

Prior Authorization Request (PAR) for the Ambulatory Surgical Center (ASC) Program

Prior authorization for the ASC program is **voluntary**, however, providers who choose **not** to submit a prior auth will have their ASC claims subject to a prepayment medical review.

What is a Prior Authorization Request (PAR)?

A submission of required documentation sent from the provider to the MAC seeking approval for the service **before** the service is provided to the beneficiary.

Approval must be obtained in advance to confirm that the service is medically necessary and eligible for reimbursement under Medicare guidelines.

Benefits of submitting a PAR:

- **Unlimited resubmissions** after non-affirmed decisions.
- **Bypass** prepayment medical review process once awarded an affirmed prior auth.
- Provides **assurance** that the claim meets Medicare's coverage and documentation requirements.
- **Avoid delays** in reimbursement.

What is Prepayment Medical Review?

A process conducted by the MAC to evaluate the medical necessity and documentation of a claim **before payment is issued**. Payment is only made if the claim meets Medicare's coverage and billing requirements.

Prepayment Medical Review Process:

MAC will stop the claim prior to payment



MAC will send the ASCs an Additional Documentation Request (ADR)



ASCs will have 45 days to respond to ADR with all requested documentation



MAC will have 30 days to review the documentation and render a claim determination

Demonstration Overview

Providers in **California, Florida, Tennessee, Pennsylvania, Maryland, Georgia**, and **New York** may submit prior authorization requests beginning: **January 5, 2026**, for dates of service on or after **January 19, 2026**.

Providers in **Texas, Arizona**, and **Ohio** may submit prior authorization requests beginning: **February 2, 2026**, for dates of service on or after **February 16, 2026**.

This demonstration will include ASCs that provide certain services in place of service 24 (ASC), type of service F (Ambulatory Surgical Center (Facility Usage for Surgical Services)), specialty code 49 (ASC), and are enrolled in the Medicare FFS program.

CONTACT CORNER

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SERVICE TYPES

- Blepharoplasty
- Botulinum Toxin
- Panniculectomy
- Rhinoplasty
- Vein Ablation