# Acute Prior Authorization Provider Training

Revised: 031622

Cook Children's Health Plan

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Cook Children's Health Plan

# Our Promise

Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child through the prevention and treatment of illness, disease and injury.

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# Provider Support Services

**888-243-3312**

A representative is available Monday – Friday, 8am-5pm, excluding State holidays.

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# Benefits, Limitations and Exclusions

Providers should verify benefits, limitations and exclusions located in the Texas Medicaid Provider Procedures Manual at tmhp.com prior to rendering services.

Providers should refer to the most recent publications of the Texas Medicaid Provider Procedures Manual located at tmhp.com , Cook Children's Health Plan Provider Manuals located on cookchp.org, Electronic Data Interchange Requirements located on tmhp.com and cookchp.org, CPT/ICD-10/HCPC coding books and Medicaid National Correct Coding edits located on Medicaid.gov when submitting services for reimbursement.

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# Acute Prior Authorization Education

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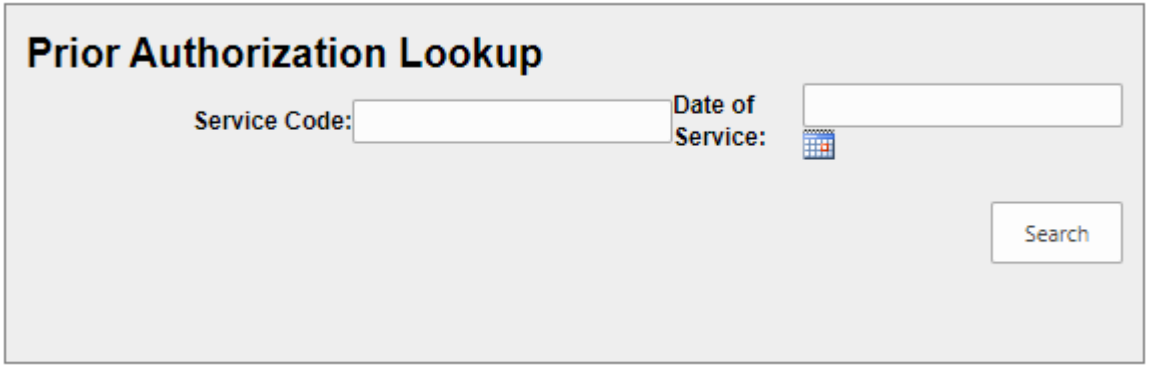
# Is Prior Authorization Required?

# Prior Authorization Search

To determine if a service requires prior authorization access the Prior Authorization Search tool located on our website at cookchp.org, select Providers and then select Prior Authorization.




- Enter a valid CPT or HCPC in the service code field and select the date of service from the calendar, then click "search"

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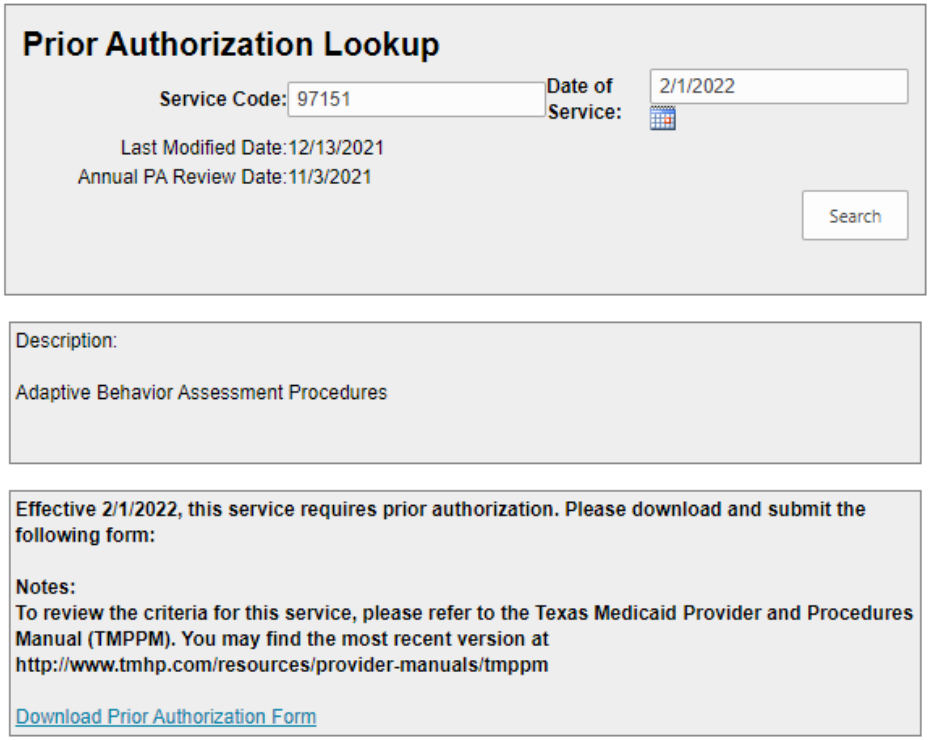
# Prior Authorization Required

