

VA insider

A KEPRO Quarterly Newsletter

Virginia Medicaid Service Authorization

Winter 2014

BEHAVIORAL HEALTH CONTRACT REMINDER

KEPRO no longer reviews Behavioral Health/Community Mental Health Rehabilitative Service (BH/CMHRS) for DMAS. Also note that KEPRO no longer has access to the DMAS VaMMIS system for BH/CMHRS. KEPRO will continue to process appeals of KEPRO BH/CMHRS decisions only.

All new or continued stay requests for DMAS BH/CMHRS, along with discharges, eligibility reinstatements, etc., are being handled by Magellan. Please refer to the Department of Medical Assistance Services website at www.dmas.virginia.gov for Magellan contact information. You may also contact the DMAS Helpline at 1-800-552-8627 or 804-786-6273.



FROM IT: FOR PROVIDERS UTILIZING INTERNET EXPLORER 11

Sometimes websites may not load properly. For example, images might not appear, menus might be out of place, and text could be jumbled together. This can be caused by a compatibility problem between Internet Explorer and the site you are accessing. Adding the site to your Compatibility View list can fix this issue.

To add a site to the Compatibility View list:

1. Open the desktop, then tap or click the *Internet Explorer* icon on the task bar.
2. Tap or click the *Tools* button, then tap or click *Compatibility View* settings.

3. Under *Add this website*, enter the URL of the site you want to add to the list, then tap or click *Add*.

Note: If you add a site to the Compatibility View list and the page looks worse, the problem might not be compatibility. You should remove the site from the list and contact the system administrator within your facility.

Once you turn on Compatibility View, Internet Explorer will automatically show that site in Compatibility View each time you visit. You can turn it off by removing it from your compatibility list.

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ORGAN TRANSPLANTS: TWO TYPES OF SERVICE AUTHORIZATIONS REQUIRED

KEPRO reviews requests for Kidney, Liver, Bone Marrow and Stem Cell, Heart, Lung, and Heart/Lung transplants for all Medicaid/FAMIS members. Pancreas and Intestinal and Multi-visceral transplants are reviewed for Medicaid members under 21 years of age.

Providers must submit requests to KEPRO prior to performing the actual transplant procedure, as soon as the provider is aware of the need for the transplant. This request should be submitted under service type 0300. Organ transplant service requests are initially reviewed by KEPRO within three business days of the submission.

Note that a separate request for the inpatient hospitalization must be submitted to KEPRO within one business day of the actual inpatient hospitalization – this is separate from the transplant request and is submitted under service type 0400. A service authorization request for the inpatient admission is not required for out-of-state (non-participating enrolled) facilities.



DURABLE MEDICAL EQUIPMENT AND SUPPLIES (DME) PROGRAM CHANGES RELATED TO INCONTINENCE SUPPLIES

Based on the Request for Proposal (RFP) 2013-01, DMAS awarded a sole contract for the provision of Incontinence and Related Supplies for all Virginia Medicaid fee-for-service members to **Home Care Delivered, Inc.** Effective January 1, 2014, all Virginia Medicaid members will order and receive their incontinence supplies through Home Care Delivered. Please refer to the Virginia Medicaid Web Portal for current Medicaid Memos regarding Incontinence Supplies for additional information at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.

SPECIALIZED CARE/LONG STAY HOSPITAL

When submitting for Service Type 1020 SC/LSH, the Specialized Care/Long Stay Hospital Required Service Authorization checklist can be submitted in place of the physician's orders. This checklist is found on the website at www.kepro.dmas.com.

Locate *Service Authorization Checklist* and select *Outpatient Services*, then "Specialized Care Long Stay Hospital Checklist." These checklists can be saved to your computer and attached to your case in Atrezzo. When properly completed and attached to the request, these checklists can decrease cases being pended for additional clinical information.



KEPRO PEND TIME FRAME FOR ADDITIONAL INFORMATION REQUEST

When a provider's initial request to KEPRO has insufficient information for KEPRO to make a determination, the request is pended and a response is sent back to the provider requesting additional clinical information. The response specifies the time frame for the additional information to be sent to KEPRO. Providers are given one opportunity to respond to a pended case. If the provider chooses to submit information prior to the pend due date, the case will be reviewed after the pended information is received.

Any additional information received after the case is reviewed and a decision has been rendered will not be considered as part of the initial request. If the provider does not respond to the pended request within the specified time frame, the information that was provided with the initial request will be sent to a KEPRO physician for review and a final determination.

Reading this newsletter electronically? Click the links to access information.



OUTPATIENT REHABILITATION: CPT CODE CHANGE

For non-hospital providers, CPT code 92506 (Speech Therapy evaluation) ended effective 12-31-13. Four new CPT codes were selected effective 1/1/2014 as follows:

92521 - EVALUATION OF SPEECH FLUENCY

92522 - EVALUATE SPEECH PRODUCTION

92523 - SPEECH SOUND LANG COMPREHEN

92524 - BEHAVRAL QUALIT ANALYS VOICE

When submitting service authorization (srv auth) requests, provider must select the most appropriate speech therapy evaluatoin code based on the physician's order and diagnosis. Providers may use only one code per member per date of service (DOS) for each srv auth request. If a second evaluation is medically necessary, the same or different code may be submitted for the member for a different DOS span. This is necessary in order to prevent overlaps on previous code requests or duplicate dates of service requests.

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