

# insider

A KEPRO QUARTERLY NEWSLETTER • VIRGINIA MEDICAID PRIOR AUTHORIZATION • WINTER 2009-2010

## Electronic Prior Authorization Requests are Strongly Encouraged for the Following Services

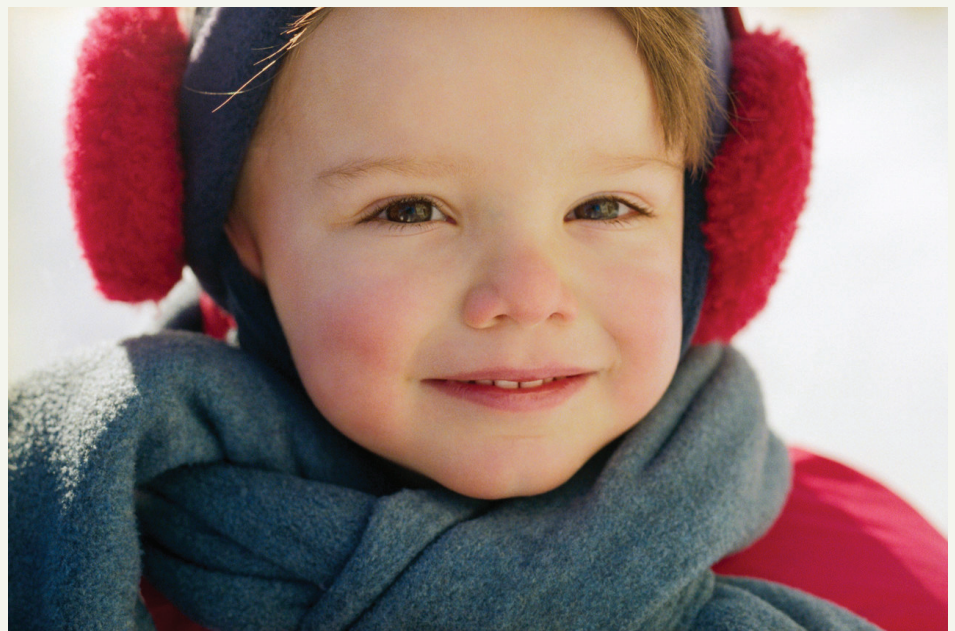
In an effort to move toward a “paperless” system and to streamline the prior authorization (PA) process, all providers who submit PA requests to KePRO are strongly encouraged to do so using Direct Data Entry (DDE) via KePRO’s web based iEXCHANGE® system. Look for the DMAS Memo dated December 17, 2009 informing Outpatient providers of the process for submitting electronic prior authorization requests to KePRO, DMAS’ prior authorization contractor. Virginia Medicaid providers have been successfully submitting requests to KePRO via iEXCHANGE™ since 2006. There is a high level of satisfaction with this submission method, and few problems have been reported.

All information for review of a prior authorization request, changes to existing cases, and additional information may be submitted to KePRO using iEXCHANGE®

- Outpatient Rehab
  - Service Type 0204

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- Imaging Service Types (non-emergent scans)
  - MRI - 0450
  - CAT - 0451
  - PET - 0452
- DME/Orthotics Service Types
  - DME - 0100
  - Orthotics - 0092
- Home Health
  - Service Type 0500.

### iEXCHANGE® - KePRO’s Electronic Prior Authorization Request System

iEXCHANGE® is easy to learn. You can access learning modules online anytime, 24/7. Just go to our web site: <http://dmas.kepro.org>, click

on the training tab, then click on the iEXCHANGE®. Select the appropriate training module. You can also visit the calendar to check for live training webinars.

**Note:** iEXCHANGE® has a default 30 minute time out that is controlled by the system owner, MEDecision, and can’t be changed. However, there is a simple workaround when you are entering lengthy notes. The 30 minute timer is reset when you hit the *Next Step* button or *Preview Changes* on Preview page.

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## Electronic Prior Authorization Requests *continued from page 1*

The following is a listing of some of the online trainings KePRO provides, along with a brief description and guide that will help you with trainings:

- **Register for iEXCHANGE®:** This is a brief module for first time users only. The module instructs providers how to register for an iEXCHANGE® log in ID and password. This is required for all users who have not yet registered.
- **Account Administrator Module 1:** This module is for all account administrators. It provides an overview of iEXCHANGE®, as well as step by step directions for establishing your account profile.
- **Account Administrator Module 2:** This module is for all account administrators. It provides step by step instructions for setting up submitting providers, frequent users, frequent procedure codes, and frequent diagnoses.
- **How to Submit an Initial Outpatient Case:** This module is for all users. It provides step by step instructions for submitting an Outpatient case using iEXCHANGE®. It is especially useful for Outpatient Rehab, Imaging, DME, and Home Health service types.
- **How to Submit Additional Information, Recertification and Retrospective Requests, and Discharges:** This module, for all users, provides an overview of how to manage a case, including submitting additional information, continued stay requests, discharges, and what to do if you receive an error on your case. It is useful for all service types.

