

PRIOR AUTHORIZATION (PA) FAX-FORM INSTRUCTIONS Kentucky Medicaid Home Health Care Services

HH agencies must justify and validate “Medical Necessity” and appropriateness of HH services in lieu of outpatient services for all authorization requests for services and supplies. Pertinent documentation is required.

All applicable information must be completed or the request for Prior Authorization will not be processed. For all requests, with exception to a discharge request, the first page of the MAP 130 must be completed.

The current, dated Physician’s order(s), written or verbal must be provided in the Physician’s section. The Physician’s order(s) must be transcribed as written or as verbally given. An attachment of the actual Physician’s order(s) may be attached to fax.

A discharge request requires the recipient and HH agency section to be completed with the appropriate discharge information.

907 KAR 3:130 Medical Necessity Regulation prohibits provisions of services or supplies for the convenience of the individual, the individual’s caregiver, or the health care provider. Services must be provided in the most appropriate location with regards to generally-accepted standards of practice.

“Supply Only” PA requests (incontinent paper supplies) requires completion of the highlighted sections. Indicate if the “supply only” PA request is a modification or a re-authorization if appropriate. The PA approval period for “supply only” is ninety (90) days.

Medicare recipients who are Medicaid eligible (dual eligible) must have a MAP 34 completed with explanation and Medicare rejection type. **NOTE: Medicaid is always The Payer of Last Resort.**

Responsible Party: If the recipient is a child under the age of 18, or an adult that has a responsible party, please enter the required information.

Homebound Status: Consideration of the recipient’s medical and mental condition, functional limitations and degree of difficulty in accessing medical care outside the home, and the services to be provided, shall be considered to determine if it is reasonable to request Medicaid reimbursement for HH services. *Outpatient services, including physician office or clinic visits, should be utilized when the recipient is medically able to do so.*

Recipient Social Support System- Caregiver information: If the recipient is not able to provide self personal care and there is not an able/competent reliable caregiver or family member, provide documentation to include the recipient’s physical and cognitive ability (or inability) for self care, mobility status and the necessity for HH intervention.

Personal Care Home (PCH), Family Care Home, Group Home: Skilled Nursing services and HH nurse aide for acute care related to illness or injury may be approved if ordered by the recipient’s attending physician.

NOTE: HH nurse aide for personal care only is not an approved service for the residents of these homes

EPSDT: Special Services: for children under age 21. Services and/or medical supplies appropriate to the EPSDT program should be requested under EPSDT regulatory program requirements.

The Home and Community Service Waivers include: (SCL) Supports for Community Living, (ABI), Acquired Brain Injury, (ADHC) Adult Day Health Care, (HCB) Home and Community Based Waiver for the aged and disabled, (MII) Model II, and (MP) Michelle P. If recipients are receiving waiver services and/or supplies, PA requests must follow the appropriate waiver regulatory and policy requirements.

CDO-Consumer Directed Option: provides for non-medical waiver services including personal care.

CDO Goods/Services: provides for non-medical waiver services and incontinent paper supplies.

CMHC- Community Mental Health Services. Psych meds injections and other psychiatric services should be received through the Community Mental Health Centers, or the Physician’s office.

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Primary Physician Information – Complete the information for the physician who is responsible for medical care of the recipient. Include the most recent date last seen by the primary physician, (According to clinical records or recipient’s recollection).

Recipient Diagnosis – It is imperative to list the recipient’s pertinent primary and secondary diagnoses code, description and onset date (if known). V-codes used as primary codes are not acceptable. V-codes may be used for secondary codes. **List the diagnoses with a brief description related to the services and supplies requested.**

List - The Home Health services you are requesting: explain the type, frequency, duration, number of visits, start and end date of the Plan of Care.

Disposable medical supplies and/or supplements – List the medical supplies and supplements that are an integral part of the plan of care which are required to treat the recipient’s illness/injury. List the paper incontinent supplies brief/diapers, chuxs, pads for a “supply only” recipient. **Exclude all administrative supplies.**

Supporting Clinical Documentation – Provide pertinent information for requested services and/or supplies not detailed in any other section. Provide clinical supporting documentation and appropriate diagnoses to justify and validate “Medical Necessity” for all requests of gloves, nutritional supplements, and paper incontinent supplies.

- **Gloves** – used for the protection of the caregiver, nurse, or aide are **NOT to be authorized.**
Approved coverage examples (*not all inclusive*): wound care, trach care, IV site care, in & out cath care, immunocompromised, organ replacement therapy, Infection, HIV, undergoing chemo-therapy), new or infected, g-tube, ileostomy, and colostomy site care within the first 60 day plan.
- **Nutritional Supplements** – must be an integral part of the HH Plan of Care which includes: an approved HH service, appropriate assessment and monitoring of nutritional status. Supplements are approved for diagnoses and/or conditions-disorders of **significant physical or mental health** including trauma, significant weight loss, chronic and/or acute illness which have been determined to require nutritional supplements in order to maintain optimum health status and adequate weight
NOTE: Total nutritional products and related supplies must be requested through the DME program.
- **Paper Incontinent supplies** - Each recipient’s needs must be evaluated for type and quantity or combination of incontinent supplies. List the paper incontinent supplies, brief/diapers, chuxs, pads, for a “supply only” recipient. A diagnosis of incontinence and a diagnosis related to incontinence are required. Also required is a description of the type of incontinence, i.e. Bladder and/or Bowel control problems, Stress, Overflow, Nocturia, Urinary urge and Urinary retention.
NOTE: Recipient must be greater than 36 months of age.

PA REQUESTING SKILLED NURSING VISIT (SNV) FOR MEDICATION MANAGEMENT – The HH program will cover medically necessary medication management skilled nursing visits. The HH agency must attempt to teach and coordinate with the recipient, the recipient’s primary caregiver and/or family members, pharmacist, and physician to develop independent medication management. The recipient’s medical record must document these efforts and the outcome. If independent medication management of the recipient is not possible, DMS will authorize SN visits to fill the medication dispensing systems (medi-planners) every 2 weeks or less frequently. **The HH agency documentation on the PA request must support medical necessity and clearly define the recipient’s unique circumstance that justifies provision of this service.**

Wound care- Provide the required description(s) of the wound(s)/decubitus. Complete clinical supporting documentation for wound care services and supplies if appropriate. Page (3) may be used for additional wound assessments; if required, check box at the bottom of page 2.

DMS and SHPS are requesting HH providers to fax in PA requests for re-authorizations and modifications one day prior to providing additional visits/supplies. PA requests that must be called in: New patient, Therapy and MSW evaluations, PRN visits and “un-reviewed” PA status requests noted on the Daily Activity Report (DAR).