

Playing the Insurance Game in a Part C World



Blackboard
Collaborate

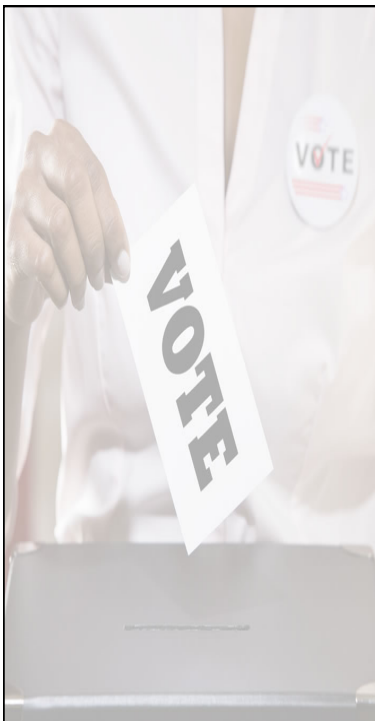
Please Call
1-866-842-5779
Code: 463-661-9330#

Use phone for audio!



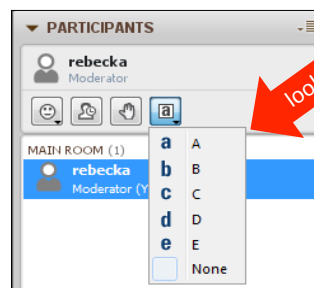
Call: 1-866-842-5779
Enter Code: 463 661 9330#

Mute Your Computer's Sound!

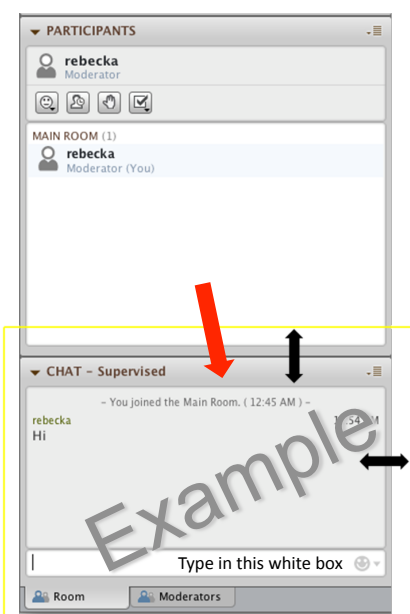


What position do you play on your team?

- A. Service provider
- B. Service Coordinator
- C. Systems manager
- D. Other

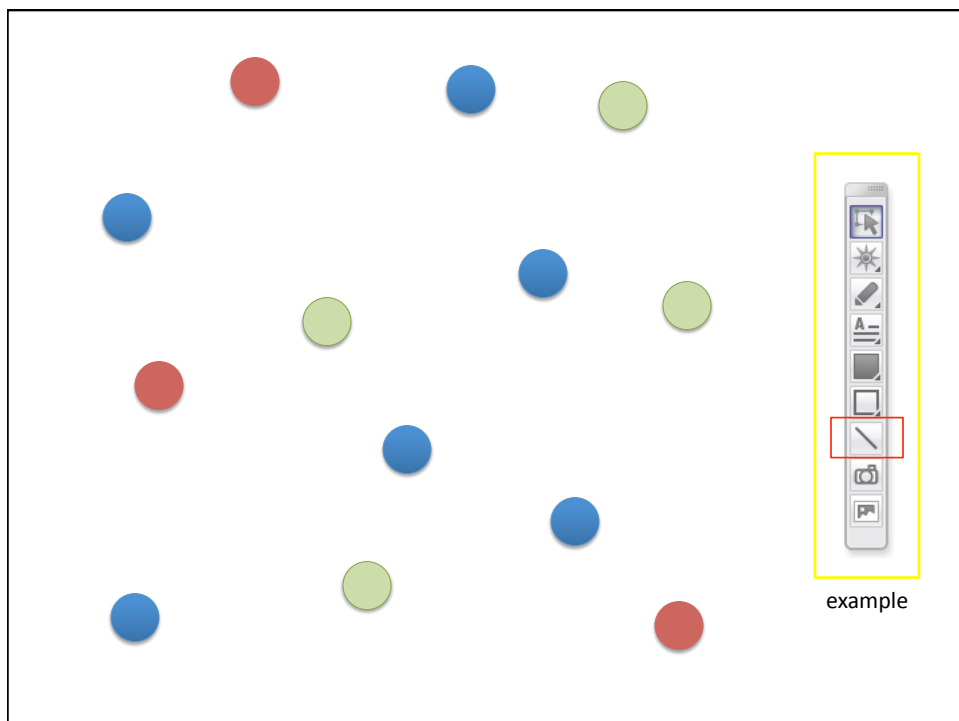



Chat



The screenshot shows a chat window with a 'PARTICIPANTS' list at the top and a 'CHAT - Supervised' area below. A red arrow points to the top border of the chat area, and a black double-headed arrow indicates vertical resizing. Another black double-headed arrow on the right side indicates horizontal resizing. A yellow box highlights the chat area, and a large 'Example' watermark is overlaid. Below the chat area is a text input field with the placeholder 'Type in this white box'.

