

Affected Programs: BadgerCare Plus and 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

Changes to Therapies Spell of Illness Prior Authorization Policy and Form

Effective October 1, 2015, ForwardHealth will implement changes to the Spell of Illness (SOI) prior authorization (PA) process for occupational therapy, physical therapy, and speech and language pathology.

Changes to Spell of Illness

Effective October 1, 2015, ForwardHealth will implement the following changes to the spell of illness (SOI) prior authorization (PA) process for occupational therapy (OT), physical therapy (PT), and speech and language pathology (SLP) services:

- Per administrative code, justification for a new SOI will be determined based on the member's condition, and PA will not be restricted to specific *International Classification of Diseases* (ICD) diagnosis and procedure codes.
- The revised Prior Authorization/Spell of Illness Attachment (PA/SOIA) form, F-11039 (10/15), will be implemented to reflect the changes to the SOI requirements.
- Prior authorization for SOI will be granted with 20 visits to be used over six months between the grant and end dates.

Changes to the Prior Authorization Process

Effective October 1, 2015, PA for SOI will no longer be restricted to specific sets of ICD diagnosis codes or ICD procedure codes. A member qualifying for SOI will need to

display the potential to re-achieve the skill level that he or she had previously. In addition, per Wis. Admin. Code §§ DHS 107.16(2)(c), 107.17(2)(c), and 107.18(2)(c), the member will be required to have **one** of the following conditions in order for a PA request for SOI to be approved:

- An acute onset of a new disease, injury, or condition such as neuromuscular dysfunction, including stroke-hemiparesis, multiple sclerosis (MS), Parkinson's disease, or diabetic neuropathy.
- An acute onset of a new disease, injury, or condition such as musculoskeletal dysfunction, including fracture, amputation, strains and sprains, and complications associated with surgical procedures.
- An acute onset of a new disease, injury, or condition such as problems and complications associated with physiological dysfunction, including severe pain, vascular conditions, and cardio-pulmonary conditions.
- An exacerbation of a pre-existing condition including, but not limited to, MS, rheumatoid arthritis, or Parkinson's disease.
- A regression in the member's condition due to a lack of therapy, as indicated by a decrease of functional ability, strength, mobility, or motion.

For members not meeting these criteria but still requiring therapy services, providers should submit a Prior Authorization/Therapy Attachment (PA/TA) form, F-11008 (07/12).

International Classification of Diseases, 10th Revision, Impacts to Spell of Illness

Providers are required to use the most appropriate, valid, and specific *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) diagnosis code or *International Classification of Diseases, 10th Revision, Procedure Coding System* (ICD-10-PCS) procedure code on PA requests with requested start dates on and after October 1, 2015. ForwardHealth will enforce the validity of ICD-10 codes (i.e., the highest number of characters required by the code set) for all claims and PA request submissions. As of October 1, 2015, if a stakeholder uses an ICD diagnosis code that is not valid, ForwardHealth will deny the claim or return the PA request, and it will need to be resubmitted with a valid ICD-10 code.

Note: The ICD-10-PCS procedure codes are allowable on the PA/SOIA form but **not** on the Prior Authorization Request Form (PA/RF), F-11018 (05/13). Providers who enter an ICD-10-PCS procedure code on the PA/SOIA form should ensure that an accurate ICD-10-CM diagnosis code has been entered on the PA/RF.

Period of Spell of Illness and Allowable Number of Visits

Initial Spell of Illness

Up to 35 dates of service (DOS) are allowed for each therapy discipline the first time a member requires PT, OT, or SLP services in his or her lifetime. This is called the member's **initial** SOI. Generally, the member's initial SOI does not require PA; however, some services always require PA, even when they are provided during a member's initial SOI. For this list of services, providers should refer to the Services That Always Require Prior Authorization topic (topic #2713) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the ForwardHealth Online Handbook. Additionally, if the member's condition requires additional PT, OT, or SLP services after the 35 DOS of the initial SOI, all subsequent visits will require PA.

The initial SOI begins with the first day of evaluation or treatment and ends when the services are no longer required or after the 35 DOS, whichever comes first. The 35 DOS include any treatments covered by other health insurance sources.

In order for PT, OT, and SLP services provided within the initial 35 DOS to be reimbursed, they must meet the same medical necessity requirements as PT, OT, and SLP services that require PA. Therapy services provided as school-based services do not count against the allowable number of DOS.

Subsequent Spell of Illness

Following the 35 DOS of the initial SOI, all therapy for a member will require PA. Prior authorization (PA/RF and a PA/SOIA) for subsequent SOI will be granted with 20 visits to be used over six months between the grant and expiration dates.

Enddating Prior Authorization for Spell of Illness

If the condition of a member who is receiving therapy services under an SOI improves to the point that the professional skills of a PT, OT, or SLP provider are no longer required to meet the member's functional and therapy treatment needs, the member no longer qualifies for treatment under subsequent SOI. The provider should submit a Prior Authorization Amendment Request, F-11042 (07/12), to enddate the PA for this SOI.

