
WISCONSIN MEDICAID UPDATE

MAY 20, 1998

UPDATE 98-15

TO:
HMOs and Other Managed Care
Programs
Home Health Agencies
Personal Care Agencies

Prior Authorization Request Changes for Home Health and Personal Care Agencies

Changes made in response to provider suggestions

To respond to provider suggestions and to improve consumer services, Wisconsin Medicaid has made some changes to the prior authorization (PA) request requirements. The changes are intended to decrease the number of PA requests returned to providers for clerical errors.

Wisconsin Medicaid has changed some items on the HCFA forms 485, 486, and 487 from *required to optional* on PA requests. Providers may continue to complete these items, but Wisconsin Medicaid will no longer return PA requests due to incorrect or missing *optional* items.

Prior authorization (PA) request changes

Optional elements

Completion of the following are now *optional on PA requests*. While the following are optional on PA requests, Wisconsin Medicaid requires that the signatures be kept in the recipient's medical record. Wisconsin Medicaid will no longer return PA requests if the following elements are missing or incorrect:

Certification, licensing, and other Medicaid requirements *have not* changed

Providers must obtain written physician orders for home health services. Providers must maintain hard copies of dated, signed signatures and entries on file in the recipient's record as required by state and federal regulations. These prior authorization (PA) request changes do not eliminate the need for providers to comply with licensing, certification, or health insurance liability requirements (i.e., HFS 101-108 and HFS 133, Wis. Admin. Code, Federal Conditions of Participation, 42 CFR 484, etc.).

- Provider number on HCFA 485, 486, 487 (element 5).
- Provider number on PA/HHTA (element 7).
- RN or therapist signature* on HCFA 485 (element 23), 486 (element 21), 487 (element 11).
- RN or therapist signature* on verbal orders.
- RN/MD signature* on HCFA 485 (element 27) or personal care orders.

*Signatures must be obtained and kept in the patient's medical record as required by state and federal regulations (see the information in the box above).

Required elements

All other elements currently required continue to be required, including, but not limited to, the following:

- Provider number on PA/RF (element 9).
- Provider name on HCFA 485, 486, 487 (element 7).
- RN signature on Medical Assistance Home Care Assessment form (section 16.1).
- Therapist signature on HHTA, therapy evaluation, and therapy treatment plan.

Reminder to end a PA when a recipient is discharged

Providers must send an amendment to end an approved Prior Authorization Request Form (PA/RF) when discharging a recipient, unless the provider expects to readmit the recipient for services within the PA period. The end date is the date of the actual discharge. Providers should send this amendment immediately upon discharge to facilitate the recipient's continuation of care.