ColoradoPAR Program

Habilitative Speech Therapy

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Agenda

- Introduction to eQHealth Solutions
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- Habilitative speech therapy
  - Benefit coverage and limitations
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  - Reconsideration
  - Revisions
- Provider resources
- Questions & Answers

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eQHealth Solutions

Clinically Focused
Outcomes Oriented
Technology Driven

HIGH TECH	HIGH TOUCH
eQSuite® - Proprietary cloud-based technology platform ➢ Utilization Review/Prior Authorization ➢ Clinical Integration ➢ Business intelligence	➢ Denver based Project Director, Medical Director and Provider Relations team ➢Colorado dedicated: ➢Customer Service staff ➢Provider website – http://coloradoPAR.com ➢General and customized webinar training ➢Blast emails and postings

Medical Necessity

Colorado Medicaid rule 8.076.1.8

Medical necessity means a Medical Assistance program good or service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, injury, or disability. It may also include a course of treatment that includes mere observation or no treatment at all. The good or service must be:

i) Provided in accordance with generally accepted standards of medical practice in the United States;

ii) Clinically appropriate in terms of type, frequency, extent, site, and duration;

iii) Not primarily for the economic benefit of the provider or for the convenience of the client, caretaker, or provider; and

iv) Performed in a cost effective and most appropriate setting required by the client's condition.

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Habilitative Speech Therapy (ST)

The Colorado Division of Insurance defines Habilitative services as:

"Services that help a person retain, learn, or improve skills and functioning for daily living that are offered in parity with, and in addition to, any rehabilatative services offered in Colorado's Essential Health Benefits (EHB) benchmark plan. Parity in this context means of like type and substantially equivalent in scope, amount, and duration."

Habilitative therapies are those meant to help the patient retain, learn, or improve skills and functions for daily living. This includes the treatment of long-term chronic conditions and meeting developmental milestones.

Benefit Coverage & Limitations

Outpatient habilitative therapy is a covered benefit for Medicaid expansion members receiving benefits through the ACA Adult Medicaid Benefit Plan:

- <u>Ages 19 – 64</u>
  - Services may be authorized up to and including their 64th birthday, but not beyond.

Check member's eligibility on the Colorado Medicaid Web Portal

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Benefit Coverage & Limitations

- Eligible members may receive both rehabilitative **and** habilitative therapy, but not on the same date of service.

- Habilitative ST is limited to five (5) units of billed service per date of service. Service code specific daily limits also apply.

- All habilitative ST requires a prior authorization request (PAR). *Rehabilitative speech therapy services for all members do not require a PAR.*

Please refer to the Habilitative Speech Therapy section of the Speech Therapy Billing Manual: https://www.colorado.gov/pacific/hcpf/billing-manuals

Benefit Coverage & Limitations

Habilitative Speech Therapies:

- ✓ Are not *an inpatient or home health benefit*
- ✓ *Are not a benefit if provided in nursing facilities*
- ✓ *Are not the same as Habilitative services found within Home and Community Based Services (HCBS) waivers*

Do not submit requests to eQHealth for services that are to be rendered in the above settings

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Prior Authorization

Beginning June 1, 2016 - Adult habilitative speech therapy (ST) services require prior authorization and approval for medically necessary services, prior to rendering the services.

<u>Habilitative ST services for Prior Authorization include those billed by:</u>

✓Certified speech language pathologists (SLP)
✓Outpatient hospital based therapy clinics

The billing provider must be in "active" status in the Colorado Medicaid program

PAR Requirements

PARs for adult habilitative speech therapy services will be submitted using the following process:

- Verify that the client is in the ACA Adult Medicaid Benefit Plan also known as the "expansion program"
- Complete Colorado Medical Assistance Program PAR form
- Gather required supporting documentation
- Fax PAR form and all supporting documentation to eQHealth Solutions at (866)-940-4288

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PARs cannot be submitted online

PAR Requirements

- All codes in the billing manual require PAR except Q3014, Telehealth
- Modifiers must be assigned (GN + SZ)
- Maximum Number of daily units are defined by CPT code

Please refer to the Habilitative Speech Therapy section of the Speech Therapy Billing Manual:
https://www.colorado.gov/pacific/hcpf/billing-manuals

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PAR Requirements

Required supporting documentation:

- An order/prescription/referral from:
  - –Physician (M.D. or D.O.)
  - –Physician's assistant, or
  - – Nurse practitioner

- The order/prescription/referral must:
  - –Be legible and signed
  - –Include the diagnosis(es) (ICD-10-CM is required)
  - –Reason for therapy
  - –Number of requested sessions per week and total duration

