

PROCEDURE

ORIGINAL DATE: 12/04

SUBJECT: PRIOR AUTHORIZATION FOR THERAPY SERVICES FOR PATIENTS WITH MA HEALTH AS PRIMARY PAYER, MANAGING

PURPOSE: To ensure that Mass Health patients receive medically necessary therapy services in a timely manner.

POLICY: In accordance with Mass Health Regulation 130 CMR 403.424, all Physical Therapy or Occupational Therapy visits that exceed eight per twelve month period, and greater than fifteen Speech Therapy visits per twelve month period will require prior authorization. An authorization is required before the visits occur. No visits will be approved retroactively.

Procedure

1. Admitting therapists will identify patients with Mass Health as primary payer.
2. For all therapy patients requiring more than an evaluation visit, the admitting clinician for each discipline will complete an R&J and Mass Health Protocol Sheet, and deliver it to the Utilization Review Department within forty-eight hours of first visit.
3. The admitting clinician will notify the Utilization Review Department on the day of admission that additional visits are planned.
4. The Utilization Review Casemanager will:
 - a) Enter authorizations into HealthWyse for eight Physical and/or Occupational Therapy visits per rolling year.
 - b) Enter authorization into HealthWyse for fifteen Speech Therapy visits per rolling year.
 - c) Code as "No Auth Required" for initial visits.
 - d) Notify primary clinician(s) that R&J and Mass Health Protocol Sheet is due in Utilization Review within forty-eight hours of discipline admit visit.
 - e) Document communication with clinician in Utilization Review Log.
 - f) Enter due date in Utilization Review Log to track R&J and Mass Health Protocol Sheet. Due date will be forty-eight hours after discipline admit visit.

5. The Utilization Review Casemanager will submit R&J, Mass Health Protocol Sheet, signed physician orders and clinical documentation to Mass Health. If any documents require additional clinical follow-up, the Utilization Review Casemanager will contact the clinician and enter follow-up due date in tracking.
6. The Utilization Review Casemanager will report a late document to the therapist's manager.
7. MIS will produce a weekly report that identifies all active patients receiving therapy whose primary payer is Mass Health.
8. MIS will give report to Utilization Review and Billing Departments.
9. The Utilization Review Case Manager will review the list weekly to identify any patients that are missing from his/her current caseload.
10. When authorization is obtained for subsequent visits, Utilization Casemanager will:
 - a) Enter the number of visits and minutes per visit that have been authorized into HealthWyse. Mass Health authorizes therapy visits in fifteen-minute increments.
 - b) Notify primary clinician(s) that authorization has been obtained.
 - c) Inform therapist when the subsequent R&J and Mass Health Protocol Sheet will be due, if visits will be required beyond current authorization.
 - d) Enter due date in Utilization Review Log to track R&J. Due date for subsequent authorizations will be twenty-one days before the end of the authorization.
11. A visit will not occur unless there is a current authorization. The therapist will contact the Utilization Review Department immediately if they receive a message in HealthWyse that a visit is not authorized.
12. If authorization has not been obtained for visits, the Utilization Review nurse will notify the clinician's manager and the Director of Clinical Services. If the Director of Clinical Services authorizes additional visits, the Utilization Review Casemanager will enter authorization for visits into HealthWyse as "Pending".

Reference:

Mass Health Regulation 130 CMR 403.424