Outpatient Physical, Occupational, and Speech Therapies

Presented by
New Mexico Medicaid Utilization Review
Blue Cross Blue Shield of New Mexico
2009
This presentation will help clarify the Prior Authorization process by Medicaid Utilization Review (MUR) for processing reviews from:
- outpatient rehabilitation clinics
- outpatient rehabilitation units within hospitals
When submitting Prior Authorization requests to MUR for processing, there are 2 separate methods for calculating your request based on what type of setting you are:

- Outpatient Therapy Clinic (Units) - OR -
- Outpatient Rehabilitation units within hospitals (Visits)
Completed MAD 303

Be sure you have indicated:

- Recipient name and Medicaid/SS number
- Be certain that this number is correct and the same on all forms submitted
- Provider name/number
- Complete description of service requested

A separate MAD 303 and documentation for each submission of PT, OT, and ST service is required.
Only a Physician or Nurse Practitioner may prescribe skilled therapies for adults.

- This may be ordered on the 303 form or separate prescription. A physician / nurse practitioner signature and date is required.

Under the EPSDT Program (for children under 21) the order may be written by a DO, NP, PA, or MD.
PT/OT/ST for Outpatient Therapy Services (all settings)

- When requesting more than 2 months of service for adults, a new submission must be received with a re-evaluation and documented progress of initial goals.

- For children with special health care needs, services can be requested for up to 12 months.
Outpatient Therapy Services Prior Authorization for Evaluations (all settings)

- Most evaluations for Physical Therapy and Occupational Therapy do not require prior authorization.

- Prior authorizations for outpatient rehabilitation services are not required for evaluation, testing, wound care, and other study procedures.
PT/OT/ST for Outpatient Therapy Services (all settings)

Prior Authorization IS required for:

- Assistive technology devices and adaptive equipment evaluations.
- ST evaluations for adults age 21 and older.

- Evaluations for Speech Therapy services are reimbursed at the flat rate of 1 unit, regardless of time spent during the evaluation.
When submitting a prior authorization (PA) request (MAD 303) for services that have yet to begin, the approval timeframe will begin from the date of the completed review forward for a 2 month time span.

Example: PA approved on 3/7/08
PA approval timeframe will be 3/7/08 - 5/7/08

It is acceptable to write “start of services pending prior authorization approval” on the PA request as the timeframe requested.
When submitting a prior authorization (PA) request (MAD 303) for services that have already begun, the PA request needs to be received no later than 10 days from the start of services.
PT/OT/ST Outpatient Rehabilitation Clinic setting
Outpatient Rehabilitation Clinics will calculate totals based on the total number of units to be provided.

- Specify total units requested
- Example
  - (4 units) 2 x week x 4 weeks = 32 units
Requests must include the following on the MAD 303:

- Procedure code and procedure code description.
- The units of service, frequency, and duration.
- The time span (from/to dates).
- Total requested units for each procedure code for the time span.
PT/OT/ST Outpatient Clinic order
EXAMPLES

- 97110 (not acceptable)
  - Therapeutic Procedure, 2 units twice a week for 2 months (6/1/07 – 7/31/07) = 32 total units

- 97110 acceptable to MUR:
  - Therapeutic Procedure, (2 units) 2x/week x 8 weeks = 32 total units (6/1/07-7/31/07)
  - Please specify the number of weeks for duration
PT/OT/ST
Outpatient Rehabilitation in a Hospital setting
Outpatient Hospitals that provide therapy services must calculate their service totals based on the number of visits (units) / week \( \times \) duration of therapy.

Only calculate the number of visits requested.

Example:

- 2 visits/week \( \times \) 4 weeks = 8 visits
Requests must include the following on the MAD 303:

- The therapy descriptor
- The visits (units) of service and frequency
- The time span (from/to dates).
- Total requested visits (units) for the time span.
Physical Therapy -
2 visits (units) 1x/week x 8 weeks
6/1/07 – 7/31/07 = 16 total visits (units)

Occupational Therapy -
1 visit (unit) 2x/week week for 4 weeks
6/1/07 - 7/30/07 = 8 total visits (units)

Speech Therapy -
2 visits (units) 1x/week x 8 weeks
6/1/07 – 7/31/07 = 16 total visits (units)
Avoiding Requests for Information (RFI)
Avoiding Request for Information (RFIs)

- Review all documentation for completeness prior to submission.
- Check total visits (units) and calculations.
- Verify the physician or nurse practitioner therapy order
Avoiding Request for Information (RFIs)

- Be certain that the initial evaluation submission has measurable goals.
- If requesting additional services, be sure that the re-evaluation is included as outlined previously.
Retro-Authorization Requests

- Requests for authorization should precede the start of services.
- Authorization may be granted up to 10 days prior to the date your submission is received (stamp date).
- Requests for retro-authorization may be approved if documentation is submitted to MUR within 30 days of provider notification of the recipient’s Medicaid eligibility.
Review Process

Prior Authorization requests are reviewed by clinical reviewers:

- Nurses
- Peer Consultants
Clinical Reviewers

- Nurse reviewers can approve reviews; however, all potential denials must be referred to a peer consultant.

