

## **GA Web Portal**

FFS Autism Therapy Services Prior Authorization

Provider User Manual - Version 1.2

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### **Revision History**

Version	Date	Editor	Description
1.0	01/10/2018		First Published User Guide
1.1	01/29/2019	S. Reams Update CPT codes, screen shots of ne addition of change request submission instructions, note added on page 5 for entering CPT codes on PAs.	
1.2	03/23/2020	S. Reams	Update to screenshots for Creating an Attachment. Updated Contents table to include Reconsideration.

### **Overview**

Providers may submit a request for Autism Therapy Services and attach supporting documentation via the Medical Review Portal. Once a request is submitted, the request data is added to the Alliant Health Prior Authorization (PA) system and is available for review by Alliant Health staff. Once the decision has been rendered, Providers will receive a No-Reply email to notify them that a decision has been rendered. Additionally, should the prior authorization receive a second level denial decision, the member will receive a notification letter from Alliant Health Solutions.

### **Autism Therapy Request Guidelines and Restrictions**

- The PA type for Autism Therapy services is AU
- Providers must have COS code of 445 and a Specialty Code of 565 or 566
- Only Applied Behavioral Analysis (ABA) procedure codes may be entered on the request
- Separate PA's are needed: one PA for assessment codes and one PA for treatment codes
- System validation prevents assessment codes and treatment codes to be entered on the same PA
- Requests must have an effective/start date equal to or greater than the request date
- All requests may be submitted with a procedure start date up to 30 days in the future

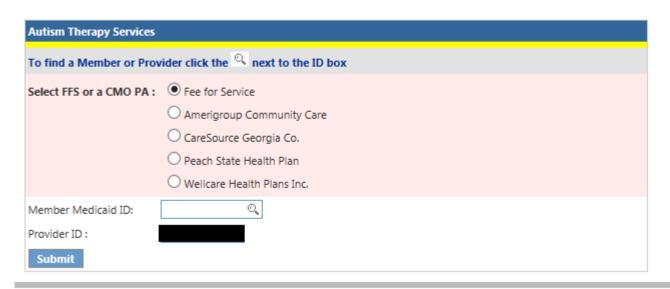
### **Autism Therapy PA Submission Instructions**

- Go to the **Georgia Web Portal** at <u>www.mmis.georgia.gov</u> and log in using your assigned username and password.
- From the *Secure Home* page, select Prior Authorization→ Medical Review Portal; then Enter a New Authorization Request.



- Select the Autism Therapy Services link from the list of review types
  - Autism Therapy Services
  - Additional Psychological Services (Form Number: GMCF PSY/PA)
- On the next screen, the Provider ID is populated by the system based on portal login credentials. Enter the member's Medicaid ID and clicks Submit.

### **New Request for Prior Authorization**



### Medical Review Portal

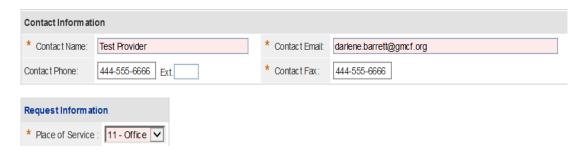
### Request Form

The Request Form is displayed with the provider information pulled into the PA request based on the provider's portal credentials. The member information is pulled from MMIS and populated on the request.

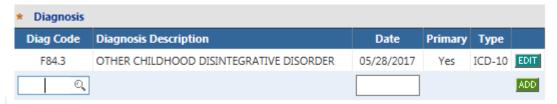
o Provider *Contact Information* is populated by the system. Provider would need to enter any **Autism PA Web Entry** 

information that is missing or incorrect.

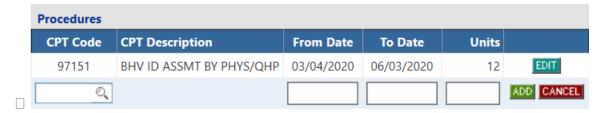
o Provider selects the *Place of Service*. Choices are: Home, Office or School.



- Diagnosis Codes: The Diagnosis table captures the diagnosis code, code description (system populated), diagnosis date, diagnosis type, and primary diagnosis indicator for each diagnosis code entered.
  - One primary diagnosis is required. The provider enters a valid autism ICD10 diagnosis code and the diagnosis date. Click the 'Primary' checkbox for the Primary Diagnosis code.
  - ☐ Click ADD to add the diagnosis code to the request
  - ☐ After the diagnosis code has been entered, the provider may select EDIT, to modify or delete the code.



