

Helpful CPST Clinical Documentation Reminders

Permedion knows how important it is to Providers that reviews be completed on a timely basis. The most frequent processing delays typically occur as a result of documentation concerns. The following reminders will be helpful as you complete future prior authorization requests for your agency:

- Provide only newly written information based upon current client assessment. **Cut and pasted information from a previously reviewed prior authorization request cannot be accepted for review.**
- Avoid generalizations. Give numerous individualized examples of client functioning as well as the CPST interventions and functions provided by your agency.
- Well explain any increase in service.
- Be sure to fax to Permedion one year's worth of treatment plans along with the Prior-Authorization Request. Fax all cases separately.
- Answer all questions. Ensure that questions and answers are congruent.
- Remember that only CPST functions can be prior authorized and billed for under CPST. Ensure that documentation indicates only those functions being provided by the CPST worker. i.e therapy, nursing and transportation are not covered by CPST.
- Provide a substantial amount of high quality documentation that allows the Permedion Reviewer a well-rounded picture of your client's needs and why CPST is the best course of treatment.
- Provide the correct 10-digit NPI number and patient identifying information.
- Assign a Clinical Manager to be in charge of the CPST Prior-Authorization Requests for your agency. The Manager can then review all clinical documentation prior to submission and serve as Permedion's primary contact for your agency.