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Psychiatric Rehabilitation Program - Adult

Optum Maryland Provider Training & Education

Training Participant Guide

Key Learning Points

- PRP Overview
- Medical Necessity Criteria
- Required Documentation
- Auth Service Requests
- Incedo Demonstration
- Tips for Claims Success

Program Overview

Psychiatric Rehabilitation Program - Adult

PRP Overview

- Supports patients in developing community and independent living skills
- Focuses on the participant's recovery with the goal of the participant improving
- Facilitates the individual's recovery and successful functioning
- Services provided onsite, offsite, or a combination of both
- Requests completed in Incedo Provider Portal and reviewed by Optum Care Advocates

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PRP Overview

Eligibility and Funding

State-funded and uninsured participants must meet additional eligibility criteria for an initial PRP request and medical necessity criteria.

The participant must meet **1 of the following 4 eligibility criteria**:

1. **Stepdown** from a state hospital and are on conditional release
2. **Discharge** from an acute psychiatric hospitalization within the last six months
3. **Release** from jail within the last six months
4. **Discharge** from an RRP within the last six months

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Medical Necessity Criteria

Psychiatric Rehabilitation Program - Adult

Medical Necessity Criteria

PRP Corner – *Source of Truth*

- PBHS Provider Manual
- Medical Necessity Criteria (Psychiatric Rehabilitation Program – Adult)
- Priority Population Diagnosis
- PRP FAQs

Admission Criteria

- Diagnosis from Category A or Category B
- Category A diagnoses must meet either C (enrolled in SSI/SSDI) or Category D (impaired role functioning)
- Category B diagnoses must meet criteria in Category D
- Functional Impairments & Duration of Functional Impairments
- Severity of Need and Intensity of Service
- Exclusionary Criteria
- Service Delivery Criteria

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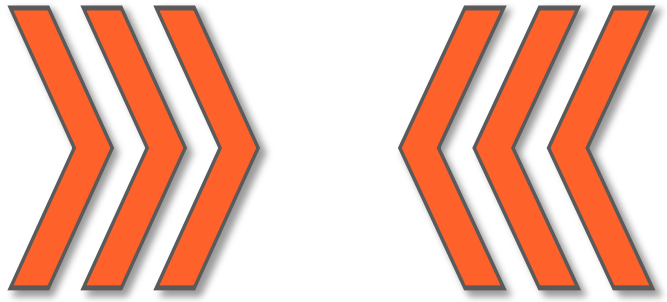
Medical Necessity Criteria

Continued Stay Criteria

- The individual continues to meet all admission criteria.
- There is clinical evidence justifying ongoing services.
- There is a signed and dated Individualized Rehabilitation Plan (IRP) with specific evidence about participant's symptoms/impairments/dysfunction, the progress of measurable goals, and active planning for transition to a less intensive level of care.
- The individual must be engaged in mental health treatment with an outpatient clinician that does not work in or receive remuneration in any form from the PRP
- The referral source cannot be in some way paid by the PRP program or receive other benefits from the PRP program.

Medical Necessity Criteria



Conflicting Services

PRP may not routinely be provided in conjunction with:

- Mobile Treatment Services (MTS)/Assertive Community Treatment (ACT)
- Adult Targeted Case Management (TCM)
- Inpatient
- MH-Residential Treatment Center (RTC)
- Residential SUD Treatment Level 3.3 and higher
- SUD IOP/2.1
- SUD PHP/2.5
- MH IOP/PHP
- Residential Crisis

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Required Documentation

Psychiatric Rehabilitation Program - Adult

Required Documentation

In addition to the service request form completed within Incedo, the following documentation is required:

Initial PRP Requests:

- PRP referral signed by a licensed mental health professional treating the participant. Referring provider name/credentials must be identified in the Incedo clinical form
- Referrals must include the following information:
  - Must be dated within the last 60 days
  - Clinical rationale for why the individual is being referred for PRP
  - Signature of referring behavioral health clinician (e-signature acceptable), along with clinical rationale why OP treatment is insufficient, including evidence that less-intensive levels have been determined unsafe or ineffective
  - Referring behavioral health clinician must not be affiliated with the PRP program
  - Must explicitly state PRP (Psychiatric Rehabilitation Program)
  - Referring clinician MUST be a mental health professional enrolled in Maryland Medicaid either directly or through a program enrollment, e.g., OHMC

Referrals must be from a **licensed mental health professional** which is defined in the **PRP FAQ**

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Required Documentation

Concurrent PRP Requests:

- Documentation of Clinical Collaboration or PRP referral dated within the last 60 days from the start date of the request (for the first concurrent, providers may submit the original written referral)

