Nursing Facility Add-On Therapy Service

Prior Authorization and Claim Filing Process

Nursing Facility Add-On Therapy Services (NF Add-On Therapy Services), formerly known as Goal Directed Therapy (GDT), must be prior authorized, using only the designated CPT/HCPCS codes from the Texas Department of Aging and Disability Services (DADS) LTC Crosswalk.

Molina shall pay for Nursing Facility Add-On Services rendered to Members that are determined by Molina to be payable at the lesser of (i) Provider’s billed charges, or (ii) the allowable amount payable under the applicable Medicaid Fee-For-Service Program fee schedule as set forth by the State of Texas in effect on the Date(s) of Service.

Claims for Nursing Facility Add-On Therapy Services must be filed within 95 days of the date of service. Molina will adjudicate clean claims for Nursing Facility Add-On Therapy Services no later than 30 days after the claim is received by Molina.

Prior Authorization requests and claims for Nursing Facility Add-On Therapy Service should include revenue codes, CPT/HCPCS codes and Modifiers from the DADS LTC Crosswalk. No other revenue codes, CPT/HCPCS codes or Modifiers will be accepted.

Department of Aging and Disability Services LTC Crosswalk (Nursing Facility - excerpt)

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Nursing Facilities (NF’s) may submit claims on behalf of employed therapists (e.g., therapists who have the same National Provider Identification (NPI) and tax identification number as the NF) or contracted therapist.

Molina cannot accept therapy claims through its portal that are submitted by a contract therapist who is not a Medicaid enrolled provider.

Rates for Nursing Facility Add-On Therapy Services can be found using the following link to the Texas Health and Human Services Commission:

Nursing Facility Add-On Therapy Services Prior Authorization

A Prior Authorization request for Nursing Facility Add-On Therapy Services may be made via fax (866) 420-3639 or through the Molina Provider Portal.

The use of the Molina Provider Portal is the preferred method of requesting a Prior Authorization.

An evaluation by the treating discipline should be completed prior to requesting an authorization. **No authorization is required for the initial evaluation.**

All authorizations will require supporting documentation to demonstrate medical necessity. Supporting documentation includes:

- Physician’s order (a written telephone order is acceptable for initial request, but continued authorization requests will require a physician’s signature)
- Therapy evaluation
- Additional supporting documentation as appropriate (examples: nurses notes, monthly summary, physician progress notes, fall history)
- Date and circumstances of an acute exacerbation of a chronic condition
- Diagnosis code
- Treatment CPT code with modifiers (only those on the DADS crosswalk as shown above)
- Number of visits/units
- Dates of Service – The start date must be the date of Prior Authorization request or later, no authorization can be issued for retroactive dates of service
- Submission of DADS Form 2464 Rehabilitative Services Request is optional [http://www.dads.state.tx.us/forms/2464/](http://www.dads.state.tx.us/forms/2464/)
- Continued Authorization Requests should include an updated plan of care

Copies of the Molina Healthcare of Texas Prior Authorization/Pre-Service Review Guide and the Molina Prior Authorization Form may be downloaded from the Molina Provider Portal:

Sample Prior Authorization Request Form submitted via fax with supporting documentation for medical necessity of Nursing Facility Add-On Therapy Services

<table>
<thead>
<tr>
<th>Molina Healthcare/Molina Medicare Prior Authorization Request Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Request:</strong> 4/30/18</td>
</tr>
<tr>
<td><strong>Member Name:</strong> Molina Medicare</td>
</tr>
<tr>
<td><strong>DOB:</strong> 6/1/76</td>
</tr>
<tr>
<td><strong>Service Type:</strong> <strong>Therapy</strong></td>
</tr>
<tr>
<td><strong>Diagnosis Code &amp; Description:</strong> Full diagnosis code &amp;</td>
</tr>
<tr>
<td>description related to need for therapy</td>
</tr>
<tr>
<td><strong>CPT/HCPCS Code &amp; Description:</strong> Use CPT Codes from DADS</td>
</tr>
<tr>
<td>presented below.</td>
</tr>
<tr>
<td><strong>Number of visits requested:</strong> 20</td>
</tr>
<tr>
<td><strong>Provider Information:</strong></td>
</tr>
<tr>
<td><strong>Name of Therapist:</strong> Preferred contact to be the treating</td>
</tr>
<tr>
<td>therapist.</td>
</tr>
<tr>
<td><strong>Phone Number:</strong> XXX-XXXX-XXXXX</td>
</tr>
<tr>
<td><strong>TIN/NC:</strong> 123-456-789-00</td>
</tr>
<tr>
<td><strong>Provider/Facility:</strong> Names of Medicare and Provider/Facility</td>
</tr>
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MolinaHealthcare.com
Prior Authorization Request for NF Add-On Therapy Services via the Molina Provider Portal

The preferred method to request a Prior Authorization is through the Molina Provider Portal.

