

To:
Occupational
Therapists
Physical
Therapists
Rehabilitation
Agencies
Speech and
Hearing Clinics
Speech-Language
Pathologists
Therapy Groups
HMOs and Other
Managed Care
Programs

Therapy providers no longer required to submit prescriptions with prior authorization requests

Effective on and after July 1, 2002, Wisconsin Medicaid will no longer require therapy providers to submit a copy of the physician's prescription when requesting prior authorization (PA) or spell of illness (SOI) approval for occupational therapy (OT), physical therapy (PT), or speech-language pathology (SLP) services. Providers will still be required to maintain the physician's prescription in the recipient's record with a current plan of care, reviewed and signed by a physician and updated every 90 days.

Therapy providers no longer required to submit a prescription with prior authorization request

Effective on and after July 1, 2002, Wisconsin Medicaid will no longer require therapists to submit a physician's prescription when requesting prior authorization (PA) or spell of illness (SOI) approval for occupational therapy (OT), physical therapy (PT), or speech-language pathology (SLP) services. This new policy applies to all PA and SOI requests received by Wisconsin Medicaid on and after July 1, 2002. **The new policy does not apply to home health agencies that provide OT, PT, or SLP services.** Home health agencies should refer to the Private Duty

Nursing and Home Health Services Handbook for more information on prescription requirements for home health services.

Medical record documentation requirements

Wisconsin Medicaid continues to require that providers maintain a current, valid prescription and a physician-approved plan of care in the recipient's medical record. The approval of a new PA and SOI does not exempt providers from all current prescription and plan of care requirements, such as:

- All OT, PT, and SLP services require a prescription signed by a physician and obtained prior to providing services, per HFS 107.02(2m)(a), Wis. Admin. Code.
- The prescription remains valid for as long as specified by the physician, but for no longer than one year, per HFS 107.02(2m)(b), Wis. Admin. Code.
- The therapy provider is required to maintain a copy of a current, valid prescription in the recipient's file for the ongoing provision of services, as noted in HFS 106.02(9)(b)7 and 106.02(9)(b)8, Wis. Admin. Code.
- The therapy provider is required to develop a plan of care for each recipient, as directed by HFS 107.16(3)(a), 107.17(3)(a), and 107.18(3)(a), Wis.

Admin. Code. A physician is required to review and sign the plan of care at least every 90 days, or more frequently as the recipient's condition warrants.

Therapy providers should refer to their service-specific handbooks or relevant *Wisconsin Medicaid and BadgerCare Updates* for more information on prescription and plan of care requirements.

Wisconsin Medicaid may conduct an audit of provider records and may recoup the payment for any therapy services provided without a valid prescription or a current physician-approved plan of care, even if the provider obtained PA for those services. According to HFS 106.02(9)(a), Wis. Admin. Code, all providers are required to prepare and maintain truthful, accurate, complete, legible, concise, dated, and signed documentation and records. As explained in HFS 106.02(9)(f) and 106.02(9)(g), Wis. Admin. Code, Wisconsin Medicaid may recover reimbursement when

the provider does not prepare and maintain records according to Wisconsin Medicaid's requirements. Refer to the August 1999 *Update* (99-36), "Therapy services clinical documentation and record-keeping requirements" for more information about Wisconsin Medicaid's documentation requirements.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.