Rollover the top or right side border to resize the chat box.



The screenshot shows a drawing application with a white canvas containing several colored circles (red, blue, green). A vertical toolbar on the right side is highlighted with a yellow box. A red box within the toolbar highlights the eraser tool icon. The word 'example' is written below the toolbar.

example

▼ PARTICIPANTS

rebecka

Moderator

Example

This is located on the left side of the screen under your name.

*6 to unmute when called upon





Kelly Hill, PT

4



Today's Topics

Billing In and Out of Network

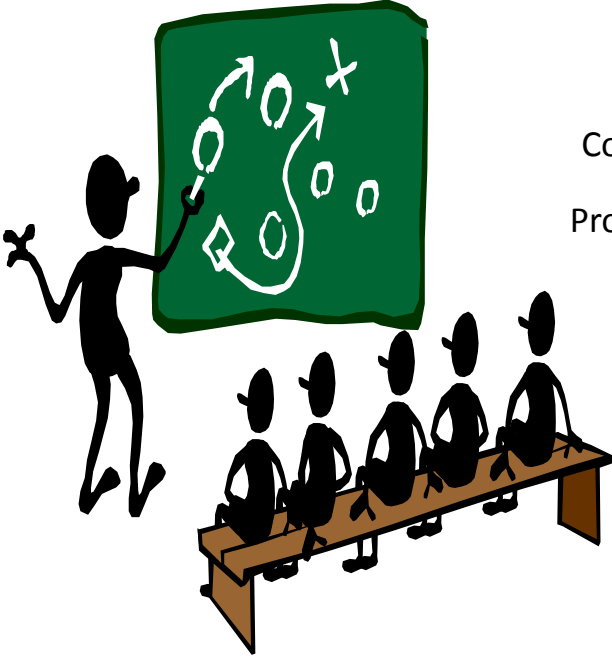
Pre-Authorization

Coding

Documentation


Denials & Appeals





In-Network

Complete Application
Provider Credentialing
Fee Schedule



Out of Network

Submit The Claim with

- Dr. authorization
- Provider's Credentials
- ICD9 and CPT Codes
- IFSP



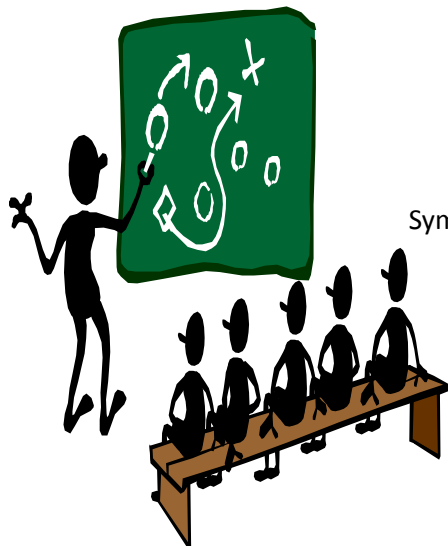
Pre-Authorization

Refer to Handout: Patient Summary Form (summaryform.pdf)

Optum Health Care Solutions for UHC and Aetna

<h2 style="margin: 0;">Patient Summary Form</h2> <p style="font-size: small; margin: 0;">Form for use by the physician or other qualified health care professional</p>			
Patient Information Name (last, first, middle) Date of Birth <input type="text"/> Sex <input type="text"/> Gender <input type="text"/> Race <input type="text"/> Ethnicity <input type="text"/>			
Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/>			
Health Insurance <input type="text"/>			
(LEFT BLANK) (LEFT BLANK) (LEFT BLANK)			
Medical History Presenting Complaints: <input type="text"/>			
History of: <input type="text"/>			
Past medical conditions and current medications: <input type="text"/>			
Social History: <input type="text"/>			
Family History: <input type="text"/>			
Allergies: <input type="text"/>			
Current Medications: <input type="text"/>			
Physical Examination: <input type="text"/>			
Laboratory and Diagnostic Tests: <input type="text"/>			
Treatment Plan: <input type="text"/>			
Patient Signature: <input type="text"/> Date: <input type="text"/>			

