

Affected Programs: BadgerCare Plus, Medicaid

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

New Physical Therapy Spell of Illness Diagnosis Codes and Clarification of Spell of Illness Policy for All Therapies

Effective for dates of service on and after November 1, 2013, ForwardHealth is adding new Medicaid-allowable diagnosis codes for spell of illness (SOI) prior authorization (PA) for physical therapy (PT) services. This *ForwardHealth Update* includes:

- The new diagnosis codes for PT services.
- Revisions to the Prior Authorization/Spell of Illness Attachment (PA/SOIA) form, F-11039 (10/13).
- Clarification of PA policy for SOI for PT, occupational therapy, and speech and language pathology.
- Helpful hints for use of the ForwardHealth Portal for SOI PA request submission.

New Spell of Illness Diagnosis Codes for Physical Therapy

Effective for dates of service (DOS) on and after November 1, 2013, ForwardHealth is adding new Medicaid-allowable diagnosis codes for prior authorization (PA) for spell of illness (SOI). The new diagnosis codes are related to burns, dislocations, benign neoplasms, pelvic dysfunction, and urinary incontinence. Refer to Attachment 1 of this *ForwardHealth Update* for the list of newly allowable diagnosis codes and associated descriptions.

For a complete list of allowable diagnosis codes for physical therapy (PT), refer to the Allowable ICD-9-CM Codes for Physical Therapy (Organized by Codes) topic (topic #2719)

and the Allowable ICD-9-CM Codes for Physical Therapy Spell of Illness Approval (Organized by Statements) topic (topic #2718) in the Requesting Spell of Illness chapter of the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook.

Revised Prior Authorization/Spell of Illness Attachment Form for All Therapies

ForwardHealth has revised the Prior Authorization/Spell of Illness Attachment (PA/SOIA) form, F-11039 (10/13), to clarify the following ForwardHealth policies:

- The onset of a new SOI may begin at the time of the diagnosis or when the member's physician removes movement restrictions and orders therapy.
- The PA process requires that the onset of a new SOI be six weeks or less prior to the PA submission.

Refer to Attachments 2 and 3 for a copy of the revised PA/SOIA form and completion instructions. Providers are required to submit the revised PA/SOIA form (dated 10/13) for PA requests received on and after November 1, 2013. Requests submitted on the previous version (dated 07/12) of the form on and after November 1, 2013, will be returned to the provider.

Spell of Illness Policy Basics for All Therapies

To receive Medicaid reimbursement, therapy services provided within the SOI must meet all of the medical necessity requirements for therapy services.

The SOI begins with the first day of treatment or evaluation following the onset of one of the below circumstances and ends when therapy services for the condition causing the SOI are no longer required or after the allowed SOI treatment days have been used, whichever comes first. The allowable treatment days include any treatment days covered by other health insurance sources or any treatment days provided by another provider in any setting.

As a reminder to all therapy providers, per DHS 107.16(2)(c), 107.17(2)(c), and 107.18(2)(c), Wis. Admin. Code, the following conditions may justify a new SOI:

- An acute onset of a new disease, injury, or condition, such as a neuromuscular dysfunction, musculoskeletal dysfunction, or physiologic dysfunction.
- An exacerbation of a pre-existing condition.
- A regression in the member's condition due to lack of physical, occupational, or speech language therapy, as indicated by a decrease of functional ability, strength, mobility, or motion.

Providers are reminded that “a regression in the member’s condition” relates to a regression in the member’s ability to participate in functional activities that he/she is typically able to perform due to a “lack of” therapy services, as indicated by “a decrease of strength, mobility, or motion” (or an impairment that requires the skills of a therapist to treat).

Prior Authorization Submission Requirements for Concurrent Spells of Illness

If a member who is being treated under an existing SOI requires treatment for a new disease, injury, or medical condition, a new PA request to treat both conditions must be submitted.

In this situation, providers are required to:

- Enddate the existing SOI PA using the Prior Authorization Amendment Request, F-11042 (07/12).

AND

- Submit a new SOI PA request using the PA/SOIA form to treat both conditions if the new condition meets the requirements for SOI.

OR

- Submit a new therapy PA request using the Prior Authorization/Therapy Attachment (PA/TA), F-11008 (07/12), to treat both conditions if the new condition does not meet the requirements for SOI.

Providers are reminded claims cannot be submitted for DOS for the new disease, injury, or medical condition until the new PA request has been approved.

Treatment days unrelated to the condition under which the SOI was approved may not be billed under that SOI and require a separate PA request.

Helpful Hints for Submitting Prior Authorization Requests and Attachments Through the ForwardHealth Portal

Providers are encouraged to submit PA requests via the secure ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/. The PA features on the Portal allow providers to do the following:

- Submit PA requests and amendments for all services that require PA.
- Save a partially completed PA request and return at a later time to finish completing it.
- Upload PA attachments and additional supporting clinical documentation for PA requests.
- Receive decision notice letters and returned provider review letters.
- Correct returned PA requests and PA amendment requests.
- Change the status of a PA request from "Suspended" to "Pending."
- Submit additional supporting documentation for a PA request that is in "Suspended" or "Pending" status.

