



# **Wisconsin Medicaid Residential Substance Use Disorder Treatment Provider Training**

## **Module 3: Prior Authorization**

January 12, 2021

Wisconsin Department of Health Services  
Division of Medicaid Services  
Bureau of Benefits Policy

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# Agenda

## Morning Session

- 8:30am - Overview of Service Area and Covered Services
- 9:30am - Provider and Member Enrollment Information

## Afternoon Session

- **11am - Prior Authorization (PA)**
- 12pm - Claims



# Prior Authorization

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## Purpose of PA

- The PA process is ForwardHealth's method for assessing the **medical necessity** of a requested service before the service is provided.
- A service may be considered medically necessary when it is the most **appropriate, clinically effective, cost-effective** plan of care for this member at this time, per Wis. Admin. Code ch. DHS 101.



# Submitting a PA Request

- Portal PA is available for most services that require PA.
- To submit a new PA request, providers click Submit a new PA from the Prior Authorization page of the Portal.
- Providers are prompted to complete information equivalent to that of the Prior Authorization Request Form (PA/RF), F-11018, and any necessary attachments.



# Submitting a PA Request

- Providers use Previous and Next to navigate through the panel and select Clear to remove all information entered on the current page.
- Following completion of an online PA request, the PA number is displayed on the Confirmation of Receipt panel. Providers should make note this number for future reference.



# Supporting Documentation

- Providers may submit supporting clinical documentation to ForwardHealth via electronic upload, mail, or fax.
- Providers who choose to upload the documentation may do it immediately or at a later date by selecting Upload documents for a PA from the Prior Authorization page.
- Providers can upload documents in .jpeg, .pdf, Rich Text Format (.rtf), .txt, or OrthoCAD formats. (Note: Microsoft Word documents cannot be uploaded. Providers may save Word documents as .pdf, .rtf, or .txt files for uploading.)



# Supporting Documentation

- If supporting documentation needs to be mailed or faxed, the Print PA Cover Sheet panel will display instructions to complete a cover sheet to accompany the documentation. The cover sheet is also available via the Print PA Cover Sheet link on the Prior Authorization page.
- Providers should submit only the cover sheet along with the supporting documentation.





# Accessing Previously Submitted PA Requests

- To locate a specific PA, providers can choose one of the following links from the Prior Authorization page of the Portal:
  - Complete a saved PA request.
  - Check on a previously submitted PA.
  - Amend an approved PA.
  - Correct a returned PA.
- Providers search for PAs by entering data into at least one of the parameter fields.



## Decision Notices and Returned Letters

- Decision notices and returned provider review letters are available via the Portal.
- Providers submitting PA requests via the Portal will receive the documents via the Portal.
- If the provider submitted a PA request via mail or fax and the provider has a Portal account, the documents will be sent to the provider via the Portal as well as by mail.
- Decision notices and returned letters are sent to the address indicated in the provider's file as their PA address.

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## PA Statuses

- Approved
- Approved With Modifications
- Denied
- Returned—Provider Review
- Pending—Fiscal Agent Review
- Pending—State Review
- Suspended—Provider Sending Information
- Inactive



## Correcting a Returned PA

- The details of a returned PA are outlined in the Returned Provider Review Letter.
- Providers may correct returned PAs via the Portal.
- A returned PA may be corrected via the Correct a Returned PA or Correct a Returned PA Amendment link.
- Providers have up to 30 days to correct a PA before it goes inactive.



## Correcting a Returned PA

To correct a returned PA or PA amendment:

- Locate the PA by completing at least one of the parameter fields.
- Click a PA to select it. The PA detail will then be displayed.
- Select Correct this PA at the bottom of the page.
- Advance through the online PA form, making the necessary changes.
- Select Submit.

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# Requests Not Eligible for Automatic Approval

The following requests are not eligible for automatic approval:

- PA requests that indicate a LOC other than residential SUD treatment
- PA requests submitted via mail or fax
- Amendments to extend an existing PA
- PA requests that were not completed accurately



# Clinical Criteria for Approval

## Initial PA

- PA/RF
- Prior Authorization/Residential Substance Use Disorder Treatment Attachment (PA/RSUD) form, F-02567
- Diagnostic evaluation
- ASAM criteria

## Automatic Approval for First 10 Days

Initial PAs submitted through the ForwardHealth Portal and completed fully will be considered for automatic approval for the first 10 days.

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# Diagnostic Evaluation

- **Comprehensive biopsychosocial assessment**—An assessment should occur within four days of admission.
- **Diagnostic criteria**—To be eligible for treatment, the member must meet the diagnostic criteria for a moderate or severe SUD.





# ASAM Criteria

A residential SUD provider must submit an assessment of a member's ASAM level of functioning and severity as described in the current edition of *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*.



# ASAM Criteria

The assessment must include:

- A brief narrative description for each ASAM dimension
- The member's risk rating for each ASAM dimension to specify severity of needs and treatment priorities
- The member's LOC rating for each ASAM dimension to specify the least restrictive intensity of services needed to address each dimension
  - Reminder: Members should receive the least restrictive LOC that results in progress related to their treatment plan.

