insider

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

Changes to Prior Authorization Effective July 1, 2008

Effective July 1, 2008, DMAS began requiring prior authorization for the following:

- Intensive In-Home services
- Level A and Level B Psychiatric Residential Treatment
- Money Follows the Person (MFP).

KePRO is performing the prior authorization for these services. Prior authorization requests can be submitted using any of the current methods for submission – iEXCHANGE®, phone, fax or mail. Specific information on eligibility criteria or covered services can be found at http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx.

INTENSIVE IN-HOME SERVICES

There are two changes to Intensive In-Home services that are effective July 1, 2008:

1. There is a separate procedure code for assessments – the new code is H0031 (Intensive In-Home Assessment). No prior authorization is required for the Intensive In-Home assessment.

in this edition

2. Prior authorization is required after the first 12 weeks of service (Intensive In-Home Services [H2012]). Additional information regarding Intensive In-Home Services requirements and billing instructions are available at: http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx.

MONEY FOLLOWS THE PERSON

Money Follows the Person (MFP) provides funding for a system of long-term services and supports to enable eligible individuals who transition from long-term care institutions into the community. Additional information about MFP, including billing instructions are located at: http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx.

LEVEL A AND LEVEL B THERAPEUTIC GROUP HOME PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) SERVICES

PRTFs now require prior authorization for the initial admission, as well as continued stay. For dates of service on or after July 1, 2008, KePRO uses McKesson InterQual® Level of Care; Behavioral Health Criteria; Residential & Community Based Treatment, 2008; and DMAS criteria to determine initial admission and continued stay requests.

If all criteria are met, KePRO will approve the services for up to 6 months.

Additional information and billing instructions are located at http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx.

RATE CHANGES FOR RTC

Periodically there are DMAS rate changes for RTC cases. If you receive or are expecting a rate change, here are some helpful hints for updating your cases with KePRO:

- Always follow the guidelines for submitting a case on time – even if you are unsure of what the rate for the service will be. Do not hold the PA request.
- Requests should always be submitted with the most current rate certification.

Once you have received a new rate change, please submit a change request, with the rate change and the effected dates of service, to KePRO for processing. You can contact us at 1-888-827-2884.

DENIALS DUE TO UNTIMELY SUBMISSION

Cases are denied when they do not meet the criteria for timely submission. Below are the administrative requirements for timely submission of prior authorization requests. The timeliness criteria must be met in order for a case to be reviewed.

- All outpatient service requests (excluding DME) must be submitted prior to rendering services.
- All RTC service requests must be submitted before or within one business day of the date of service.
- All inpatient acute medical-surgical and acute psychiatric service requests must be submitted within one business day of the date of service.
- All inpatient intensive rehabilitation service requests must be submitted within 72 hours of admission.
- All Intensive In-Home service requests may be submitted up to 30 days prior to the start of service.
- All Level A (Children's Group Home) and Level B (Therapeutic Group Home) Psychiatric Residential Treatment Facility service requests must be submitted within 3 business days of the date of service.

- All waiver and TFC-CM service requests must generally be submitted within 10 days of the start of service. Please refer to the specific waiver manual for individual waiver criteria.

The only exceptions are for cases with retroactive Medicaid eligibility, Medicare exhaustion, Medicare denials for outpatient services, retroactive MCO disenrollment, and Medicare denials. For outpatient services, if submitted to Medicare and the claim is denied, it is considered a retroactive request. Please indicate on the request form that the case is a retroactive request.

If you are submitting a retroactive MCO disenrollment please include the MCO prior authorization number on the request form. If you are submitting an inpatient request that was denied by Medicare due to exhaustion of benefits, please indicate this on the request form.

REMINDERS

Please update your cases using iEXCHANGE®, or notify KePRO with all discharge information on the date of discharge from the facility. Failure to discharge a patient from one facility can cause delays for authorization requests for services at another facility.

For Level A (Children's Group Home) and Level B (Therapeutic Group Home) Psychiatric Residential Treatment Facility providers and Intensive In-Home services, no attachments need to be submitted either during the original submission or as a pended response. Completing the KePRO forms is all that is required.

KePRO

Clinically driven. Client focused. Value based.

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