

insider

A KEPRO QUARTERLY NEWSLETTER • VIRGINIA MEDICAID PRIOR AUTHORIZATION • FALL 2008

Expansion of Prior Authorization Activities

As part of a recent expansion of prior authorization activities, on July 1, 2008, KePRO began prior authorizing several additional services for the Virginia fee-for-service Medicaid population. Among the new services are Intensive In Home Services (IIH) and Level A and Level B Therapeutic Group Home Psychiatric Residential Treatment Facility (PRTF) services.

For IIH, the current authorization process has changed from requiring authorization after the first 26 weeks each treatment year to requiring authorization after the first 12 weeks in the first year of treatment. The first year of service will commence July 1, 2008 for all individuals.

For service dates starting on or after July 1, 2008, the first 12 weeks do not require prior authorization. All subsequent requests, regardless of the dates of services, will require prior authorization through KePRO. Here are a few helpful



hints to assist in submitting a successful Intensive in home prior authorization:

- **Please use iEXCHANGE®, our web-based portal, for submitting your requests. Information and resources for getting started can be found at: <https://dmas.kepro.org>. This is the easiest and quickest way to have your request processed.**
- Please include the following information for all submissions:

- Brief description of behaviors that have occurred in the **last 30 days**. Make sure to include the **frequency, intensity and duration** of the behaviors. Please describe **progress or lack of progress** on identified goals. Please indicate any **risk of removal from the home**, suspension/expulsion from school or incarceration.
- Include the AXIS I and AXIS II DSM IV diagnosis.
- Include the following dates:
 - **Original Admission Date**

in this edition

Changes to Prior Authorization Effective July 1, 2008:

Individuals who were receiving IIH services either under State Plan Option or EPSDT - 1-2

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- **Requested Start Date**
- **Projected Discharge Date**
- **The Face to Face Assessment Completion Date**
- **The ISP Completion Date; indicate if signed by QMHP.**

When using iEXCHANGE,[®] document the requested information under **Severity of Illness**. Include the following information:

- Please remember that authorized units run Sunday through Saturday. The Sunday of the week you are requesting the prior authorization to begin should be used as the requested start date.

Level A and B Psychiatric Residential Treatment Facilities (PRTF) offer community-based residential services for children and adolescents under age 21 and are a combination of therapeutic services rendered in the residential setting. Services will provide structure for daily activities, psycho-education, therapeutic supervision, and psychiatric treatment to ensure the attainment of therapeutic mental health goals. **Level A recipients receive weekly individual psychotherapy and Level B recipients receive individual and group psychotherapy.** Only facilities with 16 or fewer beds are eligible to provide these services. Please note, if this is an adoption subsidy case, it is a non-CSA case.



Here are a few Helpful Hints to assist for submitting a successful Level A and B Psychiatric Residential Treatment Facility prior authorization: When submitting a request for a concurrent review, **in addition to the other required information**, please indicate if the client is in a vocational/school program. Also, please indicate if the client is currently on a behavior contract such as a points/level system to manage behaviors. For initial reviews, please describe any failed treatment history.

IIH - Initial reviews must be submitted prior to the end of the 12 weeks that do not require prior authorization. Continued stay reviews can be submitted no earlier than 30 days prior to the end of the current authorization period.

All IIH requests must be submitted within 30 days prior to or on the requested start date for both an initial or concurrent review. Level A and Level B requests must be submitted within 3 business days on admission or prior to the end of the current authorization period.

General Prior Authorization Helpful Hints

CPT Codes:

There has been consistent confusion between 2 of the imaging CPT codes listed in the *Current Procedural Terminology CPT Standard Edition*.

KePRO receives many requests for “chest CTs” and the CPT code often provided is **CPT code 71275-CT**. ***This code is for a chest angiography not a chest CT and will result in a denial.***

These are the correct CPT codes with descriptions:

71250-CT - Computed Tomography, thorax; without contrast material.

71275-CT - Computed tomographic **angiography**, chest (non-coronary), without contrast material(s), followed by contrast material(s) and further sections, including image post processing.

Your Correct NPI

When entering a case into iEXCHANGE,[®] **after the submitting provider, facility and servicing provider have been selected** the correct NPI number from the drop down box will appear, ***select the Provider Search function.***

Please select the location that corresponds with the location of treatment. This step needs to be completed in order to ensure your case has your **correct NPI location identifier** and that the case is directed to the correct service reviewer.

When entering requests via iExchange,[®] please provide a contact person and the contact person's phone number (including extension) in the additional comments section.

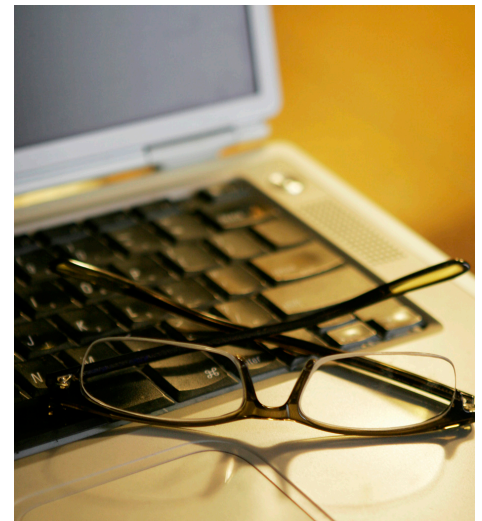
General Reminders for Viewing Cases in iEXCHANGE[®]

If you are experiencing difficulty viewing a case in iEXCHANGE – it may be related to one of the following:

- Once a case has had all of the service lines voided, it is no longer available for viewing via iEXCHANGE. All the case service lines may be voided for a number of reasons including but not limited to: a provider request to cancel the PA, the request is a duplicate of an existing request, the request does not require a PA, or a request is closed due to insufficient required demographic information (fax submissions only).

- When searching for a case that is more than one year old – you must search specifically by the case number. Searching by name or Medicaid number will not display cases more than 1 year old.

If you have questions or are experiencing difficulty using iEXCHANGE[®] please contact our customer service center for assistance at 1-888-827-2884.



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