

IDD Connects Training: Support Coordination Agencies

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Georgia Department of Behavioral Health & Developmental Disabilities

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Division of Developmental Disabilities

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Today's Topics

- **New Medicaid Aid Category**
 - 449 – PA Waiver Services
- **Adult Therapy Services**
 - Therapy Service “Bundle” Overview
 - ISP Development (Service Summary)
 - Prior Authorization Development

New Medicaid Aid Category

449 – PA Waiver Services

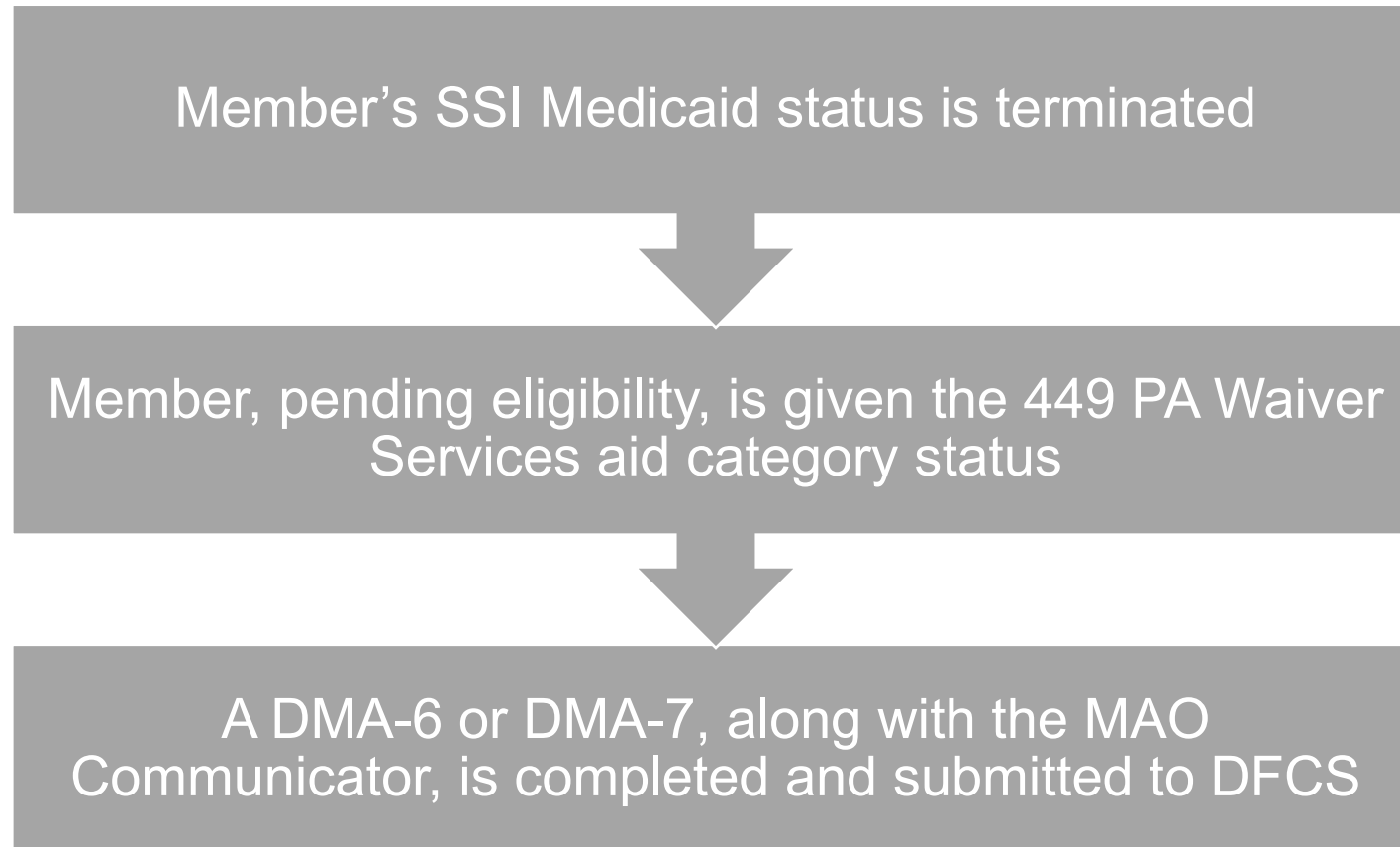
Medicaid Aid Category: 449 – PA Waiver Services

Statement from the Georgia Department of Community Health, Division of Medicaid...

