MEDSOLUTIONS INTELLIGENT COST MANAGEMENT

Oklahoma HealthCare Authority

SoonerCare Therapy Management Program *Frequently Asked Questions*		
1.	**Q**	Who is CareCore | MedSolutions?
	A	CareCore | MedSolutions is a medical management company in comprehensive Specialty Benefits Management. Our main focus is to improve the quality of patient care.
2.	**Q**	What is the relationship between Oklahoma Health Care Authority (OHCA) and CareCore | MedSolutions?
	A	OHCA has partnered with CareCore | MedSolutions to administer a prior authorization program for Occupational Therapy (OT), Physical Therapy (PT) and Speech Therapy (ST) services.
3.	**Q**	What services require prior authorization for the Therapy Management Program?
	A	Occupational, Physical and Speech Therapy for outpatient and school-based services for children require prior authorization.
4.	**Q**	Will CareCore | MedSolutions be processing claims for OHCA?
	A	No, CareCore | MedSolutions will only manage prior authorization requests for OT, PT and ST for children under 21 years.
5.	**Q**	Is prior authorization required for the evaluation of Speech, Occupational and Physical Therapy?
	A	Prior authorization is required for the evaluation of Speech Therapy only. Prior authorization is **not** required for Occupational and Physical Therapy evaluations. However, if a patient is treated for PT or OT during the evaluation, the treatment must be prior authorized for claim payment. The prior authorization request for the treatment must be submitted on the same day the treatment was rendered. If the prior authorization request for treatment of PT and OT is not submitted on the same day the therapy services were rendered then claims will be denied for no prior authorization.
6.	**Q**	Is prior authorization required for adults for Speech, Occupational and Physical Therapy?
	A	Adults (21 years or older) receive 15 visits per year without prior authorization for outpatient services. Once the 15 visits are exhausted the patient would have to continue therapy the next year when the 15 visits are available.
7.	**Q**	Can school-based and outpatient therapy services be requested on the same prior authorization form?
	A	No, school-based and outpatient therapy services must be submitted on **separate** prior authorization forms. School-based therapy services must include a 'TM' modifier with the CPT code for claim payment on authorized therapy services.
8.	**Q**	What documentation is required with the prior authorization request?

	A	The following documentation is required for clinical review:
		• Exam narrative/office notes
		  o Referring physician note must specify the need for therapy
		• Referral
		  o Signed, dated within a year of the request and therapy specific
		• Evaluation Notes
		  o Objective measures of functioning
		  o Subjective measures of functioning

		o Short/Long term goals o Length of time to reach goals o Expectations for progress • Diagnostic Test Results o Standardized scores o Percentage of age equivalency o Severity rating of an objective measure of function • Parental Consent Form o Dated within the year • Parental Participation o Required for 50% of treatment sessions o Phone calls o Email o Direct participation in therapy o Homework notebook/log • Change of provider form (if applicable) Incomplete medical records could result in a delay of clinical review or a denial.
9.	**Q**	What is the turnaround time for a determination on a prior authorization request?
	A	2 business days if all clinical documentation is submitted. If additional documentation is requested, it could take 14 business days for a determination to be made.
10.	**Q**	How will I be notified of a determination?
	A	If the prior authorization request is submitted via fax then a faxed determination letter will be sent to the provider. If the prior authorization request was submitted via web portal then an email notification will be sent to the email registered on the portal. Members are sent a determination letter by mail.
11.	**Q**	Can a retrospective request for services be submitted for authorization?
	A	Retrospective reviews are not allowed; however we will allow retrospective reviews for the school-based program until September 30, 2015 for dates of service beginning July 1, 2015 and after. Any requests for dates of service prior to July 1, 2015 will not be reviewed by CareCore | MedSolutions. The retrospective review process will terminate on October 1, 2015. Any retrospective requests received on October 1, 2015 and after will be denied administratively. An exception to retrospective requests is for TEFRA members. Providers have 30 days from the parent's award letter to submit for services that were rendered. The award letter must be submitted with the request.
12.	**Q**	What documentation is needed for continuation of care?
	A	A new Therapy Management Authorization form must be submitted with the following documentation: • Baseline measures from the previous reporting period along with updated objective and functional status, status of goals including what goals have been met/partially met or remain outstanding as well as any revised and/or new goals • All current test scores • Parental participation

