



I/T/U Policy, Billing and Updates

Presented 2018

Disclaimer

**This presentation was compiled by OHCA
Provider Services and Tribal Government
Relations.**

The information contained within this presentation
is intended as a reference only and is current as of
November 2018.

Content is subject to change.

Agenda

- SoonerCare Programs
- I/T/U Policies and Rules
- I/T/U Billing Requirements
- Cost-sharing exemptions
- Referrals
- Medical Authorization Using InterQual®
- WebAlerts

I/T/U: Indian Health Service, tribal program, and urban Indian clinics



SoonerCare Programs

SoonerCare

Children

- Birth through age 20

Adults

- Age 21 and up



SoonerCare Traditional

- SoonerCare Traditional is a state-wide network of providers that includes, but is not limited to, I/T/U facilities, hospitals, family practice doctors, pharmacies, and medical suppliers.



Title 19

Medicaid

SoonerCare

SoonerCare Traditional: Coverage

- Behavioral health
- Certain prosthetic devices
- Dental and orthodontic services
- Diabetic testing supplies
- Durable medical equipment
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) exams and services

Compensability of services is subject to OHCA's policies and rules.

SoonerCare Traditional: Coverage, *cont.*

- Family planning services
- Home health care services
- Inpatient hospital services (*acute care only*)
- Laboratory and X-ray
- Long-term care
- Outpatient hospital and surgery services
- Over-the-counter contraceptives
- Pregnancy services

Compensability of services is subject to OHCA's policies and rules.

SoonerCare Traditional: Coverage, *cont.*

- Prescription drugs
- School-based services
- Smoking and tobacco use cessation counseling products
- Therapy services – *physical, speech, and occupational*
- Transplant services
- Transportation related to medical emergencies
- Vision services

Compensability of services is subject to OHCA's policies and rules.

SoonerCare Traditional: Provider Portal

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

[Eligibility Verification](#) | [Treatment History](#)

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[Eligibility](#) > [Eligibility Verification](#) > Coverage Details

Monday 10/02/2017 07:53 AM CST

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Coverage Details for Member ID from 10/02/2017 to 10/02/2017 [Back to Eligibility Verification Request](#) ?

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Eligibility -

Title 19	10/02/2017	10/02/2017
Mental Health and Substance Abuse	10/02/2017	10/02/2017

EPSDT -

Service	Last Exam	Next Exam
Medical		07/07/2017

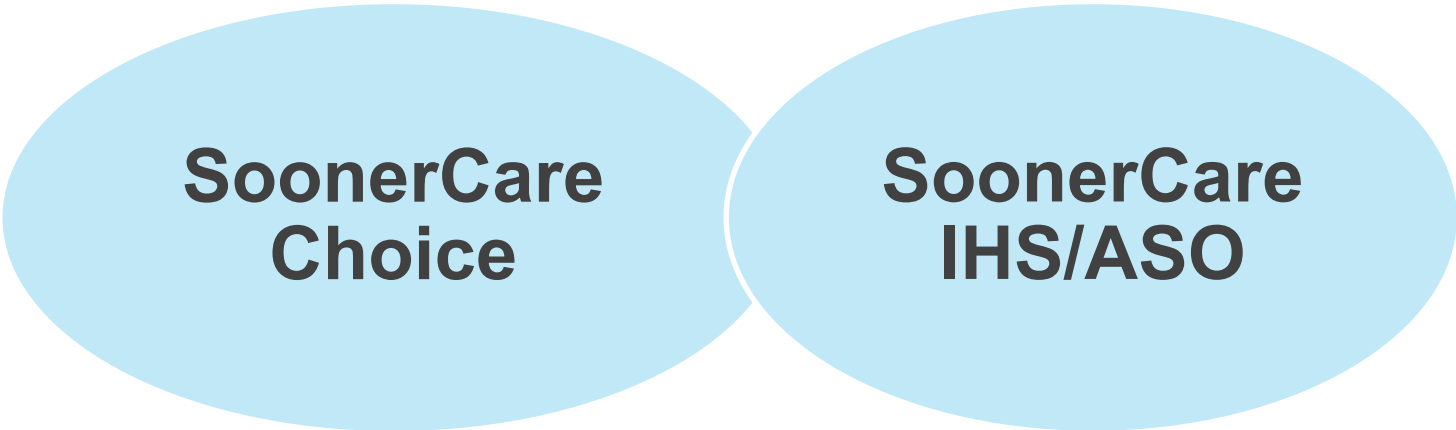
TPL -

Click '+' to add a row.

Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective	End
Click to expand							

SoonerCare Choice

- SoonerCare Choice is a managed care model where a member is linked to a primary care provider (PCP) who serves as the “medical home.”
 - PCP’s manage all of the basic health care needs of members, including specialty referrals.



**SoonerCare
Choice**

**SoonerCare
IHS/ASO**

PCP Changes , *cont.*

- Effective July 26, 2018 OHCA implemented system changes to include I/T/U PCPs in the PCP selection module in Home View and Agency View.
- Real-time PCP changes are also available to members requesting an ITU as their PCP; they will have the ability to make same day changes with a phone call to the SoonerCare Helpline at 1-800-987-7767.

PCP Changes

- OHCA has discontinued the use of the I/T/U-specific PCP Change Form.

PCP Change Action Form (405) 530-7123
For Use by Individuals and Non-Facilities Only

Date: _____

PCP changes should be initiated by the member or their authorized representative. For more information, call the SoonerCare Helpline at (405) 530-7123. Please note the following:

- Requests to change to a new PCP between the 1st and the 15th of the month will have a 45-day waiting period for the change to take effect.
- Requests to change to a new PCP between the 16th and the end of the month will have a 45-day waiting period for the change to take effect.
- This form should be used for an urgent PCP change when the member needs the change expedited for an urgent referral.

Please make sure you have the correct member information. All items marked with a * are required. The form when completed to (405) 530-7123. Items marked with a * are required. Please allow up to 10 business days for processing. Forms must be signed by the member or their authorized representative must sign and date the form. Forms must be signed over 30 days old and be received.

1. The member or their authorized representative must sign and date the form. Forms must be signed over 30 days old and be received.
2. Only a person can fax this form. If more than five (5) members requesting a PCP change, a fax cover sheet must be included.

