



MIHMS Provider Community Training Prior Authorization (PA) Version 1.2

Agenda

- Overview
- Transition Timeline
- Prior Authorization Process
 - Policy
 - Processing Units: Who to contact
 - Forms (All new for MIHMS)
 - McKesson/State Criteria Sheets
 - Supporting Documents
- Data Conversion
 - MeCMS Billing Provider IDs to NPIs
 - Local Codes to HIPAA Compliant Codes
- Submitting & Reviewing PAs

Overview: PA Changes

- Currently in MeCMS multiple governmental or service units review, approve and process Medical PAs
- MIHMS will be using a formal business process for the management of MaineCare PAs
 - New PA forms will be used with MIHMS
- PA request handled through MIHMS will take advantage of:
 - Standardized PA Types
 - Use of State generated and McKesson criteria sheets for identifying submission requirements and decision making criteria

Overview: Broad Groups for PAs

- Group 1
 - Prior Authorizations' for Medical and other Services managed through MIHMS
- Group 2
 - Prior Authorization requests for Behavioral Health Services submitted through a Third Party entity managed outside of MIHMS
- Group 3
 - Authorization requests managed outside of MIHMS
 - Approved authorizations will be passed to MIHMS for claims processing

Group 1: PAs for Medical Services (managed through MIHMS)

MaineCare Services

- Dental
- Dentures
- Durable Medical Equipment (DME)/Medical Supplies
- Early and Periodic Screening, Diagnosis and Treatment–Optional Treatment Services
- Early and Periodic Screening, Diagnosis and Treatment–Optional Treatment Services Durable Medical Equipment (DME)
- Hearing Aids
- Home Health for individuals below age 21
- In-State Inpatient Procedures
- In-State Outpatient Procedures
- In-State Podiatric Related Services
- In-State Professional Services
- In-State Transportation
- Orthodontia
- Orthotic/Prosthetic Devices
- Out of State Inpatient Procedure
- Out of State Inpatient Transplants
- Out of State Outpatient Procedures
- Out of State Long Term Placement
- Out of State Transportation
- Physician Administered Drugs
- Private Duty Nursing for individuals below age 21
- Temporomandibular Joint Services (TMJ) Procedures
- Vision

Group 2: Behavioral Health Services PAs

- APS

- Behavioral services for Children & Adults and Substance Abuse services

- In MeCMS: Use of local codes is allowed

- In MIHMS: Use HIPAA compliant codes

- The authorization number will include the three letter “APS” prefix and will include the PA number assigned by APS through “Care Connection”

- Providers must use the PA number when submitting claims

- Submit all PA requests directly to APS for both MeCMS and MIHMS

Group 3: PA Request made outside MIHMS

- Office of Adult with Cognitive & Physical Disability Services (OACPDS)
 - The Summary of Authorized Service (SAS) is the authorization for service.
 - For waiver services under sections 21 and 29 of MaineCare policy
 - For non waiver services under section 12 and 102 of MaineCare policy
- Office of Elder Services (OES)
 - The plan of care, entered through MeCare, is the authorization for service
 - For services under sections 19 and 96 of MaineCare policy
- Children's Behavioral Health Services (CBHS)
- Office of Child and Family Services (OCFS)
- Children with Special Health Needs (CSHN)

***Providers in this group are not required to use the PA number on claims.**

Transition & Timeline

- PA requests for services on or after 9/1/2010 may be submitted beginning 8/9/2010 using a variety of methods
- PAs in MeCMS that span the Go-live period will be converted to MIHMS
 - Data conversion may be limited by code changes and provider changes
 - Affected providers will be contacted
- APS will communicate directly with providers for conversion of existing behavioral health PAs

Conversion Process for MeCMS PAs

- Active PAs will be transferred to MIHMS as of 8/9/2010 for any active approved PA that includes dates of service on/after 9/1/2010
- Converted PAs will use existing MeCMS PA numbers
- Providers should review converted PAs through MyHealthPAS online portal to ensure information is correct
- Conversions will be based on mapping the MeCMS billing provider numbers to the MIHMS enrollments based on NPIs
- Providers will be notified if the mapping is not correct
- There are some exceptions that will not allow a MeCMS PA to convert into MIHMS. Providers will be notified if their PA does not convert as a result of an exception