To learn more about iEXCHANGE®, attend one of our live provider training webinars at: <http://dmas.kepro.org>. KePRO will provide several iEXCHANGE® online trainings

<http://dmas.kepro.org>



each month. You can access a calendar of dates and times for the various training modules on our web site, or you may call one of our customer service representatives for training information.

**Try the Required PA Information Checklists for Easier Submission**  
Required Prior Authorization Information Checklists for requests are available online for most services to assist with gathering the required information for successful prior authorization request submissions. The Checklists are available on our web site at <http://dmas.kepro.org>.

The checklists are available to assist providers with the type of clinical information needed for KePRO to review each request, and to provide concise, focused prior authorization requests with appropriate clinical information. Using these sheets, and referring to them during the submission process, will decrease the number of cases pended for additional clinical information and speed up our processing time. Each Checklist may be used as a tip sheet for all of the important items to include in your request, or can be used as a template for your actual request – simply edit, copy, and paste into iEXCHANGE®. New checklists are now available for:

- DME
- Imaging
- Home Health

PA check lists on KePRO's web site should be checked periodically for revisions. There will be revision dates at the bottom of the forms.

Be sure to check your document before transmission, as some characters may change during the copy/paste process. Always provide a contact name and number so we may contact you if we have any questions.

### For all Providers

Providers should always notify KePRO when a client is discharged within an authorized time period so we can end date their authorization. Providers should submit their extensions on existing cases when submitting using iEXCHANGE®. Do not submit the request as a new case request (except for OP Rehab and Home Health. These Service Types require new PA along with new Plan of Care.) - it will result in a new Case ID and prior authorization number being generated.

Please provide reference dates for the clinical information you provide, both with Initial and Recertification reviews, e.g., did the events you are describing happen a week ago, or on the Start of Care date, etc.?

Providers should not submit requests with dates that overlap their previous authorization, as those requests cannot be processed. If additional visits are needed within previously authorized dates of service, the provider must state how many sessions are needed by the original end date, and the reason why more visits are needed. This is called a change request. Recertification requests should start with the next day after the previous authorization ended.

## Reminders & Helpful Hints

### Outpatient Rehab Providers

Nothing is more frustrating than submitting a prior authorization request and waiting for a response. Just when you think you've gotten your answer, you're being asked to answer questions! Here are some tips that will make the process smoother and shorter:

- Check the recipient's Medicaid eligibility at <http://virginia.fhsc.com>. The recipient's Medicaid eligibility might change and you may not know until you check the system. The recipient can be switched to Medicaid MCOs or fee-for-service, or Medicaid coverage may have ended. Check for ALL other insurances. Ask the recipient or caregiver!
- Did you know that if a patient has Medicare Part B, you do not need to get a Medicaid prior authorization? It's true! You only need to get prior authorization if benefits have been exhausted or denied. If a recipient has a commercial insurance as primary, you also need to get a Medicaid authorization because Medicaid may pay for any co-pays or balances. Remember to submit a prior authorization request to KePRO prior to rendering the service.
- Use iEXCHANGE®. It's easy and it's fast! If you already use iEXCHANGE®, did you know you can extend existing requests? For example, if there is a physician's order increasing the frequency on a plan of care and you need 10 additional PT visits, you can add them to your original request instead of creating a new case. You can also request multiple services, (if submitting under same provider #), i.e., PT, OT, and ST evaluations on one request, as opposed to opening three cases.
- Submit requests in a timely fashion. Avoid delays in treatment; keep your supervisor, billing department, physicians, and recipients happy! This includes requests for additional information, for which you would get a letter notifying you of the due date.
- Use the correct procedure codes and units. It's fairly easy to remember: Hospitals use revenue codes; non-hospitals use CPT codes.
- Outpatient Rehab agency providers may reference the DMAS memo dated 5/27/09 and the Rehabilitation Manual, Appendix D, for additional information. Use the correct diagnosis. The primary diagnosis should be what is being treated. The secondary diagnosis should be what's causing the need for treatment. It should also be updated on each POC.
- Use additional diagnoses to help paint a picture. Many times you may know what caused what you're treating. It's very helpful to us to know that information as well.. Don't just provide a therapy treatment diagnosis. For example, a female patient comes to PT with a bladder issue. She has, in the recent past, been hospitalized for transverse myelitis, which can affect the bowel and bladder. Having transverse myelitis listed as a secondary diagnosis could potentially help a reviewer to understand why PT would work on bladder issues, and therefore not pend the case to a physician reviewer, thus delaying therapy.
- Use the correct ICD-9 codes, down to the 4th or 5th digit. Be careful what you key in or write down. One incorrect digit can give you a diagnosis you didn't intend. For free ICD-9 coding, visit <http://www.idc9coding1.com/flashcode/home.jsp>.
- Paint a clinical picture! Consider what you're submitting with each request. Please use the Outpatient Rehabilitation Authorization Checklist at <http://dmas.kepro.org>. By answering these questions, and