*Name of member requesting PCP change	*Member(s) SoonerCare ID number	*Member(s) Social Security Number	*New PCP Name (As shown on your contract)	*Location Code (3 alpha letter)

*Reason For Urgency: _____

*Member Address: _____

*City, State, Zip: _____ *Phone: _____

*Member Signature / Authorized Provider's Email Address: _____ *Date: _____
(for follow-up communication only)

For OHCA Use Only:
Reason Not Processed: _____
Date Completed: _____

OHCA ITU PCP Change Action Form - Revised 11/01/2016

45 Mile Radius

- If a member wants to select an ITU as their PCP and the facility is more than 45 miles away from their address the online system will not allow it. The workaround has always been to call the SoonerCare Helpline.

SoonerCare Choice: Provider Portal

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Eligibility

Coverage	Effective Date	End Date
SoonerCare I.H.S./A.S.O.	10/02/2017	10/02/2017
Non Emergency Transportation	10/02/2017	10/02/2017
Title 19	10/02/2017	10/02/2017

Managed Care Information

Provider Name	Provider Phone	Health Plan Name	Health Plan Phone
I/T/U Clinic	405-987-1234		

TPL

Soon-to-Be-Sooners



- Soon-to-Be-Sooners (STBS) provides coverage of **pregnancy-related medical services** for pregnant women who would not otherwise qualify for SoonerCare.
 - Women ages 19-64
 - Federal Poverty Level: 134-185 percent

STBS: Provider Portal

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Wednesday 10/11/2017 12:54 PM CST


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Verification Number 10/11/2017 - Status: A [Expand All](#) | [Collapse All](#)

Eligibility 

Coverage	Effective Date	End Date
Mental Health and Substance Abuse	10/11/2017	10/11/2017
Alien Emergency Services Only	10/11/2017	10/11/2017
SOON TO BE SOONERS	10/11/2017	10/11/2017

TPL 

Click '+' to add a row.

Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective	End
 Click to expand							

Mental Health and Substance Abuse Services

- Mental Health and Substance Abuse Services (MHSAS) is behavioral health coverage for Oklahoma Department of Mental Health and Substance Abuse Service (ODMHSAS) contracted providers only.
 - This is not medical coverage.
 - Qualifications for this program are different than SoonerCare.
 - Some may qualify for this program and not SoonerCare.

SoonerPlan

- SoonerPlan is Oklahoma's family planning program for eligible men and women who are not enrolled in regular SoonerCare services.
- To be eligible, an individual must:
 - Be age 19 or older
 - Be an Oklahoma resident
 - Be a U.S. citizen or qualified alien
 - Have income at or below 133 percent FPL

SoonerPlan: Coverage

Coverage includes:

- Birth control information and supplies;
- Office visits and physical exams related to family planning;
- Laboratory tests related to family planning services, including pregnancy tests, pap smears and screening for some sexually transmitted infections...



SoonerPlan: Coverage, *cont.*

- Tubal ligations for women age 21 and older;
- Vasectomies for men age 21 and older; and
- Gardasil for males and females through age 26.



All services are paid in accordance with current SoonerCare policy and some services may require completion and submission of the Sterilization Consent Form

SoonerPlan: Policy Update

- In 2016 a comprehensive review of OHCA policies related to Long Active Reversible Contraceptives (LARC) was conducted.
- In 2017 OHCA changed the LARC policy.

SoonerPlan: Policy Update ,

cont.

- Previous Language
 - Long acting reversible contraceptives (LARC) are reimbursable once per recipient as per the recommendation noted in the package insert for each respective device. For intrauterine and implantable devices, if removal and/or re-implantation at the same or different incision site is performed prior to the typical duration noted in the device's package insert, reimbursement is available for the removal only.
- Current Language
 - Family planning services and supplies are covered for individuals of childbearing age as medically appropriate and medically necessary.

SoonerPlan: Billing

Providers

- Types
- Claim Tools
- Forms
- Secure Sites
- Policies & Rules
- Training
- Updates
- Help

[Home](#) > [Providers](#) > [Types](#) > [SoonerPlan Family Planning](#)

Billing for Codes and Services

WebAlerts

SoonerPlan will pay for the following services:

- Birth control information and supplies
- Office visits and physical exams related to family planning;
- Laboratory tests related to family planning services, including pregnancy tests, Pap smears and screening for some sexually transmitted infections;
- Tubal ligations for women age 21 and older;
- Vasectomies for men age 21 and older; and
- Gardasil for males and females through age 26.

Tubal ligations and vasectomies are paid in accordance with [current SoonerCare policy](#) and require the [Sterilization Consent form](#).

Medically necessary office visits related to family planning are unlimited for SoonerPlan members younger than 21.

For SoonerPlan members 21 and older, medically necessary office visits and physical exams related to family planning (birth control) are limited to four per month except for the initial visit code. For 99202, the limit is two per month.

Copayments do not apply for any family planning service, device, prescription or over-the-counter product.

Billing

Claims for family planning services can be billed electronically or by using the appropriate paper claim form. You should use your SoonerCare fee-for-service provider number when submitting these claims.

Coverage for this program is limited to the use of listed diagnosis codes. Please be advised that these [diagnosis codes](#) are subject to change. These are effective October 1, 2015. For claims billed with dates of service on or after 10/1/15, use the new ICD-10 codes. For claims with dates of service before Oct. 1, use ICD-9 codes.

The following CPT codes are covered services in this program and are reimbursed at the current SoonerCare Fee-for-Service rate:

- [SoonerPlan CPT Codes](#)

Please be advised that these CPT codes are subject to change.

SoonerPlan: Provider Portal

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

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Effective/End dates are shown only for the period of time requested.