PRE-AUTH

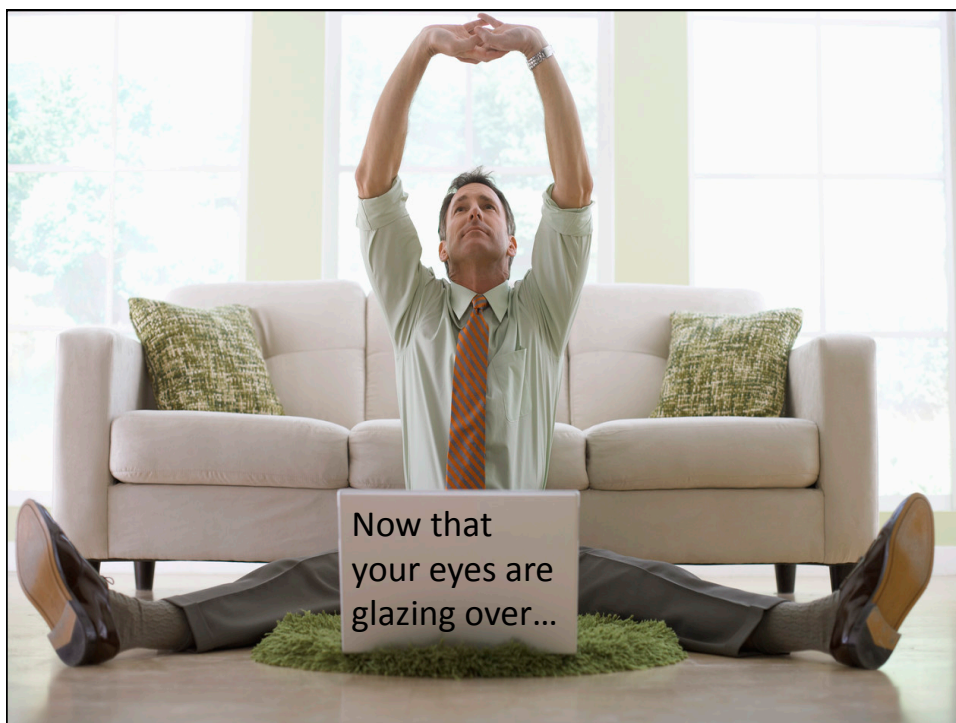


Date of Onset = Date of birth

Start Date = Date of Assessment

Symptoms – Ex. hypotonia, failure to thrive

Parent Signature



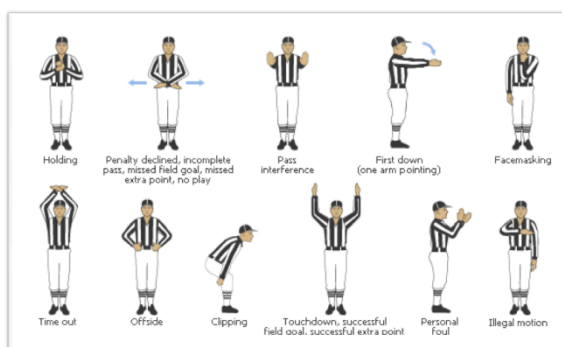


ICD-9

Outdated

Codes are noncompliant after 10/1/14

Version 5010



Keys to Coding

Code the condition you are addressing

Ex. 781.3 – muscle hypotonia

728.87 – muscle weakness

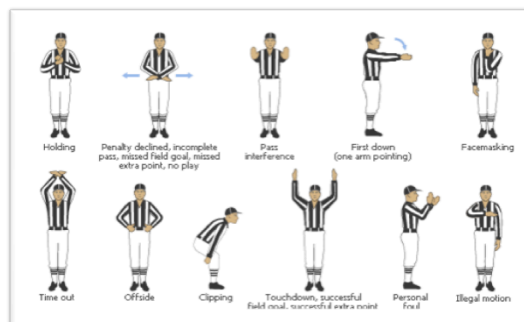
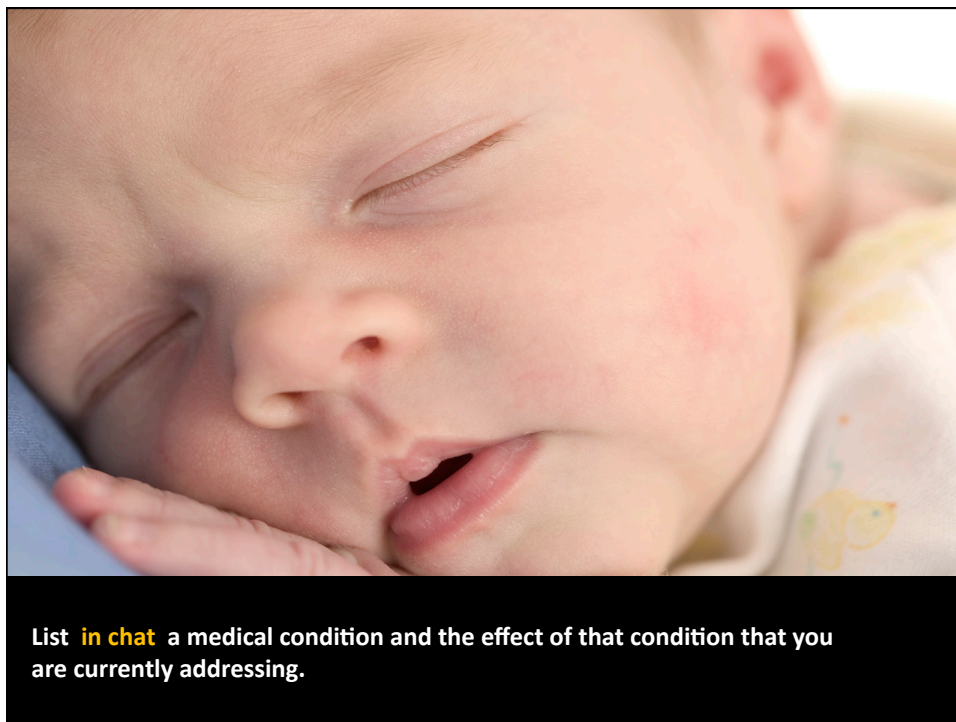
Followed by all relevant codes