Prior Authorization Amendment Requests

Effective October 1, 2015, ForwardHealth will allow amendment requests for changes to SOI PAs. Providers may use the Prior Authorization Amendment Request form to request an amendment to a current PA to change any of the following:

- The rendering provider's information, when the billing provider remains the same.
- The member's ForwardHealth identification number.
- The grant or expiration date(s).
- The specific treatment code(s).

- The number of DOS authorized.

If additional DOS for treatment are required to complete the plan of care (POC), and therapy is expected to be completed within 30 days of the current expiration date, a provider may submit a Prior Authorization Amendment Request with the following documentation:

- The reason why the POC could not be completed with the number of DOS granted.
- The number of additional DOS requested.
- The specific, objective measurements of the progress toward functional goals the member has achieved from therapy already provided.
- Any other clinical information to justify ongoing, skilled therapy services.

Revisions to the Prior Authorization/Spell of Illness Attachment Form

The following revisions have been made to the PA/SOIA form and instructions to reflect the changes to SOI policy:

- Element 11 will now accept ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes, as well as their descriptions. (*Note:* The ICD-10-PCS procedure codes are allowable on the PA/SOIA form but **not** on the PA/RF. Providers who enter an ICD-10-PCS procedure code on the PA/SOIA form should ensure that an accurate ICD-10-CM diagnosis code has been entered on the PA/RF.)
- Element 12 has been separated into two distinct elements, Elements 12 and 13:
 - ✓ Element 12 will now require a single checkmark next to the statement to indicate the condition that qualifies the member for SOI (as defined in Wis. Admin. Code §§ DHS 107.16[2][c], 107.17[2][c], and 107.18[2][c]), instead of a yes or no response for each statement.
 - ✓ Element 13 will now require a yes or no response to the statement, “The member displays the potential to re-achieve the skill level that he or she had previously.”

Refer to Attachments 1 and 2 of this *Update* for a copy of the revised PA/SOIA completion instructions and form.

Refer to Attachment 3 for a list of example conditions that can be used as an aid for selecting the qualifying statement that most accurately reflects the member’s condition.

Reminders

An SOI begins with the first day of evaluation or treatment and ends when the services are no longer required or after the allowable DOS for treatment have been used, whichever comes first. The allowable DOS include any treatments covered by other health insurance sources or any treatments provided by another provider in any settings except for schools, which do not count toward the initial SOI under Wisconsin Medicaid and BadgerCare Plus.

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 website at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

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

(A copy of the “Prior Authorization/Spell of Illness Attachment [PA/SOIA] 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 (Wis. Admin. Code § DHS 104.02[4]).

Under Wis. Stats. § 49.45(4), 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 on the ForwardHealth Portal at www.forwardhealth.wi.gov/, 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.

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 (ICD)* Diagnosis Code or ICD Procedure Code and Description

Enter the appropriate and most-specific primary *International Classification of Diseases (ICD)* diagnosis code or ICD procedure code and its corresponding description.

Element 12

Check the appropriate box to indicate which statement describes the type of therapy the member requires. Only one of the five statements should be selected.

Element 13

Check the appropriate box to indicate whether or not the member displays the potential to re-achieve the skill level he or she had previously.

Element 14 — Signature — Therapist Providing Evaluation / Treatment

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

Element 15 — Date Signed

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

ATTACHMENT 2

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

(A copy of the “Prior Authorization/Spell of Illness Attachment [PA/SOIA]” 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* (ICD) Diagnosis Code or ICD Procedure Code and Description

12. Indicate the condition that qualifies this SOI request. (Check only one of the following options.)

The member requires therapy due to the following:

- An acute onset of a new disease, injury, or condition such as neuromuscular dysfunction, including stroke-hemiparesis, multiple sclerosis (MS), Parkinson's disease, and diabetic neuropathy.
- An acute onset of a new disease, injury, or condition such as musculoskeletal dysfunction, including fracture, amputation, strains and sprains, and complications associated with surgical procedures.
- An acute onset of a new disease, injury, or condition such as problems and complications associated with physiological dysfunction, including severe pain, vascular conditions, and cardio-pulmonary conditions.
- An exacerbation of a pre-existing condition including, but not limited to, MS, rheumatoid arthritis, or Parkinson's disease.
- A regression in the member's condition due to a lack of therapy, as indicated by a decrease of functional ability, strength, mobility, or motion.

Note: Examples of member conditions for PT, OT, and SLP SOI approval may be found in the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the ForwardHealth Online Handbook on the ForwardHealth Portal.

13. Indicate yes or no for the following statement.

The member displays the potential to re-achieve the skill level that he or she had previously. Yes No

Continued



DT-PA052-052

SECTION III — DOCUMENTATION (Continued)

I hereby certify that the documentation of the acute onset, exacerbation, or regression of the member's disease, injury, or condition is as stated above. I acknowledge that the SOI ends when the skilled services of a therapist are no longer required, when the plan of care is met, or when the number of treatment sessions granted have been used, whichever comes first. I acknowledge that unused treatment days from one SOI may not be carried over to a new SOI and that treatment days covered by Medicare or other third-party insurance shall be included in computing the SOI treatment. I acknowledge that the provider is responsible for maintaining documentation to justify this SOI and all recordkeeping requirements.