- □ *Procedure Codes*: The Procedures Table captures the procedure code, code description (system populated), date of service from and to dates, units requested, requested number of months per service.
- □ Provider enters the procedure code; procedure from and to date, units requested and Clicks Add.



### Assessment Codes

	Al	1 <i>A</i>	Assessmer	t proced	lure	codes	can	be	entered	f	or a	3	month	time s	pan.
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☐ Assessment code 97151 and Supporting Assessment code 97152 are entered as a bundle or Family of Codes (FOCs) for treatment plan development. Supporting Assessment codes 0362T is entered on a separate line on the same PA.

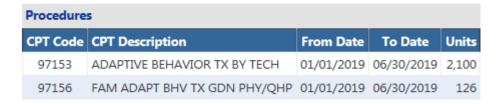
Procedures							
CPT Code	CPT Description	From Date	To Date				
97151	BHV ID ASSMT BY PHYS/QHP	01/02/2019	04/01/2019				
0362T	BHV ID SUPRT ASSMT EA 15 MIN	01/02/2019	04/01/2019				

### **Treatment Codes**

Fan	nily of Codes
	Treatment codes 97153-97155 will be entered as a bundle or Family of Codes (FOCs)
	Up to six (6) consecutive months of service may be entered on one request.
	Valid treatment codes: 97153, 97154, 97155, 97156, 97157, 97158, 0373T

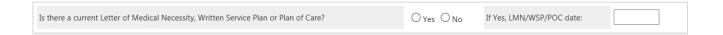
Fan	nily of Codes
	Family of Codes (FOC) should not be broken.
	FOCs can be entered on multiple lines as long as the From and To Date do not overlap
	CPT codes entered within the same Family of Codes with the same dates of services will cause an error. (If CPT code is within the same FOC)
	CPT codes entered within the same Family of Codes with overlapping dates will cause an error. (If CPT code is within the same FOC)

Note\*\* The preferred method of entering a CPT code whether it's a treatment or assessment code that is a part of a family of code bundle is to enter one code only. For example, if 97151 and 97152 is needed for the same dates of services, then providers should only enter one of these codes with the total amount of units. If the codes are entered separately, providers can only bill for the approved units for that code. Both codes will be considered for approval and if approved providers can bill claims with either code.



Note: The above procedure lines and associated units are for demonstration purposes only and do not reflect recommended units or treatment code combinations.

o The next section documents the type and dates of information that is required for Autism PA submission. Respond to each question by clicking the Yes or No button. In general, if Yes is selected, a date must be entered in the corresponding date box; and if No is selected, an explanation must be provided in the corresponding textbox.

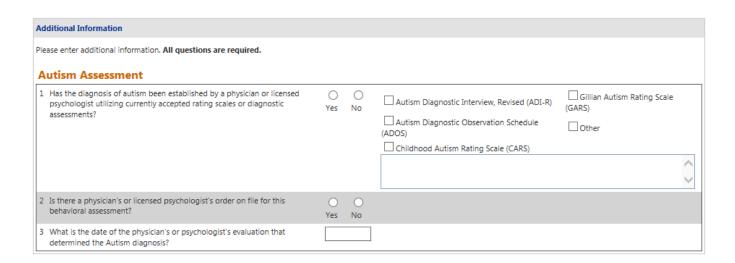


O The Medications section is required for both Assessment and Treatment PAs.

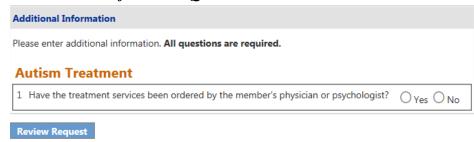


o The last section is the required Additional Information questions that are specific to the procedure code entered. Therefore, these questions only appear after the procedure code has been entered.

### Additional Information Questions - Assessment PA



### Additional Information Questions - Treatment Codes



- o When all data is entered on the request form, click Review Request below the medications section to display the *Attestation Statement*. If the *Attestation Statement* does not display when Review Request is selected; or a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. 'Required' displays next to a data box when information is missing. Enter or correct the data, and then click Review Request again.
- o Click I Agree in response to the Attestation Statement.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health polices and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

To accept this information and proceed with your transaction, please click 'I agree'.