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PAR Requirements

Part of the documentation submitted must include:

- Other documents that support medical necessity
  - –Evaluation
  - –Plan of Care
  - –Standardized assessment
  - –Progress notes, as applicable
  - –Documentation may also include
    - •Treatment history, if applicable
    - •Treatment goals

Assessment or progress notes must not be more than 60 days prior to PAR submission

PAR Requirements

Requests NOT accepted by eQHealth

- Services that will be rendered
  - ☑ in an inpatient hospital
  - ☑ in a Nursing home
  - ☑ through home health, or
  - ☑ through waiver programs
- Overlapping request dates for same provider types
- Members not eligible for services
- Incorrect member information on PAR form
- Retroactive PAR requests

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PAR Review Process

First Level Clinical Reviewers may:

- *Approve* the service as requested based on approved criteria.
- *Pend – Request Additional Information*- When additional or clarifying information is needed for medical necessity review.
  - eQHealth will notify the requesting provider
  - Provider will submit (fax) necessary information for the PAR within 10 business days after the PAR is pended

eQHealth will notify the requesting party regarding any of the above outcomes

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PAR Review Process
First Level Review

First Level Clinical Reviewers may also:

- *Issue a technical denial*
  - Non-compliance with HCPF policy (eligibility, age or benefit coverage do meet Colorado Medicaid policies).
  - Lack of Information – When a PAR is pended and the requested information is not received within 10 business days.

- *Refer* the request to a physician reviewer for further review and determination.

eQHealth will notify the requesting party regarding any of the above outcomes

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PAR Review Process
Second Level Review

Physician reviewers may:

- *Approve* the service(s) as requested.

- *Pend* the review for additional information and, when necessary, contact the physician/practitioner for a peer-to-peer discussion.
  - eQHealth will notify the requesting provider
  - If additional information is not supplied, the physician reviewer will make a decision based on the available information

- *Render an adverse determination*. An adverse determination may be a full or partial denial of the requested services or a reduction in services.

PAR Letter

- eQHealth sends medical necessity and technical denial determinations daily to the Departments fiscal agent, DXC.
- The DXC system identifies and verifies technical components (e.g. provider IDs, duplicate codes, overlapping requests) prior to a final PAR approval outcome.
- A final PAR number is assigned and can be found on the final determination letter
  - Read each line item for approval or denial of services

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PAR Letter

To receive Prior Authorization Request (PAR) status inquiry and a copy of the PAR letter please use the Medicaid Web Portal or contact DXC.

DXC Technology (DXC)
1-844-235-2387

Prior authorization does not guarantee Medicaid payment for services.

Peer-to-Peer Requests

The following opportunities are available for a full or partial medical necessity denial:

- If the ordering physician would like to participate, a Peer-to-Peer discussion with an eQHealth physician reviewer may be requested within 5 calendar days of the full/partial denial decision necessity denial.
  - Follow instructions in the Peer-to-Peer guide
  - Submit Peer-to-Peer request by fax or phone

http://www.coloradopar.com/ProviderResources/PeertoPeerProcess.aspx

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Reconsideration Requests

A provider or ordering physician has the opportunity to request a reconsideration review within ten (10) calendar days of the full/partial denial decision.

- Complete the Reconsideration Review Request form
- Gather documentation to support the medical necessity for denied services
- Fax form and all supporting documentation to eQHealth Solutions at (866) 940-4288

PAR Revisions

A **revision** may be requested for additional units or new service codes to an existing PAR.

- Complete Colorado Medical Assistance Program PAR form. *Indicate "Revision" at the top of form*
  - Request new service codes and indicate the from and thru dates of service and/or request additional units for services codes previously authorized.
  - For either request, the From and Thru dates of service must be within the same time span authorized under the existing PAR number
  - Include prior authorization number of existing approved PAR

- Gather required supporting documentation

- Fax PAR form and all supporting documentation to eQHealth Solutions at (866) 940-4288

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PAR Timelines

PAR Submission	Response	PAR Duration Requested
Prior to delivery	Standard – 4 business days	May be up to 364 days (From and Through dates)
Revision Request	Standard – 4 business days	Must be within the same From and Through dates for the currently approved PAR number

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Provider Resources

ColoradoPAR Customer Service:
1-888-801-9355 (M-F, 8 a.m.-5 p.m., MST)
ColoradoPAR Fax Line:
1-866-940-4288

Training and Education Needs:
co.pr@eqhs.org

Website:
Announcements, Training Registration and Resources
http://coloradoPAR.com

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