



DMAS/ KePRO
Prior Authorization Process
for Inpatient Rehabilitative Services
December 3, 2008

DMAS/ KePRO

Prior Authorization Process

- **Overview of Prior Authorization Process**
- **Document Submission**
- **iEXCHANGE Demonstration**
- **Program Changes and Updates**
- **Question and Answer Session**

Verifying Eligibility

- **How do I verify recipient eligibility?**

DMAS web-based ARS at: <http://virginia.fhsc.com>

Medicall at 1-800-884-9730 or 1-800-772-9996

- **Eligibility verification avoids unnecessary delays associated with PA submission (**due to incorrect payer source**). Eligibility should be checked at each visit.**

Providers must submit PA requests for recipient eligible dates under the Medicaid Fee For Service Plan. Service requests for dates outside the recipient's coverage (future dates for on going coverage is an exception**) will be rejected and returned for correction. Check eligibility for each day or visit requested.**

Submitting PA Requests

- **Requests may be submitted via:**
 - **iEXCHANGE**
 - **Fax: 877-652-9329**
 - **Telephone: 888-827-2884 or (local) 804-622-8900**
 - **Mail: KePRO
2810 North Parham Road, Suite 305
Richmond, VA 23294**

Submitting PA Requests

- **Do not send duplicate requests via multiple faxes, iEXCHANGE, phone or mail unless specifically instructed by KePRO to re-send.**

This only causes confusion and slows the process. Please include a contact person, phone and fax number from your agency or facility on all submissions so contact can be made if there are questions.

Submitting PA Requests via Fax

- **PA request fax forms are posted on the DMAS and KePRO websites.**
- **The forms are available in two formats:**
 - (1) a PDF version that providers can download and complete manually.**
 - (2) an editable Word version, that allows providers to save the form and input responses directly on to the form. Use of editable version of the PA request form will expedite processing and is preferred if providers are not using iEXCHANGE.**
- **Please clearly indicate if a submission is an initial request, re-certification, change, or a cancellation on the fax forms. Please also include the PA# that needs to be changed or cancelled.**

Submitting PA Requests by Fax or Mail

Use Fax Form: DMAS 362 for Inpatient Prior Authorization Request.

- **For retrospective review please indicate date when notification was received of eligibility.**
- **All relevant clinical information should be included in the *Severity of Illness (SI) and Intensity of Service (IS)* box.**

Please do not state “see attached” or “meets criteria,” and do not send attachments with the fax forms, except as noted in fax form instructions.

Submitting PA Requests via Fax

The service type used for Inpatient Rehabilitation Services is:

- **0200 INPATIENT REHABILITATION**
- When entering cases in iEXCHANGE® please indicate “Review Type” by selecting “**Admission or Retrospective**” review.
- Please make sure you select correct Service Type 0200
- A Retrospective Review is requested when the patient becomes eligible after admission date. Retrospective Review requests will be completed within twenty business days.
- If Medicare A exhausted, please note that on your request. Timeliness is not applied when Medicare A is exhausted or if claim is denied.

iEXCHANGE

- **Registration is required. Once completed, providers can expect to receive their iEXCHANGE user login and password via email within 10 business days.**
- **iEXCHANGE can be used to submit requests 24 hours/day, 7 days a week.**

For any questions regarding registration, contact KePRO at 888-827-2884 or via e-mail at: ProviderIssues@kepro.org

Submitting PA Requests via iEXCHANGE

- **A step-by-step iEXCHANGE user manual, on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at:**

<http://dmas.kepro.org/default.aspx?page=iexchange>

- **iEXCHANGE is the most efficient and accurate way to obtain a Prior Authorization #**

Submitting PA Requests

- **All relevant clinical information should be included in the *Severity of Illness (SI) and Intensity of Service (IS)* boxes.**
- **Please do not send attachments, list “see attached” or “meets criteria,” on the fax forms, except as noted in fax form instructions.**

Information Needed for A New Admission

- **Planned/ scheduled admissions must be submitted within 72 hours of admission**
- **If received after this time frame, Days submitted untimely will be denied. Days from the date of submission will be reviewed.**

Information Needed for A New Admission (continued)

Please include the following under the “Severity of Illness” box in iEXCHANGE.

- **DX within 30 days of admission**
- **Impairment as a result of diagnosis – Must have a mobility impairment(PT) coupled with another impairment in another area (ADL impairment, OT, Speech, Cognitive, Swallowing Impairment SLP**
- **List co-morbidities**
- **Must be clinically stable for 24 hours or more (labs & vital signs prior to transfer)**

Information Needed for a New Admission (continued)

Please include the following under the “Severity of Illness” box in iEXCHANGE.

