000 APPLICABILITY.

10 Parts 9505.5000 to 9505.5105 establish the procedures for
11 prior authorization of health services and the requirement of a
12 second surgical opinion as conditions of payment to providers of
13 health services for recipients of medical assistance,
14 MinnesotaCare, and general assistance medical care.

15 These parts shall be read in conjunction with title XIX of
16 the Social Security Act, Code of Federal Regulations, title 42,
17 sections 430.00 to 489.57; Minnesota Statutes, sections
18 256.9353; 256B.01 to 256B.40; 256B.56 to 256B.71; 256D.01 to
19 256D.22; parts 9500.1070, subparts 1, 4, 6, 12 to 15, and 23;
20 9505.0170 to 9505.0475; 9505.0500 to 9505.0540; 9505.1000 to
21 9505.1040; and 9505.2160 to 9505.2245, and with rules adopted by
22 the commissioner under Minnesota Statutes, sections 256.9352,
23 256.991, and 256D.03, subdivision 7, paragraph (b).

24 9505.5005 DEFINITIONS.

25 [For text of subpart 1, see M.R.]

26 Subp. 1a. Authorization number. "Authorization number"
27 means the number issued by:

28 A. the department, or an entity under contract to the
29 department, to issue a number to a provider for the provision of
30 a covered health service, as specified in part 9505.5010; or

31 B. the medical review agent that establishes that the
32 surgical procedure requiring a second surgical opinion is
33 medically appropriate.

34 [For text of subps 1b and 2, see M.R.]

35 Subp. 3. Consultant. "Consultant" means an individual who

1 is licensed or registered according to state law or meets the
2 credentials established by the respective professional
3 organization in an area of health care or medical service; is
4 employed by or under contract with the Department of Human
5 Services; advises the department whether to approve, deny, or
6 modify criteria for the approval of authorization requests in
7 his or her area of expertise; advises the department on and
8 recommends to the department policies concerning health services
9 and whether health services meet the criteria in part 9505.5045;
10 and performs other duties as assigned.

11 [For text of subps 4 to 13, see M.R.]

12 Subp. 13a. **MinnesotaCare.** "MinnesotaCare" means the
13 program established under Minnesota Statutes, sections 256.9351
14 to 256.9361.

15 [For text of subp 14, see M.R.]

16 Subp. 15. **Prior authorization.** "Prior authorization"
17 means the written approval and issuance of an authorization
18 number by the department, or by an entity under contract to the
19 department, to a provider for the provision of a covered health
20 service, as specified in part 9505.5010, prior to payment for
21 that service.

22 Subp. 16. **Provider.** "Provider" means an individual or
23 organization under an agreement with the department to furnish
24 health services to persons eligible for the medical assistance,
25 general assistance medical care, or MinnesotaCare programs.

26 Subp. 17. **Recipient.** "Recipient" means a person who is
27 eligible for and receiving benefits from the medical assistance,
28 general assistance medical care, or MinnesotaCare programs.

29 [For text of subps 18 to 19, see M.R.]

30 9505.5010 PRIOR AUTHORIZATION REQUIREMENT.

31 Subpart 1. **Provider requirements.** A provider shall obtain
32 prior authorization as a condition of payment under the medical
33 assistance, general assistance medical care, and MinnesotaCare
34 programs for health services designated under parts 9505.0170 to
35 9505.0475 and 9505.5025; and Minnesota Statutes, section

1 256B.0625, subdivision 25. The provider of the health service
2 shall submit the request on form DHS-3065 or DHS-3066, or the
3 American Dental Association (ADA) form as required in subpart 3,
4 and shall submit materials, reports, progress notes, admission
5 histories, and other information that substantiates that the
6 service is medically necessary to treat the recipient. If the
7 provider obtains prior authorization before the health service
8 is provided but before payment, the provider shall be assured
9 payment at the authorized level after the recipient has received
10 the service. If a provider requests prior authorization after
11 the service has been provided but before payment, the provider
12 shall be assured of payment only if prior authorization is given.
13 Additionally, prior authorization shall assure the provider
14 payment for the approved health service only if the service is
15 given during a time the person is a recipient and the provider
16 meets all requirements of the medical assistance, general
17 assistance medical care, or MinnesotaCare programs.