- Referrals must include:
  - Clinical rationale for why the individual is being referred for PRP
  - Signature of referring behavioral health clinician (e-signature/typed signature is acceptable)
  - Referring behavioral health clinician must not be affiliated with the PRP program
  - Must explicitly state PRP (Psychiatric Rehabilitation Program)
  - Sufficient clinical information to determine medical necessity
  - Referring clinician MUST be a mental health professional enrolled in Maryland Medicaid either directly or through a program enrollment, e.g., OHMC

- Individualized Rehabilitation Plan (IRP) which indicates the participant and/or guardian was actively engaged in the development of the plan and has consented.
- DLA-20 completed within 30 days prior to or on the request start date on the Incedo Provider Portal

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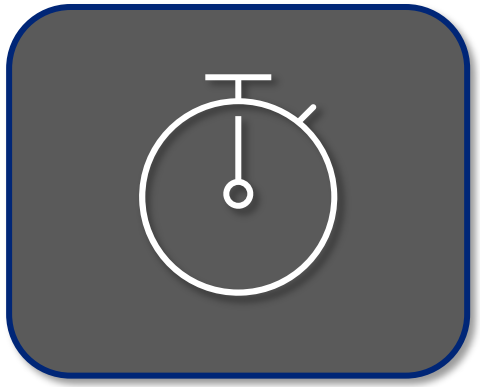
Required Documentation

New Authorization Plan



Allowing time for Participant's Development

First Concurrent Requests

Click '1' above to view the Provider Bulletin

New Clinical Form

IRP, DLA-20, SSI/SSDI Documentation still required

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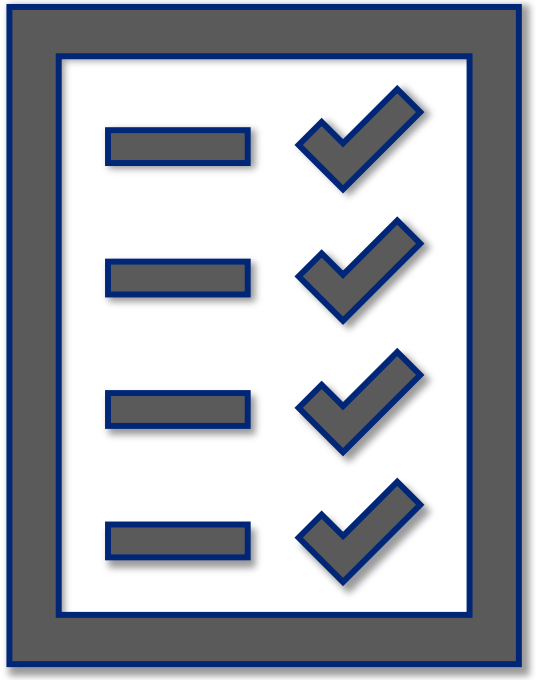
Required Documentation



Documentation for SSDI/SSI Eligibility

- If the participant has a Category A diagnosis and is enrolled in SSI/SSDI, evidence of enrollment must be attached to the service request.
- Providers must attach written evidence of SSI/SSDI eligibility to the Incedo participant record by the time of the first concurrent authorization.
- This requirement was waived for any first concurrent authorization obtained in July or August 2020 but will need to be met on all subsequent requests.
- Acceptable Documentation found in PRP FAQs on the **Optum Maryland homepage.**
- If you are unable to obtain documentation, indicate “unknown” for the enrollment question on the Incedo form.

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Least Restrictive Setting Reminder

- PRP should only be considered when traditional medication and therapy interventions are not providing support or skills needed for successful community living.
- Referring Clinician or PRP should provide sufficient clinical history and information so an independent reviewer can determine the following:
  - prior interventions have been adequate but unsuccessful
  - prior and current medication interventions have been adequate but unsafe or unsuccessful

Refer to Medical Necessity Criteria

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Authorization/Service Request Info

Psychiatric Rehabilitation Program - Adult

Service Request Information

If the request meets medical necessity criteria for adults, initial authorization will be 2 units = 2 months.
(ex: 08/15/2020-09/30/2020)
**Includes the remainder of the starting month and the full next calendar month.*

Concurrent reviews will be up to 6 units = 6 months
(ex: 08/01/2020-02/01/2021)
**The length varies based on the participants' need and medical necessity*

Billing Modifiers

Refer to Fee Schedule

Modifier	Description
U2	PRP for all children (up to age 18), adults aged 18-25 in a BHA TAY-designated PRP, or adults with a legal guardian
U3	PRP for adults with no legal guardians
U4	A RRP client in the general level of care who is either on or off-site
U5	A RRP client in the intensive level of care who is either on or off-site
U6	A RRP client in the general level of care who receives services from a provider who has the capacity to render services in onsite and off-site capacity
U7	A RRP client in the intensive level of care who receives services from a provider who has the capacity to render services in onsite and off-site capacity