**Prior Authorization required** requires the Provider to submit a prior authorization request. ***Prior Authorization is not a guarantee of payment.***

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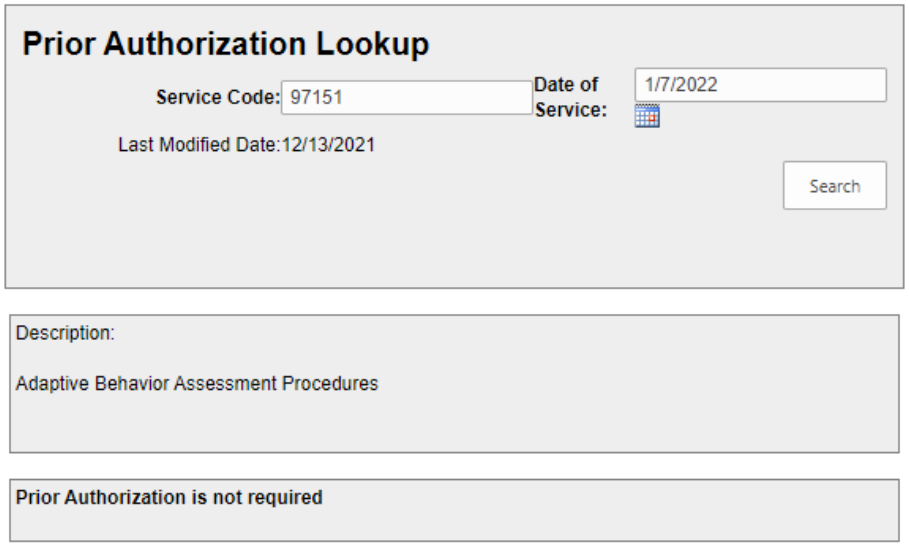
# Prior Authorization Not Required

The response **Prior authorization is not required** is not a guarantee of payment.




**Note:** For Services that do not require authorization, it remains the Providers responsibility to review the Texas Medicaid Provider Procedures Manual and Medicaid Fee Schedule verify benefits, limitations and exclusions.

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# Requesting Prior Authorizations

Providers must submit prior authorization requests via the Secure Provider Portal.

If you do not have access to the Secure Provider Portal please review the Secure Provider Portal Reference Guide for instructions or email Provider Relations at CCHPProviderRelations@cookchildrens.org for enrollment assistance.

Providers pending enrollment to the Secure Provider Portal may submit a prior authorization request via fax by visiting our Prior Authorization page located at cookchp.org.

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# Authorization Number – Claim Form

If a prior authorization is required for the service you provided you must submit the claim form with the authorization number in the appropriate field.

Paper Claim Form
- CMS 1500
  - Item 23
- UB-04
  - Form locator 63

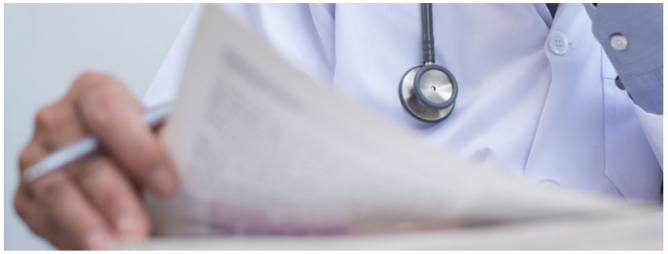
Electronic Data Interchange
- Loop 2300, Segment REF

**Note:** Claims submitted without the authorization number will be denied.

# Provider Manual and Forms

To access our Provider Manuals and Forms visit cookchp.org, select Providers, and then Manuals and Forms.

## Manual and Forms



The Provider Manual is a comprehensive reference guide for our products, value-added programs and services. Our hope is that this will make it easier for you and your staff to collaborate with us in providing excellent service to your Cook Children's Health Plan patients.

