ForwardHealth
Wisconsin serving you

Update
April 2014

No. 2014-21

Affected Programs: BadgerCare Plus, Medicaid
To: Individual Medical Supply Providers, Medical Equipment Vendors, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Simplified Process for Requesting Prior Authorization for Speech and Language Pathology Services Directly Following the Purchase of a ForwardHealth-Prior Authorized Speech Generating Device

Effective for prior authorization (PA) requests received on and after April 1, 2014, for speech and language pathology (SLP) services, ForwardHealth is simplifying the process for requesting PA for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device. ForwardHealth will approve 12 visits (12 dates of service) of *Current Procedural Terminology* procedure code 92609 (Therapeutic services for the use of speech-generating device, including programming and modification) directly following the purchase of a ForwardHealth-prior authorized speech generating device. These visits may be used flexibly over six months.

Simplified Prior Authorization Process

Effective for prior authorization (PA) requests received on and after April 1, 2014, for speech and language pathology (SLP) services, ForwardHealth is simplifying the process for requesting PA for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device. This simplified process will help members access SLP services more quickly after receiving a speech generating device.

Providers requesting PA for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device are required to complete and submit the following to ForwardHealth:

- Prior Authorization Request Form (PA/RF), F-11018 (5/13).
- Prior Authorization/Therapy Attachment (PA/TA), F-11008 (7/12). Providers are required to submit the *entire* PA/TA but are only required to complete the following elements:
  - ✓ Section I, Elements 1-12.
  - ✓ Section II, Element 13. Providers are required to clearly identify the name of the speech generating device.
  - ✓ Section VIII, Elements 22-23. Providing therapists are required to sign and date the completed form.

Providers should refer to Attachment 1 of this *ForwardHealth Update* for a sample completed PA/RF and to Attachment 2 for a sample completed PA/TA.

Note: This simplified PA process does not apply to members who received a speech generating device prior to enrolling in Wisconsin Medicaid or BadgerCare Plus fee-for-service or to members who do not have an approved durable medical equipment (DME) PA for their speech generating

device on file with ForwardHealth. Providers should refer to the Extension of Therapy Services section of this *Update* for instructions about requesting PA in these instances.

Submission

Providers should refer to the Submission Options chapter of the Prior Authorization section of the ForwardHealth Online Handbook at *www.forwardhealth.wi.gov/* for information about submitting a PA request and related attachments.

Procedure Code

Providers are required to use *Current Procedural Terminology* procedure code 92609 (Therapeutic services for the use of speech-generating device, including programming and modification) when requesting PA for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device.

Adjudication Process

Before approving a PA request for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device, ForwardHealth will confirm that there is an approved DME PA request on file for the speech generating device indicated in Section II, Element 13 of the PA/TA. The PA request for the speech generating device must have been approved within six months of the requested start date of the SLP services. If an approved PA request for the indicated speech generating device is not on file within those six months, the PA request for SLP services will be returned to the provider. Providers may then resubmit the PA request using the same PA/RF, a PA/TA completed in its entirety, and any corresponding supplemental documentation.

Grant and Expiration Dates

Providers are required to indicate the requested grant (start) date for SLP services in Section I, Element 12 of the PA/TA. The requested grant date of an approved PA request for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device must be within the requested grant and expiration (end) dates for the speech generating device.

ForwardHealth must receive the PA request for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device no more than 14 days after the date indicated in Element 12. In limited circumstances, providers may request to backdate a PA request for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device; however, if certain criteria are not met, the PA request will be denied. For information about the criteria that must be met to backdate, providers should refer to the Backdating topic (topic #439) in the Grant and Expiration Dates chapter of the Prior Authorization section of the Online Handbook.

The expiration date of an approved PA request for SLP services directly following the purchase of a ForwardHealth-prior authorized speech generating device will be 26 weeks from the grant date.

Approved Services

ForwardHealth will approve 12 visits (12 dates of service [DOS]) of procedure code 92609 directly following the purchase of a ForwardHealth-prior authorized speech generating device. These visits may be used flexibly over six months. Providers should refer to the Flexibility of Approved Services topic (topic #2733) in the General Information chapter of the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook for more information about the flexible use of approved services.