"Aid Category 449 was created to identify all active SSI members that have active PA's for HCBS services such as NOW, COMP, ICWP, and EDWP (CCSP, SOURCE). When SSI terminates, GAMMIS will run ex-parte processing on this group looking at income, resources from SDX and an active PA in GAMMIS, and if eligible, put them in a newly created Waiver ex-parte aid category. Utilize the existing ex-parte process with Gateway for a full eligibility determination by DFCS of the appropriate waiver aid category in Gateway. The Ex-parte report should contain the members demographic information, the type of HCBS services, the effective begin and end date as shown on the PA for the member in the GAMMIS system. These members would stay active on Ex-parte Waiver Medicaid until a full eligibility determination is done by DFCS. GW approval will be transmitted via daily interface. Denials will follow the current Ex-Parte process. Medicaid Programs: NOW (COS 680), COMP (COS 681), ICWP (COS 660), CCSP (COS 590)."


Medicaid Aid Category: 449 – PA Waiver Services

Division of Medicaid's Recommended Process Flow...



Medicaid Aid Category: 449 – PA Waiver Services

Medicaid Information Status: IDD Connects

Medicaid Information 		
Benefits Plan	COA	Expiration Date
SSI	303	03/31/2022
SSI	389	04/30/2022
TXIX	449	12/31/2299
SSI	303	01/31/2022

Medicaid Aid Category: 449 – PA Waiver Services

Medicaid Information Status: GAMMIS Web Portal (Provider View)

Benefit Plans						
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	
Active	30 - Health Plan Benefit Coverage	05/01/2022	05/01/2022	MC - Medicaid	449 - PA Waiver Services	

Eligibility by Service Type						
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	
Active	1 - Medical Care	05/01/2022	05/01/2022	MC - Medicaid	449 - PA Waiver Services	

Adult Therapy Services

Adult Therapy Services: Policy

Special Eligibility Conditions

- Adult Therapy Services are not available until the waiver individual's 21st birthday
- The need for Adult Therapy Services must be reflected in the Intake and Evaluation Team approved Individual Service Plan (ISP).
- There is a reasonable expectation by the licensed professional that the individual can achieve the goals in the necessary time frame.
- All services must be ordered by a physician.

Adult Therapy Services: Summary Service Amount

Key Tips

- For 'Evaluations' services, authorize **2** units.
- Therapy Services are calculated in IDD Connects using the lowest rate within each "bundle". As a result, it may be necessary to authorize additional funding to ensure full reimbursement by the rendering providers.
- The annual maximum for all Adult Therapy services combined is \$5,400.
- Adult Nutrition Services are not a part of the Adult Therapy services annual maximum of \$5,400.
- Please review Appendix A in Part III of the NOW & COMP Waiver manuals for all rates and service limits.

Adult Therapy Services: Policy & Rates

For additional information regarding Adult Therapy Services, please review Part III of the NOW/COMP policy. All waiver services rates are listed in Appendix A of the NOW/COMP policy:

- www.mmis.georgia.gov
- Provider Information
- Provider Manuals
- Comprehensive Supports Waiver Program Chapters 1300-3600
- New Options Waiver Program

Therapy Service “Bundle” Overview

Adult Therapy Services will not be approved and authorized as independent services but within a “bundle” based on a unique ‘Therapy Type’ and ‘Group Type’.

Service Example: **Adult Occupational Therapy Services**

THERAPY TYPE	GROUP TYPE	SERVICE CODE	WAIVER SERVICE NAME
OCCUPATIONAL	Evaluation	97165	Adult OT Evaluation - Low Complexity
OCCUPATIONAL	Evaluation	97166	Adult OT Evaluation - Moderate Complexity
OCCUPATIONAL	Evaluation	97167	Adult OT Evaluation - High Complexity
OCCUPATIONAL	Evaluation	97168	Adult OT Re-Evaluation
OCCUPATIONAL	Service	97530-GO	Adult OT Therapeutic Services
OCCUPATIONAL	Service	97533-GO	Adult OT Sensory Integrative Techniques
OCCUPATIONAL	Service	97760-GO	Adult Orthotic and Prosthetic Fitting and Training
OCCUPATIONAL	Service	97761-GO	Prosthetic Training
OCCUPATIONAL	Service	97763-GO	Orthotic and Prosthetic Check Out

ISP Development (Service Summary)

Adult Therapy Services will not be approved and authorized as independent services but within a “bundle” based on a unique ‘Therapy Type’ and ‘Group Type’.

