MEDICAID PRIOR AUTHORIZATION (PA) PROCESS

Prepared for:
Mississippi Medicaid Providers
Therapeutic & Evaluative Services
12/7/2016

Presented by:
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Provider Education Supervisor

AGENDA

- Introduction
- Therapeutic & Evaluative Services
- Getting Started
  - Eligibility
  - Required Information
  - eQSuite®
- Review Process
  - First Level Review
  - Second Level Review
  - Pended Reviews
- Processing Timeline
- Denials & Reconsiderations
- Provider Education
- Questions & Answers

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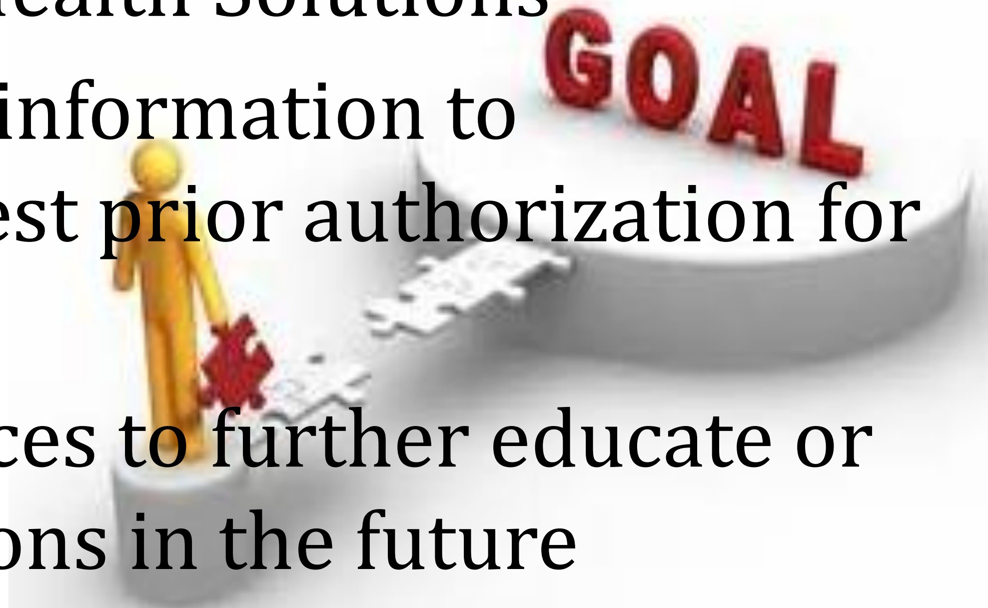
Goals

- Become familiar with guidelines for T& E services as defined by the MS Division of Medicaid and eQHealth Solutions
- Obtain necessary information to successfully request prior authorization for T & E services
- Take away resources to further educate or assist with questions in the future



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- 19 year Utilization Management and Quality Improvement partnership with the MS Division of Medicaid (DOM)
- Multidisciplinary Review Team includes licensed registered nurses, psychologists, psychiatrists and physicians
- Dr. Thomas Joiner, Medical Director oversees the review team.

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Therapeutic & Evaluative Services

Important resources for comprehensive information about covered, limited and excluded Therapeutic and Evaluative Services

Regulations

- MS Medicaid Regulations

Fee Schedule

- Medicaid Physician Fee Schedule

Guidelines

- Medicaid Billing Guidelines for Therapeutic and Evaluative Services

Therapeutic and Evaluative Services

T & E Services are for beneficiaries under the age of 21

Beneficiaries under the age of 3 **ALWAYS** require prior authorization for all behavioral health services	All approved T & E codes (noted on the following charts) are covered when medically necessary.	A prior authorization will be required when the benchmark units will be exceeded.

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Therapeutic and Evaluative Codes

The following services and codes **always** require Prior Authorization

Service Description	Procedure Codes	Maximum Units
Psychological Evaluation	96101	4 per state fiscal year
Developmental Evaluation	96111	2 per state fiscal year
Neuropsychological Evaluation	96118	10 per state fiscal year
*Reminder: Therapeutic and Evaluative services are ONLY for beneficiaries under age 21 **All Current Procedural Terminology (CPT) codes and descriptors are copyrighted 2013 by the American Medical Association		