- Peer consultants include:
  - Medical Doctors
  - Physical and Speech Therapists
The Appeal Process

- The Appeal Process consists of several possible steps:
  - Re-review
  - Reconsideration
  - Fair Hearing
Re-Review Process

- Based on MAD regulations, the written request must be received within 10 calendar days from the date of the denial letter.
  - Requests will be processed within 15 calendar days of receipt.
  - The abstract should be marked “RE-REVIEW” at the top.
Re-Review Process

- The re-review request must include additional medical/clinical information (in addition to the initial information submitted) in order to meet the requirements for the re-review process.
Reconsideration Process

- The request must be received within 30 calendar days from the date of the re-review denial.
- This request must include additional medical/clinical information (in addition to the initial and re-review information submitted) in order to meet the requirements for the reconsideration process.
Reconsideration Process

- If a re-review is unable to be requested within the mandated 10-days, a request may be made for a reconsideration (without benefit of a re-review).

- The request must be received within 30 days of the date of the original denial letter.

- “Reconsideration” should be indicated on the request.
The Fair Hearing Process

- Requests for Fair Hearings are administered through the Administrative Hearings Bureau.
- A Fair Hearing request can be initiated by either the recipient or provider. (Sections 8.352.2 and 8.353.2 of the Program Manual).
Data Entry

- All Prior Authorization related review findings are entered into the Medicaid Utilization Review database and transmitted daily to ACS, the fiscal agent.
Prior Authorization Request Submissions

US Mail
- P.O. Box 27950
  Albuquerque NM  87125-7950

Delivery services (e.g., FedEx)
- 4373 Alexander Boulevard NE
  Albuquerque NM  87107

Hand-Carried and Drop Box Submissions
- 4373 Alexander Boulevard NE
  Albuquerque NM  87107
Prior Authorization Requests by FAX

- FAX Server 1-800-746-7292
  - Dedicated FAX that can accept requests for a number of reviews, including PT, OT, and ST (must be less than 15 pages total)
Customer Service

- 800-392-9019 (number is valid both in- and out-of-state)
- Customer Service hours are 8:00 a.m. to 5:00 p.m., Monday-Friday.
- ACD (Automatic Call Distribution) allows calls to be handled in the order received.
- MUR may be contacted via the Internet at NMMedicaid UR@bcbsnm.com
Help Us Help You!

Have this information ready:

- Recipient number
- Recipient name
- Recipient date of birth
- Provider number
- Provider name
- Date request was sent to MUR
- Item(s) or service(s) requested
Following up on Submissions

- Please allow time for review to reach MUR before calling to ask if it has been completed.
  - MUR has 8 business days to complete reviews (per the HSD/MAD contract).
- MUR’s imaging system allows the Customer Service representatives to view where the review is in the process (and when it was received).
Eligibility

- Medicaid Utilization Review does **not** provide eligibility information.
- It is the **provider’s** responsibility to verify eligibility through ACS
  Phone # 1-800-705-4452 –or– 505- 246-2056
  - Refer to the Medical Assistance Division Program Policy Manual – Section 8.302.1.11.A.
Program Policy Manual Site

- [http://www.hsd.state.nm.us/mad/policymanual.html](http://www.hsd.state.nm.us/mad/policymanual.html)
- Section 767 Rehabilitation Service Providers
- Section 743 (8.320.4) Special Rehabilitation Services
- Also see MAD-MR: 06-08 (Departmental Memo from Medical Assistance Division) and Procedure Code Supplement dated 8/14/06
Medicaid UR Website

The Medicaid UR website is located at:

http://bcbsnm.com
Welcome, Providers

News and Updates

- **Availity Webinar Training Schedule - March** 03/03/09
- **NPI Edit Update Notification Effective March 3, 2009** 02/27/09
- **Electronic Remittance Advice (ERA) Update 02/27/09**
- **Medicaid BlueSalud - Urgent Care Services 02/18/09**
- **March Provider Webinar Training Schedule 02/13/09**

Electronic Commerce

- **Availity LLC**
- **Clear Claim Connection**
- **EDI Format Specifications**
- **EDT/ESA FAQs**
- **EDT/ESA Forms**
- **Electronic Commerce Alerts**
- **Electronic Transactions**
- **HealthNet**
- **Online Transaction Tip Sheets**

Claim Filing

Provider Library

- **Provider Reference Manual (PRM)**
- **PRM Changes/Updates**
- **Medical Policies**
- **Draft Medical Policies**
- **Newsletter (Blue Review)**
- **Forms**
- **NPI**
- **Interactive Voice Response (IVR) System**
- **FAQs**
- **Become a BCBSNM Provider**

UM/QI/Medical Management

- **Preventive Health Guidelines:**
  - Adult
  - Children
  - Prenatal
- **Clinical Practice Guidelines:**
  - Asthma
  - Diabetes
  - Hypertension
  - Depression
  - Blue Care Connection® Disease Management Programs
  - Diabetes Guidelines
About Medicaid Utilization Review

Our Mission Statement

To provide state-of-the-art professional Medicaid utilization review services in a timely, accurate, efficient and cost effective manner to our customers.