Medical Necessity

Wisconsin Medicaid reimburses only for services that meet Medicaid's standards of medical necessity, as well as all other Medicaid requirements, as specified in DHS 101-108, Wis. Admin. Code.

Extension of Therapy Services

Providers are not required to use the simplified PA process detailed above. If a member's needs for therapy services are expected to exceed 12 visits, providers may request an extension of therapy services instead of using the simplified PA process.

In some circumstances, the simplified PA process detailed above does not apply. Providers are required to request an extension of therapy services instead of using the simplified PA process in the following instances:

- If a member requires additional therapy services after the 12 approved visits.
- If a member received a speech generating device prior to enrolling in Wisconsin Medicaid or BadgerCare Plus fee-for-service.
- If a member owns a speech generating device but does not have an approved DME PA for his or her speech generating device on file with ForwardHealth.

Providers are required to complete and submit a new PA/RF, the entire PA/TA, and any corresponding supplemental documentation to ForwardHealth when requesting an extension of therapy services. For more information about requesting PA for an extension of therapy services, providers should refer to the Extension of Therapy vs. Spell of Illness chapter in the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook.

Initial Spell of Illness

ForwardHealth's initial spell of illness (SOI) policy is not changing. Providers are reminded that members enrolled in Wisconsin Medicaid or BadgerCare Plus are allowed up to 35 treatment days (or DOS), called an initial SOI, during their lifetime for each therapy discipline for the first time they require physical therapy, occupational therapy, or SLP services. The initial SOI begins with the first day of evaluation or treatment and ends when the services are no longer required or after the 35th treatment day, whichever comes first. The 35 treatment days include any treatment days covered by other health insurance sources. If a member requires additional SLP services after 35 treatment days, PA is required.

For information about the initial SOI, providers should refer to the Spell of Illness Policy Basics topic (topic #2744) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook.

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 arrangement.

ATTACHMENT 1
Sample Completed Prior Authorization Request Form (PA/RF)

(A copy of a sample completed Prior Authorization Request Form [PA/RF] is located on the following page.)

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable	2. Process Type	3. Telephone Number — Billing Provider
☐ HealthCheck "Other Services" ☐ Wisconsin Chronic Disease Program (WCDP)	113	(555) 555-5555

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)	5a. Billing Provider Number	5b. Billing Provider Taxonomy Code
I.M. Billing Provider **609 Willow St** **Anytown, WI 55555-1234**	0222222220	123456789X

6a. Name — Prescribing / Referring / Ordering Provider	6b. National Provider Identifier — Prescribing / Referring / Ordering Provider
I.M. Prescriber	0111111110

SECTION II — MEMBER INFORMATION

7. Member Identification Number	8. Date of Birth — Member	9. Address — Member (Street, City, State, ZIP Code)
1234567890	MM/DD/CCYY	322 Ridge St Anytown, WI 55555

10. Name — Member (Last, First, Middle Initial)	11. Gender — Member
Member, Im A	☐ Male ☒ Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description	13. Start Date — SOI	14. First Date of Treatment — SOI
315.31 - Expressive language disorder		

15. Diagnosis — Secondary Code and Description	16. Requested PA Start Date
	4/01/2014

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
0222222220	123456789X	92609	GN				11	Therapeutic services for the use of speech-generating device	12.000	XXX.XX

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges	XXX.XX

26. **SIGNATURE** — Requesting Provider	27. Date Signed
I.M. Requesting Provider	MM/DD/CCYY

ATTACHMENT 2
Sample Completed Prior Authorization/ Therapy Attachment (PA/TA)

(A copy of a sample completed Prior Authorization/Therapy Attachment [PA/TA] is located on the following pages.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11008 (07/12)

STATE OF WISCONSIN
DHS 107.18(2), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH

PRIOR AUTHORIZATION / THERAPY ATTACHMENT (PA/TA)

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Therapy Attachment (PA/TA) Completion Instructions, F-11008A.