Access the Molina Provider Portal: [http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx](http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx)

- Log Into the Provider Portal or if necessary, Register
- **Note:** If the Nursing Facility has already been set up on the Provider Portal, you may request access/log in from the designated Portal Administrator in the nursing facility. You can make this request from the Molina Portal log in screen.
Instructions to Create a Nursing Facility Add-On Therapy Prior Authorization Request via Provider Portal

- Quick Member Eligibility Search – Enter Member’s Medicaid ID Number
- Select - Create Service Request/Authorization

Member demographics will populate based upon Quick Member Eligibility Search
  - Member ID is the Member’s Medicaid ID Number
- Type of Service - Select Therapies
- Place of Service - Select Outpatient
- Proposed Start Date – The start date must be the date of Prior Authorization request or later, no authorization can be issued for retroactive dates of service
- Care Type – Select Elective (will be processed within 72 business hours)
- Reason for Urgent/Expedite - Leave blank
- Diagnosis Code – Enter the diagnosis to support the medical necessity of the requested therapy – search option may be used – will auto populate Diagnosis Description
- Procedure Code – Enter Procedure Codes for therapy using DADS LTC Crosswalk codes only – no other codes are acceptable. **NOTE:** Code for PT and OT is the same, thus description will be the same, therefore the number of units requested must be combined. Clarify number of PT units requested and number of OT units requested in the remarks field.
- Number of Units – Enter number of requested units (unit equals one treatment day)
- Procedure Modifier – Enter Modifier using the DADS LTC Crosswalk code only, as shown below

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</table>
- Requester Information – Enter Name of Nursing Facility and phone number
- Contact Information – Enter Name of Requesting Therapist and phone number
- Accident Related Information – Select from drop down box if applicable Enter date as applicable
- Pregnancy Related information – not required
- Other Condition Related Information – Select if appropriate

- Referring Provider Information – Enter Nursing Facility NPI
- Referred to Provider Information – Enter Nursing Facility NPI or manually enter fields required
- Additional Provider Access – Do not need to complete
➢ Referred to Facility Information will self-populate with entry of NPI
➢ Attachments – Attach scanned documents which support medical necessity
   ➢ Physician’s order (a written telephone order is acceptable for initial request, but continued authorization requests will require a physician’s signature)
   ➢ Therapy evaluation
   ➢ Additional supporting documentation as appropriate (examples: nurses notes, monthly summary, physician progress notes, fall history)
   ➢ Submission of DADS Form 2464 Rehabilitative Services Request is optional http://www.dads.state.tx.us/forms/2464/
   ➢ Continued Authorization Requests should include an updated plan of care
➢ Remarks - Field supports up to 8000 characters for additional information
   ➢ Recommend if requesting PT and OT in the same request, clarify in this field the request for both disciplines. The OT code is not a standard CPT/HCPCS for OT except with DADS LTC Crosswalk
➢ Once complete – Select Submit
➢ If you prefer to fax your documentation, once you submit the request, you will receive the following message:

![Fax Confirmation Dialogue Box](image)

➢ If YES is selected, you will receive a fax cover sheet to include with any Medical Documentation.
   ➢ See example on next page
Instructions

1. Print this page
2. Do not write on or change anything on this page
3. Place this page in front of your supporting documentation
4. Fax this page along with your supporting documentation to this number:
   Fax No: (866) 420-3639

5. Discard this cover sheet
   DO NOT reuse this cover page for supporting
documentation associated with a different service request

Submitted Tracking Number 9876543210
State TX

CONFIDENTIALITY NOTICE
The documents accompanying this facsimile transmission contains confidential information belonging to the sender, which is privileged. The information is intended only for the use of the intended recipient, Molina Healthcare. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of action in reliance on the content of this facsimile information is strictly prohibited. If you have received this facsimile in error, please immediately notify us via telephone at 1-866-665-4629. Thank you.

➢ Use the Molina provided coversheet to submit documentation via fax
   ➢ This cover sheet is specific to this request and will automatically attach to the Authorization Request in the Molina Provider Portal
Prior Authorization Request Determination

Fax Request
A Prior Authorization Request submitted via fax will not be available to view for status through the Molina portal.