Service Summary

Status: Completed

Therapy Type **Group Type**

<input type="checkbox"/>	Service Description	Detailed Service Description
<input type="checkbox"/>	Adult Occupational Therapy	Occupational Therapy - Evaluations
<input type="checkbox"/>	Adult Occupational Therapy	Occupational Therapy - Services

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Prior Authorization Development

Each Adult Therapy Service line will contain all the procedure codes for the corresponding 'Group Type'. The procedure codes will be submitted to Medicaid (GAMMIS) and billable when rendered.

The diagram illustrates the relationship between service lines and procedure codes. Two service lines are shown, each with a corresponding set of procedure codes. A green box with a double-headed red arrow indicates that all procedure codes from both service lines are submitted to Medicaid.

	Detailed Service Description	Procedure Code
One Service Line	Occupational Therapy - Evaluations	97165,97166,97167,97168
One Service Line	Occupational Therapy - Services	97530-GO,97533-GO,97760-GO,97761-GO,97763-GO

All Procedure Codes Submitted to Medicaid

Prior Authorization Development

Medicaid/GAMMIS State View

Line Item											
Line Item	WIS Line Num	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Category of Service	Rendering Provider ID	Diagnosis	ICD Version	Status	Status Date
01		1	\$0.00	1	\$44.40	681	000111222A	MCD		APPROVED	02/01/2022
-Procedure Codes-											
Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC						
97165						← GAMMIS WEB PORTAL PROCEDURE CODE - PROVIDER VIEW					
97166						} ADDITIONAL PROCEDURE CODES FOR BILLING - NOT VISIBLE IN THE WEB PORTAL					
97167											
97168											

All 4 procedure codes visible to State users (GAMMIS)

Prior Authorization Development

Medicaid/GAMMIS Web Portal Provider View

Line Items					
PA Line Item	1	Status	APPROVED	Rendering Provider	ACME THERAPY, LLC
		COS Code	681	Category of Service	CHSS/COMP
From DOS	02/10/2022			Tooth	
Through DOS	02/09/2023			Quadrant	
Most Recent DOS Paid				Surface	OCCUPATIONAL THERAPY - EVALUATIONS
Units Allowed	1	Amount Allowed	\$44.40		
Units Used	0.000	Amount Used	\$0.00		
Max Monthly Units	0	Max Monthly Amount	\$0.00		
Max Daily Units	0	Authorized Rate	\$67.21		

Procedures						
PA Line Item	(Procedure Description)	(Modifier 1 Description)	(Modifier 2 Description)	(Modifier 3 Description)	(Modifier 3 Description)	NDC
01	97165 WAIVER SERVICE, NOS	M/CAID	CARE LEV 4			OCCUPATIONAL THERAPY - EVALUATIONS
		STATE DEF				

Only 1 of 4 procedure codes visible to providers (97165)

Prior Authorization Development: A Tale of Two Rates

IDD Connects uses two different rate methodologies for prior authorization development. For each therapy 'Group Type', the **lowest** rate within the "bundle" will be used to calculate the authorized amount. Only one rate can be associated with each "bundle".

$$\text{UNITS} \times \text{RATE} = \text{AUTHORIZED AMOUNT}$$

OCCUPATIONAL SERVICES	
PROCEDURE CODE	UNIT RATE
97530-GO	\$28.23
97760-GO	\$27.38
97761-GO	\$24.98
97533-GO	\$24.46
97763-GO	\$23.39

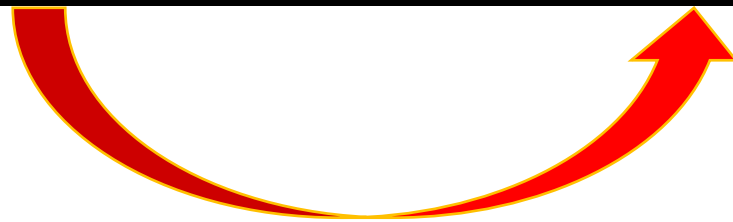


RATE USED FOR CALCULATION

Prior Authorization Development: A Tale of Two Rates

By using the **lowest** rate within the “bundle” we can maximize the highest number of hours or sessions available within the annual maximum for Adult Therapy Services.

