

FREQUENTLY ASKED QUESTIONS OUTPATIENT THERAPY

I. Health Systems of Mississippi (HSM) Review Process

Q: Where do I get a provider manual?

A: Provider manuals are being distributed at educational workshops. Manuals may be downloaded at www.hsom.org starting June 16, 2005. If a provider does not have access to the web, a manual may be requested by contacting the HSM Education Department after June 16, 2005 by fax at 601-360-4967 or by calling 601-360-4961.

Q: When do I submit my requests to HSM for certification as of July 1, 2005?

A: Precertifications: Following the initial evaluation and development of the Plan of Care, submit requests 3 days prior to therapy services.

Concurrent Reviews: Submit review requests on or before the last therapy service provided to the patient.

Retrospective Reviews: When the patient is determined retrospectively to have been eligible at the time of service and the request for certification is received within one (1) year of the eligibility determination date, a retrospective review can be initiated.

Q: What do I have to send to HSM the first time I request precertification?

A: 1. Copy of physician's/physician assistant's/nurse practitioner's orders.
2. The initial evaluation.
3. HSM Precertification Request Form
4. Plan of Care.

Q: How do I submit precertification requests?

A: By fax or mail to:

- HSM Outpatient Therapy, fax to 888-557-1920
- Mailing Address: Health Systems of Mississippi, 175 East Capitol Street, Suite 250, Jackson, Mississippi, 39201, ATTN: Outpatient PT/OT/ST Review

Q: Who requests the precertification?

A: The provider who will be billing for the services should request precertification of the therapy.

Q: What outpatient services must be precertified by HSM?

A: Precertification is only required for certain codes. If the code is not on the CPT code list provided by HSM, precertification is not required. The following outpatient services must be precertified by HSM:

- Therapy services provided to beneficiaries under 21 in the office or clinic of a physical therapist, occupational therapist, or speech therapist (individual or group practice).

Note: Services are not covered in the above settings for beneficiary's age 21 and over.

- Therapy services provided to beneficiaries (adult and children) in the outpatient department of a hospital.
- Therapy services provided to beneficiaries under age 21 in a physician's office or clinic (individual or group). This is also applicable to physician assistants and nurse practitioners.

Note: Services are not covered in the above settings for beneficiary's age 21 and over.

- Therapy services provided to beneficiaries under age 21 through the following providers:

Rural Health Clinics (RHC)
Federally Qualified Health Centers (FQHC)
State Department of Health

Note: Services are not covered in the above settings for beneficiaries age 21 and over.

- Therapy services provided to beneficiaries covered under both Medicare and Medicaid, if Medicare benefits have been exhausted.

Q: What are precertification exclusions?

A: Precertification is only required for certain codes. If the CPT code is not on the CPT code list provided by HSM, precertification is not required. Precertification is not required for the following:

- Beneficiaries who are residents of a nursing facility regardless of setting.
 - Beneficiaries who are residents of intermediate care/mental retardation facilities (ICF/MR) regardless of setting.
 - Beneficiaries in hospice regardless of setting.
 - Beneficiaries in a home and community based (HCBS) waiver program.
 - Therapy services provided by a school provider.
 - Beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not been exhausted.

Q: How do I submit a concurrent review request to HSM?

A: Submit the following:

- A completed HSM Medicaid outpatient PT/OT/ST precertification form.
- A current order from a physician, physician assistant, or a nurse practitioner.
- Therapy notes from the last visit prior to request for concurrent review.
- Documentation of patient's progress toward achieving goals or modification.

Q: How do I submit a retrospective review request to HSM?

A: Submit the following:

- A completed HSM Medicaid outpatient PT/OT/ST precertification request form.
- A copy of the complete outpatient PT/OT/ST medical record including all physician's/physician assistant's/nurse practitioner's orders and therapy notes.
- The PT/OT/ST provider must explain the reason for the retrospective review on the request form.

Q: What is the definition of urgent?

A: Urgent outpatient PT/OT/ST therapy services is the delivery of therapy services resulting from the sudden onset of a medical condition or injury requiring immediate care and manifesting itself by acute symptoms of sufficient severity such that the absence of therapy could result in immediate hospitalization, moderate impairment of bodily function, serious dysfunction of any bodily organ or part or other serious medical consequences.

Q: What is a technical denial?

A: When basic demographic information has not been submitted but has been requested by review support staff and not received in the allotted timeframe. This is also referred to as an Administrative Denial. The review process has to be reinitiated.

Q: What does pend mean?

A: HSM needs additional clinical information either from a nurse or physician to proceed with review of the request.

Q: What does suspend mean?

A: The review process is stopped because additional clinical information was not provided as requested by HSM has been received.

Q: What are the HSM review completion timeframes?

A: Precertification: 2 business days
Concurrent Review: 2 business days
Retrospective Review: 20 business days

Note: These timeframes are subject to HSM receiving all required information to process the request.

Q: How will I know if my request is reviewed, approved, or denied?

A: Verbal, fax, and written notices are issued by HSM.

Q: If a provider has already received authorization for therapy services through the Division of Medicaid's EPSDT Unit beyond June 30, 2005, what are the precertification requirements?

See attached EPSDT Physical, Occupational, or Speech Therapy instructions.

EPSDT PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY

Effective July 1, 2005, certain therapy services require precertification through HealthSystems of Mississippi (HSM). HSM is the Division of Medicaid's (DOM) Utilization Management and Quality Improvement Organization. If a provider has previously received a prior authorization through DOM's EPSDT Unit with an end date of November 1, 2005 and after, the end date on the prior authorization will be revised as listed in the below chart. No revisions will be made to current end dates of July 1, 2005 through October 31, 2005.

For the cases on which end dates are revised, providers may begin submitting new requests to Health Systems of Mississippi as early as 10 days prior to the revised end date. Usually a request for precertification must be submitted at least 3 business days in advance of the date therapy is to start; however, for these cases, the provider may begin submitting as early as 10 days in advance.

CURRENT END DATE	REVISED END DATE	NEED FOR CONTINUED THERAPY
07/01/05 through 10/31/05	No change in current end date.	Provider may submit precertification request to HSM ten (10) days before end date.
11/01/05 through 11/15/05	07/31/05	Provider may submit precertification request to HSM ten (10) days before end date.
11/16/05 through 11/30/05	08/15/05	Provider may submit precertification request to HSM ten (10) days before end date.
12/01/05 through 12/15/05	08/31/05	Provider may submit precertification request to HSM ten (10) days before end date.
12/16/05 through 01/15/06	09/15/05	Provider may submit precertification request to HSM ten (10) days before end date.
01/16/06 through 02/15/06	10/01/05	Provider may submit precertification request to HSM ten (10) days before end date.
02/16/06 and After	10/15/05	Provider may submit precertification request to HSM ten (10) days before end date.

Prior to submitting a request to HSM, the provider should verify that the CPT code requires precertification by reviewing the Precertification Code List. If the code is not on the list, the code does not require precertification through HSM.