- STAR/CHIP/CHIP Perinatal Provider Manual
- STAR Kids Provider Manual
- Beacon Health Options Provider Manual
- Pharmacy Provider Manual
- National Vision Administrators (NVA) Provider Manual

## Provider Forms

- Delivery notification form
- Durable medical equipment prior authorization request form
- High risk pregnancy notification form
- Interpreter request form
- Letter of interest questionnaire
- Non-emergency ambulance prior authorization form
- Palivizumab (Synagis) prior authorization request form
- Physical, occupational, speech therapy prior authorization request form
- Prior authorization request form
- Private duty nursing (PDN) authorization request packet
- Provider information change form
- Specialist acting as a primary care provider request form
- STAR and STAR Kids authorized representative form
- W-9 form

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# Prior Authorization Determination

The Utilization Management Department processes service requests in accordance with the clinical immediacy of the requested services.

| Severity Type | Turnaround Time |
|---|---|
| Routine | Within 3 business days after receipt of the request |
| Urgent | Within 1 business day after receipt of the request |
| Inpatient (Concurrent) | Within 1 business day after receipt of the request |
| Life Threatening | Within 1 hour after receipt of the request |

# Determination Timeframes Defined

**Routine Authorization Request:**

- Request for covered preventive and medically necessary health care services that are non-emergent or non-urgent

**Urgent and Inpatient (Concurrent) Request:**

- Request that requires medical treatment evaluation or treatment within one (1) business day to prevent serious deterioration of the Member's condition or health

**Life Threatening:**

- Requests for post-stabilization or life threatening conditions are completed within one (1) hour of the health plan receiving the request

**Please note**: Requests submitted that are not urgent in nature, but rather submitted as urgent based on the delay in provider submission will be processed as routine authorization requests.

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# Required Documentation

The following documentation is required to process a prior authorization request:

- Completed prior authorization form
- Valid and current MD orders
- Clinical information to justify medical necessity for the requested service
- Contact information of Requesting and/or Rendering Provider

# Required & Essential Information

Cook Children's Health Plan must receive essential information in order to process a prior authorization request.

Essential information includes all of the following:

- Member Name
- Member ID Number
- Member Date of Birth
- Requesting Provider's Name
- Requesting Provider's National Provider Identifier (NPI)
- Requesting Provider's Tax Identification Number
- Servicing Provider's Name
- Servicing Provider's National Provider Identifier (NPI)
- Servicing Provider's Tax Identification Number

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# Required & Essential Information

- Service requested - Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

# Request for Information (RFI Process)

Providers must submit complete prior authorization requests in order for authorization to be processed timely. Prior authorization requests with incomplete or missing information are processed as follows:

- If essential information is not provided, the request cannot be processed
  - The request is returned to the Requesting Provider outlining the missing elements
    - The Requesting Provider should submit any supporting clinical documentation they feel would be pertinent to prevent further delays in processing
- The health plan must receive sufficient clinical documentation to support medical necessity for a requested service
- The health plan will process the request once any missing essential information and/or pertinent supporting clinical information is received

# Request for Information Timeframes

If it is determined, upon review, that additional information is needed, a letter is sent to the Member, Requesting and Rendering Provider outlining the information needed.

- Cook Children's Health Plan must receive the requested information within three (3) business days from the date of the letter
  - Additional information should be submitted to us via our Secure Provider Portal
    - If you are pending access to the Secure Provider Portal you may fax to 682-885-8402
  - Please reference the referral number provided on your letter

**Please note**: If the requested information is not received within the specified time frame, Cook Children's Health Plan is required by regulations to make a decision based solely on the information that we have.

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# Determining Medical Necessity

Cook Children's health Plan uses the following criteria resources for determining medical necessity:

- Texas Medicaid Provider Procedures Manual
- Cook Children's Health Plan Therapy Program Guidelines
- Cook Children's Health Plan Clinical Information and Documents to Support Medical Necessity
- Autism Benefit Services
- InterQual 2019*
- Hayes Technology, Inc.*
- Up-To-Date*
- Cook Children's Health Plan Developed Criteria*

* These criteria are available to Members, Physician's and Other Professional Providers upon request.

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# Determining Medical Necessity

For Practitioners who do not have internet or fax access, a copy of the criteria is available by mail. Call Provider Support Services at 888-243-3312 and ask to speak with Utilization Management.