PA Conversion Exceptions:

- Local codes with a one to many mapping to a HIPAA compliant code
- Behavioral Health PAs with local codes issued through APS.
 - Providers will receive more instruction through APS.
- If changes occurred to your MIHMS enrollment including the following:
 - Different Tax ID Number
 - PA issued to an entity that will not provide services in MIHMS
 - A providers' structural business change

PA Information

- PAs with local codes that have one to one mapping to a HIPAA compliant code will be converted to the new code
- “Blanket” PAs will not be accepted in MIHMS
 - MaineCare will reissue using service code groupings
- New PA requests after 8/9/2010 MUST be submitted to the appropriate system based on date of service
- PA requests which span Go-Live need two (2) PAs
 - A MeCMS PA to DOS 8/31/2010
 - A MIHMS PA for DOS 9/1/2010 and forward

PA Submissions/Group 1

- MaineCare prior authorizations may be submitted utilizing these methods:
 - Paper requests
 - MaineCare Services
 - Prior Authorization Unit
 - 11 State House Station
 - Augusta, ME 04333-0011
 - Fax : 1-866-598-3963
 - HIPAA 278 Request through web upload
 - Provider Web Portal Direct Data Entry
 - Automated Voice Response System

Authorization Type

Provider Home > MHP Viewer

My Health PAS

Name: TRSMITH, TRJOHN9

Date of Birth: 12/22/1972

Member Id: T000987

Authorization Information

Authorization Type* :

Pay To/Billing Provider:

Requesting Provider* :

Requested length of stay :

- Abortion
- Dentures
- DME / Supplies
- DME Urgent
- EPSDT- OTS Services
- EPSDT- OTS-DME
- Home Health
- In-State Outpatient Procedures
- In-State Podiatric Related Services
- In-State Professional Services
- In-State Inpatient Procedures
- Medical Eye Care Program
- Orthodontia
- Orthotic/Prosthetic Devices- DME
- Orthotic/Prosthetic Devices- DME Urgent
- Out of State- Outpatient Procedures
- Out of State- Inpatient Procedures
- Out of State- Inpatient Transplants
- Out of State- Long Term Placement
- Out of State- Professional Services
- Out of State- Transportation
- Physician Administered Drugs
- Private Duty Nursing- Under 21 Years
- TMJ Procedures
- Vision

Rendering Provider

Rendering Provider: ME TR

Pay To/Billing Provider: ME TR

Diagnosis

Seq#	Code	Desc
1		

Services

Seq#	Code	Description	DOS From *	DOS To *	Modifier	Units
1						

Authorization Detail

Authorization Detail

Authorization Number: 034797
Request Date: 3/10/2010
Start Date: 3/10/2010
End Date: 3/10/2010
Member ID: A60300000
Member Name: BROWN, BARRY B
Address: 5555 WEST ROAD
 AUGUSTA, ME 04333
Enroll Effective Date: 1/1/2008
Enroll Term Date:

Disposition:
Denial Reason:
Primary Care Physician:
Requesting Provider: ME TR, INC OPTICIAN
Rendering Provider: ME TR, INC OPTICIAN
Rendering Provider Address:

Diagnosis

Code	Description
727.67	Rupture, Achilles tendon

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Services

Service Code	Description	Modifier	Requested Units/Dollars	Approved Units/Dollars	Billed Units/Dollars	Status
K007	Excr heavy duty wheelchair		0	1	0.0000	PERD

< Prev Next >

Not Medically necessary days:

PA Cover Sheet

Prior Authorization Cover Sheet

To:
Fax number: 111-888-8888
Date: 11/23/2009
Requesting Provider ID: PRZ500000000059
Requesting Provider Name: KIDD, RUSSELL
Prior Authorization Number: IDA0000596

Authorization Detail

Member ID: 0000852805
Member Name: ANDERSON, AMANDA M
Dates of Service: 11/23/2009 - 12/1/2009

