GA Web Portal
FFS Autism Therapy Services Prior Authorization

Provider User Manual - Version 1.0
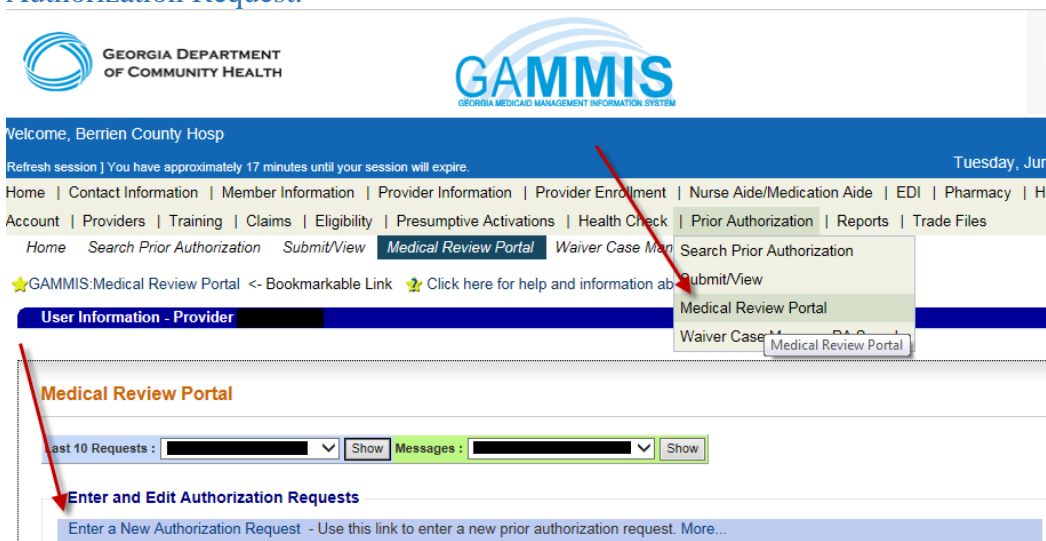
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Overview

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 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 review 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

- Providers submit 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

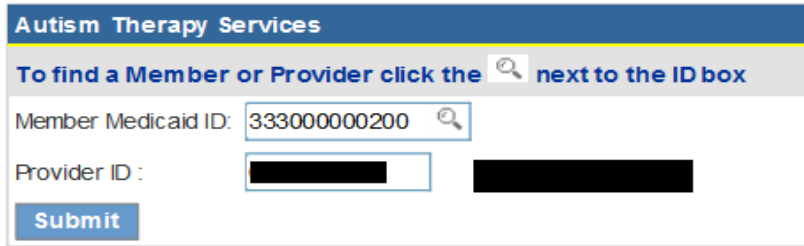## Autism Therapy PA Submission Instructions

- Go to the **Georgia Web Portal** at www.mmis.georgia.gov and log in using your assigned user name 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.
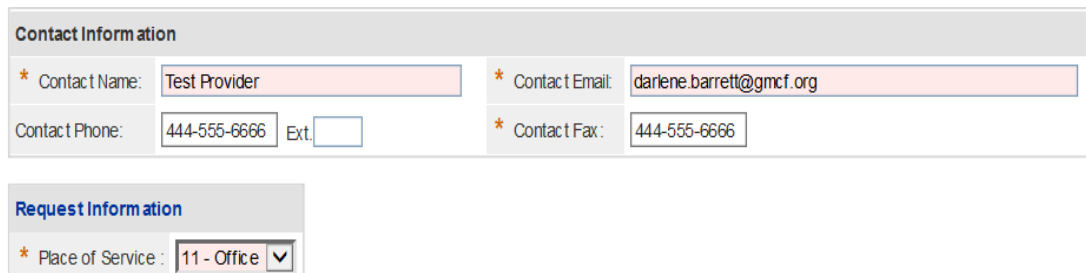
  Autism Therapy Services

  To find a Member or Provider click the 🔍 next to the ID box

  Member Medicaid ID: 333000000200 🔍

  Provider ID : ▮▮▮▮▮▮▮▮   ▮▮▮▮▮▮▮▮▮▮

  Submit

- *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 information that is missing or incorrect.

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

  Contact Information

* Contact Name:	Test Provider		* Contact Email:	darlene.barrett@gmcf.org
Contact Phone:	444-555-6666 Ext.		* Contact Fax:	444-555-6666

  Request Information

  * Place of Service : 11 - Office ▼

  o *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

- All Assessment procedure codes can be entered for a 3 month time span.

- Assessment code 0359T and Follow-up Assessment codes 0360T-0363T can be entered on the same PA.

- Only 1 unit of 0359T can be entered. Multiple units of follow-up Assessment codes are allowed.

- Follow-Up Assessment codes 0360T-0363T are entered as a bundle or Family of Codes (FOCs).

- The System will only allow 1 procedure line for Assessment code 0359T and 1 procedure line for Follow-up Assessment code 0360T-0363T entered as a FOC.

Treatment Codes

- Valid treatment codes: 0364T-0374T

- Up to six (6) consecutive months of service may be entered on one request.

- All Treatment codes can be entered on multiple lines as long as the From and To Date do not overlap

- Treatment 0364T-0369 will be entered as a bundle or Family of Codes (FOCs). FOCs can be entered on multiple lines as long as the From and To Date do not overlap.

- It is **HIGHLY** recommended that you enter each Treatment Code on 1 line per PA for the max number of months you expect to provide treatment.

Procedures								
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	Mod 2	Mod 3	Mod 4
0370T	FAM BEHAV TREATMENT GUIDANCE	09/14/2017	12/14/2017	3				EDIT DELETE
0365T	ADAPTIVE BEHAVIOR TX ADDL	09/14/2017	03/14/2018	12				EDIT DELETE

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.

Is this PA request a continuation from a previous PA?	○ Yes ○ No	If Yes, Previous PA#:
Is there a current Individualized Education Plan (IEP)?	○ Yes ○ No	If Yes, IEP Date:
		If No, please explain why :
Is there a current Individualized Family Sevice Plan (IFSP) on file ?	○ Yes ○ No	Date Signed :
Is there a current Attestation form attached (child does not have an IEP or IFSP)?	○ Yes ○ No	If Yes, date Attestation form was signed :
Is there a current Letter of Medical Necessity, Written Service Plan or Plan of Care?	○ Yes ○ No	If Yes, LMN/WSP/POC date:
Are there current progress notes attached?	○ Yes ○ No	If Yes, most current progress note date:
If No, is this a new patient?	○ Yes ○ No	If No, please explain why there are no progress notes :

o The Medications section is required for both Assessment and Tx PAs.

Medications

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*.

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

- o When the request is successfully submitted, the system displays the pending PA tracking number. 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 no-reply email. In addition, when the PA is a 2nd 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.*

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*

  o Reconsiderations are allowed when the PA has one or more procedure lines that are:

    - Approved but not for all units requested - requests must be submitted within **30** calendar days of the decision.
    - 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.

  o 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*

  o Open the *Medical Review Portal* and select **Submit Reconsideration 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 *Review Request* page.

  o Click **Enter Reconsideration Request** at the bottom of the *Review Request* page.

- o This opens the *Reconsideration Request Information* form.

- o 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.

- 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.

- o 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.

- o **Additional supporting documentation must be attached** at this point. Follow the same attachment procedures as described in Section 2.4 of this manual.

Provider Correspondence

Provider Correspondence functionality allows Providers to submit questions to Georgia Medical Care Foundation (GMCF) 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