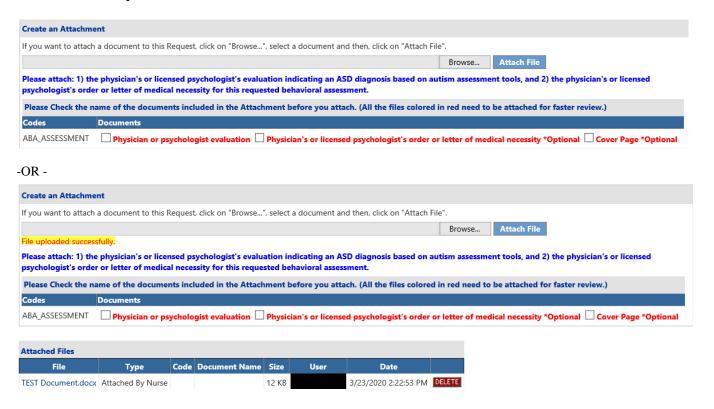
 Review the request. To change information entered, click Edit Request. Otherwise, click Submit Request.

Submit Request Eart Request

When the request is successfully submitted, the system displays the pending PA tracking number.

## Thank you for submitting your Medicaid Prior Authorization request online. You may check the case status of your request online after 24 hours. If you have further questions regarding this prior authorization or prior authorization process, please select under Contact Information the 'Contact Us' link, or call the Customer Interaction Center (CIC) at 1-800-766-4456. Please review the prior authorization information you have entered. If it is correct, you may print this page for your files or records by pressing the Print button on your web browser before you click the Submit button. If you wish to make any changes, use the "Edit Request Data" link at the bottom or the Back arrow on your web browser to return to the previous page. Once you submit the PA request, you will receive a prior approval number and a status. Once the review of this case has been completed and a decision rendered, you will be notified of the review outcome. For requests associated with managed care members, please consult with the associated managed care organization for any changes or updates to your request. Request ID: Status: Pending

On this page, additional required documents may be attached under **Create an Attachment.** To attach a document click Browse and select your file from your local system, the file name will appear in the text field. After verifying the correct file was selected, click Attach File to save the file to the Prior Authorization request. NOTE: The documents noted below.



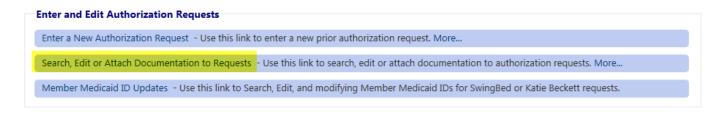
### **Provider Notifications**

When an Autism Therapy Request is approved or denied, the requesting provider is notified via a noreply email. In addition, when the PA is a 2<sup>nd</sup> level review/Reconsideration Request and the decision is denied, the parent or legal guardian of the member will receive a denial notification letter from Aliant Health Solutions. Providers can also review the case status and decision details from the *Medical Review Portal*.

### **Autism PA Web Entry**

### View Decision Details:

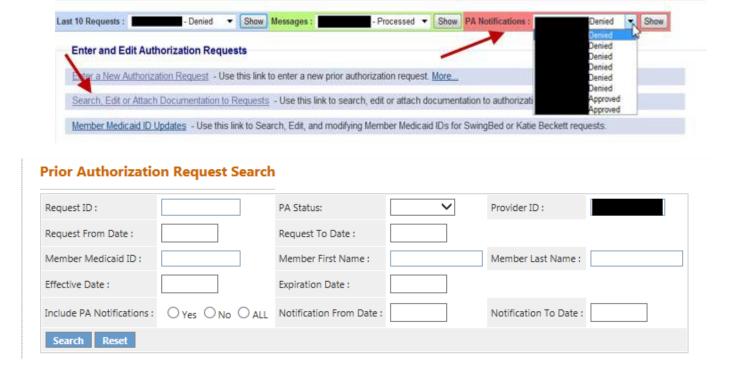
• To view decision details, open the *Medical Review Portal* and click Search, Edit or Attach Documentation to Requests.



• Search for the Autism Therapy request by entering the 'Request ID' and clicking Search. Then click the PA that displays in the search results.

-OR-

Open the Medical Review Portal and access the PA via the PA Notifications drop list.
This list shows the last ten PA notifications. Select a PA number on the list and click
Show.



No matter which route is used to view decision details, the PA opens on the *Review Request* page. The decision status and details can be viewed from the Review Request Screen.

### **Reconsideration Request**

From the *Medical Review Portal*, providers may submit a request for reconsideration of the decision rendered on an Autism PA. When a Reconsideration Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Provider Workspace* for details.