Verification Number : 10/11/2017 - Status: A [Expand All](#) | [Collapse All](#)

Coverage	Effective Date	End Date
Non Emergency Transportation	10/11/2017	10/11/2017
Mental Health and Substance Abuse	10/11/2017	10/11/2017
FAMILY PLANNING	10/11/2017	10/11/2017

TPL

Oklahoma Cares

Eligibility Requirements:

- Be screened under NBCCEDP and have an abnormal screen, requiring further diagnosis and/or treatment services
- To find a NBCCEDP screener, please call:
 - OSDH: (866) 550-5585
 - Cherokee Nation (877) 458-4491
 - Kaw Nation: (580) 362-1039 ext. 228

NBCCEDP: *National Breast and Cervical Cancer Early Detection Program*

Oklahoma Cares, *cont.*

Covered services include:

- Breast and cervical cancer and pre-cancer diagnosis and treatment
- SoonerCare coverage that includes the *full range* of services
- **Eligibility will show Title 19**



I/T/U Policies and Rules

I/T/U Policies and Rules

- 
- Go to www.okhca.org


- Select “**Policy**” from within the provider box

- Select “**Oklahoma Health Care Authority
Medicaid Rules**”

I/T/U Policies and Rules, *cont.*

- 
- Select “**Chapter 30**” for Medical Providers Fee For Service”

- 
- Select “**SubChapter 5**” for Individual Providers and Specialties

- 
- Select “**Part 110**” for Indian Health Services, Tribal Programs, and Urban Indian Clinics (I/T/Us)

Part 110: I/T/U Policy Breakdown

- **Section 1085:** General provisions
- **Section 1086:** Eligible I/T/U providers
- **Section 1087:** Terms and definitions
- **Section 1088:** I/T/U provider participation requirements
- **Section 1089:** I/T/U multiple sites
- **Section 1090:** Provision of other health services outside of the I/T/U encounter
- **Section 1091:** Definition of I/T/U services
- **Section 1092:** Services and supplies incidental to I/T/U outpatient encounters

Part 110: I/T/U Policy

Breakdown, *cont.*

- **Section 1093:** I/T/U visiting nurses services
- **Section 1094:** Behavioral health services provided at I/T/Us
- **Section 1095:** I/T/U services not compensable under outpatient encounters
- **Section 1096:** I/T/U off-site services
- **Section 1097:** Billable I/T/U encounters
- **Section 1098:** I/T/U outpatient encounters
- **Section 1099:** I/T/U service limitations
- **Section 1100:** Inpatient care provided by IHS facilities

Outpatient Encounters

- “An I/T/U encounter means a face to face or telehealth contact between a health care professional and an IHS eligible SoonerCare member for the provision of medically necessary Title XIX or Title XXI covered services through an IHS or Tribal 638 facility or an urban Indian clinic within a 24-hour period ending at midnight, as documented in the patient's record.”

317:30-5-1098 I/T/U outpatient encounters

Outpatient Encounters, *cont.*

Examples include but are not limited to:

- Medical and diagnostic services
- Behavioral health services
- Dental services
- Vision services
- Physical, occupational and speech therapy
- Podiatry
- Visiting nurse services
- Smoking and tobacco use cessation counseling

317:30-5-1098 I/T/U outpatient encounters

Outpatient Encounters, *cont.*

- “More than one outpatient visit with a medical professional within a 24-hour period for **distinctly different diagnoses** may be reported as two encounters.”
- “I/T/U outpatient encounters for IHS eligible SoonerCare members whether medical, dental, or behavioral health, are not subject to prior authorization.”

317:30-5-1098 I/T/U outpatient encounters

Services Outside of the Encounter Rate

317:30-5-1090 Provision of other health services outside of the I/T/U encounter

[Revised 09-01-17]

- (a) Medically necessary SoonerCare covered services that are not included in the I/T/U outpatient encounter rate may be billed outside the encounter rate within the scope of the SoonerCare fee-for-service contract. The services will be reimbursed at the fee-for-service rate, and will be subject to any limitations, restrictions or prior authorization requirements.

Services Outside of the Encounter Rate, *cont.*

Examples include but are not limited to:

- Durable medical equipment
- Glasses
- Ambulance
- Home health
- Inpatient practitioner services
- Non-emergency transportation
- Behavioral health case management
- Psychosocial rehabilitative services
- Psychiatric residential treatment facility services

I/T/U Billing Requirements

Encounter Rate

- The annual OMB rate for covered encounters paid to contracted I/T/U providers is established by the Office of Management and Budget (OMB), and is published in the Federal Register.

Calendar Year	Outpatient Rate (per encounter)	Inpatient Rate (per covered day)
2015	\$350	\$2,443
2016	\$368	\$2,655
2017	\$391	\$2,933
2018	\$427	\$3,229


I/T/U Revenue Codes

- Contracted I/T/U providers bill with revenue codes for compensable services:

- **512**: Dental
- **513**: Behavioral Health
- **519**: Medical
- **528**: Off-Site Services

OHCA 2018-13

REBECCA PAJERNIK-KIKARD
CHIEF EXECUTIVE OFFICER


STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

MARY FALLIN
GOVERNOR

OHCA 2018-13

July 30, 2018

RE: Indian Health Service, Tribal and Urban Indian Clinics (I/T/U) Revenue Codes

Dear Indian Health Service, Tribal and Urban Indian Clinics (I/T/U) provider,

The Oklahoma Health Care Authority (OHCA) has made one change to an existing revenue code and added one revenue code, as these are required for billing the encounter rate by an I/T/U.

The changed revenue code is:

- **513 Behavioral Health Encounters**
 - Effective **September 1, 2017**, Oklahoma Administrative Code (OAC) 317:30-5-1094 was updated to specify that behavioral health services must be billed using the appropriate procedure code(s) in addition to the behavioral health revenue code. The time indicated on the claim form must be the time actually spent with the member.

The added revenue code is:

- **528 Off-Site Services Encounters**
 - Effective **September 1, 2018**, medically-necessary services rendered off-site must be billed using the off-site services encounter revenue code. Additionally, to become compliant with 42 CFR 440.90, I/T/Us have to be contracted as an ITU/Federally Qualified Health Center (FQHC) to bill for off-site services. See CMS Frequently-Asked Questions, Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002) (Jan. 18, 2017), available at www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf

The OHCA policy for I/T/Us is located at OAC 317:30-5-1085 through 317:30-5-1100.

This policy allows I/T/U facilities to bill separately for medical, behavioral health, and dental encounters provided within a 24-hour period. Additionally, I/T/U off-site services may be covered if the services rendered were within the provider's scope of practice and are of the same integrity of services rendered at the I/T/U facility (OAC 317:30-5-1096).