Muscle hypotonia (781.3), Tetralogy of Fallot (745.2), Congenital Nystagmus (379.51), and Trisomy 21 (758.3)



Muscle hypotonia (781.3), muscle weakness (728.87), 26 wk. prematurity (765.0), Grade 3 IVH (772.1), bronchopulmonary dysplasia (770.7), and necrotizing enterocolitis (777.5).



Keys to Coding

Use all digits – “0” is a digit

Avoid non-specific codes

Code Families

Congenital Anomalies 740-759

Conditions in the Perinatal Period 760-779

Musculoskeletal System 710-739

Nervous System 320-359

Sense Organs 360-389



Team Aetna Alert

Documentation Comparison

use the line draw tool to match left to right

Part C

Eligibility

Assessment for Services

Child Outcomes

Primary Service Provider

Medical

Licensed Therapist
consistent with POC

Medical Necessity

Evaluation

Plan of Care

Refer to Eligibility Determination Form (eligibility.doc): Pages 1 & 2

Eligibility Determination Form

Child's Name:

Date of Eligibility Determination:

Date of Birth:

Age:

Adjusted Age:

Parent's Name:

Service Coordinator's Name

Eligibility determination type (check one) ☐ Initial ☐ Annual ☐ Interim

☐ **Eligibility Established by Records** (when this box is checked only the statement of eligibility and a signature must be completed)

Statement of Eligibility:

☐ Child is determined NOT eligible for the Infant & Toddler Connection of Virginia.
☐ Referrals) are made to:
☐ Child is determined eligible for Infant & Toddler Connection of Virginia based on the following criteria (check all that apply):

☐ **Developmental Delay** – Children who are functioning at least 25% below their chronological or adjusted age in at least one area of development.
☐ **Atypical development**

A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

These conditions include, but are not limited to the following:

☐ seizures with associated mental retardation;
☐ significant central nervous system anomaly;
☐ severe Grade 3 Intellectual Disability with associated physical and/or mental retardation;
☐ with hydrocephalus or Grade 4 Intractable mental retardation;
☐ hemolytic congenital infection;
☐ effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chemical material use of anticonvulsants, antipsychotics, and antiepileptics;
☐ meningomyelocele;
☐ congenital or acquired hearing loss;
☐ visual disabilities;
☐ chromosomal abnormalities, including Down syndrome;
☐ brain or spinal cord trauma, with abnormal neurologic exam at discharge.

Check (X) the diagnosed physical or mental condition for which data is documentation

☐ abnormal areas of metabolism;
☐ microcephaly;
☐ severe attachment disorders;
☐ failure to thrive;
☐ autism spectrum disorder;
☐ borderline disorders with a high probability of resulting in developmental delay;
☐ hemiparesis with a high probability of resulting in developmental delay;
☐ child is to parole;
☐ perinatal/neonatal leukomalacia;
☐ gestational age less than or equal to 28 weeks;
☐ 50% stay of greater than or equal to 28 days;
☐ other physical or mental conditions at the multidisciplinary team members' discretion.
Specify other:

Methods and documents used to determine eligibility (If "Eligibility Established by Records" is not checked above):

☐ Review of pertinent medical history: less than six (6) months old from the primary case physician and other sources related to the child's current health status, physical development (including vision and hearing), and medical history. Records Reviewed:

☐ Review of other records, such as birth records, newborn screening results and early medical history, with parent consent. Records reviewed are more than six (6) months old.

