

**Bulletin: Outpatient Claims
Authorization needed if the stay
exceeds 72 hours**

Outpatient observation services are paid for up to 48 hours. Observation services will be considered for unusual circumstances up to 72 hours with documentation of medical necessity. Observation claims that are billed for over 72 hours will be denied in full, however, a provider has the option to appeal the claim denial within appropriate timeframes and with applicable documentation.

* Contracted providers may submit an appeal and appropriate documentation within 90 days from the date of the remittance to be reconsidered.

* Non-Contracted providers may submit an appeal and appropriate documentation along with the Waiver of Liability within 60 days from the date of the remittance to be reconsidered

Under the Claims tab (https://mnscha.org/?page_id=292) you will find the Claim Reconsideration Form/Provider Appeals Form #4356.