

## Prior authorizations — transitional authorization period

**Note: This is part TWO of a two-part provider communication regarding prior authorization (PA) requirements.**

As described in *Part I* of this communication, Summit Community Care will be entering into a transitional authorization period through October 31, 2019, in which claims for covered services will not be denied due to the lack of a PA. Services requiring a PA must be authorized by October 31, 2019, or they will be denied for payment as of November 1, 2019. The following communication provides guidance on current and continued authorization requirements as well as services that do not require PA. The subsequent PA table was developed as a tool to aid providers in navigating the authorization process and to deliver further guidance regarding proposed service delivery models. The list was developed with substantial consideration given to services predominantly utilized amongst Arkansas Medicaid members.

### Continued authorization requirements (all members)

Authorization requirements will continue for the following services:

- All acute inpatient hospitalizations (both medical and behavioral health [BH])
- Psychiatric residential treatment
- Intensive outpatient services and partial hospitalization (BH and substance abuse)
- Electroconvulsive therapy and transcranial magnetic stimulation (TMS)
- Extension of benefits, (e.g. requests that exceed benefit limits, non-covered services)
- Major medical procedures and most medical injectables\*

### Future authorization requirements (new and existing members)

The following services **will** require PA after **August 31, 2019, during the transitional period through October 31, 2019, and beyond:**

- Physical therapy/speech therapy/occupational therapy treatment services
- BH outpatient services (see table) and psychological testing
- Adult developmental day treatment (DDT)/early intervention day treatment (EIDT) nursing services
- Intermediate care facilities (PA required at annual renewal date)
- Non-emergent advanced imaging and diagnostics (e.g., MRI, CT, ECHO)
- Therapeutic communities
- Personal care services
- Home health, private duty nursing and skilled nursing (when applicable)
- Durable medical equipment (DME) as specified per the prior authorization look-up tool (PLUTO); mandatory for all DME over \$2999; all DME rentals **No authorization required (all members)\***

No PA is required for the following services:

- Primary care physician visits (no annual visit limit), well-child visits and vaccines
- Emergency services
- Specialty office visits, evaluation and management services (e.g., psychiatry; ear, nose and throat (ENT); allergy; immunology; orthopedics) — no PCP referral is needed
- BH respite
- Psychiatric evaluation
- Psychotherapy
- Psychoeducation
- Peer support
- Family support partners
- Pharmacological counseling
- Crisis intervention
- EIDT core services
- ADDT core services
- Therapy (physical therapy [PT], speech-language therapy [ST] and occupational therapy [OT] evaluations)

\* Authorizations will only be required for extension of benefit requests.

**Join us for the following live events:**

- September 4, 2019, 9:30 a.m.-10:30 a.m. — PA webinar (review of the grid, the processes and general utilization management [UM] items, plus Q&A):
  - Join by WebEx at: <https://tinyurl.com/y59gkvwk>
  - Call-in number: 224-357-2801
  - Call-in toll-free number: 1-866-308-0254
  - Attendee access code: 193-083-2162
- September 6, 2019, Noon-1 p.m. — PA Q&A session for BH services/providers
  - Call-in number: 1-866-308-0254
  - Attendee access code: 194-775-7407
- September 9, 2019, 10 a.m-11 a.m. — PA Q&A session for PT/OT/ST services/providers
  - Call in number: 1-866-308-0254
  - Attendee access code: 194-775-7407
- September 9, 2019, Noon-1 p.m. — PA Q&A session for personal care services/providers
  - Call in number: 1-866-308-0254
  - Attendee access code: 194-775-7407
- September 16, 2019, 11 a.m.-Noon — PA Q&A session and general/open forum
  - Call in number: 1-866-308-0254
  - Attendee access code: 194-775-7407

## PA requirements by service

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
ADDT day habilitation <b>T1015</b>	<b>No</b> <b>* Only for extension of benefit request</b>  <b>PA required for non-participating providers</b>	* <i>EOB</i> only as medically necessary, not to exceed (NTE) 6 months	Unit = 60 minutes  Up to 5 hours ADDT core services without <i>EOB</i>  Up to 8 hours daily in combination with other services	<b>*Required for <i>EOB</i> requests only</b>  Plan of care outlining proposed treatment regimen and schedule to achieve goals and objectives	<b>*Required for <i>EOB</i> requests only</b>  <i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627
ADDT nursing <b>T1002, T1003</b>	<b>Yes</b>	As medically necessary, NTE 6 months	1 unit equals 15 minutes of service  Up to 4 units per day	Plan of care that designates the need for nursing services	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
EIDT day habilitation <b>T1015</b>  T1023 and 99367 do not require PA	<b>No</b> <b>* Only for extension of benefit request</b>  <b>PA required for non-participating providers</b>	*EOB only as medically necessary NTE 6 months	Unit = 60 minutes  Up to 5 hours EIDT core services without <b>EOB</b>  Up to 8 hours daily in combination with other services	<b>*Required for EOB requests only</b>  Plan of care outlining proposed treatment regimen and schedule to achieve goals and objectives	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627
EIDT nursing <b>T1002, T1003</b>	<b>Yes</b>	As medically necessary, NTE 6 months	1 unit equals 15 minutes of service  Up to 4 units per day	Plan of care that designates the need for nursing services	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/RAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627
Evaluations (habilitation, OT, ST, PT)	<b>No</b>	Not applicable	1 unit equals 30 minutes  Up to 4 units per year			