☐ Ongoing Assessment (only for interim or annual determination)

☐ Parent Report

☐ Formal/Informal observation

☐ Informal clinical opinion

☐ Part C Vision Screening

☐ Part C Hearing Screening

☐ Comprehensive developmental screening

☐ Person Completing Developmental Screening:

☐ Developmental Screening Tool Used:

☐ Other

☐ Specify other:

[illegible]

Refer to Handout Individualized Family Service Plan (ifsp.pdf): Page 3

Child's Name: _____ Infant & Toddler
IFSP Date: _____ Connection of Virginia
DOB: _____ Page 3

III. Team Assessment Narrative
Include the referral source and reason for referral, any medical diagnoses (especially those related to the reason for referral), pertinent health and physical development information (including pertinent medical history, clinical signs and symptoms, current health status), a statement of child's present levels of development in all areas of development, vision and hearing screening results, and a summary of functional strengths and limitations.

The following people participated in the assessment for service planning (Printed name, credentials, signature, date):

Parent _____

Service Coordinator _____

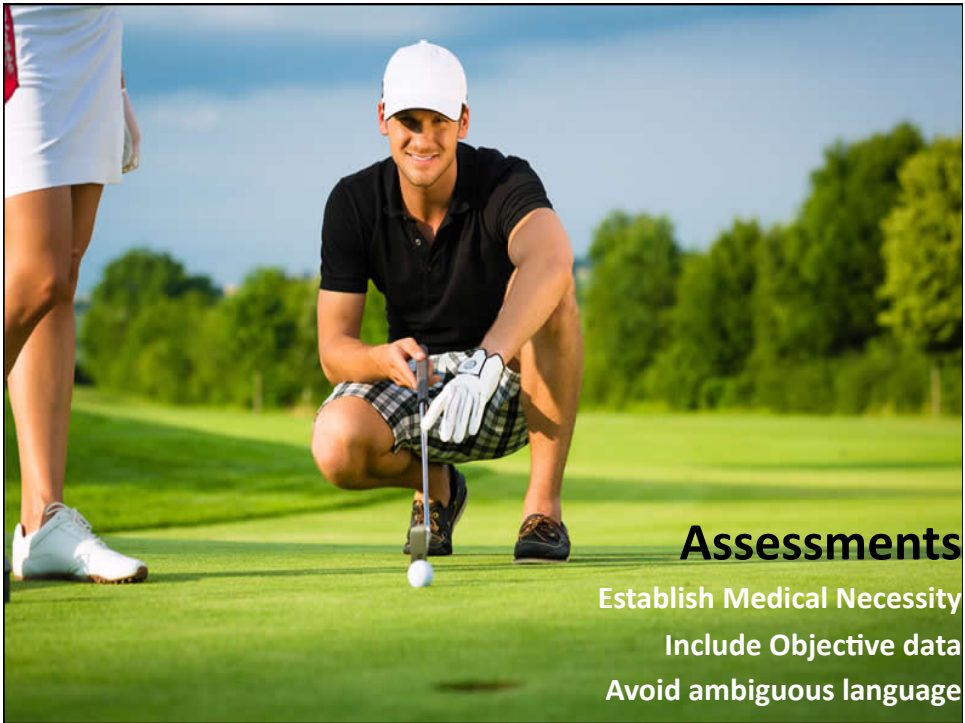
Discipline: ☐ Behavioral Specialist ☐ Occupational Therapist ☐ Physical Therapist ☐ Speech Language Pathologist ☐ Nurse ☐ Other _____

Discipline: ☐ Behavioral Specialist ☐ Occupational Therapist ☐ Physical Therapist ☐ Speech Language Pathologist ☐ Nurse ☐ Other _____

Discipline: ☐ Behavioral Specialist ☐ Occupational Therapist ☐ Physical Therapist ☐ Speech Language Pathologist ☐ Nurse ☐ Other _____

Discipline: ☐ Behavioral Specialist ☐ Occupational Therapist ☐ Physical Therapist ☐ Speech Language Pathologist ☐ Nurse ☐ Other _____

Information from the following assessments completed outside the Infant & Toddler Connection of Virginia system was used to complete the assessment for service planning (Printed name, credentials, discipline, organization):



Refer to Handout Individualized Family Service Plan (ifsp.pdf): Page 5

Plan of Care

Child's Name: _____ Infant & Toddler
IFSP Date: _____ DOB: _____ Connection of Virginia
Page 5

