PRIOR AUTHORIZATION FOR CPST

A Presentation for Providers

Permedion

- Provides independent utilization and external medical review for both state government and private clients.
- Has a contract with OhioMHAS which includes, but is not limited to, reviewing prior authorization requests for CPST.

Have questions?

For more information contact your Nurse Reviewer at 833.974.5393

Permedion resources

Website: http://hmspermedion.com/

- CPST general information and instructions
  - CPST Prior Authorization Request form
  - Newsletter
  - Training

The Mental Health Minute

- Is sent quarterly to providers. Let us know if you want added to our email distribution list.

Training

- Webinars, teleconferences, onsite visits

CPST Utilization Review

CPST prior authorization reviews determine the medical necessity of treatment.

Do you know these OAC Regulations?

CPST: OAC 5122-29-17

Medical Necessity: 5160-1-01

Before the need arises to make a Prior Authorization request

- Review current procedure related to managing the CPST prior authorization needs of your program.
- Ensure that your agency is flagging clients at 80 hours. Doing so allows ample time to complete and send to Permedion the Prior Authorization Request forms before the initial 104 hours are completely used.
- Assign a Clinical Manager to be responsible for prior authorization requests.
- Be cognizant of how the need to complete CPST prior authorization forms are presented to and viewed by the staff.
- Explain to the staff the purpose of the form as related to both client treatment needs and Permedion's need to understand why CPST is medically necessary.

- Regularly train/review with staff how to well document on the Permedion form their clients' needs, functions and progress, as well as the CPST functions and interventions provided by your agency.
- Develop a process by which all documentation is manager reviewed prior to Permedion submission.

When to make a Prior Authorization request

- Additional CPST hours can be requested in advance or retroactively.
  - Prior: before 104 hours are used completely.
  - Retroactive: after 104 hours are used completely.

Prior Authorization

It is to an agency's benefit to request CPST prior authorization before providing over 104 hours of service.

- Prevent billing delay.
- Prevent service disruption.
- Avoid providing costly service that may not later be approved.
- Avoid agency confusion when determining additional service hours to request.

Utilization of CPST in MITS

Individuals with access to MITS are able to view the current number of CPST hours paid in claims for any given recipient.

1. Log onto MITS and select "Eligibility Search."
2. Enter the client identification information and procedure code H0036.
3. Enter today's date in the "From DOS" and "To DOS" fields. Click the "Search" button.
4. Towards the bottom of the page is the "Service Limitation" panel. This panel indicates the current number of CPST hours paid in claims out of the recipient's initial benefit of 104 hours. If the amount is at 104 hours, any further claims would be denied for payment and a prior authorization request should be submitted to Permedion.

Prior Authorization form: http://hmspermedion.com/

- Access a fresh form from the website every time a new request needs made.
- Always click F5 to clear cookies.
- Place the cursor on the red "Contract Information" tab.
- Click on Ohio Medicaid: Mental Health.
- Click on "CPST Prior Authorization form" (second blue line).
- Download the form to your computer in order to complete.

NOTE: The form must be completed electronically.

After the Prior Authorization request form is completed

- Fax the form to Permedion along with treatment plans from the last year.
- The fax number is on the form: 855-974-5394
- Separately send in all cases.

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Timeframe for CPST Prior Authorization

Calendar Day	Activity
1	Using Permedion's secure fax, provider submits request for CPST Prior Authorization of services.
3	Within 3 working days of receipt, a licensed behavioral health professional will review the documentation for medical necessity. The CPST Prior Authorization request will then either be approved, denied or pended. When Prior Authorization is approved or denied, an outcome letter will be generated to the recipient, as well as the provider clinical and billing contacts.
3	Prior Authorization requests referred for physician review will be determined within 3 working days.
90	When a Prior Authorization Request is denied the outcome letter will provide information on how the recipient can, within 90 days from the denial effective date, request a state hearing.