# Private Duty Nursing (PDN)

# Private Duty Nursing (PDN)

- Private Duty Nursing is a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP) for Medicaid Clients who are 20 (twenty) years of age or younger
- Private Duty Nursing as described by the Texas Occupations Code Chapter 301, is when the recipient requires more individual and continuous care than is available from a visiting nurse or than is routinely provided by the nursing staff of a hospital or skilled nursing facility
- Private Duty Nursing services include observation, assessment, intervention, evaluation, rehabilitation, care and counsel, or health teachings of a recipient who has a disability or chronic health condition or who is experiencing a change in normal health processes
- Private Duty Nursing services must be prior authorized
  - Prior authorization is a condition of reimbursement, but is not a guarantee of payment

# Private Duty Nursing (PDN)

  - The Provider must use documents, tools, or processes published in the Texas Medicaid Provider Procedures Manual to request prior authorization
- Private Duty Nursing services are for clients who meet medical necessity criteria, and who require individualized, continuous, skilled care beyond the level of skilled nursing visits normally authorized under Texas Medicaid Home Health Skilled Nursing and Home Health Aide Services
- Private Duty Nursing services that are intended to provide mainly respite care, child care, and/or do not directly relate to the client's medical needs or disability are not a benefit of Texas Medicaid

Reference: TMPPM, 4.1 Services, Benefits, Limitations, and Prior Authorization, 1 T.A.C. 363.311 Prior Authorization Requirements

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# Private Duty Nursing Eligibility

To be eligible for Private Duty Nursing (PDN) services, a client must meet all the following criteria:

- Be birth through 20 (twenty) years of age and eligible for Medicaid and THSteps
- Meet medical necessity criteria for PDN
- Have a Primary Physician who must:
  - Provide a prescription for PDN services
    - Provide specific written orders for continuing and ongoing PDN services
  - Recommend, sign and date the nursing Plan of Care (POC)
  - Sign a statement of need to support medical necessity of PDN
  - Provide continuing medical care of the client, including but not limited to, examination or treatment within 30 (thirty) calendar days prior to the start of PDN services, or within 6 (six) months of the PDN extension Start of Care (SOC) date

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# Private Duty Nursing Eligibility

- Maintain documentation that the Member's medical condition will allow safe delivery of PDN services as described in the nursing POC
- All requests for PDN must be based on the *current* medical needs of the client

Reference: TMPPM, 4.1 Services, Benefits, Limitations, and Prior Authorization

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# PDN Required Documentation

Providers requesting prior authorization for PDN services must submit all of the following documentation:

- Comprehensive Care Program Prior Authorization Request Form
  - Signed and dated by the Physician within 30 (thirty) days prior to the Start of Care (SOC) date
- Completed Plan of Care (POC) form
  - Signed and dated by the Primary Physician within 30 (thirty) calendar days prior to the Start of Care (SOC) date
- Completed Nursing Addendum to Plan of Care form
  - Signed and dated by the Primary Physician, RN completing the assessment, ***AND*** Member/parent/guardian/responsible adult signature within 30 (thirty) calendar days prior to the Start of Care (SOC) date

# PDN Required Documentation

  - An updated problem list
  - Updated rationale or summary page
  - A contingency plan
  - A 24 hour daily care Flow Sheet (helps to make the distinction between continuous and intermittent skilled nursing tasks)
  - A ***signed*** Acknowledgment
- The PDN Provider may be asked to submit additional documentation including, but not limited to, nurse's notes, medication administration records, seizure logs, and ventilator logs to support medical necessity
- The Provider may request a revision at any time during the authorization period if medically necessary, but must be submitted within three (3) business days of the revised Start of Care (SOC) date

# PDN Required Documentation

- Revisions during a current authorization period must fall within that authorization period
  - If the revision is requested outside of the current authorization period, the Provider must request a new authorization and submit the following documentation
    - A completed Comprehensive Care Program Prior Authorization Request Form
      - Signed and dated by the Primary Physician within 30 (thirty) calendar days prior to the revised Start of Care (SOC) date
    - A completed Plan of Care (POC) form
      - Signed and dated by the Primary Physician within 30 (thirty) calendar days prior to the revised Start of Care (SOC) date
    - A completed Nursing Addendum to Plan of Care for PDN

# PDN Required Documentation

  - Signed and dated by the Primary Physician, RN completing the assessment, and the parent/guardian within 30 (thirty) calendar days of the revised Start of Care (SOC) date
- Providers are responsible for the safe transition of services when the authorization decision is a denial or a reduction of services
- The Provider must also notify the physician and the Member/guardian on receipt of an authorization, a denial, or change in PDN services