IV. Outcomes of Early Intervention Date Outcome Added: _____

Acquisition: Describe skill or behavior child or family is to acquire or achieve.
Context or Setting within Everyday Routines and Activities: Identify child's or family's everyday multi-activity in which the behavior is expected.
Criteria for Achievement Over What Amount of Time: Describe frequency/duration for the new skill/behavior stated over a specific time period.
Outcome: Learning Functional Goal: # _____ Target Date: _____ Date met, changed or ended: _____

Learning opportunities and activities that build on child's and family's interests and abilities:

Short-Term Goals Target Date Date Met

Interventions (Treatment procedures and/or modalities)

Refer to Handout Individualized Family Service Plan (ifsp.pdf): Page 6

Child's Name: _____ Infant & Toddler
IFSP Date: _____ DOB: _____ Connection of Virginia
Page 6

V. Services Needed to Achieve Early Intervention Outcomes

ENTITLED SERVICE	FREQUENCY (times/week)	LENGTH (in minutes)	METHOD ¹ (a, b, c, d)	NATURAL ENVIRONMENT ² LOCATION (where in natural setting intervention will take place)	PAYMENT / FUNDING SOURCE (state, federal, local, etc.)	PROJECTED START DATE	PROJECTED END DATE	ACTUAL END DATE
1. Service Coordination				Service coordination				
2.								
3.								
4.								
5.								
6.								
7.								
8.								

¹ This is the minimum frequency and length of direct contact from your service coordinator. The frequency and length of service coordination actually provided will vary since service coordination is an active, ongoing process that changes based on your family's priorities and needs.

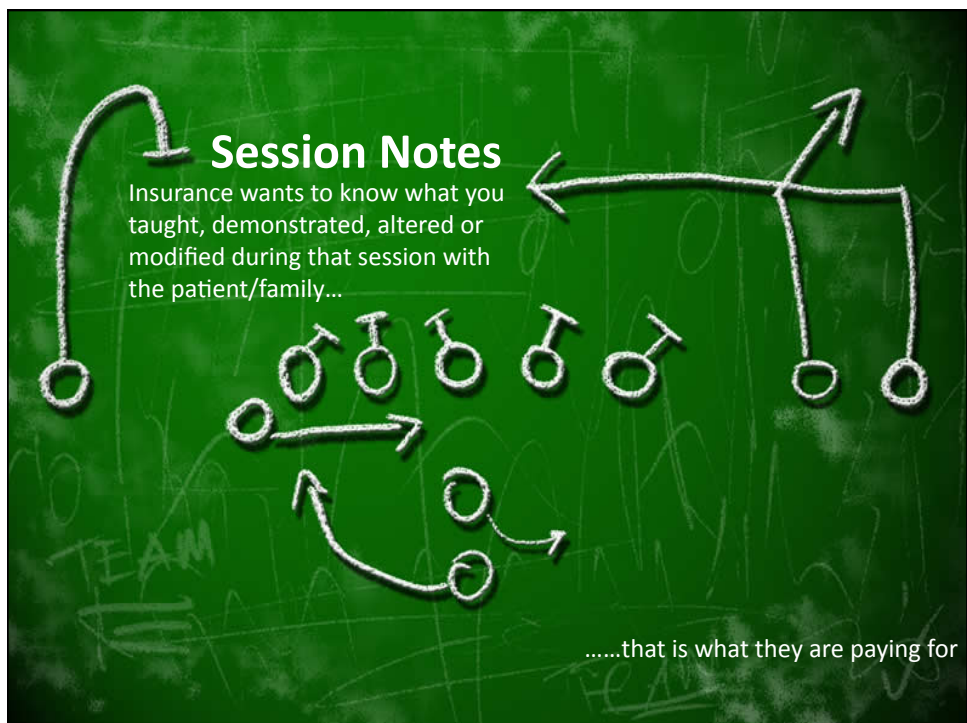
² Methods: a = Coaching, including hands-on as appropriate b = Consultation c = Assessment
d = Provision of assistive technology device

Justification of why early intervention outcomes can't be achieved satisfactorily in a natural setting and a plan with timelines and supports necessary to return early intervention services to natural settings:

Reason for later projected start date - For each service that is planned to start more than 30 calendar days after the family signs the IFSP, indicate whether the reason is family scheduling preference, team planned a later start date to meet child and family needs, or other:

VI. Other Services (Services needed, but not entitled under Part V - including medical services such as well baby checks, follow-up with specialists for medical purposes, etc.)

SERVICE	PROVIDER	LOCATION	STEPS TO BE TAKEN TO ASSIST IN SECURING SERVICES



What Did You Do?



