Specialty Therapy & Rehab Services (STRS)

Removal of Prior Authorization Requirements for Select Therapy Services

11/27/2017

Prior Authorization Par Provider

Prior auth will still be required for any services rendered by a home health agency or in the home setting, Home and Community Based Services (HCBS) and services related to the treatment of autism spectrum disorders, birth defects and developmental delay as outlined in state guidelines.

Prior Authorization Par Provider

Individuals may receive developmental therapy services to treat Autism Spectrum Disorders (ASD), birth defects and other developmental delays in any appropriate community setting from any qualified provider with prior authorization and medical necessity documentation**

- F84.0 - F84.9 Autism Spectrum Disorder
- F80.1 - F80.9 Developmental Speech and Language Disorder
- H93.25 Central Auditory processing Disorder
- F70 - F79 Intellectual Disabilities
- G80.0 - G80.9 Infantile Cerebral Palsy
- Q00 - Q89.9 Congenital Anomalies

Prior Authorization Par Provider

Prior authorization is NOT needed for the following:

- **First 24 visits per discipline per member per calendar year (including evaluation)****
- **Initial evaluation**: one per provider per discipline per calendar year
- **Re-evaluations:** one re-evaluation per provider, per discipline, per calendar year without prior authorization for participating providers.

Prior Authorization is required for all non-par services including evaluations.

**-refer to slide three (3) for limitations per state guidelines

FAQs for 24 Visits without PA

- **All visits are subject to a post service review audit**
- Any visits over the 24 per member, per discipline for the calendar year require prior authorization
- If a provider sees a member for more than 24 visits without a prior authorization, the claim will be denied and a retro request will not be approved
- If you have an authorization in place, all claims will be matched up with this authorization. The 24 visits without prior authorization cannot be used during any period that has an active authorization in place
- If an outpatient therapy request is sent to the STRS team, it will be reviewed for medical necessity even if the 24 visits have not been used
- Benefit limitations for members over 21 years old still apply as outlined by the state of Kansas

FAQs for 24 Visits without PA

- A denial or adverse decision may be sent if an outpatient therapy request is submitted for review even if the member has not used their 24 visits
- If there is a denial on file, the 24 visits cannot be used during the denial timeframe
- If a provider cannot determine if a member has used their 24 visits through another provider, it is recommended that a prior authorization is obtained
- Requests after the 24 visits without prior authorization will require clinical documentation that include the most recent evaluation, a plan of care with functional deficits and goals that include baseline/current data that demonstrates the continued need for skilled intervention

Post Service Audit

Post service audits for medical necessity review will be done on a sample portion of therapy services provided without prior authorization

- A request for therapy records, which may include the evaluation, all therapy daily notes and progress notes, will be sent to selected providers
- The request letter will provide details on how to submit records and timeframes for submission
- The audit review will be completed within 30 calendar days of receipt of all necessary information
- Providers will be given education and feedback related to medical necessity if the rendered services have not met the medical necessity criteria
- Revised prior authorization requirements may be issued to specific or all providers if 20% or more of the post service audits do not meet medical necessity or if a provider fails to submit requested records within 30 days from the request for records

Prior Authorization Par Provider

- **Post-Surgical Requests:** We can approve up to 5 post-surgical visits telephonically for post-surgical or urgent therapy needs with a verbal/written doctor's order if requested within 7 days of surgery or hospital discharge.

Requires Prior Authorization

- All **home health services,** including evaluations and re-evaluations require a prior authorization for both par and non par providers
- All HCBS waiver and therapy services related to treatment of autism require prior authorization
- Any visits over the 24 visits per member per discipline for the calendar year require prior authorization
- Prior authorization is required for all services rendered by non par providers
- Therapy services to treat Autism Spectrum Disorders (ASD), birth defects and other developmental delays require prior authorization per state guidelines

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