Medically-necessary covered services must use one of the following four revenue codes:

- 512 Dental Encounters
- 513 Behavioral Health Encounters
- 519 Medical Encounters
- 528 Off-Site Services Encounters

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Third Party Liability

317:30-3-24 Third party resources

As the Medicaid agency, OHCA is the payer of last resort, with few exceptions. When other resources are available, those resources must first be utilized.

- Exceptions to this policy are those receiving medical treatment through Indian Health Services and those eligible for the Crime Victims Compensation Act.

Third Party Liability

- **EXAMPLES OF TPL**
- Medicare
- Private health insurance
- Tricare
- Casualty/tort settlements
- Worker's compensation

COMMERCIAL INSURANCE—PROFESSIONAL

Submit Professional Claim: Step 1

* Indicates a required field.

Claim TypeProfessional

Step 1—Primary Paid

Provider Information

This panel contains provider information.

Billing Provider ID0123456789

ID TypeNPI

NameBob SoonerCare, MD

Zip Code

Contract Code

Taxonomy

SC Provider Number100000000D

Referring Provider ID

ID Type

Ordering Provider ID

ID Type

Ordering Zip Code

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name

First Name

Middle

Birth Date

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type

Date of Current

Accident Related

Expected Delivery Date

Patient Account Number

From Date

To Date

CLIA Number

*Other InsuranceInclude

HMO CopayNo

Total Charged Amount\$0.00

Continue

Cancel

COMMERCIAL INSURANCE—PROFESSIONAL

Step 2—Primary Paid

Expand All | Collapse All

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
<u>1</u>			

1

*ICD Version

*Diagnosis Code ⓘ

Add

Reset

Other Insurance Details

TPL Amount

Key in the amount paid by the primary insurance

Back to Step 1

Continue

Cancel

COMMERCIAL INSURANCE—PROFESSIONAL

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type Professional

Step 1—Primary Denied

Provider Information

This panel contains provider information.

Billing Provider ID 0123456789

ID Type NPI

Name Bob SoonerCare, MD

Zip Code

Contract Code _

Taxonomy

SC Provider Number 100000000D

Referring Provider ID

ID Type

Ordering Provider ID

ID Type

Ordering Zip Code

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name

First Name

Middle

Birth Date

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type

Date of Current

Accident Related

Expected Delivery Date

Patient Account Number

From Date

To Date

CLIA Number

*Other Insurance Denied

HMO Copay No

Total Charged Amount \$0.00

Continue

Cancel

Billing Question

- Do I/T/U providers bill the global delivery fee for pregnancy-related services?
 - An I/T/U facility should **not** be billing the global delivery fee.
 - Because I/T/U providers are paid an encounter rate, the facility should be billing for each visit a patient has at the clinic during her antepartum and/or postpartum care.
 - Upon delivery of the child, the appropriate **delivery-only** CPT should be billed.

Timely Filing

317:30-3-11 Timely filing limitation

- Providers must submit all claims no later than 12 months from the date of service. Federal regulations provide no exceptions to this requirement.
 - *In the event that a problem exists (such as a pending eligibility determination), the provider must still file the claim within timely guidelines.*
- For dates of service provided on or after July 1, 2015, the timely filing limit, for SoonerCare reimbursement, is six (6) months (183 days) from the date of service.

Timely Filing, *cont.*

- Payment will not be made on claims when more than six (6) months have elapsed between the date the service was provided and the date of receipt of the claim by the Fiscal Agent.
- To be eligible for payment under SoonerCare, claims for coinsurance and/or deductible must meet the Medicare timely filing requirements.

Timely Filing, *cont.*

- **All claims more than 183 days old require proof of timely filing:**
 - Printout of the entire claim from the Provider Portal, including the Internal Control Number (ICN), and/or
 - The ICN from the Remittance Advice (RA), and/or
 - A date stamp on a paper claim returned by OHCA or DXC

Cost-Sharing Exemptions

Cost Sharing Exemptions

- Any person applying for SoonerCare self-declares their race and/or ethnicity.

Race & Ethnicity

Race: *
(check all that apply)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☒ Declined to answer

[Why do we need this?](#)

- A SoonerCare member is recognized as AI/AN when they have had a claim filed by an I/T/U facility.

Cost Sharing Exemptions, *cont.*

- The effective date used to determine a member's copay exemption is the date the claim is verified, not the date of service on the claim.
- **Member Letter:** 2012-02



Member Letter 2012-02, *cont.*

MIKE FOGARTY
CHIEF EXECUTIVE OFFICER



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2012-02

April 26, 2012

RE: Co-Pays for American Indian SoonerCare Members

Dear SoonerCare Member,

American Indian SoonerCare adults and children with a contract health referral are not to be charged a co-pay for any SoonerCare covered service, including dental and pharmacy. A contract health referral is for medical/dental care provided away from an IHS (Indian Health Service) or tribal health care facility.

Additionally, American Indian SoonerCare members that receive services from Indian Health care providers (IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization-I/T/U) are also not to be charged a co-pay.

Referrals

Referrals

- Effective **September 1, 2017**, non-I/T/U PCP's transitioned to a paper referral process.
 - **Provider Letter 2017-09**
- Options for paper referrals include:
 - SC-10 paper referral form or
 - An alternate paper referral method.

Oklahoma HealthCare Authority
SoonerCare/Insure Oklahoma Referral Form
(Please print)

Member Name _____
(Last Name) (First Name) (Middle Initial)

Member ID _____ Member Phone _____

REFERRED TO:

Provider Name (Must be current SoonerCare provider) _____
Phone _____ Fax _____
Provider Address _____
Referral Valid from _____ to _____
(Begin date not to exceed 6 months retrospectively; End date cannot exceed 12 months total)
Reason for Referral: _____

REFERRED BY:

Medical Home Provider Name _____ Phone _____
Name of Referring Provider _____ Date _____
Signature of Referring Provider _____
Referring Provider ID Number _____ NPI# _____
(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
- This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/CM.
- Report your findings directly to the provider who made this referral.
- This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/CM referral number on paper claims.
- All payments for services are subject to coverage limitations under the SoonerCare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

1. Complete and mail/fax the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA website at <http://www.okhca.org/provider/forms.asp>.