# Commonly Seen Errors

- Long list of Previous Medical History (PMH) not relevant to current needs
- Unclearly labeling ***new and relevant*** information
- Not providing a ***clear*** summary of recent health history (ninety (90) days)
- Providing excessive information about ***non-skilled*** tasks
- 24 (twenty-four) hour flowsheets not accurately reflecting the requested number of hours
- Missing ***required*** signatures
- Errors with Change of Provider (COP) requests
  - Not including Ordering Provider signature
  - Delay of PDN services until revised authorization received, but while initial authorization is active
  - Requesting units or dates of service beyond the initial approval without information to show medical necessity for the revision

# Therapy Services Handbook

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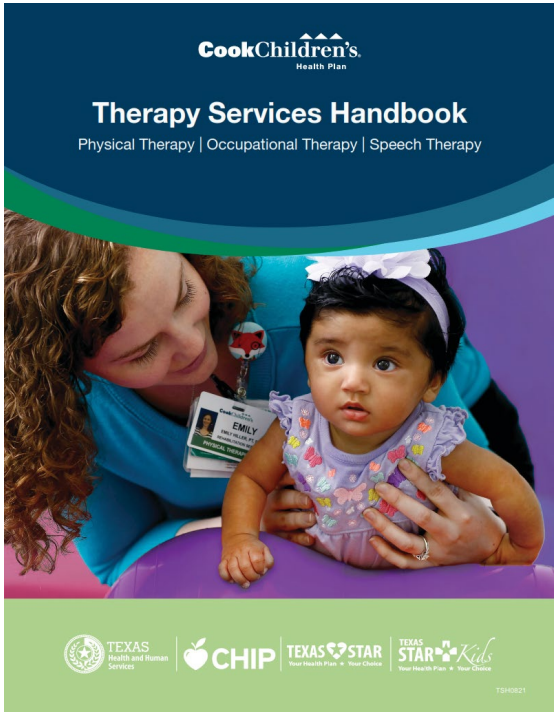
# Updated Therapy Handbook

- Provider compliance as of October 1, 2021
- Available on the Therapy Information page at cookchp.org

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# Highlight of Changes

- Essential Information with Relevant Clinical Documentation
- Request for Information
- **Hearing Screening Guidelines**
- **Bilingual Documentation**
- **Telehealth**
- Augmentative Communication
- Oral Motor, Swallowing, and Feeding Disorders

# Hearing Screening Guidelines

Objective hearing screening guidelines may include:

- Audiometric screening
  - Completed with use of audiometer and performed by Primary Care Physician, audiologist, school nurse or speech-language pathologist
  - When members are not required to have audiometric screening on the THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents, use age-appropriate objective hearing screening tools
  - Cook Children's Health Plan Hearing Loss Risk Screen
    - Printable copy located in Therapy Services Handbook

# Hearing Loss Risk Screen

## Hearing Loss Risk Screening

Please complete the below questionnaire for Speech Therapy requests (not required for feeding only requests):

**Ages Birth to Three Years**

If 2 or more 'yes' answers then screen considered FAIL and an objective hearing screen is needed within 6 months.

**Ages Three Years and Above:**

If 3 or more 'yes' answers then screen considered FAIL and an objective hearing screening is needed within 6 months.

### Cook Children's Health Plan Hearing Loss Risk Screen

| | | |
|---|---|---|
| yes | no | Are you ever concerned about your child's hearing? |
| yes | no | Is there a family history of hearing loss? |
| yes | no | Is there a history of more than 3 ear infections in the last 12 months? |
| yes | no | Has your child had surgery for their ears or hearing? (Ex. Ear tubes) |
| yes | no | Does your child have a history of using ototoxic medications (medications that may cause hearing loss)? Or have they had chemotherapy? |
| yes | no | History of illness or syndrome associated with hearing loss (ex. Down syndrome, cleft palate, CMV, meningitis, scarlet fever, measles, and hyperbilirubinemia)? |
| yes | no | History of premature birth (before 37 weeks gestation) or low birth weight (below: 5 pounds, 8 ounces)? |

**If any of the items below are checked 'yes' a hearing screen will be needed within 6 months:**

| | | |
|---|---|---|
| yes | no | Has child failed a hearing screen in the last 12 months? |
| yes | no | Does child use hearing aids/cochlear implants/bone anchored hearing implant? |

*Based on Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Joint Committee on Infant Hearing. American Academy of Pediatrics.*