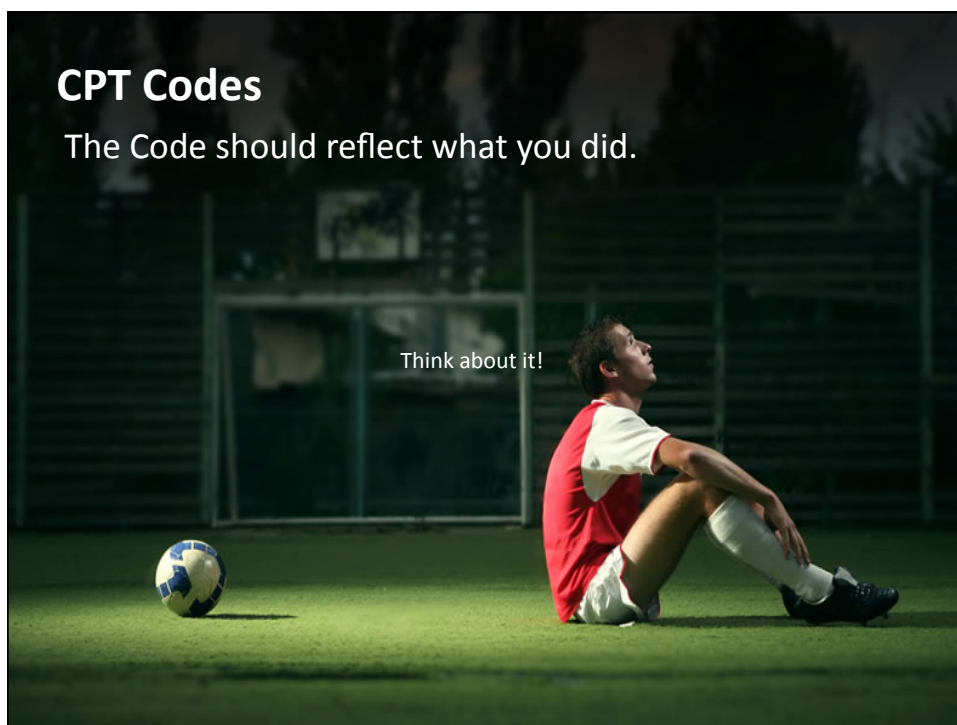
CPT codes

- 97530 Dynamic one-to-one activities (OT/PT)
- 97112 Balance, Coordination, Posture, Proprioceptive activities (OT/PT)
- 97110 Therapeutic Exercise (OT/PT)
- 92526 Feeding/Swallowing (SLP or OT)
- 92507 language/communication (SLP)

<http://www.shutterstock.com/gallery-64736p1.html>

CPT Codes

The Code should reflect what you did.





Not Medically Necessary – Payor Specific

Physician back-up

Medicaid as secondary



Has this happened to you?

- ✓ You Preauthorize
- ✓ Submit the claim
- ✓ It's Denied!

Don't let this happen to you!
Send the IFSP!



Know The Reason

Read the Explanation of Benefits

Communicate with billing staff

Check your documentation

Parents as Partners



Refer to Understanding Your Private Health Insurance (ei_insurance_sheet.pdf): Page 1

UNDERSTANDING YOUR PRIVATE HEALTH INSURANCE Fact Sheet for Early Intervention Supports & Services

This fact sheet was developed to ensure that families are well informed! Understanding your family's health coverage is the first step to accessing the coverage available to you.

Understanding the details about your private health insurance plan can be intimidating. Be sure to have and read a copy of your health insurance plan or policy, not just a summary. You can ask for a copy by calling the number on your insurance card. Be sure to see if early intervention services are described as being covered. Children can no longer be excluded from being covered by their family insurance policy due to a preexisting condition.

DETERMINE THE TYPE OF PLAN THAT YOU HAVE

Fee for Service: Traditional plan where you can see any doctor. They will bill your insurance company and you will be responsible to pay the provider the amount that your insurance company did not pay.

Managed Care Plan: Health insurance plan that contracts with health care providers and medical facilities to provide care for members at a reduced cost. These types of restricted plans generally cost you less; there are three types:

- **Health Maintenance Organizations (HMOs):** You choose a primary care doctor who coordinates your care; typically a referral for specialty care is needed.
- **Preferred Provider Organizations (PPOs):** You choose your own doctor from a network of "preferred" providers. If a provider is out of network, you pay a higher amount.
- **Point of Service Plans (POS):** A combination of HMO and PPO. There is a network that functions like a HMO, in which you choose a primary care doctor. If you choose a doctor who is not in the network, you pay a higher amount.

DO YOU HAVE AN INDIVIDUAL PLAN OR GROUP PLAN?

Group Plan: Health insurance through your job; there are typically specific "open enrollment" times when you are allowed to enroll or make changes in these plans.