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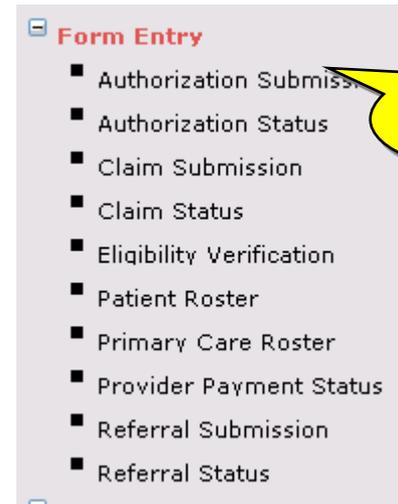
Checking PA Status

- **MeCMS:** A number is issued only for approved PAs
- **MIHMS:** All PA numbers are assigned at the time of the request and stays with the PA through final approval/denial
 - Statuses may be confirmed by:
 - MyHealthPAS online portal
 - Mail
 - Telephone
 - EDI confirmation
 - Line level status could be different from header when multiple service lines are requested

Disposition (Status) codes
AD - Approved with Denied Lines
AP - Approved
DF - Deferred
DM - DME Dealer Letter
DN - Denied
DR - Duplicate Record
NE - Not Eligible
NP - No PA Needed
PC - PA Cancelled

PA Status

- Providers should click the Authorization Status link under Form Entry to access the screen
- The Billing Provider can be selected by clicking on the drop-down menu to select from a pre-determined list. Click the Select Provider button.
- To switch providers, click the Edit Associations button to bring up a list of the most current prior authorizations submitted for that provider



Use Drop down

Billing Providers:

Select a Billing Provider

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

PA Status

You Are Here: [View Authorizations](#)

[Help](#) [Glossary](#)

Billing Provider:

PRV-ABC MEDICAL GROUP

[Edit Associations](#)

Listed below are the authorization requests that have been received by the Health Plan for the selected provider. Authorization requests are initially listed in reverse chronological order by Date of Service. To view a request, click on its number.

Authorizations

[Search](#)

Auth #	Date of Service	Patient Name	Requesting Provider	Authorization Type	Status
IDA0000909	10/5/2009 - 10/5/2009	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	Durable Medical Equipment	DENIED
IDA0000906	10/1/2009 - 10/1/2009	MBR-OAK, EVELIN	PRV-ABC MEDICAL GROUP	Mental Health Hospital	DENIED
IDA0000903	9/30/2009 - 9/30/2009	BEN-OAK, EVELIN	PRV-ABC MEDICAL GROUP	HIPAA 278 - OUTPATIENT	DENIED
IDA0000902	9/25/2009 - 9/25/2009	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	Durable Medical Equipment	DENIED
IDA0000871	9/3/2009 - 9/3/2009	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	A&D Waiver	DENIED
IDA0000852	9/2/2009 - 9/2/2009	UM-HEAD, ELLIE	PRV-ROBERTS, KEITH PCP	ICF/MR	DENIED
IDA0000851	9/1/2009 - 9/1/2009	MBR-OATS, EMELIA	PRV-ABC MEDICAL GROUP	A&D Waiver	MEDREVIEW
IDA0000864	9/1/2009 - 9/3/2009	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	Mental Health Hospital	DENIED
IDA0000866	9/1/2009 - 9/3/2009	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	A&D Waiver	DENIED
IDA0000868	9/1/2009 - 9/1/2009	ANDERSON, AMANDA M	FENTON, WILLIE	Outpatient	DENIED
IDA0000870	9/1/2009 - 9/1/2009	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	A&D Waiver	DENIED
IDA0000831	8/6/2009 - 8/6/2009	WURDINGER, SARAH	FENTON, WILLIE	Skilled Nursing Facility DME	DENIED
IDA0000837	8/6/2009 - 8/6/2009	BEN-HARDENBURG, IRA	PRV-ABC MEDICAL GROUP	Skilled Nursing Facility DME	DENIED
IDA0000836	8/1/2009 - 8/6/2009	BEN-HARDENBURG, IRA	FENTON, WILLIE	Skilled Nursing Facility DME	DENIED
IDA0000838	8/1/2009 - 8/6/2009	BEN-HARDENBURG, IRA	PRV-ABC MEDICAL GROUP	Skilled Nursing Facility DME	DENIED
IDA0000703	6/22/2009 - 6/22/2009	FENTON, EMMA	FENTON, WILLIE	Inpatient	APPROVED
IDA0000693	6/1/2009 - 7/1/2009	UM-HEARN, ETSUKO	PRV-ROBERTS, KEITH PCP	Service Coordination - Mental Health	APPROVED