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# Bilingual Member Documentation

- Continue to include a thorough language history
- Standardized assessments in English that are translated into another language will not be accepted if there is an available normed-reference assessment in the other language
- Cook Children's Health Plan recognizes dual-language testing may not be necessary in certain situations such as:
  - Performed within normal limits in one language
  - Member has been using one language for three (3) or more years and at least eighty (80) % of their home and school language is in that same language
  - Member has just started to learn a second language within the last year and at least eighty (80) % of their exposure is in the first language

# Interpreter Services

Cook Children's Health Plan Members may contact Member Services to schedule a translator:

- Toll Free: 1-800-964-2247
- Local TTY/TDD: 682-885-2138
- Toll Free TTY/TDD: 1-844-644-4137

Provider's may contact the health plan to schedule a translator:

- Secure Provider Portal
  - Submit a Customer Service Request
    - Select Topic: Request Interpreter
- Provider Support Services at 888-243-3312
- Email the Interpreter Request Form to: CCHPInterpreterrequest@cookchildrens.org

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# Telehealth Services

- Telehealth is the use of telecommunications or information technology to Provide Therapy Services to a Member who is physically located in a site in Texas other than the site where the therapist or therapist assistant is located
- Cook Children's Health Plan will accept OT/PT/ST services via Telehealth and reimburse according to the Texas Medicaid fee schedule for the approved Telehealth procedure codes
- Documentation for a Telehealth service must be the same as a comparable in-person service

# Method for Telehealth Delivery

- Cook Children's Health Plan **does not** allow the use of telephone-only delivery of Physical Therapy (PT), Occupational Therapy (OT) or Speech Therapy (ST)
- Texas licensure rules for each discipline addresses the provision of Telehealth via two-way audio/video platforms
- Although there are variations between the disciplines' rules, each requires the Therapy Service to meet an **equivalent standard of care to in-person delivery**

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# Utilization Management Contact

- Providers may send a secure e-mail to:
  - CCHPPriorAuthorizations@cookchildrens.org
- Cook Children's Health Plan will respond within one (1) business day excluding weekend and State holiday closures

# Provider Relations

# Provider Education and Training

In our ongoing effort to provide web-based services you can now find self-paced training modules on our website, cookchp.org, select Provider, Provider Relations, provider training webinar schedule.

Webinars are scheduled from 12pm - 1pm CT. Dates and times are subject to change.

The most current provider training webinar schedule is located on the Provider Relations page on our website cookchp.org. You can register for a webinar at anytime. You do not need to wait until the day of the event.

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# Secure Provider Portal

Cook Children's Health Plan offers an online portal where Providers can access clinical or managed care data.

By granting Providers access to Epic over the web the amount of paper authorizations, manual claim status requests, and customer service calls are reduced.

Visit cookchp.org to register for our new Secure Provider Portal.

- Select request new account and follow the steps
- 3 - 5 business days for the account to be approved
- You will receive an email confirming your registration

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# Secure Provider Portal

Each Provider office must have a Site Administrator.

- The Site Admin will be responsible for submitting account requests for each staff member who requires access and deactivating users who resign or are terminated
- Each staff member must have their **own** unique user name and password

Need assistance in navigating the Secure Provider Portal?

- Register for a webinar by visiting the Provider Relations page located on cookchp.org, select the provider training webinar schedule
  - Review the calendar and follow the instructions to register for the webinar of your choice

# Provider News

Provider Relations
- Webinar Schedule
- Training Presentations

Provider News
- Provider Newsletters
  - Quarterly
  - DME
  - EVV
  - Behavioral Health
- News Releases
  - Cook Children's Health Plan
  - TMHP
  - HHSC

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# Provider Relations Contacts

**Email: CCHPProviderRelations@cookchildrens.org**

**Note:** When emailing a member of the Provider Relations Team please carbon copy the group email above.

**Provider Relations Coordinator**
Misty Hansen
Phone: 682-303-8804
Email: Misty.Hansen@cookchildrens.org

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# Provider Relations Contacts

**Provider Relations Senior Analyst**
Sylvia Carrizales
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**Provider Relations Analyst**
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**Provider Relations Manager**
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# Post Webinar Survey

We encourage you to please take a minute to complete the survey and add your questions and comments. You will receive via email a copy of today's presentation.

Thank you for attending Cook Children's Health Plan Acute Prior Authorization Provider Training and we look forward to partnering with you to deliver quality care to our Members.

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