CPST hearing process

- The recipient has 90 days from the denial effective date (provided in the denial letter) to request a hearing.
- The Bureau of State Hearings will notify Permedion of the recipient request and submit a completed "Appeals Summary" form to the District Hearing Section.
- The Hearing Officer with ODJFS will determine a hearing date that is no sooner than in 10 calendar days.
- The hearing is held via teleconference.
- The Hearing Officer notifies Permedion of the final determination.
- Permedion documents the hearing decision in the case record, then completes and submits a "State Hearing Compliance Form" to OhioMHAS and ODJFS. If the denial was overturned, **Permedion processes the approval and sends outcome letters.**

Good documentation – It's worth the effort

- Enhances approval rates
- Ensures timely processing
- Decreases the number of state hearings
- Satisfies funding needs
  The current reimbursement rate is $21.33 per 15 minutes or $85.32 hourly.
  - 50 hours = $4,266.00
  - 100 hours = $8,532.00
  - 150 hours = $12,798.00

The Permedion CPST Prior Authorization request form

- Required: Information related to
  - Client functioning and assessed needs
  - CPST functions and interventions provided by agency

CPST Prior Authorization form

- Was developed for Permedion to provide the specific information required to determine medical necessity.
- It isn't necessary to guess or overthink the information Permedion needs to determine medical necessity.

Determining who completes the CPST Prior Authorization request form

- The Permedion form is clinically driven and requires the involvement of CPST staff who provide direct clinical service.
- From Permedion's experience, request forms that are completed solely by non-CPST staff (i.e. therapist, UR staff) or clinical managers who have not been involved in direct service, typically provides inadequate information.
- The signature section of the request form must reflect clinical staff involvement.

Clinical documentation

Permedion does not know the recipient. We do not have access to charts, ancillary records or agency staff. As a result, we rely solely upon the documentation form to understand medical necessity. It is to the advantage of providers to provide a clear clinical picture
Documentation should be

- Detailed in content.
- Substantial in the amount of information provided. The form consists of expandable fields.
- Relevant to the recipient's current assessment of needs and determined medical necessity.

Detailed Information

- Throughout the form, provide specific, individualized examples of client functioning and progress, as well as the CPST functions and interventions provided by your agency.
- Treatment information must be more specific than the generalized content on the Treatment Plan.
- Specifically answer all questions. Questions and answers should be congruent.
- Avoid over use of generalizations
  i.e. Assist, Educate, Teach coping skills
- Avoid non-specific language
  i.e. Empower

Relevant Information

- Avoid providing a lot of past history. If some history is determined necessary, it should be limited and directly pertain to today's medically necessary services.
- ***All information must be newly written based upon the recipient's current assessment and needs. Information that is the same as that from a previous year's prior authorization request presents neither as current nor clinically responsive to the client's ever changing needs.***

Additionally, cut/pasted information from previously submitted prior authorization requests will not be accepted for review.

- Provide information about CPST only. Detailed information about other behavioral health services like counseling and psychiatric services should be omitted. If the CPST worker provides specific treatment related to these services, that in itself should be spoken to.

Family Interventions

- Provide information related to CPST family/guardian interventions for children and, when appropriate, adults.

Teaching Modality

- The emphasis an agency places on teaching new skills to improve independence and overall functioning must be evident. i.e. A form that repeatedly states that the worker "assists" the recipient does not represent skill development efforts.
- Indicating that your agency "teaches coping skills" does not provide adequate information for comprehensive review. Rather, individualized examples of how coping skills are taught, specific to the recipient's needs and functioning level, should be provided.

Increases/Decreases in Service

- When appropriate, provide detailed explanation in the Medical Necessity section of the reasons for increased/decreased service needs.

Form Completion

- Answer all questions. If a question does not apply, write NA.
- Double check the NPI number and recipient identification numbers for accuracy.

Determining the number of CPST units to request

- Request the total units needed to meet the client's needs to the end of the fiscal year.
- Take into consideration expected decreases and increases in service.
- Use the "Units Requested" section of the request form to guide your efforts.
- Ensure that the figures provided in the "Units Requested" section are mathematically correct and have direct relationship to the documentation you provided.

Questions?