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Wed, May 12, 2010

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Prior Authorization Document Library - Provider Prior Authorization

General Instructions

Policy Section Number	Section Category	MaineCare Service	Instructions
1	Gen Admin P&P's	005 services	
60	Med Supplies/DME	Med Supplies/DME	
90	Physician Services	Physician Services	
90	Physician Services- J codes/ Physician Administered Drugs	Physician Services- J codes/ Physician Administered Drugs	

**See "Provider Useful Links" for MaineCare policy, including recently adopted rules.*

Policy Section Number	Section Category	MaineCare Service	Criteria Name	Maine-Care - Criteria	McKesson - Criteria	Special Considerations	PA Type
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Content

- [Dental](#)
- [Gen. Admin. P&P's](#)
- [Hearing Aids/Svcs.](#)
- [Home Health](#)
- [Med Eye Care](#)
- [Med. Supplies/DME](#)
- [Physician Services](#)
- [Podiatry](#)
- [Prevention/Health/Promotion/OTS](#)
- [Private Duty Nursing](#)
- [Transportation](#)
- [Vision](#)

Draft: This might be a single link to a document entitled Prior Authorization Manual

DENTAL				Go Back to Top			
25	Dental	Dental Services	Dental Services				Dental Services
25	Dental	Dentures	Dentures				Dentures
25	Dental	Oral Appliances	Oral Appliances				Dental Services
25	Dental	Orthodontia	Orthodontia				Orthodontia
25	Dental	Temporomandibular Joint (TMJ) Surgery	Arthroplasty TMJ				TMJ Procedures
25	Dental	Temporomandibular Joint (TMJ) Surgery	Arthroscopy, TMJ				TMJ Procedures
25	Dental	Temporomandibular Joint (TMJ) Surgery	Discectomy, TMJ				TMJ Procedures
25	Dental	Temporomandibular Joint (TMJ) Surgery	Reconstruction, TMJ				TMJ Procedures

Sample Criteria Sheet

http://192.60.32.204/Prior%20Authorization%20Criteria/McKesson%20Criteria%20Documents/Arthropla - Microsoft Internet Explorer

Address http://192.60.32.204/Prior%20Authorization%20Criteria/McKesson%20Criteria%20Documents/Arthroplasty_Temporomandibular_Joint_(TMJ).pdf

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Authorization #

2009 Procedures Adult Criteria

Arthroplasty, Temporomandibular Joint (TMJ)^(1, 2)

PATIENT:	Name _____	D.O.B. _____	ID# _____	GROUP# _____
CPT/ICD9:	Code _____	Facility _____	Service Date _____	
PROVIDER:	Name _____	ID# _____	Phone# _____	
	Signature _____	Date _____		

ICD-9-CM: 76.5
CPT: 21240

INDICATIONS (choose one and see below)

100 Internal derangement, TMJ

Indication Not Listed (Provide clinical justification below)

100 Internal derangement, TMJ [All]^(3, 4)

- 110 Sx/findings [Two]
 - 111 Facial/TMJ pain⁽⁵⁾
 - 112 Limited jaw motion⁽⁶⁾
 - 113 Jaw hypermobility⁽⁷⁾

Criteria Sheets

<u>PATIENT</u>	<u>D.O.B.</u>	<u>ID#</u>	<u>GROUP#</u>
<u>Diagnosis/ICD9</u>	<u>Sex M F (circle one)</u>	<u>Height</u>	<u>Weight</u>
<u>PCP/SPECIALIST</u>	<u>ID#</u>	<u>Telephone#</u>	
<u>VENDOR:</u>	<u>Telephone#</u>	<u>Authorization: / / to / /</u>	

