insider

Effective July 1, 2009: Outpatient Rehabilitation Prior Authorization Requests Must be Submitted Using CPT Codes

Effective July 1, 2009, DMAS will adopt the use of Current Procedural Terminology (CPT) codes for rehabilitation services furnished by Rehabilitation Agencies and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Effective for dates of service on or after July 1, 2009, rehabilitation agencies and CORFs will have to submit prior authorization requests using CPT codes.

There will be eight CPT procedure codes (and 1 HCPCS code – S9129), herein referenced collectively as CPT codes. The current revenue codes, the new procedure codes, and the procedure code descriptions are listed in the table below.

See Figure 1 for the current revenue codes and the corresponding CPT codes. DMAS does not allow any other CPT codes to be used at this time. The measurement for each unit, based on the CPT code, is included.

Using CPT Codes for Prior Authorization through KePRO

Providers must request Revenue Codes for dates of service prior to July 1, 2009, and CPT codes for dates of service on or after July 1, 2009. If a request with CPT codes is submitted with dates of service prior to July 1, 2009, KePRO will administratively reject the request; the provider must then
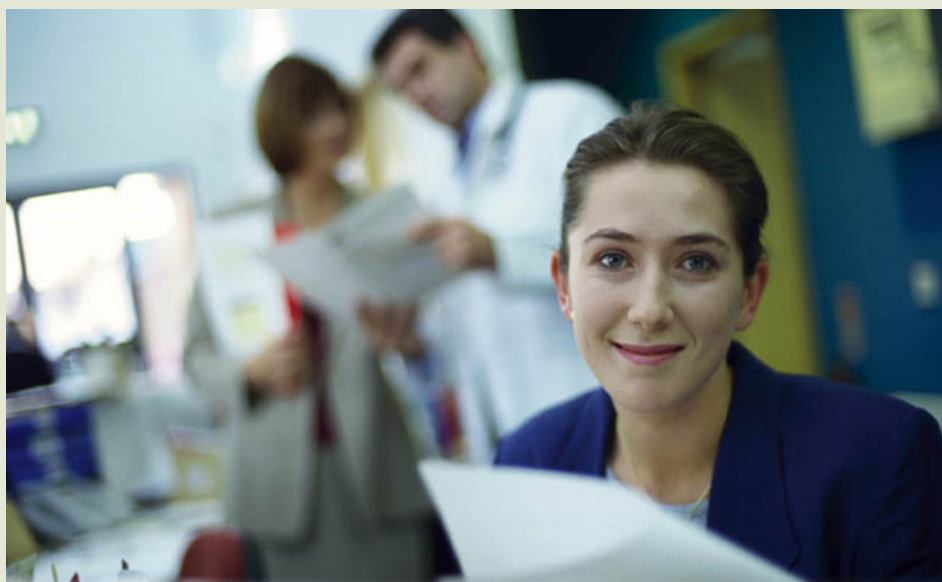
resubmit the request with Revenue Codes. Likewise, if a request with Revenue Codes is submitted with dates of service on or after July 1, 2009, KePRO will administratively reject the request; the provider will then have to resubmit using the appropriate CPT codes.

Requests Submitted with Dates of Service on or After July 1, 2009

Prior authorization requests received with dates of service on or after July 1, 2009 must be submitted with a CPT code; they must also include the appropriate number of units requested. Requests submitted that do not have the CPT code for dates of service on or after July 1, 2009 will be administratively rejected. KePRO will require the

provider to resubmit the request using the correct CPT code.

All prior authorization requests will end on or prior to June 30, 2010. On July 1 of each year, service unit limits per discipline are renewed in order to allow for the utilization of the five units that do not require prior authorization.

Outpatient Rehabilitation Requests Must be Submitted Using CPT Codes

If a provider knows that the recipient will need treatment beyond five units, he/she must request Prior authorization through KePRO.

All requests must be submitted prior to the current authorized prior authorization end date.

Existing Requests with Revenue Codes that Span Past July 1, 2009

Current prior authorization requests with Revenue Codes that span past

July 1, 2009 will remain effective. The MMIS contractor will cross reference the CPT code billed to the Revenue Code authorized for the time period submitted on the claim.

Note that for existing prior authorizations for revenue codes 0421 and 0431 that span July 1, 2009, the MMIS will convert claims for the corresponding CPT codes 97110 and 97530 at the following conversion rate: one unit of CPT code 97110 or 97530 equals 0.25 of an authorized unit of revenue code 0421 or 0431.

The conversion is necessary because the unit for these CPT codes is 15 minutes, whereas the revenue code units that have been authorized are visits.