		• Attendance • Hearing screening documentation (ST only if not included in the evaluation)
13.	**Q**	Do I submit prior authorization requests for AAC devices and other Durable Medical Equipment?
	A	For the actual device or other DME requests please send the prior authorization request to OCHA SoonerCare. Please refer to the CPT code list on http://www.triadhealthcareinc.com/soonercare.
14.	**Q**	Who can submit a referral/prescription for therapy services?
	A	For Speech Therapy – PA, APRN, CSN or MD. For Physical and Occupation Therapy - licensed doctor of medicine, osteopathy, dentistry, chiropractic or podiatry, or a physician assistant.
15.	**Q**	These policies and medical models seem to apply to adults needing rehab. What about therapy clinics who treat primarily young patients with autism or sensory processing challenges. They will likely not have progress measurable in 30 days.
	A	Condition, severity and co-morbidity are taken into consideration by the same specialty peer upon review.
16.	**Q**	Previously OHCA has allowed speech therapists 12 visits before a pre-authorization for feeding therapy, 92526. Will this continue, or will we have to pre-auth for the first visit?
	A	Prior authorization is required for this CPT code. The patient is allowed 12 visits per lifetime for CPT code 92526 without an authorization. Any amount beyond the 12 units requires a PA.
17.	**Q**	What is the process to make an amendment on my existing authorization?
	A	Contact our call center at 1-888-693-3281 to speak with a representative who can assist with your Physical, Occupational, and Speech Therapy amendment request. All amendments must be made telephonically. Amendments can only be made for CPT code, modifier revisions and date changes.
18.	**Q**	What is the process to extend the coverage period on my existing authorization?
	A	No date extensions are granted.
19.	**Q**	Is the parental consent form and referral/prescription needed when submitting for additional visits of therapy?
		The parental consent form and referral/prescription are only needed if CareCore | MedSolutions does not have it on file. If a prior authorization request was sent to CareCore | MedSolutions with that information then it is not needed again. Referrals/prescriptions are valid for one year and at that time a new referral/prescription must be submitted.
20.	**Q**	Do I have to wait to submit a prior authorization request for additional therapy visits when my current authorization expires?
	A	No you do not need to wait until the authorization expires. To avoid a lapse in the patients care, submit the prior authorization request for additional therapy visits within the week of the last scheduled visit.
21.	**Q**	What are my options when a prior authorization request is denied?
	A	The office can contact our call center at 1-888-693-3281 to request a peer-to-peer discussion. Peer-to-peer calls will be scheduled by a Peer-to-Peer Coordinator.
22.	**Q**	We have some children that mainly see a Physical Therapy or an Occupational Therapy Assistant for therapy services. When sending the information for additional therapy services,

		will an update from the assistant be sufficient or does the documentation need to be from the therapist that completed the evaluation?
	A	The treating assistant can have input into the reassessment but a licensed PT or OTR should sign off on the documentation. Documentation from the assistant alone is not enough to support ongoing skilled therapy. It is the responsibility of the licensed PT or OTR to complete the assessment which includes addressing goal achievement, identifying remaining goals as the member progresses as well as directing treatment progression.
23.	**Q**	Many patients/students will not meet their goals in a 30/60/90 day timeframe; does that mean that my prior authorization request will be denied?
	A	Services will not be denied if the therapy is medically necessary. Instead of writing goals for a year, include smaller goals that the patient/student is able to achieve within the 30/60/90 day duration of care that you are requesting.