- Search and view previously submitted PA requests or saved PA requests.
- Print a PA cover sheet.

Providers are encouraged to correct the errors identified on the returned provider review letter or amendment provider review letter via the Portal, regardless of how the PA request or PA amendment request was originally submitted (paper, fax, or any other method). When correcting errors, providers only need to address the items identified in the returned provider review letter or the amendment provider review letter. Providers are not required to resubmit PA information already submitted to ForwardHealth.

For more information regarding submitting PA and amendment requests through the Portal, refer to the Submitting Prior Authorization and Amendment Requests Via the Portal topic (topic #4905) in the Portal chapter of the Resources section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook, or refer to the ForwardHealth Provider Portal Prior Authorization User Guide, available on the Portal User Guides page of the Portal.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

New Allowable Diagnosis Codes for Physical Therapy Spell of Illness

Effective for dates of service on and after November 1, 2013, the following are new allowable *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes for physical therapy spell of illness prior authorization requests. For information regarding the maximum number of allowable treatment days for these new codes, refer to the Allowable ICD-9-CM Codes for Physical Therapy (Organized by Codes) topic (topic #2719) in the Requesting Spell of Illness chapter of the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook.

Primary ICD-9-CM Diagnosis Code Description	Primary ICD-9-CM Diagnosis Code
Benign neoplasm, Brain	225.0
Benign neoplasm, Cranial nerves	225.1
Benign neoplasm, Cerebral meninges	225.2
Benign neoplasm, Spinal cord, Cauda equina	225.3
Benign neoplasm, Spinal meninges	225.4
Burn, unspecified, Blisters, epidermal loss (second degree)	949.2
Burn, unspecified, Full-thickness skin loss (third degree NOS)	949.3
Burn, unspecified, Deep necrosis of underlying tissues (deep third degree) without mention of loss of a body part	949.4
Burn, unspecified, Deep necrosis of underlying tissues (deep third degree) with loss of a body part	949.5
Dislocation of hip, posterior dislocation, closed	835.01
Dislocation of hip, obturator dislocation, closed	835.02
Dislocation of hip, other anterior dislocation, closed	835.03
Dislocation of patella, closed	836.3
Dislocation of patella, open	836.4
Dislocation of shoulder, anterior dislocation of humerus, closed	831.01
Dislocation of shoulder, posterior dislocation of humerus, closed	831.02
Dislocation of shoulder, inferior dislocation of humerus, closed	831.03
Dislocation of shoulder, acromioclavicular joint, closed	831.04
Dislocation of shoulder, other — scapula, closed	831.09
Dislocation of tibia, anterior, proximal end, closed	836.51
Dislocation of tibia, posterior, proximal end, closed	836.52

Primary ICD-9-CM Diagnosis Code Description	Primary ICD-9-CM Diagnosis Code
Dislocation of tibia, medial, proximal end, closed	836.53
Dislocation of tibia, lateral, proximal end, closed	836.54
Dyspareunia	625.0
Tear of medial cartilage or meniscus of knee, current	836.0
Tear of lateral cartilage or meniscus of knee, current	836.1
Urinary incontinence, urge incontinence	788.31
Urinary incontinence, stress incontinence, male	788.32
Urinary incontinence, mixed incontinence (male) (female) Urge and stress	788.33
Vaginismus	625.1

ATTACHMENT 2

Prior Authorization/Spell of Illness Attachment (PA/SOIA) Completion Instructions

(A copy of the “Prior Authorization/Spell of Illness Attachment Completion Instructions”
is located on the following pages.)

FORWARDHEALTH PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA) COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of the Prior Authorization/Spell of Illness Attachment (PA/SOIA), F-11039, is mandatory when requesting SOI. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

Attach the completed PA/SOIA to the Prior Authorization Request Form (PA/RF), F-11018, and send it to ForwardHealth. Providers may submit PA requests by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

An SOI ends when the maximum allowable treatment days have been used or when the physical therapy (PT), occupational therapy (OT), or speech and language pathology (SLP) services are no longer required, whichever comes first. If, near the end of the maximum allowable treatment days, the skills of a PT, OT, or SLP provider are still needed, the provider should submit the PA/RF and the Prior Authorization/Therapy Attachment (PA/TA), F-11008, to continue services.

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Age — Member

Enter the age of the member in numerical form (e.g., 16, 21, 60).

Element 3 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

SECTION II — PROVIDER INFORMATION

Element 4 — Name and Credentials — Therapist

Enter the name and credentials of the primary therapist participating in therapy services for the member. If the rendering provider is a therapy assistant, enter the name of the supervising therapist.