If the request is “Denied” a Denial Letter will be mailed to the member and the provider. The Denial Letter will contain the exact reason for denial as well as information on how to appeal the denial.

Molina Provider Portal Request
A Prior Authorization Request submitted through the Molina Provider Portal can be monitored 72 hours after submission by viewing the Nursing Facility’s home screen and selecting Click here to view your recent Service Request/Authorizations.

If the request is “Denied” a Denial Letter will be mailed to the member and the provider. The Denial Letter will contain the exact reason for denial as well as information on how to appeal the denial.
Claim Filing Instructions

Claims for Nursing Facility Add-On Therapy Services must be filed within 95 days of the date of service. Molina will adjudicate clean claims for Nursing Facility Add-On Therapy Services no later than 30 days after the claim is received by Molina.

Claims for Nursing Facility Add-On Therapy Service should reflect revenue codes, HCPCS/CPT codes and Modifiers from the Department of Aging and Disability Services (DADS) LTC Crosswalk. No other revenue codes, HCPCS/CPT codes or Modifiers will be accepted.

Department of Aging and Disability Services LTC Crosswalk (Nursing Facility - excerpt)

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<td>97003</td>
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Molina cannot accept therapy claims through its portal that are submitted by a contract therapist who is not a Medicaid enrolled provider.

Rates for Nursing Facility Add-On Therapy Services can be found using the following link to the Texas Health and Human Services Commission:

Completing a Claim on the Molina Provider Portal

Access the Molina Provider Portal: [http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx](http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx)

- From the Home screen select Claims

- Select Create Institutional Claim (UB04) (opens on Member tab)
  - Every field with an asterisk must be populated
  - Using the DAD’s LTC Crosswalk, enter revenue code, CPT/HCPS code and corresponding modifiers for therapy services rendered.
  - Only the required fields must be completed:
    - Insured’s ID or Last Name, First Name, DOB
    - Patient relationship (defaults correctly to “self”)
    - Other Insurance (Y or N)
    - Type of Bill (select from drop down box)
    - Admission Date (date admitted to Nursing Facility)
    - Admission Type (select from drop down box)
    - Admission Source (select from drop down box)
    - Admission Hour
    - Status (Status will always be 30)
    - Value Code (leave blank)
    - Patient Control Number (Nursing Facility medical record number)
    - Revenue Code Description (per DADS LTC Crosswalk)
    - HCPCS/HIPPS Rate Codes/HCPCS Modifiers: (Use CPT/HCPCS and corresponding Modifiers from DADS LTC Crosswalk)
    - Service date (use first date of service)
    - Service Units (enter number of units delivered) - (unit equals one treatment day)
    - Assignment of benefits (select from drop down box)
    - Release of information (select from drop down box)
    - Treatment Authorization code (same as prior authorization number)
    - Principal diagnosis (primary diagnosis related to therapy)
    - Admit diagnosis (diagnosis related to therapy)
    - Attending Physician NPI (Physician who wrote therapy order)
    - Supporting Information (No supporting information is needed when filing an initial claim)
Completed Claim example from Molina Provider Portal for UB04 Facility Claim

**Member Tab**

- Select Next when Member tab is completed – will move to Provider tab
### Provider Tab

- **Billing Provider Information**
  - Billing Provider: [Field for provider name]
  - [Other fields for billing information]

- **Claim Information**
  - [Additional fields for claim details]

- **Physician Information**
  - Attending Physician: [Field for physician name]

- **Supporting Information**
  - Type of Attachment: [Field for attachment type]
  - File: [Field for file attachment]

- **Remarks**
  - [Field for additional remarks]

> Select Next when Provider tab is completed – will move to Summary tab
**Summary Tab**

The summary tab allows viewing and editing of all fields of the claim.

- **Expand All** opens up the claim for review and editing.

Once the claim is complete, you will have the option to:

- **Save For Later**
- **Submit**
- **Save for Batch**
- **Cancel**

Once submitted, an email notification will be sent acknowledging the claim with a claim number.

- The claim will not be immediately viewable within the Molina Provider Portal.

If additional assistance is needed with filing a Nursing Facility Add-On Therapy Service claim, please contact:

- Your assigned Nursing Facility Provider Services Representative (NF PSR) via phone or email
  - Call (888) 562-5442, Extension 204151 if you do not have contact information for your assigned NF PSR
- [NFProviderServices@Molinahealthcare.com](mailto:NFProviderServices@Molinahealthcare.com)