OCCUPATIONAL SERVICES				
PROCEDURE CODE	UNIT RATE	UNITS	HOURS	ANNUAL MAXIMUM
97530-GO	\$28.23	191	47	\$5,400.00
97760-GO	\$27.38	197	49	\$5,400.00
97761-GO	\$24.98	216	54	\$5,400.00
97533-GO	\$24.46	221	55	\$5,400.00
97763-GO	\$23.39	231	57	\$5,400.00



Prior Authorization Development: A Tale of Two Rates

To ensure that all the rates within the “bundle” are reimbursable, we’ll send the **highest** to Medicaid (GAMMIS). Providers will bill using the rate associated with the service rendered.

OCCUPATIONAL SERVICES		
PROCEDURE CODE	UNIT RATE	
97530-GO	\$28.23	RATE SUBMITTED TO MEDICAID
97760-GO	\$27.38	
97761-GO	\$24.98	
97533-GO	\$24.46	
97763-GO	\$23.39	RATE USED FOR CALCULATION

Speech & Language Therapy: A Tale of Two Rates

SPEECH/LANGUAGE EVALUATIONS		
PROCEDURE CODE	UNIT RATE	
92523	\$163.81	RATE SUBMITTED TO MEDICAID
92610	\$117.54	
92607	\$109.28	RATE USED FOR CALCULATION

SPEECH/LANGUAGE SERVICES		
PROCEDURE CODE	UNIT RATE	
92507-GN	\$62.53	RATE SUBMITTED TO MEDICAID
92609	\$54.75	
92526	\$44.66	RATE USED FOR CALCULATION

Physical Therapy: A Tale of Two Rates

PHYSICAL THERAPY EVALUATIONS		
PROCEDURE CODE	UNIT RATE	
97161-GP	\$69.34	RATE SUBMITTED TO MEDICAID
97162-GP	\$69.34	
97163-GP	\$69.34	
97164-GP	\$47.14	RATE USED FOR CALCULATION

PHYSICAL THERAPY SERVICES		
PROCEDURE CODE	UNIT RATE	
97112-GO	\$27.07	RATE SUBMITTED TO MEDICAID
97110	\$25.91	RATE USED FOR CALCULATION

Occupational Therapy: A Tale of Two Rates

OCCUPATIONAL THERAPY EVALUATIONS		
PROCEDURE CODE	UNIT RATE	
97165	\$67.21	RATE SUBMITTED TO MEDICAID
97166	\$67.21	
97167	\$67.21	
97168	\$44.40	RATE USED FOR CALCULATION

OCCUPATIONAL THERAPY SERVICES		
PROCEDURE CODE	UNIT RATE	
97530-GO	\$28.23	RATE SUBMITTED TO MEDICAID
97760-GO	\$27.38	
97761-GO	\$24.98	
97533-GO	\$24.46	
97763-GO	\$23.39	RATE USED FOR CALCULATION

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Technical Assistance Guide Review

Used for Calculation Amounts in the Service Summary

		TOTAL		\$0.00		
PROCEDURE CODE	UNIT RATE	REQUESTED UNITS	REQUESTED AMOUNT	AUTHORIZED UNITS	AUTHORIZED AMOUNT	DETAILED SERVICE DESCRIPTION
92523	\$163.81		\$0.00		\$0.00	Speech/Language Therapy - Evaluations
92610	\$117.54		\$0.00		\$0.00	Speech/Language Therapy - Evaluations
92607	\$109.28		\$0.00		\$0.00	Speech/Language Therapy - Evaluations
92507-GN	\$62.53		\$0.00		\$0.00	Speech/Language Therapy - Services
92609	\$54.75		\$0.00		\$0.00	Speech/Language Therapy - Services
92526	\$44.66		\$0.00		\$0.00	Speech/Language Therapy - Services
97161-GP	\$69.34		\$0.00		\$0.00	Physical Therapy - Evaluations
97162-GP	\$69.34		\$0.00		\$0.00	Physical Therapy - Evaluations
97163-GP	\$69.34		\$0.00		\$0.00	Physical Therapy - Evaluations
97164-GP	\$47.14		\$0.00		\$0.00	Physical Therapy - Evaluations

Questions