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

15. Date Signed

ATTACHMENT 3

Examples of Conditions for Physical Therapy, Occupational Therapy, and Speech and Language Pathology Spell of Illness Approval by Category

The following table includes examples of conditions that could meet ForwardHealth’s criteria to qualify for SOI approval and should be used as an aid for selecting the qualifying statement that most accurately reflects the member’s condition. This is not an exhaustive list, and these examples are not intended as diagnosis suggestions; all diagnosis or procedure codes entered on the Prior Authorization/Spell of Illness Attachment (PA/SOIA), F-11039 (10/15), must be valid *International Classification of Diseases* codes and descriptions.

Note: This table is **not** exhaustive; some conditions that qualify for SOI approval may not be listed in the table.

Examples of Conditions for Physical Therapy, Occupational Therapy, and Speech and Language Pathology Spell of Illness Approval by Category			
Category	Physical Therapy	Occupational Therapy	Speech and Language Pathology
Neuromuscular disease, injury, or condition	Amyotrophic lateral sclerosis Cerebral vascular accident (CVA) Cauda equina syndrome Cervicalgia Diabetes mellitus Disorders of cranial nerves Encephalopathy Guillain-Barre syndrome Head injury Hemiplegia and hemiparesis Huntington’s chorea and other choreas Malignant neoplasm Meningitis Multiple sclerosis (MS) Neuralgias, nerve root, and plexus disorders Parkinson’s disease	Amyotrophic lateral sclerosis CVA Diabetes mellitus Disorders of cranial nerves Encephalopathy Guillain-Barre syndrome Head injury Hemiplegia and hemiparesis Huntington’s chorea and other choreas Malignant neoplasm Meningitis MS Neuralgias, nerve root, and plexus disorders Parkinson’s disease	Amyotrophic lateral sclerosis Aneurysm Aphasia Bell’s palsy Brain injury Cerebral cysts, edema, embolism, laceration, and contusion Compression of brain Disorders of cranial nerves Encephalopathy Epilepsy Facial nerve disorders Guillain-Barre syndrome Huntington’s chorea Malignant neoplasm Meningitis Motor neuron disease MS Parkinson’s disease

Examples of Conditions for Physical Therapy, Occupational Therapy, and Speech and Language Pathology Spell of Illness Approval by Category

Category	Physical Therapy	Occupational Therapy	Speech and Language Pathology
Musculoskeletal disease, injury, or condition	Amputation Arthroplasty Fracture (traumatic and pathologic) Disorders of synovium, tendon, and bursa Gouty arthropathy Internal derangement of knee Intervertebral disc disorders Joint replacement Kyphoscoliosis and scoliosis Osteoarthritis Rheumatoid arthritis (RA) Spinal fusion Sprains and strains of joints and adjacent muscles Temporomandibular joint disorders	Amputation Arthroplasty Fracture (traumatic and pathologic) Disorders of synovium, tendon, and bursa Dupuytren’s contracture Gouty arthropathy Joint replacement Osteoarthritis RA Sprains and strains of joints and adjacent muscles Trigger finger	Benign neoplasm of lip, oral cavity, and pharynx Cellulitis and perichondritis of larynx Cleft lip and palate repair Polyps and nodules of vocal cords or larynx Swelling mass or lump in head and neck
Physiologic disease, injury, or condition	Benign paroxysmal positional vertigo Epilepsy Gangrene Headache HIV infection Lymphedema Meniere’s disease Orthostatic hypotension Reflex sympathetic dystrophy Sickle-cell anemia Systemic lupus erythematosus	Epilepsy HIV infection Lymphedema Post-mastectomy lymphedema Sickle-cell anemia	Epilepsy Polyps and nodules of vocal cords or larynx

Examples of Conditions for Physical Therapy, Occupational Therapy, and Speech and Language Pathology Spell of Illness Approval by Category

Category	Physical Therapy	Occupational Therapy	Speech and Language Pathology
Exacerbation of pre-existing condition	Juvenile chronic polyarthritis Motor neuron disease (including Amyotrophic lateral sclerosis) MS Lymphedema Parkinson’s disease RA	Juvenile chronic polyarthritis Motor neuron disease (including Amyotrophic lateral sclerosis) MS Lymphedema Parkinson’s disease RA	Diffuse diseases of connective tissue Facial nerve disorders Hemiplegia and hemiparesis Head injury MS Myasthenia gravis Other choreas Paralysis of vocal cords or larynx Late effects of cerebrovascular disease
Regression in condition due to lack of therapy	Anoxic brain damage Contracture of joint Encephalopathy, unspecified Toxic encephalopathy MS Muscular dystrophy	Contracture of joint Encephalopathy, unspecified Toxic encephalopathy MS Muscular dystrophy	Encephalopathy MS Muscular dystrophy