Therapeutic and Evaluative Services

Service	Codes	Maximum Units per Day	Maximum Units per State Fiscal Year
Psychotherapy, 30 minutes with patient and/or family member	90832	1 service	36 or Maximum of 5 complex services within benefit of 36
Psychotherapy, 45 minutes with patient and /or family member	90834	1 service	
Psychotherapy, 60 minutes with patient and/or family member	90837	1 service	
Family Psychotherapy without the patient present	90846	1 service	24 total (a combination of 90846 and 90847)
Family Psychotherapy, conjoint psychotherapy with the patient present	90847	1 service	
Group Psychotherapy (other than of a multiple-family group)	90853	1 service	24
Psychiatric Diagnostic Evaluation	90791	1 Service	
Brief Behavioral Health Assessment (Screening)	96127	2 Instruments per beneficiary per day	12
Interactive Complexity	90785	No limit - add on code to be used in conjunction with codes for primary service	

Reminder Prior auth required for above services if state benchmarks are exceeded

Getting Started

- Providers are responsible for checking beneficiary eligibility before services are rendered
- Providers must confirm the person presenting the card is the person to whom the card is issued
- Verification of eligibility is performed through ENVISON
  - Automated Voice Response 1-800-884-3222
  - Personal computer software or point of service swipe card device
  - Website Verification
    - https://www.ms-medicaid.com/msenvision/

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Beneficiaries who do not require prior authorization by eQHealth Solutions	Beneficiaries who require prior authorization by eQHealth Solutions
• Beneficiaries enrolled in MSCAN or CHIP • Beneficiaries in COE 29, Family Planning Waiver • Beneficiaries with no Medicaid coverage for the date of service • Beneficiaries with Medicare and Medicaid	• Fee-For-Service, including those who have third party coverage

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Required Information

When a beneficiary requires psychological, neuropsychological, or developmental testing, the following information must be obtained in order to submit a Therapeutic and Evaluative review request to eQHealth Solutions

- Codes 96101, 96111 and 96118 require specific information in order to process reviews.
- A printable version of the questions can be found at ms.eqhs.org to use as a guide in preparing information for entry in eQSuite®

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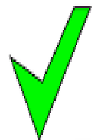
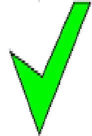
Required Information

Testing





Is the testing required as part of the process for determining treatment planning or placement? If yes, please check all that apply.

- ❑PRTF/MYPAC
- ❑ICF/IID
- ❑Nursing Care
- ❑DCLH eligibility
- ❑DHS

Required Information

Is testing for the beneficiary court ordered? ■ Yes ■ No

If the beneficiary is in detention/incarcerated, what is the anticipated date of release? mm/dd/yyyy

Required Information

Why is testing being requested at this time?
Check all that apply

- ❑Suspected Autism spectrum disorder
- ❑Suspected Attention deficit disorder
- ❑IQ needed for placement in PRTF/MYPAC/ICF
- ❑Closed Head Injury (within the past six (6) months)
- ❑Car accident
- ❑Bike and/or sporting accident
- ❑Poisoning

- ❑IEP or educational planning
- ❑Separation/divorce/custody
- ❑Court order
- ❑Suspected thyroid dysfunction
- ❑Recent death (within the past year)
- ❑Recent change in medications (within the past three (3) months)
- ❑Change in sleep pattern
- ❑Substance abuse
- ❑Other, please specify

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Required Information

If known, enter the date of the beneficiary's last physical exam	• mm/dd/yyyy
Has the beneficiary been evaluated by a psychiatrist? If yes, enter date of evaluation.	• mm/dd/yyyy
Describe how the proposed testing will enhance treatment and impact future coordination of treatment needs for the beneficiary.	• Free text box
List all medications the beneficiary is currently taking. Specify dosage and frequency.	• Free text box

Required Information

What are the referral questions related to this request?

- Free text box

Has the beneficiary received any prior psychological/neuropsychological or developmental testing in the past three (3) years prior to this request? If yes, please list the test(s) administered, referral questions, and findings.

- Yes or No textbox

Has the beneficiary had multiple treatment failures in the past two (2) years prior to this request? If yes, provide the type of treatment and dates.

- Yes or No textbox

Final Checklist

Know the codes requiring prior authorization & DOM regulations.

CHECK beneficiary eligibility in Envision.

Collect answers to all the review questions. Make sure to allow ample time for submission and processing.