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## Reminders & Helpful Hints

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following the tips on the previous page, you should have submitted all the necessary information to obtain your prior authorization request.

if the recipient has a fear of administering injections, extra visits can be given for teaching purposes; you must document the teaching efforts.

the request (*Guidelines for DME* - additional information turnaround time is 5 days).

### Common Pitfalls for Imaging PA Requests

- Submitting requests with incorrect CPT codes. Two examples are:
  - CT Chest requested but code is for CTA Chest
  - MRI Brain requested but code is for CT Brain.
- Submitting your requests with the incorrect Service Type.

### Reminders:

An urgent imaging scan must be submitted for prior authorization within 24 hours or next business day.

### Tips for Home Health:

Submitting a complete Plan of Care (POC) is imperative for a timely, accurate clinical review. The following are just a few suggestions to include for home health POCs:

- Can the recipient perform the procedure?
- If the participant cannot perform the procedure, is there a caregiver who is willing and able to perform the procedure?
- If the caregiver is able to learn, but is unwilling, please state why this is the case. For example,



### Tips for DME:

Providers need to have a completed and signed CMN on file in case reviewer needs for clarification of request. The following are just a few suggestions for submitting DME requests:

- When cases are pended for additional information, the provider needs to respond to the specific information requested – within the stated guidelines – to prevent further delay or denial of

- Providers should not submit a new case with additional information; this may lead to duplicate case and result in an error. (Providers can add additional comments via iEXCHANGE by pulling up the case via Case ID and clicking the Additional Comment link).
- Members must be enrolled in an intensive rehab program in order to qualify for adult Orthotics. A request for this service will result in a denial since Orthotics is otherwise a non-covered item for adults.
- Submit appropriate and thorough medical justification to paint the clinical picture so that the reviewer can perform an accurate and timely review. This will expedite the review and eliminate the need to pend the case for additional information.
- Providers are expected to understand DMAS requirements noted in following manuals:

1. *DMAS Manual*
  - *Home Health*
  - *DME*
  - *Rehabilitation*
  - *Physician*

2. *Appendix B - DME Manual*

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## Reminders & Helpful Hints *continued from page 4*



### 3. Fax DMAS 363 - Outpatient PA Request Form.

- Providers must submit accurate discount cost and MSRP for certain E1399 items, e.g., Car Seats using E1399.
- A price change will delay responses to already approved requests, which often happens with E1399 items.

**Note:** Correctly using new PA Checklists will help alleviate requests for additional information. There are new PA Checklists for:

- DME/Orthotics
- Home Health
- Imaging
- Outpatient Rehab (Updated)

### Retro Eligibility

Once a provider is notified of a

member's retro eligibility, it can take up to 48 hours before this update is loaded into the KePRO system and is available for review. Please wait for this time period to pass before calling or sending in a request for service. This time period is based on business days, not a calendar timeframe.

### iEXCHANGE® Registration

During the iEXCHANGE® registration process, all providers are prompted to create a user name and password for the Provider Portal. Upon completing iEXCHANGE® registration, you will receive an email advising you to retrieve your iEXCHANGE® log in information from the Provider Portal.

### Suggestion:

Create a user name that relates to your company name or individual name. First initial, last name is always easy to remember and most likely meets provider network log in requirements! User names, such as family member names and birthdays, are easily forgotten and can cause issues with security.

### Behavioral Health

- Questions specifically regarding any of the Community Mental Health Rehab Services can be sent to: [CMHRS@dmas.virginia.gov](mailto:CMHRS@dmas.virginia.gov).
- Remember, do not send Protected Health Information (PHI) by email unless it is sent using a secure encrypted email submission.
- The KePRO Checklists on the KePRO web site were updated in November 2009 to reflect the new criteria. We encourage you to take advantage of these checklists that you can cut and paste directly into iEXCHANGE®.