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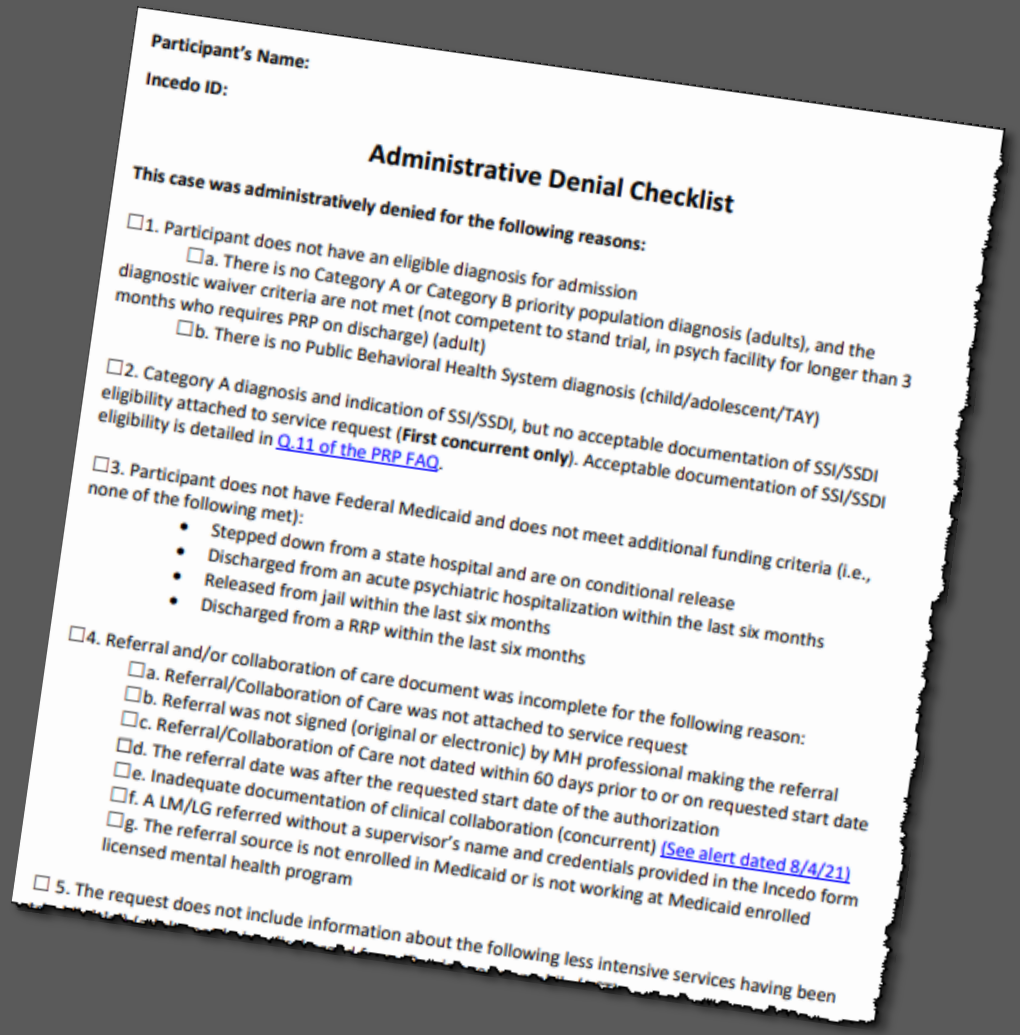
Admin Denial Checklist

Used to determine Administrative Denial Reason for PRP requests

Found on ***PRP Corner*** homepage



Participant's Name:

Incedo ID:

Administrative Denial Checklist

This case was administratively denied for the following reasons:

☐1. Participant does not have an eligible diagnosis for admission
- ☐a. There is no Category A or Category B priority population diagnosis (adults), and the diagnostic waiver criteria are not met (not competent to stand trial, in psych facility for longer than 3 months who requires PRP on discharge) (adult)
- ☐b. There is no Public Behavioral Health System diagnosis (child/adolescent/TAY)