18 Subp. 2. [See repealer.]

19 Subp. 3. **Submission of forms.** The provider shall submit
20 to the department a request for prior authorization on form
21 DHS-3065 or DHS-3066, or the American Dental Association (ADA)
22 form, which has been completed according to instructions in the
23 Minnesota Health Care Programs Provider Manual, and other
24 information necessary to address the criteria in part
25 9505.5030. The provider shall bear the burden of establishing
26 compliance with the criteria in part 9505.5030 and shall submit
27 information which demonstrates that the criteria in part
28 9505.5030 are met. The provider who administers or supervises
29 the recipient's care shall personally review and sign the form
30 and any attached documentation.

31 Subp. 4. **Consequences of failure to comply.** A provider
32 who furnishes health services without obtaining prior
33 authorization under parts 9505.5010 to 9505.5030 shall be denied
34 payment. A physician, hospital, or other provider who is denied
35 payment because of failure to comply with parts 9505.5010 to
36 9505.5030 shall not seek payment from the recipient and the

1 recipient shall not be liable for payment of the service for
2 which the provider is denied payment due to lack of prior
3 authorization.

4 9505.5020 DEPARTMENT RESPONSIBILITIES.

5 Subpart 1. Notification requirements. If the information
6 submitted by the provider does not meet the requirements of part
7 9505.5030, the department shall notify the provider of what is
8 necessary to complete the request. The department shall send
9 the provider, within 30 working days of receipt of all the
10 information required in part 9505.5010, a notice of the action
11 taken on the request for prior authorization. If the prior
12 authorization request is denied, the department shall send the
13 recipient within the same time period a copy of the notice sent
14 to the provider and a statement of the recipient's right to
15 appeal as provided in Minnesota Statutes, section 256.045.

16 [For text of subp 2, see M.R.]

17 9505.5025 HEALTH SERVICES PROVIDED OUTSIDE OF MINNESOTA.

18 Prior authorization for health services to be provided
19 outside of Minnesota under part 9505.0215 must be obtained
20 before the service is provided. A health service that is
21 provided to a Minnesota resident outside of Minnesota but within
22 the recipient's local trade area and that would not require
23 prior authorization if it were provided to a Minnesota resident
24 within Minnesota shall be exempt from the prior authorization
25 requirement.

26 9505.5105 FAIR HEARINGS AND APPEALS.

27 Subpart 1. Appealable actions. A recipient may appeal any
28 of the following department actions:

29 A. the department has failed to act with reasonable
30 promptness on a request for prior authorization under parts
31 9505.5000 to 9505.5030 or on an authorization request under the
32 second surgical opinion program, as established under part
33 9505.5090;

34 B. the department has denied a request for prior

1 authorization under parts 9505.5000 to 9505.5030;

2 C. the department has denied an authorization request
3 under the second surgical opinion program; or

4 D. the department has proposed a reduction in service
5 as an alternative to authorization of a proposed service for
6 which prior authorization under parts 9505.5000 to 9505.5030 was
7 requested.

8 [For text of subp 2, see M.R.]

9 Subp. 3. **Request for fair hearing.** When a recipient
10 requests assistance from a local agency in filing an appeal with
11 the department, the local agency shall provide the assistance.

12 The request for a hearing must be submitted in writing by
13 the recipient to the appeals unit of the department. The
14 request must be filed either:

15 A. within 30 days of the date notice of denial of the
16 request for prior authorization under parts 9505.5000 to
17 9505.5030 or request for authorization of a surgical procedure
18 was received; or

19 B. no later than 90 days from the date notice of
20 denial was received if the appeals referee finds there was good
21 cause for the delay.

22 [For text of subps 4 and 5, see M.R.]

23 REPEALER. Minnesota Rules, parts 9505.5010, subpart 2; and
24 9505.5015, are repealed.