SECTION I — MEMBER / PROVIDER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Member Identification Number	3. Age — Member
Member, Im A.	1234567890	6
4. Name and Credentials — Therapist	5. Therapist's National Provider Identifier	6. Telephone No. — Therapist
I.M. Provider	12345678	(555) 555-5555

7. Name — Referring / Prescribing Physician	8. Requesting PA for
I.M. Prescriber	☐ Physical Therapy ☐ Occupational Therapy ☒ Speech and Language Pathology

9. Total Time Per Day Requested	10. Total Sessions Per Week Requested
45 minutes	12 visits to be used flexibly
11. Total Number of Weeks Requested	12. Requested Start Date
26	04/01/2014

SECTION II — PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED

13. Provide a description of the member's current treatment diagnosis, any underlying conditions, and problem(s) to be treated, including dates of onset. NAME OF NEW DEVICE: N.E.W. Device

SECTION III — BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION

14. Include referral information, living situation, previous level of function, any change in medical status since previous PA request(s), and any other pertinent information.

SECTION IV — PERTINENT THERAPY INFORMATION

15. Document the chronological history of treatment provided for the diagnoses (identified under Section II), dates of those treatments, and the member's functional status following those treatments.

Provider Type (e.g., occupational therapy, physical therapy, speech and language pathology)	Dates of Treatment	Functional Status After Treatment

Continued

SECTION IV — PERTINENT THERAPY INFORMATION (Continued)

16. List other service providers that are currently accessed by the member for those treatment diagnoses identified under Section II (i.e., home health, school, behavior management, home program, dietary services, therapies). Briefly document the coordination of the therapy treatment plan with these other service providers. Documentation may include telephone logs, summarization of conversations or written communication, copies of plans of care, staffing reports, or received written reports.

17. Check the appropriate box and circle the appropriate form, if applicable.

- ☐ The current Individualized Education Program (IEP) / Individualized Family Service Plan (IFSP) / Individual Program Plan (IPP) is attached to this PA request.
- ☐ The current IEP / IFSP / IPP is attached to PA number .
- ☐ There is no IEP / IFSP / IPP because .
- ☐ Cotreatment with another therapy provider is within the plan of care.
- ☐ Referenced report(s) is attached (list any report[s]) .

SECTION V — EVALUATION (COMPREHENSIVE RESULTS OF FORMAL / INFORMAL TESTS AND MEASUREMENTS THAT PROVIDE A BASELINE FOR THE MEMBER'S FUNCTIONAL LIMITATIONS)

18. Attach a copy of the initial evaluation or the most recent evaluation or re-evaluation, **or** indicate with which PA number this information was previously submitted.

- ☐ Comprehensive initial evaluation attached. Date of initial comprehensive evaluation .
- ☐ Comprehensive initial evaluation submitted with PA number .
- ☐ Current re-evaluation attached. Date of most current evaluation or re-evaluation(s) .
- ☐ Current re-evaluation submitted with PA number .

SECTION VI — PROGRESS

19. Describe progress in specific, measurable, objective, and functional terms (using consistent units of measurement) that are related to the goals / limitations, *since treatment was initiated or last authorized*.

Goal / Limitation	Previous Status / Date	Status as of Date of PA Request / Date

(If this information is concisely written in other documentation prepared for the provider's/therapist's records, attach and write "see attached" in the space above.)

Continued

SECTION VII — PLAN OF CARE

20. Identify the specific, measurable, objective, and functional goals for the member (to be met by the end of this PA request) and both of the following:
    (1) Indicate the therapist-required skills / treatment techniques that will be used to meet each goal.
    (2) Designate (with an asterisk [*]) which goals are reinforced in a carry-over program.

(If the plan of care is concisely written in other documentation prepared for the member's records, attach and write "see attached" in the space above.)

SECTION VIII — REHABILITATION POTENTIAL

21. Complete the following sentences based upon the professional assessment.
    (1) Upon discharge from this episode of care, the member will be able to

    (2) Upon discharge from this episode of care, the member may continue to (list supportive services)

    (3) The member / member's caregivers support the therapy plan of care by the following activities and frequency of carryover

    (4) It is estimated this episode of care will end (provide approximate end time)

22. **SIGNATURE —** Providing Therapist	23. Date Signed
I.M. Providing Therapist	MM/DD/CCYY
24. **SIGNATURE —** Member or Member Caregiver (optional)	25. Date Signed