CONGRATUATIONS! Time to proceed to eQSuite®

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Now that you have all the information needed to submit a review ……WHEN TO SUBMIT

- **NEW REQUEST/ADMISSONS**
  - Submit the prior authorization request a **minimum** of three (3) business days prior to the planned service date
- **RECERTIFICATION/CONTINUED STAY REQUEST**
  - All service recertification requests are submitted for prior authorization at least seven (7) business days prior to expiration of current treatment authorization number (TAN).
  - Excludes testing services
- **RETROSPECTIVE REQUEST**
  - Applies to beneficiaries who are determined retroactively eligible, and have been discharged from care
  - Submit the review as soon as eligibility is confirmed and within one (1) year of the retroactive eligibility determination date
  - If services are in progress when the retroactive eligibility is determined, submit a new request/admission review

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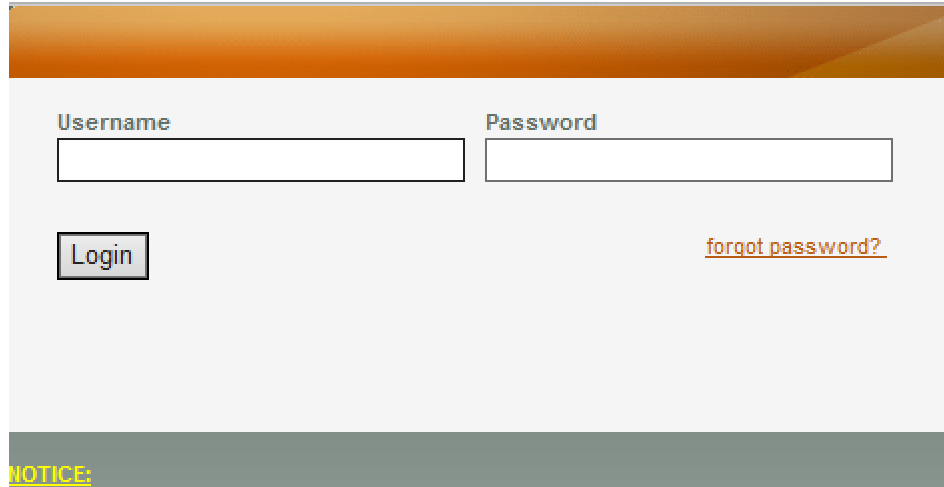
proprietary Web-based software



•Secure HIPPA-compliant technology allowing providers to electronically record and transmit most information necessary for a review to be completed
•Encrypted data transfer
•System access control for changing and adding users
•Rules-driven functionality and system edits to assist providers by alerting them to situation for which a review is not required
•Reporting module that provides real time status of all review requests
•HELPLINE module for providers to submit questions about specific review requests

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eQSuite®

- eQSuite® requires a secure user name and password
- If you are not currently using eQSuite® please contact the Provider Education department
  - Education@eqhs.org
  - 601-360-4961

Review Processing

First Level Reviewer

- Apply DOM guidelines
- May request additional information – "Pend"
- Approve services based on DOM regulation and clinical based standards of care
- Refer requests that cannot be approved to a second level reviewer

Second Level Reviewer

- May contact the requesting, ordering or treating provider to obtain additional information - "Pend"
- Approve Services
- Partially Approve Services
- Deny Services

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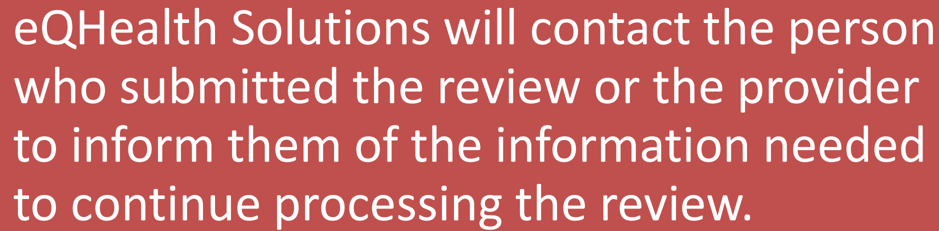
Pended Reviews

- A review that requires additional information or clarification before it can be completed
- May be from a First Level Reviewer or Second Level Reviewer (physician/psychiatrist)
- May occur anytime there are:
  - Questions about the information submitted
  - Required information is missing



eQHealth Solutions will contact the person who submitted the review or the provider to inform them of the information needed to continue processing the review.

Electronic notifications are sent via fax and are placed in eQSuite® for review

eQSuite® is available 24 hours a day, 7 days a week to check for messages regarding pended reviews.

