

# **GA Web Portal**

## **FFS Autism Therapy Services**

### **Prior Authorization**

Provider User Manual - Version 1.0

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## Overview

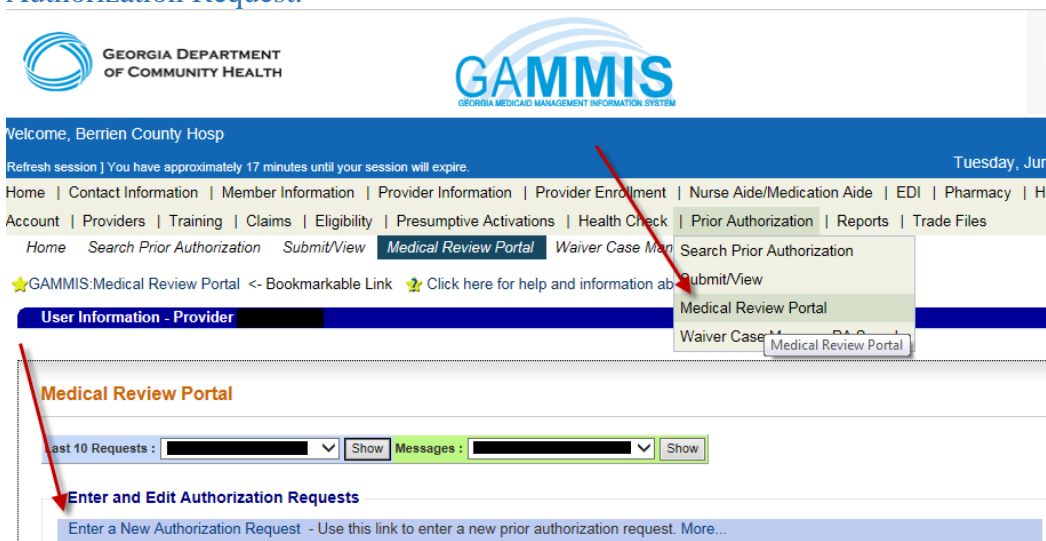
Providers may submit a request for Autism Therapy Services and attach supporting documentation via the Medical Review Portal. Once a request is submitted, the request data is added to the Alliant Health PA system and is available for review by Alliant Health staff. Once the decision has been rendered, 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

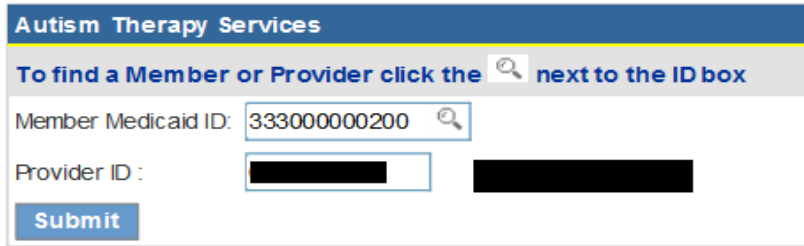
- Go to the **Georgia Web Portal** at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and log in using your assigned user name and password.
- From the *Secure Home* page, select **Prior Authorization** → **Medical Review Portal**; then **Enter a New Authorization Request**.



- Select the **Autism Therapy Services** link from the list of review types



- 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**.

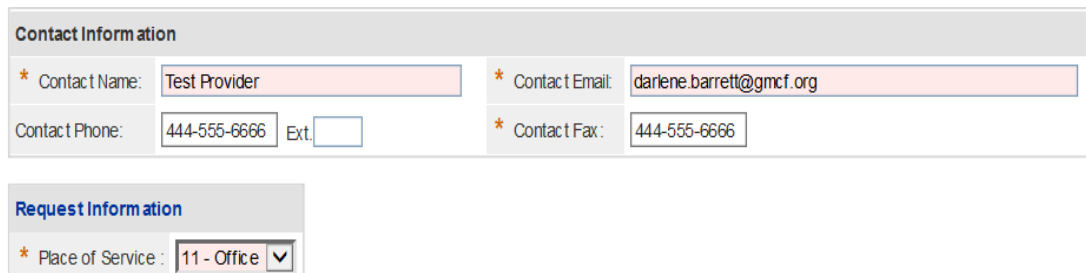


The screenshot shows a form titled 'Autism Therapy Services'. Below the title is a grey bar with the text 'To find a Member or Provider click the [magnifying glass icon] next to the ID box'. There are two input fields: 'Member Medicaid ID:' with the value '33300000200' and a magnifying glass icon, and 'Provider ID:' with a blacked-out value and another magnifying glass icon. A blue 'Submit' button is at the bottom left.

- **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.

- *Provider Contact Information* is populated by the system. Provider would need to enter any information that is missing or incorrect.
- Provider selects the *Place of Service*. Choices are: Home, Office or School.



The screenshot shows two sections of a form. The top section is 'Contact Information' with fields for: '\* Contact Name:' (Test Provider), '\* Contact Email:' (darlene.barrett@gmcf.org), 'Contact Phone:' (444-555-6666 Ext. [blank]), and '\* Contact Fax:' (444-555-6666). The bottom section is 'Request Information' with a field for '\* Place of Service:' (11 - Office [dropdown arrow]).

