

Therapy Services

Prior Authorization Process



Hewlett Packard
Enterprise

Governing Regulations

- **907 KAR 8:040. Coverage of occupational therapy, physical therapy, and speech-language pathology services provided by various entities.**
- **907 KAR 8:045. Reimbursement of occupational therapy, physical therapy, and speech-language pathology provided by various entities.**

Fee Schedules

The Fee Schedules for each therapy discipline (Physical, Occupational or Speech Therapy) can be found on the CHFS website.

<http://www.chfs.ky.gov/dms/fee.htm>

The fee schedule defines the unit value for each procedure code

- Episode = 1 visit/unit
- 15 minute = 1 unit
- 1 hour = 1 unit
- Additional 30 minutes = 1 unit

Procedure Codes/Unit Values

When requesting prior authorization for therapy services, the request should be for the total number of visits to be provided during the requested time frame.

When billing for therapy services, pay special attention to the unit value assigned to the code. Bill the number of units corresponding to the modality that was performed during the authorized visit.

Examples:

- Unit value = 15 minutes - code to be provided for 1 hour = request 4 units for each day of service to be provided
- Unit value = Episode - request 1 unit for each day of service to be provided regardless of the amount of time the service will be provided

Initial Request for Therapy

- Kentucky Medicaid Therapy Prior Authorization Form
- Order signed by a KY Medicaid participating Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Psychiatrist (when applicable)
 - Specify type of therapy being requested
 - Specify whether evaluation or evaluate and treat
 - Frequency and duration not required, but if indicated the requested visits must match the order

*Note this is for initial therapy requests only, individuals who have previously received therapy in the waiver program should follow the Ongoing Therapy Request

Ongoing Request for Therapy

- Kentucky Medicaid Therapy Prior Authorization Form
- Order signed by a KY Medicaid participating Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Psychiatrist (when applicable)
 - Specify type of therapy being requested
 - Specify whether evaluation or evaluate and treat
 - Frequency and duration not required, but if indicated the requested visits must match the order
- Therapy progress notes, including an updated/current evaluation
 - Monthly Summary notes are acceptable – Progress notes should support the ongoing need for therapy services

Clinical Criteria

- Interqual – The gold standard in evidence-based clinical decision support
- Therapy will be reviewed using the Home Care Module
 - Format is question and answer based with each response determining the next question
 - End result is a recommended number of discipline- specific visits
 - Allows for maintenance therapy
- Organizational Kentucky Medicaid Specific Policy
 - Services can be approved up to 90 days
 - Services can be utilized to cover maintenance therapy to prevent regression

Prior Authorization

Waiver CM responsibility

- Referral to and assistance in connecting the individual with a KY Medicaid participating therapy provider
- Aid in the sharing of information between waiver service provider and new therapy provider

Therapy Provider Responsibility

- Review previous therapy notes/services
- Obtain therapy order
- Request Prior Authorization

Prior Authorization

- Initial 20 visits do not require Prior Authorization
 - Visit is determined by date of service regardless of the number of codes to be billed during the visit
- First 2 therapy requests (6 months) following transition from services provided in the waiver program – the same number of visits approved through the waiver will be approved through the state plan
 - Provider responsible for requesting the number of visits to be provided during the 90 day timeframe
- Beginning with the 3rd therapy request, the number of visits will be based on the Interqual determination
 - Medical Necessity and number of visits determined based on each individual's needs

Kentucky Medicaid Therapy Prior Authorization Form				
Provider Information				
Provider Name		Provider Number		
Provider Address		Facility Contact Person		
Provider Phone Number		Fax Number	Date	
Member Information				
Member Last Name	Member First Name	Medicaid Number	DOB	Age
Member Address		City	Zip Code	
Diagnosis	ICD 10 Code	Diagnosis	ICD 10 Code	
Diagnosis	ICD 10 Code	Diagnosis	ICD 10 Code	
Diagnosis	ICD 10 Code	Diagnosis	ICD 10 Code	

Complete Provider and Member Demographic Section

- Facility Contact Person and Phone Number – This is the person who should be contacted with any questions about the request
- Member Information – Verify the Member name and Medicaid Number Match
- Diagnosis – Include all applicable diagnoses and the corresponding ICD 10 code

Service Requested	# of Visits Requested	Start Date	End Date

- Service Requested – List the service description
- # Visits Indicate the total number of visits requested for the time period
- Start and End Date – Indicate the requested start and End dates – Maximum amount of time 90 days, start date cannot be prior to the therapy order date

Request Checklist		
1. Requested services are physician, physician assistant, advanced practice RN or psychiatrist directed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. A. Treatment is for the maximum reduction of the effects of a physical or intellectual disability; OR B. Rehab potential with expectation for clinical/functional improvement	A <input type="checkbox"/>	B <input type="checkbox"/>
3. There is documented member adherence to home exercise program (HEP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. There are documented short-term goals (STG) and long-term goals (LTG)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Therapy Information		
Is this a new PA? Y/N Individual has received therapy through _____ waiver program		
Treatment Plan Overview	Services to be rendered: _____ times per week for _____ weeks.	

- Please address all 4 questions and indicate the number of times per week and the total number of weeks therapy will be provided during the requested dates.
- For example: Services to be rendered 3 times per week for 12 weeks
- Please indicate which waiver program the individual is currently enrolled

Prior Authorization

- Fax or email requests to HPE
 - 877-455-1275 or TherapyPA_Request@hpe.com
- HPE has 3 business days to process/render a determination for incoming initial request.
- **Physician Referral**
 - If the clinical reviewer is unable to determine medical necessity of the service being requested, the case will be referred to a physician.
 - HPE physicians have 24 hours to review referral and render a determination.
 - Providers will be notified via telephone of outcome of referral.
 - Denials: If a service is denied the individual and servicing provider will receive a denial letter with the appeal rights.
- **Please check KY Health Net for PA**

Lack of Information

- If additional information is needed by the reviewer at HPE a Lack of Information letter will be generated.
- The requesting provider will have fourteen (14) days from the date of the letter to submit the information required to complete the review.
- If the requested information is not submitted within the 14 days, HPE, will issue a Lack of Information denial.
- The provider may submit complete information at any time following the issuance of a denial letter. Upon receipt of this request, a new review will be conducted.

Reference Page

Department	Phone Number	Email or Fax	Roles
HP Provider Billing Inquiry	800-807-1232	KY_provider_inquiry@hpe.com	Claim Status, claim denials, RA's, billing questions, member eligibility
EDI Help Desk	800-205-4696	KY_edi_helpdesk@hpe.com	Electronic billing, electronic RA's, PIN#, and password reset
Provider Enrollment	877-838-5085	Program.Integrity@ky.gov	Questions or updates to provider file including NPI/taxonomy, updating address, EFT's and enrollment of providers
HPE	Varies	UM_Research@hpe.com , TherapyPA_Request@hpe.com	Billing problems, PA questions