### • Reconsideration Request Guidelines

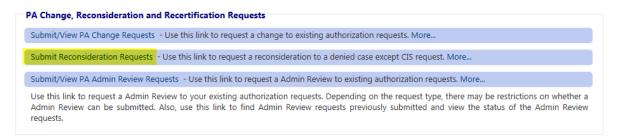
0	Reconsiderations are al	lowed w	hen the I	PAI	has one	or more	procedure.	lines that are:
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Approved but not for all units requested - requests must be submitted within 30 calendar
days of the decision.
Dog consultant denied requests must be submitted within 20 calendar days of the

- □ Peer consultant denied requests must be submitted within **30** calendar days of the decision.
- ☐ Tech Denied but **NOT** Final Tech Denied requests must be submitted within **10** calendar days of the decision.
- Providers are required to attach additional documentation to support the reconsideration request.
   It is not necessary to re-submit all information sent with the original request but only the information to support the request for reconsideration.

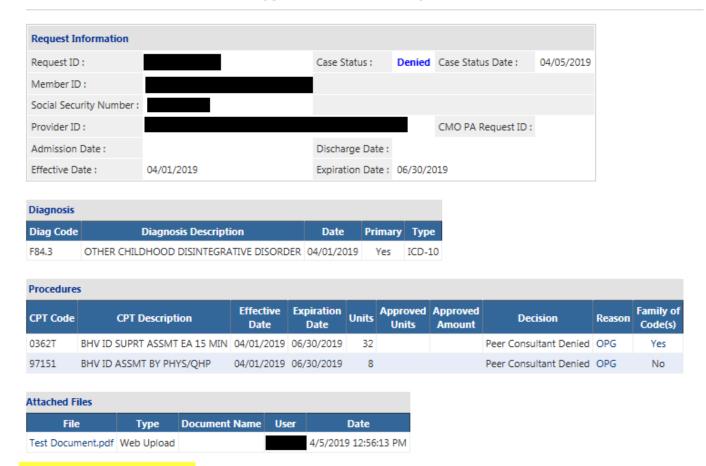
### • Reconsideration Submission Instructions

Open the Medical Review Portal and select Submit Reconsideration Requests.



- o On the search page, enter the PA number in the Request ID' box.
- Click Search.
- O Click the request ID on the search results list to open the *Review Request* page.
- O Click Enter Reconsideration Request at the bottom of the *Review Request* page.

### Prior Authorization - Autism Therapy Services Review Request



Return to the Auth Request Page

o This opens the *Reconsideration Request Information* form.

**Return To Search Results** 

 At the top of the form, the contact information for the requesting provider is inserted by the system. Verify that the information is correct. If not correct, edit the information. This is important since a no-reply email is sent to the email listed on the reconsideration form when the reconsideration is processed.

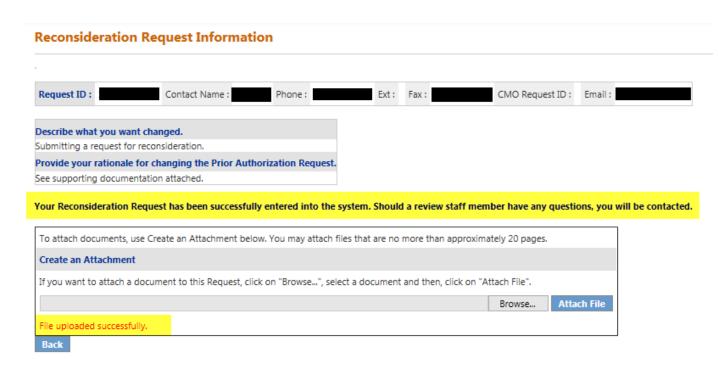
**Return to Medical Review Portal** 

- o In the first text box, clearly describe what you wanted changed as a result of the reconsideration review, such as: the codes, dates of service, and the units required.
- o In the second text box, summarize additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached to the reconsideration, it is permissible to enter 'See Attached' in this box.

# Request ID: CMO Request ID: Please make sure that the information submitted addresses the reason for denial. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents. You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information. Contact Name: Phone: Ext: Fax: Email: Describe what you want to change. Submitting a request for reconsideration. Provide your rationale for changing the Prior Authorization Request. See supporting documentation attached.

- Click Submit.
- o If the submission is successful, a page displays confirming that the reconsideration has been entered successfully; and the attachment panel is available.