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## PA Requirements to Extend Services up to 30 Days

- Providers may request to extend the member's medically necessary residential SUD treatment up to 30 days from the date of admission.
- An amendment must be submitted before the expiration of the initial authorization.
- **An amendment may be submitted immediately after receiving approval for the initial authorization.**



# PA Requirements to Extend Services up to 30 Days

The amendment must include:

- A completed Prior Authorization Amendment Request form, F-11042
- Providers' comprehensive biopsychosocial assessment
- Plan of care
- Discharge criteria and continuing care plan

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# Prior Authorization Amendment Request Form

Providers must complete all required fields on the Prior Authorization Amendment Request form, including:

- In Element 9, indicate the desired end date for the PA. This may be up to 30 calendar days from the date of admission.
- In Element 10, indicate “Change Grant or Expiration Date.”
- In Element 11, enter “Extend initial stay to (number up to 30 from admission date) days” with any other desired information.



# Comprehensive Biopsychosocial Assessment

The provider must submit a comprehensive biopsychosocial assessment of the member following the requirements of the current version of ASAM including, but not limited to:

- Personal and social history (for example, school, work, military service, relationships)
- Family and developmental history
- Alcohol, tobacco, other drug use, and addictive behavior history



# Comprehensive Biopsychosocial Assessment

- Legal history
- Psychiatric history and mental health status examination
- Treatment history for substance abuse
- Medical conditions, review of systems, and physical examination
- Formulation, diagnosis, survey of assets, vulnerabilities and supports, and treatment recommendations



# Plan of Care

The plan of care must meet all requirements described in Wis. Admin. Code ch. DHS 75 and must:

- Address the member's needs based on the ASAM assessment.
- Identify the specific, measurable outcomes used to evaluate progress and treatment success.
- Identify any diagnosed mental health conditions or psychiatric symptoms seen or reported by the member and the plan for integrating and addressing them in treatment.
- Address member needs for MAT and how this will be addressed or initiated if needed.

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# Discharge and Continuing Care Planning

- Providers must prepare an effective continuing care plan and identify member needs and resources in the community to meet those needs.
- The continuing care plan must be submitted with the PA to extend services and must include:
  - Documented coordination with the member's care manager for the next LOC, which may include the member's HMO, managed care organization, Comprehensive Community Services, Community Recovery Services, Medicaid health home, or other care manager.

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# Discharge and Continuing Care Planning

- Planning for services upon discharge, such as individual counseling or group counseling, medication management, and attendance at recovery support group meetings.
- Confirmation of living arrangements that will encourage recovery and reduce the chances of relapse.
- Emergency and counseling contact information for the member.
- Overdose prevention plan, if applicable, including continuation of MAT and provision of emergency medication to treat overdoses.



# Requests to Extend Services Beyond 30 Days

- PA amendments:
  - Must be submitted before the expiration of the prior PA period. If there is a gap, a new PA must be submitted
  - PAs will not be backdated to cover gaps
- Amendments beyond the initial 30-day stay:
  - High-intensity residential services may be extended up to 10 days per request
  - Low-intensity residential services may be extended up to 30 days per request



# Requests to Extend Services Beyond 30 Days

For either LOC, the following information is required to make a determination of medical necessity:

- A completed Prior Authorization Amendment Request form
- All treatment plan reviews
- Updated ASAM criteria
- Updated plan of care
- Clinical rationale for continued stay
- Updated comprehensive discharge and continuing care plan

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# Prior Authorization Amendment Request Form

Providers must complete all required fields on the PA Amendment Request form, including:

- In Element 9, indicate the desired end date for the PA.
  - For high-intensity treatment, this may be up to 10 days from the current expiration date.
  - For low-intensity treatment, this may be up to 30 days from the current expiration date.
- In Element 10, indicate “Change Grant or Expiration Date.”
- In Element 11, enter “Additional ten days requested” or “Additional 30 days requested” with any other desired information.

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## PA Procedure Code and Policy

- Providers must procedure code H0018 when requesting a PA for RSUD.
  - Modifier TG or TF depending on level of care. Must match the provider's specialty
  - Modifier HA, HD, and/or HI as appropriate.
- When submitting claims, the procedure code and modifier(s) must match what was approved on the PA.



# Care Coordination

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## Care Coordination

- For members enrolled in an HMO, IRIS consultant agency, or MCO, providers must notify the HMO, IRIS consultant agency, or MCO within 48 hours of the member's admission.
- Providers must coordinate with the HMO, IRIS consultant agency, or MCO before the member's discharge to develop an appropriate continuing care plan.





# Comprehensive Community Services and RSUD Treatment

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## CCS and RSUD

- Comprehensive Community Services (CCS) will continue to offer and cover residential SUD treatment in non-IMD settings to members enrolled in the CCS program.
- CCS will not be reimbursed for treatment delivered in an IMD.
- If a member in CCS is unable to access residential SUD treatment through their CCS program, they may access services through the residential SUD treatment benefit.



## CCS and RSUD

- In these situations, CCS services must be suspended during the member's residential SUD treatment.
- CCS service planning and service facilitation may be provided within 30 days before discharge.
- CCS services may not duplicate case management provided by the residential SUD provider.



# Questions

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