ICD-9-CM: 85.50, 85.53, 85.54, 85.70, 85.71, 85.72, 85.73, 85.74, 85.75, 85.76, 85.79, 85.84, 85.85
CPT: 19324, 19325, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, 19369

Criteria Sheet (continued)

INDICATIONS (choose one and see below)

- 100 Plantar fasciitis
 - Indication Not Listed (Provide clinical justification below)
-

- 100 Plantar fasciitis [All]⁽³⁾
 - 110 Plantar foot/heel pain interferes with ADLs^(4, 5)
 - 120 Tender at plantar fascial origin by PE⁽⁶⁾
 - 130 X-ray [One]⁽⁷⁾
 - 131 Normal
 - 132 Heel spur⁽⁸⁾

(3)-DEF:

Plantar fasciitis is a common cause of heel pain thought to be caused by an overloading of the plantar fascia resulting in inflammation, degeneration, microtears, and fibrosis at the fascia origin (Buchbinder et al., JAMA 2002; 288(11): 1364–1372). Other factors contributing to the development of the tendinopathy included genetic make-up and inefficient lower extremity biomechanics and musculoskeletal function (Kountouris and Cook, Best Pract Res Clin Rheumatol 2007; 21(2): 295–316).

(4)

The pain of plantar fasciitis is most pronounced at the insertion site of the plantar fascia (Rompe et al., J Bone Joint Surg Am 2002; 84-A(3): 335–341). It is frequently worse when initiating ambulation, subsides with walking, but often returns with prolonged weight-bearing. Athletes, overweight individuals, and individuals who spend a prolonged amount of time on their feet are at increased risk for developing this condition (Williams and Brage, Clin Sports Med 2004; 23(1): 123–144).

(5)

Activities of daily living (ADLs) are frequently divided into those simple activities relating to basic self-care and those that involve more complex interactions with others and the environment (called instrumental activities of daily living or IADLs). This criterion includes both types of activity. Whether a condition is of sufficient severity to interfere with ADLs or IADLs is somewhat subjective. There should be an indication that symptoms impede the patient's ability to effectively work, shop, manage at home, care for family members, or tend to personal hygiene.

PA Processing Units

Business Unit	Mailing Address	Toll Free	Phone	FAX	TTY
MaineCare Services	MaineCare Services Prior Authorization Unit 11 State House Station Augusta, ME 04333	866-690-5585	866-690-5585	866-598-3963	
APS	APS Healthcare 600 Sable Oaks Drive Suite 100 South Portland, ME 04106 www.qualitycareforME.com	866-521-0027	866-521-0027	866-325-4752	
OCFS	Office of Child and Family Services 2 Anthony Avenue 11 State House Station Augusta, ME 04333-0011		207-624-7900	207-287-5282	800-606-0215
OACPDS	Office of Adult with Cognitive & Physical Disability Services 11 State House Station 2 nd Floor Marquart 32 Blossom Lane Augusta, ME 04333	800-232-0944	207-287-4242	207-287-7186	207-606-0215
CSHN	Children with Special Health Needs 11 State House Station Key Bank Plaza 286 Water St, 7 th Floor Augusta, ME 04333	800-698-3624 X5139	207-287-5139	207-287-5355	800-606-0215

Who to call?

<u>Molina Provider Services</u> <u>866-690-5585</u>	<u>State Provider Relations</u> <u>800-321-5557</u>
Member Eligibility Verification (8/9/2010)	<p>MeCMS Claims Issues</p>
MIHMS Claims Issues (9/1/2010)	
Provider Maintenance (as of 12/14/09)	
Technical Support (as of 12/14/09)	
PCCM Referrals (8/9/2010)	
Prior Authorizations (8/9/2010) call or contact by Fax: 866-598-3963	

The End - Final Screen

**This is the final screen in this presentation.
Please remember to submit your evaluations.
Thank you!**

THE END