Element 5 — National Provider Identifier (NPI) — Therapist

Enter the rendering provider's National Provider Identifier (NPI). If the rendering provider is a therapy assistant, enter the NPI of the supervising therapist. Rehabilitation agencies do not indicate a rendering provider.

Element 6 — Telephone Number — Therapist

Enter the rendering provider's telephone number, including the area code, of the office, facility, or place of business. If the rendering provider is a therapy assistant, enter the telephone number of the supervising therapist.

Element 7 — Name — Prescribing Physician

Enter the name of the prescribing physician.

Element 8 — NPI — Prescribing Physician

Enter the NPI of the prescribing physician.

SECTION III — DOCUMENTATION

Element 9

Enter an "X" in the appropriate box to indicate a PT, OT, or SLP SOI request.

Element 10 — Requested Start Date

Enter the requested start date for service(s) in MM/DD/CCYY format.

Element 11 — Primary *International Classification of Diseases, Ninth Revision, Clinical Modification* Diagnosis Code

Enter the appropriate primary *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code.

Element 12

Enter an "X" in the appropriate box to indicate "yes" or "no" in response to each statement. Only one of "A" through "F" must be marked "yes" in addition to "G" for SOI approval. Otherwise, the PT, OT, or SLP provider should submit the PA/RF and the PA/TA.

Element 13 — Signature — Therapist Providing Evaluation / Treatment

The signature of the therapist providing evaluation/treatment must appear in the space provided.

Element 14 — Date Signed

Enter the month, day, and year the PA/SOIA was signed in MM/DD/CCYY format.

ATTACHMENT 3

Prior Authorization/Spell of Illness Attachment (PA/SOIA)

(A copy of the “Prior Authorization/Spell of Illness Attachment” form is located on the following pages.)

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**FORWARDHEALTH
PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)**

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Spell of Illness Attachment (PA/SOIA) Completion Instructions, F-11039A. Providers may submit SOI requests by fax to ForwardHealth at (608) 221-8616, or providers may send the completed form to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Age — Member

3. Member Identification Number

SECTION II — PROVIDER INFORMATION

4. Name and Credentials — Therapist

5. National Provider Identifier (NPI) — Therapist

6. Telephone Number — Therapist

7. Name — Prescribing Physician

8. NPI — Prescribing Physician

SECTION III — DOCUMENTATION

9. Requesting SOI for Physical Therapy (PT) Occupational Therapy (OT) Speech and Language Pathology (SLP)

10. Requested Start Date

11. Primary *International Classification of Diseases, Ninth Revision, Clinical Modification* Diagnosis Code

12. Indicate "yes" or "no" in response to **each** of the following statements (Only one of "A" through "F" in addition to "G" must be marked "yes" for SOI approval. Otherwise, the PT, OT, or SLP provider should submit the Prior Authorization Request Form [PA/RF], F-11018, and the Prior Authorization / Therapy Attachment [PA/TA], F-11008).

- A. The member experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Yes No
- B. The member experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less, or the member's physician removed movement restrictions six weeks ago or less. Yes No
- C. The member experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. Yes No
- D. The member experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. Yes No
- E. The member experienced an exacerbation of a pre-existing condition six weeks ago or less. Yes No
- F. The member experienced a regression of his or her condition due to lack of therapy six weeks ago or less. Yes No

AND

- G. There is a reasonable expectation that the member will return to his or her previous level of function by the end of this SOI or sooner. Yes No

Continued



SECTION III — DOCUMENTATION (Continued)

I hereby certify that the documentation of the date of onset, exacerbation, or regression of the member's disease, injury, or condition is as stated above. The specific start date of the SOI is maintained in the member's medical record at my facility and I acknowledge that the SOI ends when the services of a therapist are no longer required or after the maximum allowable treatment days have been used, whichever comes first.

13. **SIGNATURE** — Therapist Providing Evaluation / Treatment

14. Date Signed

Examples of statements A-F from Element 12:

- A. The member experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Diabetic neuropathy.
 - Multiple sclerosis.
 - Parkinson's disease.
 - Stroke-hemiparesis.
- B. The member experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less, or the member's physician removed movement restrictions six weeks ago or less. Examples of this situation include, but are not limited to:
- Amputation.
 - Complications associated with surgical procedures.
 - Fracture.
 - Strains and sprains.
- C. The member experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Cardio-pulmonary conditions.
 - Severe pain.
 - Vascular condition.
- D. The member experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Affective disorders.
 - Organic conditions.
 - Thought disorders.
- E. The member experienced an exacerbation of a pre-existing condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Multiple sclerosis.
 - Parkinson's disease.
 - Rheumatoid arthritis.
 - Schizophrenia.
- F. The member experienced a regression of his or her condition due to lack of therapy six weeks ago or less. Examples of this situation include, but are not limited to:
- Decrease of functional ability.
 - Decrease of mobility.
 - Decrease of motion.
 - Decrease of strength.