Modifying Requests with Previously Approved Revenue Codes

If a request is made to modify an existing prior authorization with a Revenue Code, and the dates of service being requested for modification are on or after July 1,

Figure 1: Crosswalk between Current Revenue Codes and CPT Codes Effective July 1, 2009

Revenue Code, Prior to and on June 30, 2009	Procedure Code, Effective on and after July 1, 2009	Procedure Code Description
0421	97110	Therapeutic procedure (PT), each 15 min. **Note**: unit = 15 minutes
0423	97150	Therapeutic procedure(s) (PT), group **Note**: unit = a group session
0424	97001	Physical therapy evaluation **Note**: unit = an evaluation
0431	97530	Therapeutic activities (OT), each 15 min **Note**: unit = 15 minutes
0433	S9129	Therapeutic procedure(s) (OT), group **Note**: unit = a group session
0434	97003	Occupational therapy evaluation **Note**: unit = an evaluation
0441	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual **Note**: unit = one treatment session
0443	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals **Note**: unit = one treatment session
0444	92506	Evaluation of speech, language, voice, communication, and/or auditory processing **Note**: unit = an evaluation

Electronic Prior Authorization Reqests are Strongly Encouraged for the Following Services Effective August 1, 2009

Beginning August 1, 2009, providers should electronically submit all prior authorization requests using iEXCHANGE® for the following services in support of the Governor's efforts to move to a paperless process:

- Outpatient Psychiatric Services
- Treatment Foster Care – Case Management Services
- Residential Psychiatric Treatment Care – Level C (RTC) Services
- Intensive In-Home Services
- Therapeutic Day Treatment
- Day Treatment/Partial Hospitalization
- Therapeutic Group Home Service (Level B)
- Community Mental Health Rehabilitative Services:
  - Intensive Community Treatment
  - Psychosocial Rehabilitation
  - Mental Health Support
  - Mental Health Case Management
  - Mental Health Day Treatment
  - Mental Health Partial Hospitalization.

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.

Following is a listing of some of the online training we provide, along with a brief description and guide that will help you with training:

Register for iEXCHANGE®: This is a brief module for first time users only. The module instructs providers how to register for an iEXCHANGE®, logon ID, and password. This is required for all users that 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 diagnosis.

How to Submit an Initial Inpatient Case: This module is for all users. It provides step by step instructions for submitting an inpatient case using iEXCHANGE®. This module is especially useful for inpatient med surg, inpatient psychiatric, and inpatient rehab service types.

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 an Initial Behavioral Health Case: This module is for all users. It provides step by step instructions for submitting a behavioral health case using iEXCHANGE®. It is especially useful for outpatient psychiatric, RTC, Group Home Level A & B, Intensive In Home, TFC-CM, Community Mental Health Rehabilitative service types, and Outpatient Substance Abuse.

How to Submit Additional Information, Continued Stay Requests, and Discharges: This module for all users provides an overview of how to manage a case including submitting additional information, continued stay requests, submitting 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 provider training webinars at: http://dmas.kepro.org. KePRO will provide several iEXCHANGE® online trainings each month. You can access a calendar of the 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 the our web site at https://dmas.kepro.org.

The checklists are available to assist providers with the type of clinical information needed by 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®.

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.

Discontinuation of Environmental Modifications (EM) and Assistive Technology (AT) Services in the Elderly or Disabled with Consumer-Direction (EDCD) and HIV/AIDS Waivers

DMAS has announced discontinuation of Environmental Modifications (EM) and Assistive Technology (AT) services in the Elderly or Disabled with Consumer-Direction (EDCD) and HIV/AIDS Waivers, effective July 1, 2009 - except for Money Follows the Person (MFP) participants. MFP information is available in all waiver manuals within a separate MFP appendix. These manuals are located on the DMAS website at www.dmas.virginia.gov. Please refer to the Medicaid Memo for additional information.

For EDCD and AIDS/HIV Waiver Enrollees (not participating in MFP)

KePRO will honor requests for prior authorization for AT and EM for dates of service up to and including June 30, 2009. Requests must be received by 11:59 pm June 30, 2009. KePRO will render a final determination for these requests by August 31, 2009.

Since these services are not reviewed retroactively, submissions received by KePRO on July 1, 2009 or later, will be rejected; they will not be reviewed. For AT requests, the evaluation and the item request must both be submitted on or prior to June 30, 2009.

For MFP Enrolled Participants

KePRO will review and process requests for AT and EM when an individual is enrolled in MFP and either the EDCD or HIV/AIDS Waiver simultaneously. Once the individual discontinues the MFP Demonstration Project, the individual will no longer be eligible for the AT and/or EM services.

Information regarding the AT and EM services for MFP participants can be found in Appendix C (MFP Appendix) in the Mental Retardation waiver manual and Appendix E (MFP Appendix) in all other waiver manuals.

Providers must use the following information when submitting AT and EM requests for an MFP participant to KePRO:

PA Type	Procedure Code/Modifier Code	Service Description
0909 - MFP	S5165	Environmental Modification
	99199, U4	Environmental Modification Maintenance Only
	T1999	Assistive Technology only
	T1999, U5	Assistive Technology Maintenance Only

This change does not affect the availability of AT and EM in Waivers that included these services prior to MFP implementation.

Outpatient Rehabilitation *continued from page 2*

Modifying Requests with Previously Approved Revenue Codes

If a request is made to modify an existing prior authorization with a Revenue Code, and the dates of service being requested for modification are on or after July 1, 2009, the provider must request an end date for the Revenue Code and a start date with the CPT code as well as the appropriate number of units requested. KePRO will process the request by ending the existing Revenue Code line and creating a new line under the same prior authorization number using the appropriate CPT code and units for the dates of service remaining.

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Questions?

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KēPRO

Clinically driven. Client focused. Value based.