Understanding Reimbursement Issues in Georgia

A Guide for Health Care Providers and Practice Administration

Georgia

Example EYLEA® HD (aflibercept) Injection Claim Issues and Applicable State Provisions

Prior Authorization

Issue: Plan delays prior authorization.

Example scenario: Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Provider submits a request for prior authorization. Plan has not made a decision.

Georgia Insurance Code Section 33-46-26 states...

Effective January 1, 2023, insurer shall determine prior authorization or adverse determination within 7 calendar days of obtaining all necessary information.

Georgia Insurance Code Section 33-46-27 states...

For all urgent care, insurer shall determine prior authorization or adverse determination within 72 hours of obtaining all necessary information.

Georgia Insurance Code Section 33-46-29 states...

A violation shall result in automatic authorization.

Georgia Administrative Code Rule 120-2-58-.05 states...

The attending health care provider shall have the opportunity to discuss a utilization review determination promptly by telephone with an identified health care provider representing the private review agent and trained in a related medical specialty. If the determination is made not to certify, an adverse determination exists.

Georgia Insurance Code Section 33-46-23.1 states...

If a health care provider receives a prior authorization for a medication prescribed to a covered person with a chronic condition that requires ongoing medication therapy, and the provider continues to prescribe the medication, and the medication is used for a condition that is within the scope of use approved by the US Food and Drug Administration or has been proven to be a safe and effective form of treatment for the patient's specific underlying condition based on clinical practice guidelines that are developed from peer-reviewed publications, the prior authorization received shall:

1. Be valid for the lesser of:
   A. One year from the date the health care provider receives the prior authorization; or
   B. Until the last day of coverage under the covered person's health care plan; and
2. Cover any change in dosage prescribed by the health care provider during the period of authorization

Prompt Payment

Issue: Plan delays timely payment pending medical necessity determination.

Example scenario: Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Provider submits a claim for EYLEA HD reimbursement, but 31 days later, claim is still pending medical necessity determination.

Georgia Insurance Code Section 33-24-59.5 states...

Plan must pay an electronic claim **within 15 working days** and a paper claim **within 30 calendar days** or send notice (by letter or electronically) stating the reasons why Plan has not paid the claim, in whole or in part.

Failure to comply with these requirements will subject Plan to interest at 12% per annum.

Georgia Insurance Code Section 33-46-23 states...

If initial health care services are performed within 45 days of approval of prior authorization, the insurer shall not revoke, limit, condition, or restrict such authorization unless there is a billing error, fraud, material misrepresentation, or loss of coverage.

Request for Additional Information

Issue: Subsequent request for additional information.

Example scenario: Provider submits a claim for EYLEA HD reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.

Georgia Insurance Code Section 33-24-59.5 states...

Plan must send a written itemization of any documents or other information needed to process the claim (or any portions thereof that are not being paid) **within 15 working days** for an electronic claim and **within 30 calendar days** for a paper claim.

After receiving all requested additional information, Plan must process and pay the claim or send notice denying the claim, in whole or in part, **within 15 working days** for an electronic claim and **within 30 calendar days** for a paper claim. Notice of denial must state the reasons for the denial.

Filing Deadlines

Issue: Claim is past the filing deadline.

Example scenario: Provider timely submits an EYLEA HD claim. Plan denies the claim for being past the filing deadline.

Georgia Insurance Code Section 33-29-3 states...

Written proof of loss must be furnished to the insurer **within 90 days** after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, **later than 1 year** from the time proof is otherwise required.

NOTE: This provision sets forth minimum contractual standards. Provider should check contract for specific requirements.

Provider Appeals

Issue: Provider appeals.

Example scenario: Provider wants to challenge Plan's denial or reduction of an EYLEA HD claim.

Georgia Administrative Code Rule 120-2-58-.05 states...

Internal review: The private review agent will:

- Establish procedures for appeals to be made in writing and by phone
- Notify provider and enrollee in writing of its determination on the appeal **no later than 60 days** after receiving the required documentation to conduct the appeal

Title 45 Code of Federal Regulations Section 147.136 states...

External review: Request must be filed **within 120 days** of notice of adverse determination. The independent review organization must make its determination and provide written notice of the decision **within 45 days** after receiving the request. Plan must pay for the cost of the review.

Complaints regarding these and other payer issues can be made to the Georgia Office of Insurance and Safety Fire Commissioner website.

Visit NavigatingPayerChallenges.com for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information

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This material is provided for informational purposes only, is subject to change, and should not be construed as legal or medical advice. Use of this information to challenge or appeal a coverage or reimbursement delay and/or denial by a payer is the responsibility of the provider.

Reference: Data on file. Regeneron Pharmaceuticals, Inc.

This information is provided to you by Regeneron, the maker of

EYLEA® HD (aflibercept) Injection 8 mg