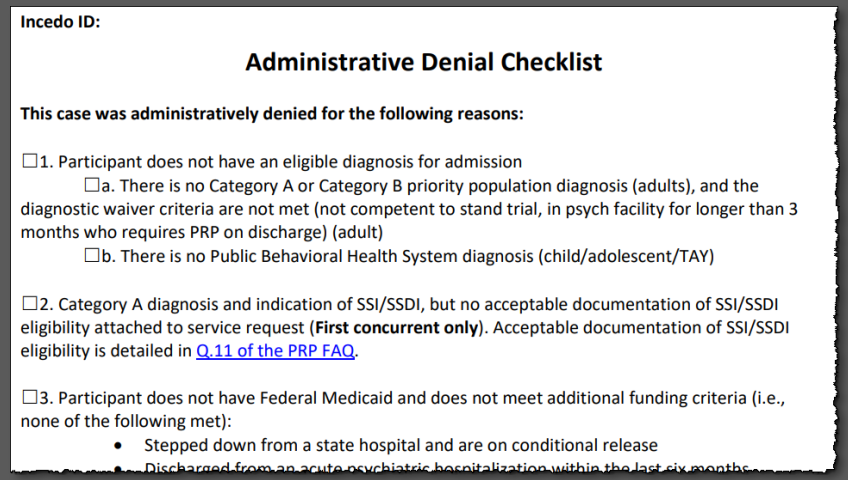
☐2. Category A diagnosis and indication of SSI/SSDI, but no acceptable documentation of SSI/SSDI eligibility attached to service request (**First concurrent only**). Acceptable documentation of SSI/SSDI eligibility is detailed in Q.11 of the PRP FAQ.

☐3. Participant does not have Federal Medicaid and does not meet additional funding criteria (i.e., none of the following met):
- Stepped down from a state hospital and are on conditional release
- Discharged from an acute psychiatric hospitalization within the last six months
- Released from jail within the last six months
- Discharged from a RRP within the last six months

☐4. Referral and/or collaboration of care document was incomplete for the following reason:
- ☐a. Referral/Collaboration of Care was not attached to service request
- ☐b. Referral was not signed (original or electronic) by MH professional making the referral
- ☐c. Referral/Collaboration of Care not dated within 60 days prior to or on requested start date
- ☐d. The referral date was after the requested start date of the authorization
- ☐e. Inadequate documentation of clinical collaboration (concurrent) [See alert dated 8/4/21]
- ☐f. A LM/LG referred without a supervisor's name and credentials provided in the Incedo form
- ☐g. The referral source is not enrolled in Medicaid or is not working at Medicaid enrolled licensed mental health program

☐5. The request does not include information about the following less intensive services having been

Admin Denial vs. Medical Necessity Denial



Incedo ID:

Administrative Denial Checklist

This case was administratively denied for the following reasons:

☐1. Participant does not have an eligible diagnosis for admission

☐a. There is no Category A or Category B priority population diagnosis (adults), and the diagnostic waiver criteria are not met (not competent to stand trial, in psych facility for longer than 3 months who requires PRP on discharge) (adult)

☐b. There is no Public Behavioral Health System diagnosis (child/adolescent/TAY)

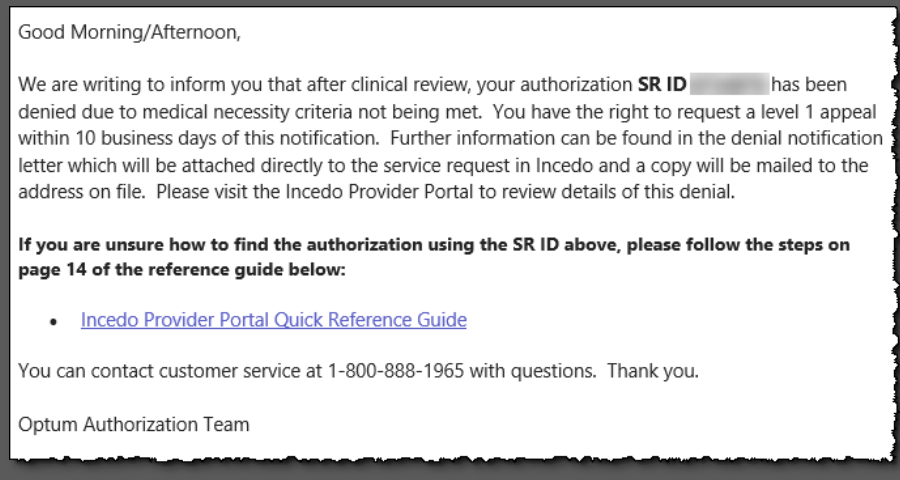
☐2. Category A diagnosis and indication of SSI/SSDI, but no acceptable documentation of SSI/SSDI eligibility attached to service request (**First concurrent only**). Acceptable documentation of SSI/SSDI eligibility is detailed in Q.11 of the PRP FAQ.