- **Able to sit supported for 1 hour or more per day**
 - **Able to follow commands either verbally or visually**
 - **Activity level in the community prior to event that led to rehab**
 - **Patient participation in evaluations by therapists prior to transfer to rehab**
 - **Rehab potential**
 - **Services to be utilized while in therapy – PT, OT, SLP**
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- Knowledge of the InterQual® Acute Adult and Pediatric Criteria will be helpful to provide pertinent information. Provide the clinical information of chief complaint

Information Needed for a New Admission (continued)

Please include the following under the “Intensity of Illness” box in iEXCHANGE:

- **MD involvement for assessment / intervention - # visits per week**
- **Specialized equipment that will be used by patient while in rehab**
- **Rehabilitation nursing available 24/hr day and what services provided: medication administration, pain/spasm control, bowel and bladder re-training, wound care, PEG tube feedings, suctioning, oversight of oxygen administration, stump care, wound care, trache care, et al**

Information Needed for a New Admission (continued)

Please include the following under the “Intensity of Illness” box in iEXCHANGE:

- **Care coordination and discharge planning begins on date of admission**
- **Completion of skilled therapy services evaluations with long term goals will be completed within 72 hours of admission with full patient participation in evaluations**
- **Plans of care by therapist will be initiated within 72 hours of admission**
- **Weekly team meetings held**
- **Can patient tolerate 3 hours of therapy per day for a minimum of 5 days per week**

Information Needed for a Concurrent Review

- Patient continues to participate in 3 hours of therapy for 5 days per week
- If patient did not participate, need reason why they did not meet the 3 hours / day and the number of days they did not meet.
- Need ongoing care coordination documented
 - Medical / psychosocial management in place
 - Needs assessment / procurement (obtaining bedside commode, walker, w/c et al for use upon discharge

Information Needed for a Concurrent Review

- Education being completed with family and with patient
- Must show improvement in 2 different service areas from the initial review or prior concurrent review

Submitting Additional Information

- **To submit additional information on a pending case:**

Via iEXCHANGE-

Providers may submit additional **information** through iEXCHANGE by choosing "add to comments. (NOTE: The "extend case" feature is used when requesting additional days of coverage). Whenever a provider adds to comments, this puts the case back in the nurse review queue.

FAX / PHONE-

Providers may receive a KePRO notice requesting additional information. Please submit this information by following the instructions provided on the “additional information request”. Please label the document as additional information.

Tips For Successful Requests

- Number of days requested for review:
 - 7 initially
 - 14 for concurrent can be requested
 - DX of Spinal Cord Injury and/or Traumatic Brain Injury – provider can request 21 initially and 21 days for concurrent review

Please notify KePRO if patient is discharged

Submitting an Appeal

- **All appeal requests are to be submitted in writing to: **Director Appeals Division**
 Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, VA 23219**

Case Number/Medicaid Number/PA Number

- **Medicaid ID number consists of 12 digits**
(example-123456789012)
- **KePRO Case Number consists of 9 digits with one dash** (example-07000-0000).
- **PA number generated by First Health is 11 digits**
(example-12345678901).
- **Without the correct number of digits, it will take longer to process the request.**

Case Number

- **A case number is generated after a prior authorization has been submitted.**
- **The case number is different from the PA number.**
- **The case number is used for tracking the case through the KePRO system.**
- **The prior authorization number is posted on iEXCHANGE and sent via fax for all submissions.**

Receiving a PA Number from First Health

- **Obtaining the PA number from letters sent by First Health.**
- **PA notification letters are sent to the provider “mail to” address on file with the Provider Enrollment Unit**
- **If there is no "Mail to" address, the letter goes to the service address.**
- **Providers who wish to change their “mail to” address may do so by contacting:**

First Health Services – Provider Enrollment Unit (PEU)

PO Box 26803

Richmond, VA 23261-6803

Phone: 1-888-829-5373 (in state toll-free)

1-804-270-5105 Fax: 1-804-270-7027

Receiving a PA Number from First Health

- You may obtain the PA number from the web-based ARS at: <http://virginia.fhsc.com>
- The ARS system is easy to use. It is accessible to anyone with an internet-connected PC and a web browser.
- Medically at 1-800-884-9730 or 1-800-772-9996
- New users must register for ARS online at: <http://virginia.fhsc.com/>. Users will receive a phone call from First Health Services Corporation (within 72 hours of registration) with instructions.

Retroactive Reviews

- PA requests for retroactively eligible recipients or “retro-reviews” are only for cases that the client has Medicaid retroactive eligibility.
- Requested start of care date should be entered as the first day hands-on service was provided to the individual once Medicaid eligibility was effective.
- These “retro reviews” can also be submitted via iEXCHANGE, phone, fax, or mail and should include only the required clinical documentation. **Do not submit the entire medical record.**
- On the fax form – Please mark Retro Eligibility and indicate if review is due to Medicare A exhaustion or denial, or MCO disenrollment (please include MCO authorization #).
- Retro reviews are completed within 20 business days of notification.

Overlapping Dates with the Same Provider

- **For on-going prior authorizations, check your files and verify the dates that have been authorized, denied or pended before submitting your request.**
- **Submit your request using the correct begin and end dates.**
- **If your new PA request overlaps with an approved or denied existing PA, your new request will be rejected and returned to you to correct the beginning and/or ending dates. (overlap will be same recipient, same provider type, same service, same or overlapping dates)**

ICD-9 Codes

- **All prior authorization submissions** require the primary ICD-9 diagnosis code. (include all 5 digits where applicable) relative to the PA requested service (s) is required unless otherwise directed.
- For inpatient PA requests, the admission or “working” diagnosis ICD-9 code is sufficient. (The diagnosis code provided with the inpatient PA request is not required to match the diagnosis code billed on the inpatient claim.
- iEXCHANGE provides a search feature for ICD-9 and procedure codes. These codes are also available in an Excel format at: <http://dmas.kepro.org/default.aspx?page=faq>

Program Changes and Updates

Check the Medicaid Memos and Manuals online at:

www.dmas.virginia.gov

Click on the link to Providers Services

or

<http://dmas.kepro.org>

Questions?