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.

OHCA Form SC-10 (Updated 3/2/2017) | Effective September 1, 2017

Referrals, *cont.*

- I/T/U PCP's are the only provider type to retain the ability to submit a new electronic referral after **September 1, 2017**.
- The attestation box on an electronic referral should only be check marked by I/T/U's actively participating in the 100 percent FMAP initiative.
 - Requires a signed **Care Coordination Agreement** (CCA) between the I/T/U provider and the specialist.

FMAP: *Federal Medical Assistance Percentage*

Referrals, *cont.*

Create Referral ?

* Indicates a required field.

Requesting Provider Information

This panel contains provider information.

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate. Enter a valid phone number (999-999-9999) of the member at which they can be contacted.

Member ID	*Phone Number	Birth Date
Last Name	First Name	Middle

Remaining Referral Information

Enter Refer to Provider NPI or click on magnifying glass to search for Provider by ID or Name. Indicate Initial Visit or Ongoing, populate start and end dates, and enter reason. Press Continue to go to the Confirm page.

Referring Provider ID	ID Type	Name
Phone	Fax	
Alternate Phone	Ext	

*Refer To Provider ID

☐ Initial Referral ☒ Ongoing Referral

*Referral Start Date *Referral End Date

Attestation ☐ There is a current written care coordination agreement between the Referring Provider and the Refer To provider.

*Refer To Specialty

*Reason for Referral

Submit **Cancel**

Referrals, *cont.*

Alternate Phone ⓘ

Ext

*Refer To Provider ID

1982883948



ID Type NPI

Name _

Refer To Provider ID
not found.

☒ Initial Referral ☐ Ongoing Referral

*Referral Start Date ⓘ



*Referral End Date ⓘ



Attestation

☐

There is a current written care coordination agreement between the Referring Provider and the Refer To provider.

*Refer To Specialty

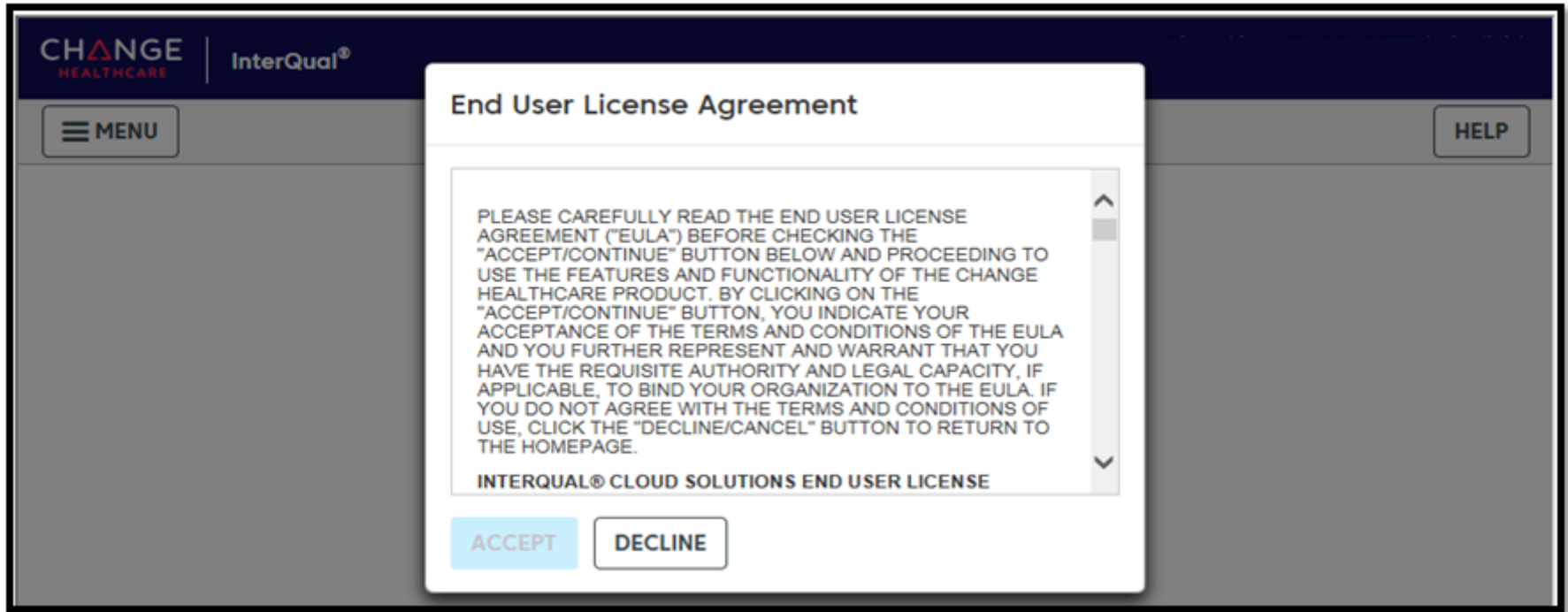
*Reason for Referral

Submit

Cancel

Medical Authorization Using InterQual[®]

InterQual® Review, *cont.*



The page will redirect to the InterQual® website if the code entered requires InterQual® review. Click **Accept** to continue.

InterQual® Review, *cont.*

The screenshot displays the InterQual® web application interface. At the top, the header includes the "CHANGE HEALTHCARE" logo and the "InterQual®" text. Below the header, there is a "MENU" button on the left and a "HELP" button on the right. The main section is titled "Select Subset" with a subtitle "Refine search with Product, Version, Category, Keywords or Medical Codes". Below this, there are several input fields: "SELECT PRODUCT" (a dropdown menu), "Enter Keywords" (a text input field), and "Results Count: 2". A "Message from webpage" dialog box is overlaid on the interface, containing a yellow warning icon and the text: "Please only select one code on the recommendation screen, if more than one code is required, you will need to enter that code on another line item." A red arrow points to the "OK" button in the dialog box. The background shows a list of medical codes, including "Epidural Injections (Custom) - ENT (Custom)", "Epidural or Intrathecal Catheter Placement", and "CP:Procedures".

Select one code on the recommendation screen. If more than one code is required, another line item will need to be entered on the PA. Click **OK** to continue.

