

## Kentucky Medicaid Fee for Service Therapy Changes Effective September 2016

- **Home and Community Based Waiver** is the only waiver program transitioning individuals to state plan therapy services at this time. All other waivers can continue providing the service to the individual as a waiver service until further notice.
- **Requests for therapy services to be provided by an Independent Physical, Speech or Occupational Therapist or the new Multi-Therapy Agency provider group will be reviewed by HPE.**
- Requests can be submitted via fax 877-455-1275 or via email at [TherapyPA\\_Request@hpe.com](mailto:TherapyPA_Request@hpe.com)
- Authorizations will be granted for up 90 days based on the needs of the individual
- Continued authorizations may be requested up to 30 days prior to the end of the individual's current prior authorization. Example: Current PA ends on 12/31/16, the re auth can be requested on 12/1/16.
- Once an order for therapy is written, the prior authorization must be requested within 30 days of the date on the MD/ARNP/PA order.
- Authorizations will be issued for a number of visits for the authorization period rather than for a specific number of units per code. The specific code will still be required on the claim, but because the prior authorization will be granted for a number of visits it allows the provider to determine with each visit which modality/ies to provide that visit without having to submit a modification for increased units or additional codes.
- **Prior Authorization Number will be required on the claim**

### Example - Current day authorization

95860 10 units 7/1/16-7/31/16

95867 4 units 7/1/16-7/31/16

97110 6 units 7/1/16-7/31/16

### Example – Authorization beginning September 2016

Physical Therapy 20 visits 9/15/16-12/15/16

### Changes for existing authorizations that span the September 9<sup>th</sup> date

- Existing authorizations will be end dated September 8<sup>th</sup> 2016
- Provider Types 79,87,88 (Independent ST, PT, OT) will need to complete the therapy extension spreadsheet translating the number of units per code into the total number of visits per month. New orders or documentation **will not** be required, HPE will generate new authorizations for the total number of visits for the next two review periods. Beginning with the third PA request, the provider will be required to submit a new PA request with all applicable documentation.

- Waiver Providers with new provider numbers will need to identify the individuals they will continue to serve and specify their new provider number on the therapy extension spreadsheet. Prior Authorizations will be granted for the number of visits the individual is currently authorized to receive. Beginning with the third PA request, the provider will be required to submit a new PA request with all applicable supporting documentation.
- Providers can begin submitting the spreadsheets at any time, however, the new authorizations will not be issued until September.
- During the transition period, prior authorization changes will be reviewed and issued retroactively to ensure no gaps in coverage.

**Requests for new authorizations should be submitted using the new fax request form and include all applicable documentation.**