**Additional supporting documentation must be attached** at this point. Follow the same attachment procedures as described on page 7 of this manual.



### **Provider Correspondence**

*Provider Correspondence* functionality allows Providers to submit questions to Alliant Health Solutions (AHS) reviewers via the *Medical Review Portal*. The workspace includes the following features to accommodate this type of correspondence:

- Contact Us
- Search My Correspondence
- Provider Messages

To learn more about the Provider Correspondence, please see the document titled 'Provider Correspondence' under the **Help & Contact Us** link on the portal.

### **Submit/View Change Requests**

From the *Provider Workspace*, providers may submit requests to change information on a PA; and may view change requests already submitted. Change requests are processed by Alliant reviewers and can be approved, denied or referred. When a Change Request is processed, a no- reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that a change request was processed and to check the *Provider Workspace* for details. Providers can view the change request details, including the reviewer's decision comments, by searching for and opening the PA *Review Request* page. The reviewer's comments display in a tool tip (see highlighted below) made visible by holding the mouse pointer over the specific change request status.

Request Type	Date Requested	CR Status	Contact Name	Contact Phone	Change Required	Change Rationale
CIS Reconsideration Request	01/20/2015	Processed	Miss CIS	6665559876	Approve the PA	Approve the PA - see supporting docs attached
		Miss CIS	6665559876	Increase unitsPlease review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."	Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."	
Change Request	01/22/2015	Denied Ch.	ange reque	st denied. It is	not clear what you want changed and no supporting do want changed bescribe what you want changed bescribe what you want changed bescribe what you want changed.	cumentation was provided.  Want changed Describe what you want changed Describe what you want changed Describe what you want changed. Describe what you want changed. Provide your rationale for changing the Prior Authorization Request

• Change Request Submission Instructions

- Open the *Provider Workspace* and select **Submit/View PA Change Requests**
- o On the search page, enter the PA number in the 'Request ID' box.
- o Click Search.
- o Click the request ID on the search results list to open the *PA Review* Request page.

**Note**: When the *Review Request* page is opened for a request which does not meet the change request criteria, a message will appear at the top of the page indicating that a change request cannot be entered.

Click Enter Change Request at the bottom of the page.

### Prior Authorization - Autism Therapy Services Review Request **Request Information** Request ID: Case Status: Approved Case Status Date: 03/04/2020 Member ID: Social Security Number: CMO PA Request ID: Provider ID: Admission Date: Discharge Date: Effective Date: 03/01/2020 Expiration Date: 03/31/2020 Diagnosis Diag Code Diagnosis Description Date Primary Type F84.0 AUTISTIC DISORDER 03/01/2020 ICD-10 Yes **Procedures Effective Expiration** Approved Approved Units CPT Code | CPT Description Decision Reason Code(s) Date Date Units Amount BHV ID ASSMT BY PHYS/QHP 03/01/2020 03/31/2020 97151 Approved Yes

- o The Change Request Information form opens.
- The provider's contact information is inserted by the system. This information should be edited if not correct, since the no-reply email notification and contact are sent to the email address noted on the form.

Return to Medical Review Portal

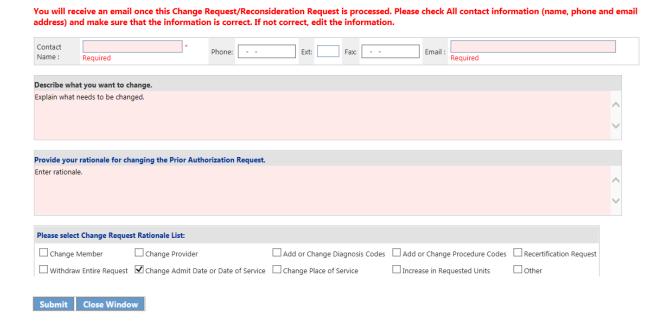
o In the first box on the form, clearly describe what needs to be changed.

**Return To Search Results** 

o In the next box, provide justification for the requested change(s).

Return to the Auth Request Page

Next, select one or more checkboxes from the 'Rationale List' corresponding to the change(s) requested. If none apply to the change requested, select 'Other'.



- o Click **Submit** to submit the request.
- If the submission is successful, a window displays confirming that the change request has been entered successfully; and the attachment panel is available. Additional supporting documentation may be attached at this point.

Your Change Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse...

Attach File

Additional supporting documentation must be attached at this point.