InterQual® Review, *cont.*

The screenshot displays the InterQual web application interface. At the top, the 'CHANGE HEALTHCARE' logo is on the left, and 'InterQual®' is on the right. Below the logo is a 'MENU' button. On the far right is a 'HELP' button. The main section is titled 'Select Subset' with the subtitle 'Refine search with Product, Version, Category, Keywords or Medical Codes'. Below this are three dropdown menus: 'SELECT PRODUCT', 'SELECT VERSION', and 'SELECT CATEGORY'. There is also a text input field for 'Enter Keywords' containing '62323'. To the right of the input field are three buttons: 'FIND SUBSETS' (highlighted in blue), 'CLEAR ALL', and 'BOOKMARKS'. Below the search filters is a 'Subset Notes' section. It contains a title 'InterQual® 2018, CP:Procedures Epidural or Intrathecal Catheter Placement' with 'SHOW CODES' and 'CLINICAL REFERENCE' buttons to its right. The notes include 'I/O Setting: Outpatient', a list of procedures, and detailed clinical criteria. At the bottom of the notes section is a row of buttons: 'BEGIN MEDICAL REVIEW' (highlighted in blue and pointed to by a red arrow), 'W', 'FULL SUBSET', 'SMARTSHEETS', 'BOOKMARK SUBSET', and 'CHANGE SUBSET'. A 'Cancel Medical Review' button is located at the bottom left of the interface.

Select **Begin Medical Review** to answer the InterQual® questions.

InterQual® Review, *cont.*

CHANGE HEALTHCARE | InterQual®

MENU HELP

Medical Review CHANGE SUBSET CLINICAL REFERENCE

COMMENTS 0

Choose one:

Age ≥ 18

Age < 18

CRITERIA VIEW

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS

Select \geq if the patient is 18 or older.

Select $<$ if the patient is under the age of 18.

InterQual® Review, *cont.*

The screenshot displays the InterQual Medical Review interface. At the top, the 'CHANGE HEALTHCARE' logo is on the left, and 'InterQual®' is on the right. Below the logo is a 'MENU' button. On the far right is a 'HELP' button. The main header area includes 'Medical Review', 'CHANGE SUBSET', and 'CLINICAL REFERENCE' buttons. Below this is a 'COMMENTS 0' section. The main content area has a 'Choose one:' label with two radio buttons: 'Age ≥ 18' and 'Age < 18'. The 'Age < 18' option is selected, indicated by a green checkmark. A large grey rectangular area occupies the lower half of the main content. At the bottom of this area, a message box states: 'No remaining questions. Click View Recommendations to continue.' Below the main content area are three buttons: 'PREVIOUS', 'SAVE REVIEW', and 'VIEW RECOMMENDATIONS'. A vertical blue sidebar on the right side of the screen is labeled 'CRITERIA REVIEW'.

The system will not provide additional questions if the incorrect age range is selected.

InterQual® Review, *cont.*

The screenshot displays the InterQual Medical Review interface. At the top, the 'CHANGE HEALTHCARE' logo and 'InterQual®' are visible. Below the header, there's a 'MENU' button and a 'HELP' button. The main section is titled 'Medical Review' with a green 'C' icon, followed by the text 'Epidural Injections (Custom) - ENT (Custom) - HCA'. To the right of this text are two buttons: 'CHANGE SUBSET' and 'CLINICAL REFERENCE'. Below this, there's a 'COMMENTS' section with a '0' icon. The main content area has a heading 'Choose all that apply: [2 Three, except Other clinical information (add comment)]'. Below this heading are three options: 'Radicular pain', 'Baseline (pre-injection) Visual Analog Scale (VAS) moderate to severe, or Numeric Pain Rating Scales (NPRS) ≥ 3/10', and 'Provocative maneuvers exacerbate pain'. Below these options is the word 'Or'. Under 'Or', there are two options: a green checkmark icon followed by 'Other clinical information (add comment)', which is highlighted with a red rectangle, and a button with a speech bubble icon, which is also highlighted with a red rectangle and a red arrow pointing to it. At the bottom of the main content area is a 'NEXT' button. At the very bottom of the interface are three buttons: 'PREVIOUS', 'SAVE REVIEW', and 'VIEW RECOMMENDATIONS'. On the right side of the interface, there's a vertical blue bar with the text 'CRITERIA VIEW' and a downward arrow.

Comments must be added if **Other clinical information** is selected or if applicable.

InterQual® Review, *cont.*

The screenshot displays the 'InterQual®' review interface. A modal window titled 'Reviewer Comments' is open, featuring a close button (X) in the top right corner. Inside the modal, there is a section labeled 'Choose all that apply:' with a checked option: '✓ Other clinical information (add comment)'. Below this, a text area contains the text 'Suspected lower back pain'. At the bottom of the modal, there is a blue button labeled 'ADD COMMENT', which is highlighted by a red arrow. The background interface shows the 'CHANGE HEALTHCARE' logo, a 'MENU' button, and a 'Medical Re' section with various checkboxes and a 'NEXT' button.

Enter the remarks then click **ADD COMMENT**.

InterQual® Review, *cont.*

The screenshot displays the InterQual Medical Review interface. At the top, the header includes the 'CHANGE HEALTHCARE' logo and 'InterQual®'. Below the header, there is a 'MENU' button on the left and a 'HELP' button on the right. The main content area is titled 'Medical Review' with a green 'C' icon, followed by the text 'Epidural Injections (Custom) - ENT (Custom) - HCA'. To the right of this title are two buttons: 'CHANGE SUBSET' and 'CLINICAL REFERENCE'. Below the title, there is a 'COMMENTS' section with a '0' icon. The main list of criteria is shown on the left, with each item preceded by a green checkmark. The criteria are: 'No major risk factor for spinal infection (e.g., fever, history IV drug use)', 'No new onset of neck or back pain with fever in absence of advanced imaging to rule out local infection', 'No numbness or weakness related to a central nervous system process', 'No Cauda Equina Syndrome', 'No co-existing condition that precludes safety of epidural injections (e.g., coagulopathy, anti-coagulation therapy, immunosuppression, sepsis)', and 'No contraindications to epidural injection (e.g., epidural hematoma, subarachnoid hemorrhage, epidural mass, spinal cord ischemia or trauma)'. Below the list, there is an 'Or' section with a text input field labeled 'Other clinical information (add comment)'. To the right of the input field, a message states 'No remaining questions. Click View Recommendations to continue.' At the bottom of the interface, there are three buttons: 'PREVIOUS', 'SAVE REVIEW', and 'VIEW RECOMMENDATIONS'. A red arrow points to the 'VIEW RECOMMENDATIONS' button.