Individual Policies: If you are unable to get insurance through your employer, you have to shop for an individual plan. These plans are more expensive; medical history will be reviewed before determination of coverage will be made. If coverage is provided, the premium cost will be presented at that time.

IF YOU HAVE A GROUP PLAN WITH YOUR EMPLOYER, IS IT SELF-INSURED OR FULLY INSURED?

Fully Insured: Group health insurance in which an employer pays a premium to an insurer and in return, the insurer assumes the financial risk of paying claims. There is an insurance contract between the employer and the insurer.

Self-Insured: Group coverage in which the employer acts as its own insurer. The Employer uses an administrator to administer the plan. This includes establishing a provider network, processing claim payments, and conducting other tasks necessary to run the plan. There is no insurance contract between the employer and the administrator because the employer bears the risk for payment of claims. This type of coverage usually occurs with larger companies.

WHY DOES THIS MATTER?

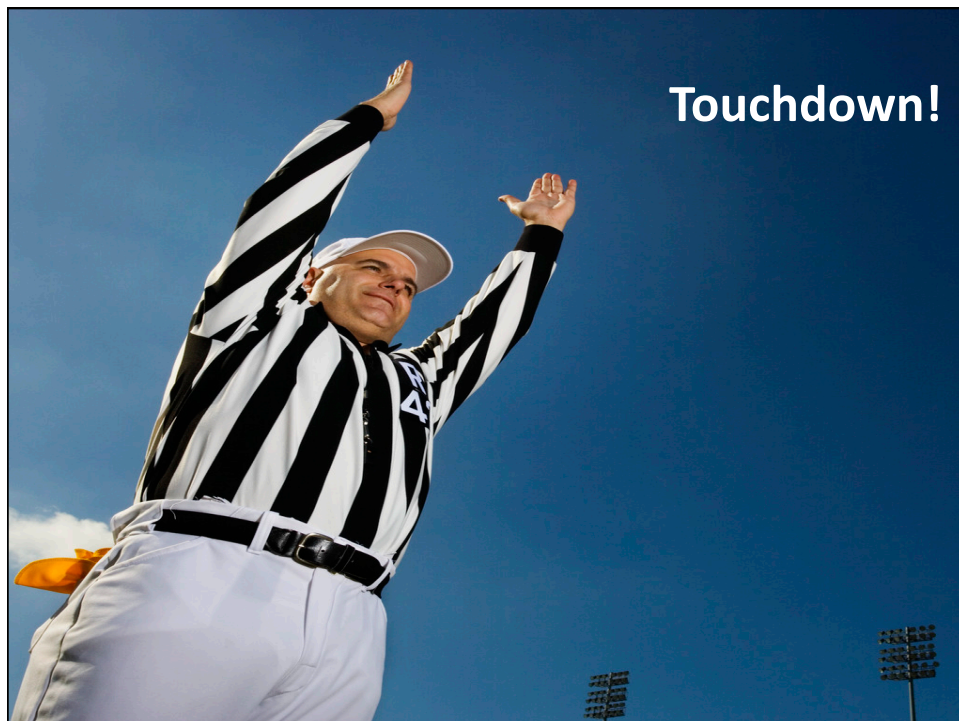
Companies with Self-Insured coverage do not have to include Virginia's Early Intervention Private Insurance Mandate, although many choose to do so. If not, employees may advocate with their employer to cover their child's services!

Refer to Understanding Your Private Health Insurance (ei_insurance_sheet.pdf): Page 2

PRIVATE INSURANCE WORKSHEET	
After reading your health plan policy be sure to know the answer to the following questions!	
• How much does your plan cost? Does your employer pay a portion of the premium? Is the premium deducted from your paycheck?	• How many sessions of speech therapy, occupational therapy and physical therapy services are covered in your plan annually?
• Do you have a co-pay? If so, what is it?	• Is your plan fully insured or self-insured?
• Do you have a deductible? (The amount you must pay before the insurer starts to pay)	• Are there any exclusions (non covered services) listed in your policy?
• Do you have a network of doctors and/or specialists you must choose from to see?	• What is your plan's Out-Of-Pocket Maximum? (This is the highest amount an individual would pay in co-payments, deductibles and co-insurance in a calendar year)
• Are you required to have a referral to see a specialist?	• Do you know your plan's Complaint and Appeal Process?
• Does your plan have the Early Intervention Services benefit?	

For More Information or Questions

Debra Holloway, Director of Training & Assistance
 The Arc of Virginia
 dholloway@thearcova.org
 (804) 649-8481 x103



kellyh63@comcast.net
540-272-6306



Resources

www.ICD9data.com

https://catalog.ama-assn.org/Catalog/cpt/issue_search.isp

www.wikipedia.org/wiki/List_of_ICD9_codes