

Revised 30-day Tech Specs Compared to Current ODAG Program Audit Protocols

Revised/New 30-day Tech Specs	ODAG Protocols Comparison to Tables 1, 2 & 3
<p>Two subsections for each reporting section:</p> <ol style="list-style-type: none"> 1) Initial Determinations – Coverage Determinations and Initial Determinations – Payment 2) Reconsiderations – Coverage Determinations and Reconsiderations – Payment 	<ol style="list-style-type: none"> 1) Universe Table 1: Standard and Expedited Pre-Service Organization Determinations Record Layout 2) Universe Table 2: Standard and Expedited Pre-Service Reconsiderations (RECON) Record Layout <p>Universe Table 3: Payment Organization Determinations and Reconsiderations (PYMT-C) Record Layout</p>
OD Number	Authorization or Claim Number
Contract #	Contract ID#
PBP#	PBP#
Enrollee MBI#	Enrollee ID (MBI#)
Provider NPI#	NA
Requesting Party	Who made the request?
Item/Service/ Part B Drug Code	Issue Description and Type of Service
Item/Service/ Part B Drug Description	Issue Description and Type of Service
Diagnosis Codes	Issue Description and Type of Service
Was prior authorization required?	NA – Usually asked during audit webinar
Was this a concurrent review decision?	NA – Usually asked during audit webinar
Processing Priority	<p>Was the request processed as standard or expedited</p> <p>Was an expedited request made but processed as standard?</p>
Was expedited processing requested?	<p>Was the request processed as standard or expedited.</p> <p>Was an expedited request made but processed as standard?</p>

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Date Request Received Date Claim Received	Date the request was received
Date of Decision Notification	Date oral notification provided to enrollee Date written notification provided to enrollee Date written notification provided to provider
Disposition	Request Determination
Dismissal Rationale (if applicable)	Issue Description and Type of Service – For Dismissed requests, provide the reason for dismissal.
Decision Rationale	Issue Description and Type of Service – For Denials, also provide and explanation of why the payment organization determination or payment reconsideration request was denied. Was the initial organization determination request denied for lack of medical necessity?
Reviewer Qualifications	NA – Usually asked during audit webinar
Were internal plan coverage criteria applied?	NA – Usually asked during audit webinar
Did a third-party vendor participate, in any capacity, in the determination’s review or decision-making?	First Tier, Downstream and Related Entity
Service Location (OD Payments)	NA – Usually asked during audit webinar
Place of Service (OD Payments)	NA – Usually asked during audit webinar
Date of Service (OD Payments)	NA – Usually asked during audit webinar
Date of Decision (OD Payments)	Date of Determination
Date Claim was Paid	Date claim/reconsideration was paid
Was it a clean claim?	Was it a clean claim?

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Was prior approval (e.g. prior authorization or voluntary pre-service request) requested? (OD Payments Element V)	NA – Usually asked during audit webinar
If element V is Yes, provide the organization determination number for the associated prior approval request (OD Payments)	NA – Usually asked during audit webinar
If element V is Yes, was prior authorization a required condition for coverage (OD Payments)	NA – Usually asked during audit webinar
Associated OD Number (Appeals)	NA – Usually asked during audit webinar
Appeal Number	NA
Is this an appeal of an OD Dismissal (Appeals)	NA
Was the initial OD request denied for lack of medical necessity? (Appeals)	Was the initial OD request denied for lack of medical necessity?
Was the reconsideration request reviewed by a physician? (Appeals)	NA – Usually asked during audit webinar