

2020 Annual Provider Training FAQ Document

<https://scdhhs.kepro.com/>

Q: Where can we access copies of the presentation materials?

A: All presentation materials are posted on the <https://scdhhs.kepro.com/> website.

Q: What if the client's diagnostic was done before severity levels came out? (i.e. diagnosed under DSM IV not DSM V)?

A: If the date of evaluation for the diagnostic assessment is 6/30/2017 or earlier (when the DSM IV was in place) these are the requirements.

- Clinical Interview with the beneficiary and/or family/caregiver
- Behavioral observation in one or more settings
- At least 3 of the following (one of which must be an ASD specific diagnostic tool): ADOS, Autism Diagnostic Interview (ADI), CARS, GARS, Vineland, ABLLS-R, SRS, BASC, SCQ, standardized measure of intelligence, screening checklists (e.g., MCHAT, STAT, ASQ etc.)
- Referral question and/or reason for assessment
- Diagnosis from DSM
- Completed by a licensed psychologist, school psychologist, developmental pediatrician or DDSN Autism Consultant (bachelors or masters level)

Q: Is there specific criteria for outpatient surgery?

A: We do review for medical necessity associated with outpatient surgery. The criteria subset is contingent upon the code being requested.

Q: Does in-home PT/OT/ST follow therapies or home health guidelines?

A: Outpatient therapy guidelines. We often see *Private Therapists* who provide *PEDIATRIC* therapy in the child's home, school, daycare, etc. These are reviewed under outpatient therapy InterQual criteria. A request specific for Home Health therapy will of course be reviewed under Home Health InterQual criteria.

Q: What is a timely submission?

A: On or before the start date of care.

Q: When requesting an eval do we request for 4 units?

A: No, 1 unit

Q: When we request an evaluation/or re-evaluation, can we also request therapy at the same time?

A: Yes, therapy modalities can be requested at the same time; however, it is not recommended unless the evaluation has been completed and is also submitted at the same time for prior auth review. The evaluation and plan of care must support the request for all therapy modalities requested

Q: Do we only get paid for 15 minutes for an evaluation?

A: Only 1 unit will be applied for evaluation

Q: Is the yearly evaluation based on calendar year or fiscal year?

A: Fiscal year (July 1st through June 30th)

The annual pediatric therapy evaluation is based on the calendar year. The annual evaluation would be performed when patient has been in therapy for 12 months and every 12 months thereafter.

Q: Does Kepro review for Dental ?

A: Kepro does not conduct prior authorization for dental procedures.

Q: Are Continuing Education credits available for this annual training?

A: CEs will not be offered for this training program

Q: Is inpatient authorization required for newborns in well nursery?

A: No Prior Auth needed for deliveries greater than 22wks. If baby is transferred to higher level of care within the same hospital no prior auth is needed.

Q: Are speech initial and reevaluations submitted under the same CPT code or should they be billed under two different CPT codes? Which CPT codes should be used?

A: No. The speech reevaluation code is S9152 and does not require a Kepro Authorization.

The initial speech evaluation codes are:

92521 Evaluation of speech fluency

92522 Evaluation of speech sound production

92524 Behavioral and qualitative analysis of voice resonance

92523 Evaluation of speech sound production w/ evaluation of language comprehension and expression

Q: If a retrospective review is submitted and 2 days were observation and changed to Inpatient? Do you only need the first 24 of Inpatient?

A: Kepro will only review for the inpatient stay, the first 24 hours of the inpatient stay will need to be submitted for review.

Q: Does PT/OT/ST done in the home have to follow home health policies or just therapies?

A: Pediatric therapy performed by a Private Therapist in the home, school, daycare, etc. is reviewed under outpatient therapy criteria. Home Health therapy requires a specific request and required documentation specific for Home Health services.

Q: Please list the six versions of DME.

A: Equipment/supplies, power/manual wheelchair and/or accessories, orthotics/prosthetics/diabetic shoes, enteral nutrition, parenteral nutrition, oxygen

Q: If prior auth is granted for 3 months, are we required to get a new CMN when requesting additional auth?

A: The same CMN/MCMN/prescription can be used for an extension as long as the 12 month's validation is not up.

Q: How many progress notes do you need for outpatient mental health therapy?

A: The Provider is required to have Progress notes every 90 days – however, only the most recent progress note is required for the concurrent review. It should show the following as this is the InterQual criteria: Please show if client is improving, regressing, or shown no improvement toward his/her goals. If there is no improvement – please state if the diagnosis has been re-evaluated and the Treatment Plan modified. Progress Note must be signed, dated and credentialed by the clinician.

Q: Will Independent lab services be reviewed?

A: Lab services for the BRCA genetic testing are reviewed by KEPRO