



DMAS/ KePRO
Prior Authorization Process
for Outpatient Psychiatric
Services

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DMAS/ KePRO

Prior Authorization Process for Outpatient Psychiatric Services

- **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 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 363 for Outpatient Psychiatric Services 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.

Submitting PA Requests

- **For extension review requests, please include the previous PA# and submit on the KePRO Outpatient Prior Authorization Fax Form (DMAS 363).**
- **When submitting via fax or mail, providers must use the following forms: DMAS 363 for Outpatient Services**

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.

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.**

Outpatient Psychiatric Eligibility

- Outpatient psychiatric services require prior authorization after 26 sessions in the first year of treatment.
- When preauthorized there may be an additional 26 sessions.
- The initial 26 sessions must be used within one year of the first date of service (anniversary date) and cannot be carried over into subsequent years.
- There is a limit of 26 sessions in subsequent years, but these sessions must be preauthorized.
- The 26-visit restriction does not apply to the psychiatric diagnostic interview examination.
- If the service limit is met for children under the age of 21, additional sessions may be available when medically necessary, through the EPSDT program.

Information Needed for An Initial Outpatient Psychiatric Admission

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

- **Primary DSM IV Diagnosis**
- **Current Specific psychiatric symptoms related to current diagnosis**
- **Any safety risk(s) in the last week**
- **Describe how symptoms impair client’s ability to function in home, school, work and /or community**

Information Needed for an Initial Outpatient Psychiatric Admission (continued)

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

- **Modality used (i.e. individual, group, family)**
- **Frequency and duration of service for each CPT code requested**
- **Measureable goals of treatment for each CPT code requested.**
- **Please note if psychosocial assessment has been completed**
- **Please note if plan of care / treatment plan has been signed and dated by LMHP.**

Submitting Additional Information

- **To submit additional information on a pended 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".

Submitting Extension Review for Outpatient Psychiatric Request

- **All information for extension review requests must be received prior to or on the due date. Please use the concurrent review form and include the case ID number.**
- **For extension review requests, continue to submit requested dates timely regardless of the status of other DOS requests for the same case.**

Submitting Extension Review for Outpatient Psychiatric Request

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

- **Current primary DSM IV diagnosis**
- **Current symptoms and functioning in home, school, work and or community**

Submitting Extension Review for Outpatient Psychiatric Request

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

- **Progress toward treatment goals over the last 5 authorized visits**
- **Compliance with treatment attendance**
- **Support network for client**
- **Any changes in psychosocial or medical status**

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.**
- **Medicall at 1-800-884-9730 or 1-800-772-9996**
 - **Medicall Richmond at 804-965-9732 or 804-965-9733**
- **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 denial, or MCO disenrollment (please include MCO authorization #).**

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.
- 90801- Psych testing does not require a PA.
- 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?