☐3. Participant does not have Federal Medicaid and does not meet additional funding criteria (i.e., none of the following met):

- Stepped down from a state hospital and are on conditional release
- Discharged from an acute psychiatric hospitalization within the last six months

Administrative Denial

- Denial Checklist via Incedo Provider Portal
- Next Steps:
  - Review completed checklist
  - Re-submit authorization request with corrected/supplemental information



Good Morning/Afternoon,

We are writing to inform you that after clinical review, your authorization **SR ID** has been denied due to medical necessity criteria not being met. You have the right to request a level 1 appeal within 10 business days of this notification. Further information can be found in the denial notification letter which will be attached directly to the service request in Incedo and a copy will be mailed to the address on file. Please visit the Incedo Provider Portal to review details of this denial.

If you are unsure how to find the authorization using the SR ID above, please follow the steps on page 14 of the reference guide below:

- Incedo Provider Portal Quick Reference Guide

You can contact customer service at 1-800-888-1965 with questions. Thank you.

Optum Authorization Team

Medical Necessity (MNC) Denial

- Denial Letter via Postal Mail
- Next Steps:
  - Initiate Appeals Process
  - Refer to PBHS Provider Manual

Common Denial Reasons

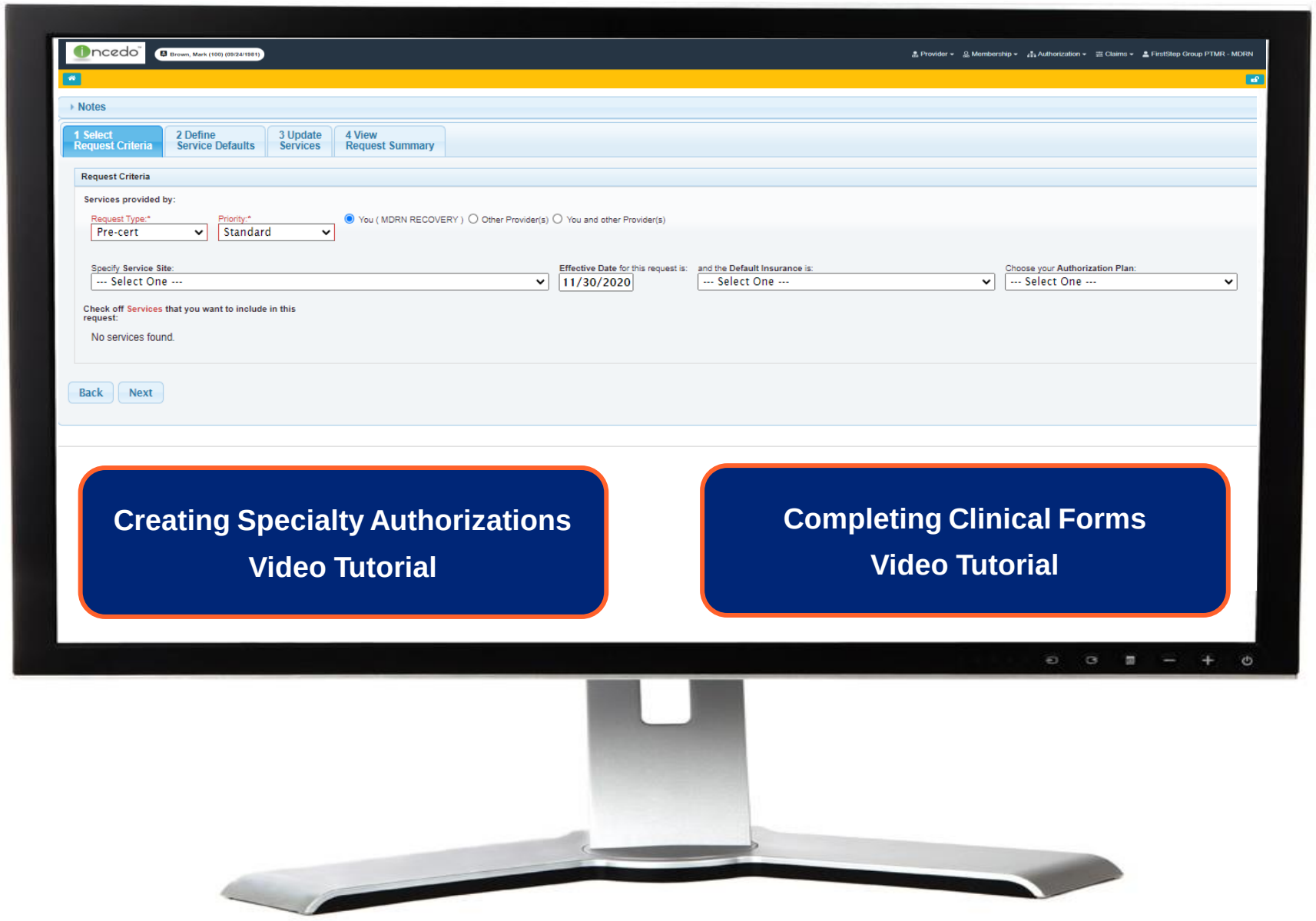
Top 3 Denial Reasons

- **Non-Clinicians complete the request**
  - Requests should be completed by the provider staff most familiar with participant's clinical evidence to support the request.
- **Functional Impairments are related to conditions other than the eligible diagnosis**
  - Requests should explain how the specific symptoms of the condition in Category A or B lead to specific impairments due to the condition, providing examples of how the conclusion was determined.