To detect and report quality of care concerns within the limits of our contracted authority and resources.

To detect and report fraud and abuse concerns within the limits of our contracted authority and resources.

To be or become an expert resource in these areas:

- Medicaid utilization review operations
- Utilization review data/information interpretation
- Clinical standards of practice
- Quality review operations
- Use of information technology in medical review

What We Do

- We perform reviews for a wide variety of services, including nursing home care, waiver services, durable medical equipment.
- We participate in provider training sessions.
Medicaid UR Review Types

Blue Cross and Blue Shield of New Mexico (BCBSNM), serving as the Medicaid Utilization Review contractor, works within time frames required by the Medical Assistance Division (MAD). These time frames are based on the BCBSNM contract with MAD and/or the regulations as stated in the MAD Program Policy Manual.

For more information about a review type, select from the list below:

- Contact Lens
- Dental Services
- Durable Medical Equipment
- Emergency Alien Services
- Hearing Aids
- High-volume, High-dollar Procedures, Surgical
- Home and Community-Based Waivers (medically fragile, disabled and elderly, AIDS and AIDS-related complex, developmental disabilities)
- Home Health Care
- Inpatient Rehabilitation Hospital
- In-state Transplant
- Intermediate Care Facilities for the Mentally Retarded
- Nursing Facility
- Nursing Facility - PACE
- Nursing Facility - PASRR
- Out-of-state Medical
Medicaid UR Forms

Our most frequently requested forms are available in Adobe Acrobat PDF and Microsoft Word. Download the appropriate form, print the form, fill it out, and mail it to:

Medicaid UR Dept.
Blue Cross and Blue Shield of New Mexico
P.O. Box 27950
Albuquerque, NM 87125-7630

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<td>Durable Medical Equipment (with medical justification forms, see list below)</td>
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# PRIOR APPROVAL REQUEST

**Medical Assistance Division**

PO Box 2348, Santa Fe, NM 87504-2348

Send PA Requests to:
NM Medicaid U/R
PO Box 27950
Albuquerque, NM 87125-7950
1-800-392-9019

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<th>First</th>
<th>MI</th>
<th>MEDICAID ID Number</th>
<th>Birth Date</th>
<th>Sex</th>
<th>Recipient’s Address - Street/PO Box/Rt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>If in Care Facility, give name</th>
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Provider, Pharmacy, etc., Name, Address, Zip Code

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<th>Provider Phone No</th>
<th>NPI</th>
<th>Ordering Physician’s Name, Address, Zip Code</th>
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<th>Ordering Physician Phone No</th>
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**REQUEST for TREATMENT, EQUIPMENT or SERVICE** – (Specify frequency and duration)

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Procedure Code:  
Description:

Procedure Code:  
Description:

Procedure Code:  
Description:

Other:
Contact Medicaid UR

Mailing Address:
Medicaid Utilization Review
P.O. Box 27950
Albuquerque, New Mexico 87125-7950

Customer Service Toll-free Phone:
1-800-392-9019

E-mail:
E-mail us at NMMedicaidUR@bcbsnm.com

Courier Delivery (FedEx, UPS):
4373 Alexander Boulevard NE
Albuquerque, New Mexico 87107

Hand-Carried Reviews:
Deliveries to the Alexander Blvd. address can be signed for by security personnel between 6:30 a.m. and 5:00 p.m. If you require copies of the signed receipt, please bring extra forms for security to sign, as they cannot make copies. No signatures will be available for abstracts left in the drop box.

Drop Box:
Effective March 1, 2006, abstracts can be dropped off at the Alexander Blvd. location. The drop box will be available 24 hours a day. All packages must be in a sealed envelope to comply with HIPAA regulations protecting PHI (Protected Health Information), SPI (Sensitive Personal Information), and to keep documents appropriately separated.

All mail received at this location by 3:00 p.m. each day will be processed as received that same day. Mail received after 3:00 p.m. will be processed as received the next business day. The drop box will be checked at 3:00 p.m. each business day and any contents present at that time will be date-stamped as received for that business day.
Time for Your Questions

THANK YOU for your time and attention!

- Please don’t hesitate to let us know how we can continue to improve our communication and services!