

MCO BILLING GUIDANCE FOR BABYNET-ELIGIBLE CHILDREN rev March 2010

On July 1, 2009 Medicaid bulletin notified providers that:

- **Effective October 1, 2009, DHHS will include speech, physical, and occupational therapy in the Managed Care Organization (MCO) rates as part of the MCO benefits package;**
- **All BabyNet Service Providers under contract with the BabyNet Division of First Steps are required to apply to be in network with all MCOs in their area, and to provide documentation of application and approval or denial to the BabyNet State Office upon request;**
- **Providers must contact the MCO for contractual arrangements and/or billing requirements before treating Medicaid members who are enrolled in a managed care program after September 30, 2009.**

The purpose of this guidance is to provide additional information regarding reimbursement for IDEA Part C (BabyNet) services for children enrolled in Medicaid MCOs at the time that services are delivered.

BABYNET PROCEDURES

Actions required for prompt and full reimbursement for therapy services that are listed on an IFSP and provided to eligible infants or toddlers on or after October 1, 2009 when the child was enrolled in Medicaid MCO at the time of service are listed below.

1. If the service provided was listed on an IFSP completed after October 1, 2009:
 - a. Providers must:
 - i) Deliver services as listed on IFSP (unless IFSP revised based on current policies for IFSP change review, 6-month review or annual review);
 - ii) Request prior authorization or reauthorization as appropriate for Medicaid payment of IFSP therapy services.
 - iii) If the Service Provider is unable to obtain written denials or feedback from a Medicaid MCO, the provider must document reasonable efforts to contact the MCO to include date sent, date of first follow up and results, date of second follow up and results and date of 3rd follow up and results. That information should be sent along with the provider invoice to the child's BabyNet Service Coordinator. The BabyNet Service Coordinator will contact the BabyNet State Office Consultants for approval for use of BabyNet Service Funds. The BabyNet State Office Consultant will review the contact attempts information, and send approval or denial for use of BabyNet Service funds to the assigned BabyNet Service Coordinator, who will then prepare a BN authorization and submit to the BN Fiscal Agent for payment.
 - iv) If the service provider receives a written denial from a Medicaid MCO, the provider sends the invoice and a copy of the denial to the child's BabyNet Service Coordinator. The BabyNet Service Coordinator will contact the BabyNet State Office Consultants for approval for use of BabyNet Service Funds. The BabyNet State Office Consultant will review the denial information, and send approval or denial for use of BabyNet Service funds to the assigned BabyNet Service Coordinator, who will then prepare a BN authorization and submit to the BN Fiscal Agent for payment.
 - b. First Steps will:

Reimburse providers for services delivered according to BabyNet reimbursement rates in effect on the date service delivered, provided **documentation of Medicaid (MCO) denial is obtained. Denial must be based on child or MCO plan, not provider error (e.g., failure to obtain prior authorization or reauthorization, failure to provide adequate documentation of treatment plan, progress, and/or family training strategies).**

ADDITIONAL INFORMATION

1. The Alliance of Medicaid MCOs developed the "Universal PT/OT/Speech Prior Authorization Form -- BabyNet" (attached) with DHHS assistance in order to "provide information needed for authorization for BabyNet therapy services rendered by private therapists." The list of in-network therapy providers for each Medicaid MCO will be posted on the BabyNet website. Instructions were not provided with the form. Questions must be directed to the appropriate MCO contact.
2. South Carolina Department of Health and Human Services (DHHS) Managed Care Supplement provides guidance on obtaining prior authorization and billing each MCO. It was added to the Private Rehabilitative Therapy and Audiological Services Provider Manual in September 2009. The entire Manual, including the Managed Care Supplement, can be downloaded from DHHS website (www.scdhhs.gov).
3. BabyNet manual includes specific guidance related to Medicaid billing. Go to the link below for Appendix 5 of the manual. <http://www.scfirststeps.org/BabyNet/Policies%20and%20Procedures/Appendix5.pdf>

Universal PT/OT/Speech Prior Authorization Form - BabyNet

Care Service Coordinators must provide this information to obtain an authorization for BabyNet therapy services rendered by private therapists. For questions, contact the plan at the associated phone number.

*Fax the COMPLETED form OR call the plan with the requested information.

Absolute Total Care

P: 866-433-6041

F: 866-918-4451

www.absolutetotalcare.com

BlueChoice HealthPlan

P: 866-902-1689

F: 800-823-5520

www.bluechoicescmedicaid.com

Carolina Crescent Health Plan

P: 866-748-8661

F: 877-251-8649

www.carolinachc.com

First Choice by Select Health

P: 888-559-1010

F: 866-368-4562

www.selecthealthofsc.com

Unison Health Plan

P: 800-366-7304

F: 866-841-9336

www.unisonhealthplan.com

Patient's Name _____ DOB _____
First Middle Last

Address (Street, Apt.#) _____ City/State/Zip _____

Phone(s) _____ Medicaid Number _____ MCO ID Number _____

Mom's Name _____ Mom's Medicaid Number _____
First Middle Last

Mom's SSN _____

Primary Insurance:

Plan _____ ID# _____ Group # _____

Policy Holder _____ DOB _____ Relationship to patient _____ Employer _____

Clinical

Type of Therapy: Physical Occupational Speech Initial Diagnosis: _____

Therapy Initiation Date: _____ Duration of Current Treatment Plan: _____

Therapy Frequency: _____ # of Visits Requested: _____

Place of Service: _____

Supporting Documentation

The documentation below is required before an authorization may be issued. Identify the documentation attached to this request for authorization by placing an X in the appropriate box.

Current Physician's Order Initial Therapist Evaluation Current Therapist Evaluation (if applicable)

Progress Records to Date Individualized Treatment Plan Individualized Family Service Plan (if ITP not available)

Care Service Coordinator Name: _____

Care Service Coordinator Phone: _____ Fax: _____

Requesting Physician (last name, first name): _____ NPI: _____

Plan Point of Contact: _____ Date Plan Called: _____ Time of Call: _____

Plan Reference/Confirmation Number: _____

FOR MCO USE ONLY:

Approved Denied Authorization # _____ Date of Notification to DHEC: _____

Reviewer(s) name & title: _____

Please note that our review applies only to the authorization of medical necessity and benefit coverage. This authorization is not a guarantee of payment unless the member is eligible at the time the services are rendered.

PT/OT/Speech PA Form

Medicaid MCO CONTACT INFORMATION

| MCO Contact Information | | | | | |
|-------------------------|--|--|--|--|--|
| | Absolute Total Care | Blue Choice Health Plan | Carolina Crescent Health Care | First Choice by Select Health | Unison Health Plan |
| Phone | 866-433-6014 | 866-902-1689 | 866-748-8661 | 888-559-1010 | 800-366-7304 |
| Fax | 866-918-4451 | 800-823-5520 | 877-251-6649 | 866-368-4562 | 866-841-9336 |
| Website | www.absolutetotalcare.com | www.bluechoicescmedicaid.com | www.carolinachp.com | www.selecthealthofsc.com | www.unisonhelathplan.com |

| DHHS Staff Contacts | | | | | |
|---------------------|----------------------------|--------------------------------|--------------------------------------|--------------------------------------|---------------------------|
| | Absolute Total Care | Blue Choice Health Plan | Carolina Crescent Health Care | First Choice by Select Health | Unison Health Plan |
| Name | Betsy Schindler | Tim Hartnett | Jocelin Dawson | David Smith | Jocelin Dawson |
| Phone | 803-898-2818 | 803-898-2849 | 803-898-3914 | 803-898-2639 | 803-898-3914 |