- **Use of boilerplate checkbox referral forms that do not provide enough information from the referring clinician to demonstrate that all lower levels of care have been determined to be unsuccessful or unsafe**
  - Use narrative clinical descriptions (not checkboxes) from therapists and psychiatrists who know the participant which describe the treatments that have been unsuccessful so far, including the type and duration of therapy and current/past medication trials. This description should include doses, durations, and responses to those trials.

Incedo Demonstration

Psychiatric Rehabilitation Program - Adult

Incedo Demonstration



Claim Submission

Psychiatric Rehabilitation Program - Adult

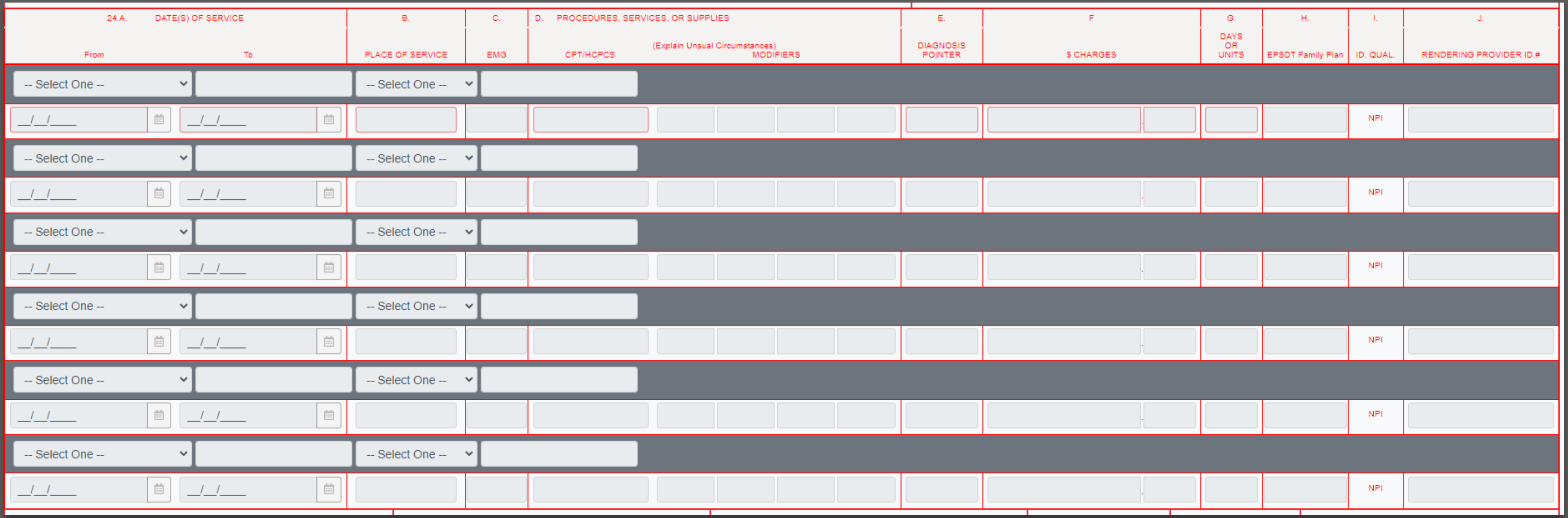
Resources for Claims Success

Link to Incedo Training Videos
(Locate the CMS 1500 Form Claim Entry Tutorial Video)

Link to Provider Resources
(Diagnosis Codes)

Link to the Fee Schedules

Link to the PRP Corner



24.A. DATE(S) OF SERVICE From	To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	(Explain Unusual Circumstances) MODIFIERS	E. DIAGNOSIS POINTER	F $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID.#
-- Select One --		-- Select One --									
__/__/____	__/__/____									NPI	
-- Select One --		-- Select One --									
__/__/____	__/__/____									NPI	
-- Select One --		-- Select One --									
__/__/____	__/__/____									NPI	
-- Select One --		-- Select One --									
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__/__/____	__/__/____									NPI	
-- Select One --		-- Select One --									
__/__/____	__/__/____									NPI	

Check out the Claim Entry Tutorial Video linked above to fill out the CMS1500 form. The following pages are an example of sections 24 A-J filled out. Make sure to fill out the form based on your participant and services.