CHANGE HEALTHCARE | InterQual®

MENU | HELP

Medical Review **C** Epidural Injections (Custom) - ENT (Custom) - HCA **CHANGE SUBSET** **CLINICAL REFERENCE**

COMMENTS 0

- ✓ No major risk factor for spinal infection (e.g., fever, history IV drug use)
- ✓ No new onset of neck or back pain with fever in absence of advanced imaging to rule out local infection
- ✓ No numbness or weakness related to a central nervous system process
- ✓ No Cauda Equina Syndrome
- ✓ No co-existing condition that precludes safety of epidural injections (e.g., coagulopathy, anti-coagulation therapy, immunosuppression, sepsis)
- ✓ No contraindications to epidural injection (e.g., epidural hematoma, subarachnoid hemorrhage, epidural mass, spinal cord ischemia or trauma)

Or

Other clinical information (add comment)

No remaining questions. Click View Recommendations to continue.

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS

Click **View Recommendations** if no questions remain.

InterQual® Review, *cont.*

The screenshot shows the 'Recommendations' section of the InterQual interface. At the top, there's a header with 'CHANGE HEALTHCARE' and 'InterQual®'. Below this is a navigation bar with a 'MENU' button and a 'HELP' button. The main content area is titled 'Recommendations' with a green 'C' icon. A red text block provides instructions: 'See the options below. Please select a service below by clicking on the "recommended service" box, then select a CPT or HCPCS code. If you would like to proceed with your requested service that was not recommended, please click the first button (Proceed With Not Recommended Service Review). Then select Complete.' Below this, there are two main options. The first is a button labeled 'Proceed With Not Recommended Service Review', which is crossed out with a large red 'X'. The second is a section titled 'Recommended' with the text 'Evidence supports services as medically necessary.' Below this, there is a green button labeled 'Epidural Injections', which is highlighted with a red rectangle and a red arrow points to it. To the right of this button are two smaller buttons: 'Show codes' and 'Note'. At the bottom of the main content area, there is a section titled 'No Unavailable Recommendations'. At the very bottom of the screen, there is a navigation bar with four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'.

CHANGE HEALTHCARE | InterQual®

MENU HELP

Recommendations C

See the options below. Please select a service below by clicking on the "recommended service" box, then select a CPT or HCPCS code. If you would like to proceed with your requested service that was not recommended, please click the first button (Proceed With Not Recommended Service Review). Then select Complete.

Proceed With Not Recommended Service Review

Or

Recommended Evidence supports services as medically necessary.

Epidural Injections Show codes Note

No Unavailable Recommendations

PREVIOUS SAVE REVIEW COMPLETE REVIEW SUMMARY

Select the **Recommended** procedure if the procedure is listed within the recommendations screen.

InterQual[®] Review, *cont.*

The screenshot shows the InterQual review interface. At the top, there is a header with the 'CHANGE HEALTHCARE' logo and 'InterQual[®]'. Below the header, there is a 'MENU' button on the left and a 'HELP' button on the right. The main section is titled 'Recommendations' with a green 'C' icon. Below this title, there is a paragraph of instructions: 'See the options below. Please select a service below by clicking on the "recommended service" box, then select a CPT or HCPCS code. If you would like to proceed with your requested service that was not recommended, please click the first button (Proceed With Not Recommended Service Review). Then select Complete.' Below this text, there is a button labeled 'Proceed With Not Recommended Service Review' which is highlighted with a red rectangular box. Below this button, there is an 'Or' separator. Below the separator, there is a section titled 'Recommended' with the text 'Evidence supports services as medically necessary.' Below this, there is a button labeled 'Epidural Injections' followed by '- Outpatient', 'Show codes', and a 'Note' button. Below this section, there is a text label 'No Unavailable Recommendations'. At the bottom of the interface, there are four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'.

Proceed With Not Recommended Service Review should only be selected if the procedure entered is not the same as the recommended procedure.

InterQual® Review, *cont.*

CHANGE HEALTHCARE | InterQual®

MENU HELP

Recommendations C

Recommended Evidence supports services as medically necessary.

✓ **Epidural Injections** - Outpatient Hide codes Note

SELECTED 1 **ICD-9-CM** **CPT®**

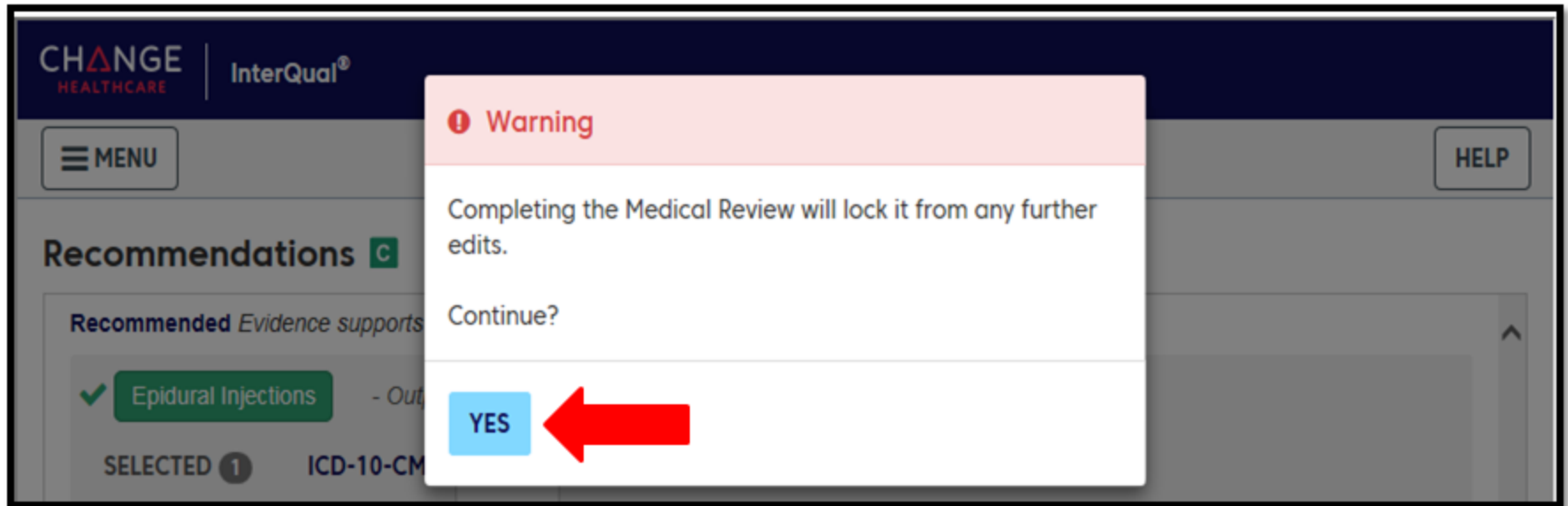
Results Count: 12 CPT® only © 2011-2017 American Medical Association. All Rights Reserved.