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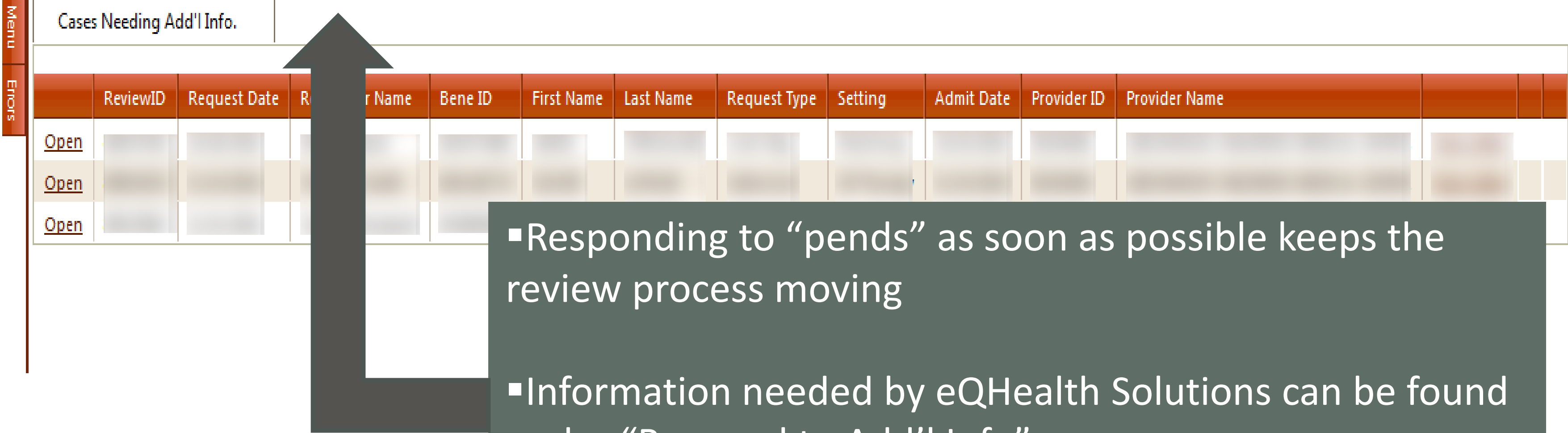
Create New Review | Respond to Add'l Info | Online Helpline | Utilities | Reports | Search | Attachments | Letters | Respond to Denial | Update My Profile | Logoff

Additional Information



- Responding to “pends” as soon as possible keeps the review process moving

- Information needed by eQHealth Solutions can be found under “Respond to Add’l Info”

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Review Entry

Menu
Errors

Review Header Information

Provider #: Provider Name:
Bene ID: Bene Name: Admit Age: Current Age: Admit DT: Review ID:

Start | DX/PROCS | VITALS/LABS | FINDINGS | DC PLAN | MEDS | SUMMARY | ADDL INFO

QUESTION:

Records indicate this patient was admitted on 10/26/2016 with the last date authorized being 11/11/16. Please clarify why an additional day is being requested.

ADDITIONAL INFO:

Web submitted additional info 11/22/2016

CANCEL | SUBMIT INFO

- Questions or needed information will be listed in the “Question” box.
- Providers may respond to the pended request via the “ADDITIONAL INFO” box
  - Exception includes required forms (CMN, order, etc). Forms will need to be faxed.

Processing Timelines

eQHealth Solutions completes requests for services as quickly as possible, but within specific timeframes. The review completion timeframe is measured from the date eQHealth Solutions receives your request.

- ➢ New Request/Admission review
  - ✓ Testing requests – 2 business days
  - ✓ All other requests – 3 business days
- ➢ Recertification reviews – 7 business days
- ➢ Retrospective reviews – 20 business days

*A review that has been pended will cause the “clock” to stop. When requested information has been received the clock will start new.

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Denials & Reconsideration

- Occurs when any portion of requested services are denied

Clinical Denial

- Occurs when any portion of requested services is denied by a second level reviewer for a clinical reason

Reconsiderations

- Another look at the review by a different eQHealth Solutions SLR (a different physician who was not involved in the original denial)
- Available when eQHealth Solutions issues a clinical denial
- Denial notifications have specific instructions for requesting reconsiderations

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DOM Administrative Appeal Rights

- If a reconsideration is upheld or modified (partially approved) **ONLY** the beneficiary, parent, or legal guardian/caregiver may request an administrative appeal of the eQHealth Solutions determination.
- Administrative appeals must be requested in writing within thirty (30) calendar days of the reconsideration notification date.
- DOM performs the Administrative Appeal (Hearing)

Provider Education

- Helpline: 866-740-2221
- Education Department 601-360-4961 or education@eqhs.org
- For additional resources, forms, etc. visit our website:

ms.eqhs.org

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WHO
WHAT
WHERE
WHEN
WHY
HOW
QUESTIONS
ANSWERS