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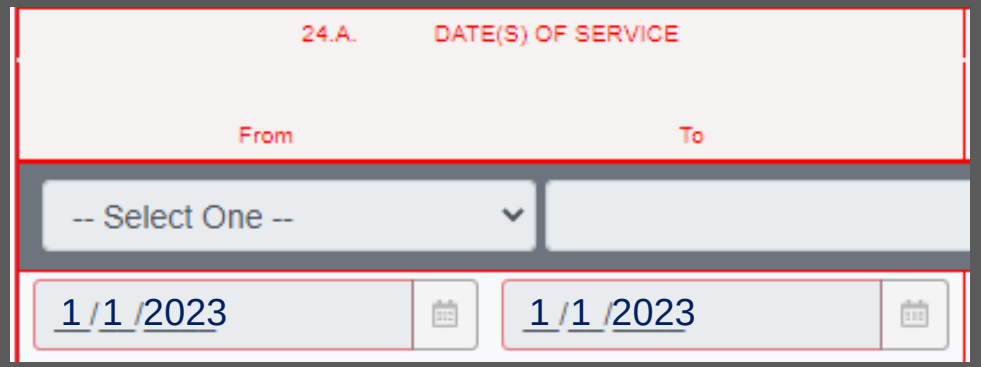
Tips for Claims Success

Box 24 A: Each CMS1500 form has 6 lines of service.

- Each date of service on which a service was rendered must be listed on a separate line. Ranges of dates are not accepted.

Example:

- *Correct: 1/1/2023 - 1/1/2023*
- *Incorrect: 1/1/2023 - 1/7/2023*



Encounters and Case Rate

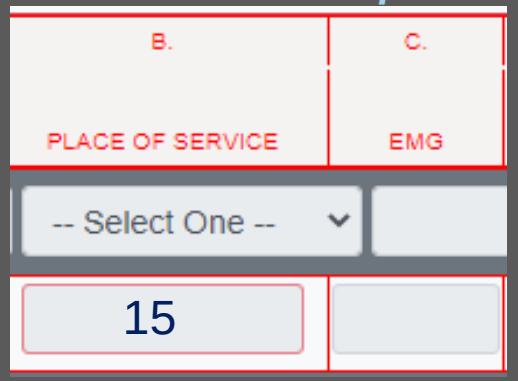
- When billing encounters and the case rate, the date of service of the encounter(s) must be rendered before the date of service on the case rate.

Tips for Claims Success

Box 24 B: Enter the appropriate 2-digit Place of Service (POS) code. Based on the services that are being rendered, determine if it is On-Site, Off-Site, or Blended. The POS can be found on the most up to date Fee Schedule.

See examples below:

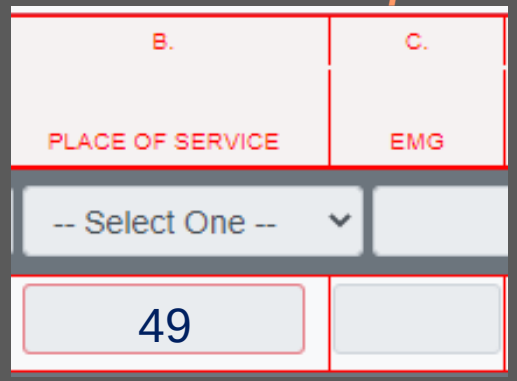
Encounter Example



Check the POS for On-Site and Off-Site as they have different POS digits.

H2016	Encounter (only bill w/POS 15 (off-site) or 52 (on-site)

Case Rate Example



Check the POS for On/Off Site, On-Site, or Off-Site as they have different POS digits.

H2018-U3	Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)

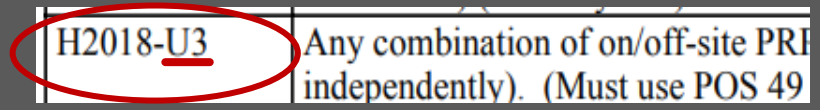
Box 24 C: Not required.