- *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.

* Diagnosis					
Diag Code	Diagnosis Description	Date	Primary	Type	
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	05/28/2017	Yes	ICD-10	<a href="#">EDIT</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>			<a href="#">ADD</a>

- **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.

Procedures									
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	Mod 2	Mod 3	Mod 4	
0360T	OBSERV BEHAV ASSESSMENT	06/26/2017	09/25/2017	10					<a href="#">EDIT</a>
0359T	BEHAVIORAL ID ASSESSMENT	06/26/2017	09/25/2017	1					<a href="#">EDIT</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">ADD</a> <a href="#">CANCEL</a>

**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					<a href="#">EDIT</a> <a href="#">DELETE</a>
0365T	ADAPTIVE BEHAVIOR TX ADDL	09/14/2017	03/14/2018	12					<a href="#">EDIT</a> <a href="#">DELETE</a>

Note: The above procedure lines and associated units are for demonstration purposes only and do not reflect recommended units or treatment code combinations.

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

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

Medications
<input type="text"/>

- 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***

**Autism Assessment**

1 Has the diagnosis of autism been established by a physician or licensed psychologist utilizing currently accepted rating scales or diagnostic assessments?  Yes  No

Autism Diagnostic Interview, Revised (ADI-R)  Gillian Autism Rating Scale (GARS)

Autism Diagnostic Observation Schedule (ADOS)  Other

Childhood Autism Rating Scale (CARS)

2 Is there a physician's or licensed psychologist's order on file for this behavioral assessment?  Yes  No

3 What is the date of the physician's or psychologist's evaluation that determined the Autism diagnosis?

4 Select the DSM-V level of severity:  1  2  3

**Additional Information Questions - Treatment Codes**

**Additional Information**

Please enter additional information. All questions are required.

**Autism Treatment**

1 Select the DSM-V level of severity:  1  2  3

2 Have the treatment services been ordered by the member's physician or psychologist?  Yes  No

- 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.
- Click [I Agree](#) in response to the *Attestation Statement*.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health polices and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

To accept this information and proceed with your transaction, please click 'I agree'.

[I Agree](#)

- Review the request. To change information entered, click [Edit Request](#). Otherwise, click [Submit Request](#).
- 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

**Create an Attachment**

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Please attach: 1) the physician's or psychologist's evaluation indicating an ASD diagnosis based on clinical observations and/or autism assessment tools, and 2) the physician's or licensed psychologist's order or letter of medical necessity for this requested behavioral assessment.

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
ABA_ASSESSMENT	<input type="checkbox"/> Physician or psychologist evaluation <input type="checkbox"/> Physician's or licensed psychologist's order or letter of medical necessity

## 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 2<sup>nd</sup> level review/Reconsideration Request and the decision is denied, the parent or legal guardian of the member will receive a denial notification letter from Alliant 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](#).

The screenshot shows the top navigation bar of the Medical Review Portal. It includes sections for 'Last 10 Requests' (with a dropdown menu and a 'Show' button), 'Messages' (with a dropdown menu and a 'Show' button), and 'PA Notifications' (with a dropdown menu and a 'Show' button). Below the navigation bar, there are three main links: 'Enter and Edit Authorization Requests', 'Enter a New Authorization Request' (with a red arrow pointing to it), 'Search, Edit or Attach Documentation to Requests', and 'Member Medicaid ID Updates'. A red arrow also points to the 'PA Notifications' dropdown menu, which is open and shows a list of 'Denied' and 'Approved' items.

- 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**

- 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.
- 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**

- Open the *Medical Review Portal* and select **Submit Reconsideration Requests**.
- On the search page, enter the PA number in the Request ID' box.
- Click **Search**.
- Click the request ID on the search results list to open the *Review Request* page.
- Click **Enter Reconsideration Request** at the bottom of the *Review Request* page.

**Prior Authorization - Review Request**

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**Request Information**

Request ID :	[REDACTED]	Case Status :	Denied	Case Status Date :	11/03/2017
Member ID :	[REDACTED]				
Social Security Number :	[REDACTED]				
Provider ID :	[REDACTED]	CMO PA Request ID :			
Admission Date :		Discharge Date :			
Effective Date :	10/03/2017	Expiration Date :	01/31/2018		

**Diagnosis**

Diag Code	Diagnosis Description	Date	Primary	Type
F84.5	ASPERGER'S SYNDROME	10/03/2017	Yes	ICD-10

**Procedures**

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
0359T	BEHAVIORAL ID ASSESSMENT	10/03/2017	01/31/2018	5			Nurse Denied	OPG	No

[Enter Reconsideration Request](#)
[Attach File](#)
[Contact Us](#)

[Return to the Auth Request Page](#)

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

You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information.

Contact Name: [Redacted] Phone: [Redacted] Ext: [Redacted] Fax: 333-444-5555 Email: [Redacted]

Describe what you want changed.  
Submitting a request for reconsideration.

Provide your rationale for changing the Prior Authorization Request.  
See supporting documentation attached.

Submit Close Window

- Click **Submit**.
- If the submission is successful, a page displays confirming that the reconsideration has been entered successfully; and the attachment panel is available.

Your Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

[Empty Text Field] Browse... Attach File

- **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