Code	Description
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62323	✓ INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

PREVIOUS SAVE REVIEW COMPLETE SUMMARY

Select the appropriate **Code** under the **CPT®** tab and click **Complete**.

InterQual[®] Review, *cont.*



Completing the medical review will be locked and no further edits can be made. Click **Yes** to continue.

InterQual[®] Review, *cont.*

The screenshot shows the InterQual interface within the CHANGE Healthcare system. The top navigation bar includes the CHANGE Healthcare logo and the InterQual logo. A 'MENU' button is on the left, and a 'HELP' button is on the right. The main content area is titled 'Recommendations' with a green status indicator. Below this, a recommendation for 'Epidural Injections' is shown with a green checkmark. A modal message box is displayed in the center, containing a warning icon and the text: '*** This is only a recommendation result, final determination to follow *** Please click the Save PA Line Item button to save the line item.' A red arrow points to the 'OK' button in the modal.

The following is only a recommendation result, and final determination is to follow. Click **OK**.

InterQual® Review, *cont.*

Recommendations C

✓ **Epidural Injections** - Outpatient [Hide codes](#) [Note](#)

SELECTED 1 **ICD-10-CM** **CPT®**

Results Count: 12 CPT® only © 2011-2017 American Medical Association. All Rights Reserved.

Code ▲	Description
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62323	✓ INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

[◀ PREVIOUS](#) [REVIEW SUMMARY ▶](#)

[Save PA Line Item](#)

Click the **Save PA Line Item** button to save the review.

PA Submission, *cont.*

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units		Action
+	08/01/2018	10/31/2018	62323-NJX INTERLAMINAR LMBR/SAC		1	1	Copy Remove

Click to collapse.

*From Date To Date *Code Type *Code Thru

Appropriate modifier(s) must be submitted on PA for claims processing.


Modifiers

*Units Dollars Payment Method

Remarks (optional)

Attachments

[Add Service](#) [Cancel Service](#)

 [Submit](#) [Cancel](#)

- The page is redirected to the Provider Portal and the information entered is saved on the PA request.
- If no additional codes need to be added, click **Submit**.

PA Submission, *cont.*

Service Details

	From Date	To Date	Code	Modifiers	Units	
<input type="checkbox"/>	08/01/2018	10/31/2018	62323-NJX INTERLAMINAR LMBR/SAC		1	1

Dollars _


Payment Method _

Remarks (optional) Jackie Peyton RN at (405) 867-5309

Attachments

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	order.pdf (957K)	20180904376312	

Back



Confirm

Cancel

Click **Confirm** to submit the request.

PA Submission, *cont.*

The screenshot displays the Oklahoma HealthCare Authority website interface. At the top, the logo is on the left, and a blue navigation bar contains links: My Home, Eligibility, Claims, Prior Authorizations (highlighted), Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below this is a secondary bar with links: Create Authorization, View Authorization Status, and Maintain Favorite Providers. On the right of this bar are links for Contact Us and Logout. The main content area is titled 'Prior Authorizations > Authorization Receipt'. A red rectangular box highlights a grey header bar labeled 'Authorization Receipt' and a white message box below it stating: 'Your Prior Authorization Number 501812345 was successfully submitted.' Below the message, there are instructions: 'Click Print Preview to view authorization details and receipt.', 'Click Copy to copy member data or authorization data.', and 'Click New to create a new authorization for a different member.' At the bottom of the content area are three buttons: 'Print Preview', 'Copy', and 'New'.

Authorization Receipt – The Portal will generate a PA number to confirm the request submitted successfully.
This does not mean the PA is approved.

PA Submission, *cont.*

- There are no retro authorizations for therapy services.
- There is a three- day retro limitation for imaging.
- There is a 30-day retro limit for all other services.
- Cancelled or denied PAs are subject to retro limitations and *must be submitted as a new request.*

PA Submission, *cont.*

- Emergent/Urgent PAs are medical conditions that are defined as loss of life or limb – not due to a scheduling issue.
- **For Emergent/Urgent PA requests:**
 1. Submit the PA with supporting documentation.
 2. E-mail the MAUAdmin@okhca.org with the subject “Emergency PA.”
 3. Include the PA number and reason for the emergency.
 4. Provide a contact name and telephone number.

Web Alerts

Web Alerts

- To make sure you get updates related to the SoonerCare program, please sign up for Web Alerts at www.okhca.org/webalerts
 - Anyone can sign up for web alerts.
 - Multiple members of your staff can receive the updated information.



Sign up for Web Alerts



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Sign up for OHCA Web Alerts

Be up-to-date on the latest OHCA changes in the areas you care about.
We will send you an e-mail each time a change is made in the section(s) you select.

Enter your e-mail address:

Select one of the following:

- ☒ I am a new user.
- ☐ I am already registered and want to modify my current subscriptions.
- ☐ I want to unsubscribe from all subscriptions.

Continue

Questions



Contact Information

OHCA Tribal Government Relations

www.okhca.org/tribalrelations

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Janet.Byas@okhca.org	405-522-7392

OHCA Provider Services

Ashley.Johnson@okhca.org	405-522-7190
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