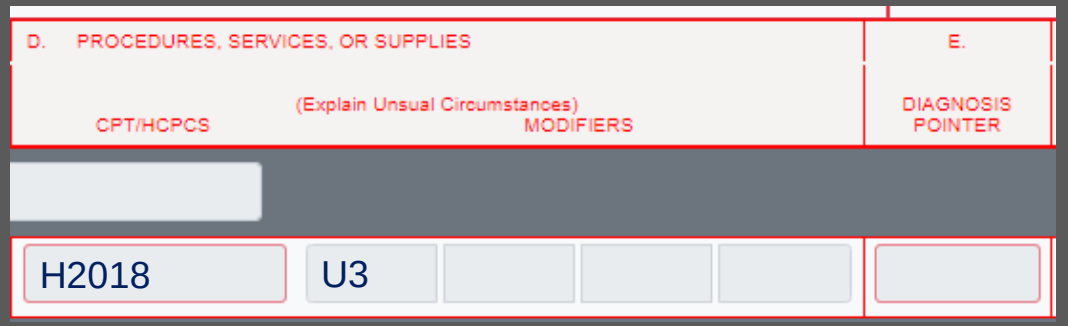
Tips for Claims Success

Box 24 D: Enter a valid CPT or HCPCS code for each service rendered.

Enter a valid CPT or HCPCS code modifier, as applicable, for each service entered. This can be seen on the Fee Schedule.

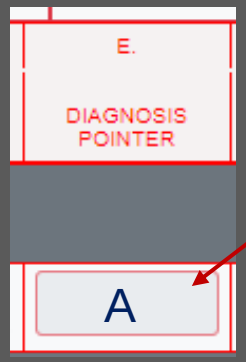
See an example below:



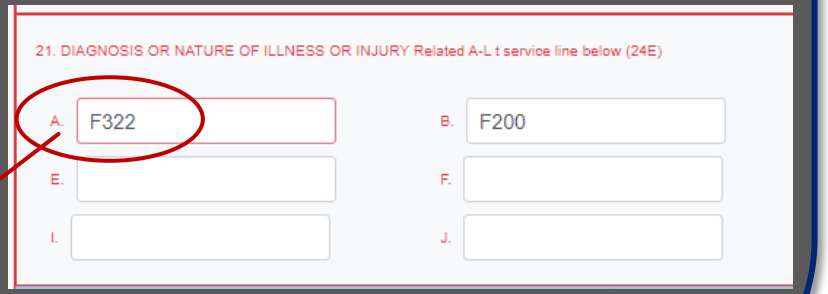


Box 24 E: Locate the diagnosis pointer (one alpha character) from Box 21 to relate the date of service and the procedures performed to the primary diagnosis.

Enter diagnosis code(s) without a period.



Box 21



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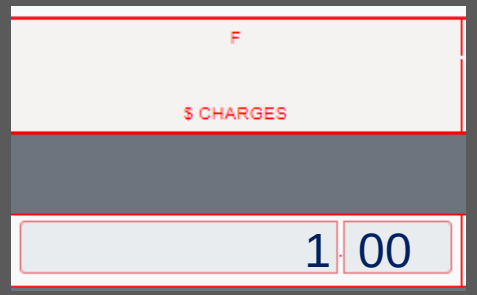
Tips for Claims Success

Box 24 F: Enter the provider's usual and customary charges.

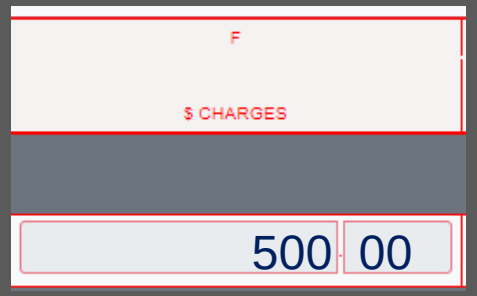
Invented Scenario: A blended (on-site, off-site) PRP Provider had 11 encounters in one month. For a U3 service that maximum payment threshold is at a minimum of 6 visits. The provider performed at least 6 encounters for the participant which is the maximum threshold at the U3 level, so the provider billed the encounters and the H2018-U3. Participant continued to receive services within the month and ended the month with 11 encounters, therefore the provider must bill ALL 11 encounters.

Encounters



- Provider will use one service line per encounter. In this invented scenario they would fill out 11 service lines which would take two CMS-1500 forms to do.
- The charge in Box 24F will be $1.00 per encounter. *(The form does not accept $0.00 entries.)*

Case Rate



Enter provider's usual and customary rate here

- Provider will enter a charge amount equal to the provider's usual and customary rate for the service that is being rendered. The case rate will take up 1 service line.

Tips for Claims Success

G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID.#
1		NPI	

Note: Procedure Codes with "Monthly Rates" such as H2018 must be entered with 1 unit.

Box 24 G: Enter the total number of units of service for each procedure. The number of units must be for a single visit or day. (Multiple, identical services rendered on different days should be billed on separate lines.)

Box 24 H: Not required.

Box 24 I: Not required.

Box 24 J: Only applicable for specific provider types.

Refer to the Claims Participant Guide for more information.

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Contact Us

Contact Provider Relations at
MarylandProviderRelations@optum.com