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
Therapy (OT, PT, ST)	Yes	As medically necessary NTE 6 months	1 unit equals 15 minutes of service  Up to 6 units per week without EOB	Plan of care with identifiable goals and objectives, frequency and duration of treatment, progress notes	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627
ICF	Yes	Annually	State form	<i>DHS-703 Form:</i> <a href="https://humanservices.arkansas.gov/images/uploads/dms/dhs_703.pdf">https://humanservices.arkansas.gov/images/uploads/dms/dhs_703.pdf</a>  <i>DHS-704 Form</i>	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf</a>	Fax: 1-800-964-3627
Personal care, independent of setting <b>T1019, T1020</b>	Yes	As medically necessary NTE 6 months	1 unit equals 15 minutes of service  Up to 64 hours (256 units) per month	<i>DMS 618 Form:</i> <a href="https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Forms/DMS-618.doc">https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Forms/DMS-618.doc</a>	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf</a>	Fax: 1-800-964-3627
Home health services <b>T1021</b>	Yes	3 months	Per visit  Up to 50 visits per year	Plan of care documenting need for services to be performed by qualified health professionals to individuals confined to the home	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
Home health physical therapy <b>S9131</b>	Yes	3 months	Per visit  1 visit per day	Plan of care documenting need for services to be performed by qualified health professionals to individuals confined to the home	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627
Private duty nursing <b>S9123, S9124</b>	Yes	As medically necessary, NTE 6 months	1 unit = 60 minutes	<i>DMS 2692 Form:</i> <a href="https://medicaid.mmis.arkansas.gov/download/provider/provdocs/forms/dms-2692.doc">https://medicaid.mmis.arkansas.gov/download/provider/provdocs/forms/dms-2692.doc</a>	<i>Summit Community Care Precertification Request Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_PrecertificationRequestForm.pdf</a>	ICR portal or fax: 1-800-964-3627
Acute crisis unit <b>H0018</b>	Yes	Required each encounter  Admission notification required within 24 hours	Up to 96 hours per encounter  1 encounter per month  Up to 6 encounters per year	Clinical information to support danger to self or others and/or other serious dysfunction in daily living	<i>Summit Community Care BH Initial Review Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHInitialReviewForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHInitialReviewForm.pdf</a>	ICR portal or fax: 1-877-434-7578
Therapeutic communities <b>H0019</b>	Yes	Annually	Per diem  Daily max = 1 unit  Up to 180 or 185 units yearly without <i>EOB</i>	Treatment plan with documentation of how interventions used address goals and objectives	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
Supportive housing <b>H0043</b>	<b>Yes</b>	As medically necessary NTE 6 months	Unit = 60 minutes  Up to 60 units per quarter without <i>EOB</i>	Client diagnosis necessitating interventions  Treatment plan with documentation of how interventions used address goals and objectives	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229
Child and youth supports <b>H2015</b>	<b>Yes</b>	As medically necessary, NTE 6 months	Unit = 60 minutes  Up to 60 units per quarter without <i>EOB</i>	Client diagnosis necessitating interventions  Treatment plan with documentation of how interventions used address goals and objectives	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
Life skills development <b>H2017</b>	<b>Yes</b>	As medically necessary, NTE 6 months	Unit = 15 minutes  Adults: up to 8 units per day  Up to 292 units per year without <i>EOB</i>  Children ages 16-20: up to 8 units per day Up to 292 units per year without <i>EOB</i>	Client diagnosis necessitating interventions  Treatment plan with documentation of how interventions used address goals and objectives	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229
Adult rehabilitative day service (psychosocial rehabilitation) <b>H2017</b>	<b>Yes</b>	As medically necessary, NTE 6 months	Unit = 60 minutes  Up to 6 units daily  Up to 90 units per quarter without <i>EOB</i>	Client diagnosis necessitating interventions  Treatment plan with documentation of how treatment used address goals and objectives	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229



Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
Behavioral assistance <b>H2019</b>	<b>Yes</b>	As medically necessary, NTE 6 months	Unit = 15 minutes  Up to 292 units annually without <i>EOB</i>	Treatment plan with specific services requested  Projected schedule for service delivery including duration and frequency Proposed timeline to achieve goals	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229
Supportive employment <b>H2023</b>	<b>Yes</b>	As medically necessary, NTE 6 months	Unit = 60 minutes  Up to 60 units per quarter without <i>EOB</i>	Client diagnosis and level of dysfunction necessitating interventions  Treatment plan with documentation of how interventions used address goals and objectives	<i>Summit Community Care BH Outpatient Treatment Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_BHOutpatientTreatmentForm.pdf</a>	ICR portal or fax: 1-866-877-5229

Non-waiver	PA required	Frequency of PA	Proposed service delivery	Supporting documents required for PA request	PA request form	PA submission instructions
Psychological testing	Yes	3 months	96130, 96131: Unit = 60 minutes  96136, 96137: Unit = 30 minutes  Up to 4 units per day, up to 8 units annually	Clinical interview, review of records and routine rating scales  Question(s) to be answered and how testing results will impact the course of treatment	<i>Summit Community Care BH Psych Testing Form:</i> <a href="https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_RequestforAuth_PsychTesting.pdf">https://provider.summitcommunitycare.com/docs/ARAR_CAID_BH_RequestforAuth_PsychTesting.pdf</a>	ICR portal or fax: 1-866-877-5229

This list is not meant to be exhaustive, but merely provided as a guide regarding services predominantly utilized amongst Arkansas Medicaid members. Please refer to PLUTO, provider updates and education for further authorization requirements.