WI Medicaid Denial of Covered Therapy Services Parents Q & A Sheet

Medicaid Prior Authorization Advocacy Resource No. 2F
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QUESTION:

My child receives therapy in a clinic setting. I was recently informed that the WI Medicaid Program denied his/her therapy services. What can I do to reverse this denial?

RESPONSE:

1. First of all, as the recipient of Medicaid, only you can appeal a denial. You must request the specific reason for the denial. (Call the number given on the letter of denial.) This reason must be reviewed with your therapy provider in the context of the Prior Authorization document that was submitted. During this review, you must ask yourself and the therapy provider:

    1. Does my child continue to need the requested service delivered through this community/clinic-based provider? Can my child receive the same or similar benefits from a home program, recreational program or school-based services?
    2. Is the reason stated for the denial legitimate - at this time? Future requests for therapy if your child's condition changes or functional demands change can be requested separate from this current Prior Authorization. Consider that your provider may be willing to provide additional services, which are not viewed as "medically necessary" by a third party payer, through a Private Pay arrangement.
    3. Prior to a formal appeal, the therapist has the option to contact the DHFS Consultant by phone and discuss additional information that may have been omitted in the initial request. If the Consultant feels that this information would lead to approval, they may direct the provider to submit a new PA with this additional information for review. As a parent/caregiver consider what more information could the family or therapy provider prepare for the consultant.
    4. If the DHFS therapy consultant continues to feel that the additional information would lead to a denial, this preliminary review will prepare both you and your provider for an Appeals Hearing.

2. In conducting your review of the Prior Authorization document for your child, it is

important to realize that the Wisconsin Medicaid program has the responsibility- via Administrative Code- to deny Prior Authorization of services that do not meet the WI Administrative Code' s "Definition of Medically Necessary Services". The Medicaid Prior Authorization review process through the Department of Health and Family Services (DHFS) identifies that services are not MA covered in several ways.

1. They review each child's individual Prior Authorization (PA) for services. This document is required of your community-based provider to determine if the WI Medicaid Program will cover services identified.
2. They also consider your child's medical history, therapy evaluation, physician's prescription and previous Prior Authorizations for therapy services, as well as the Birth-3 IFSP, school-based IEP and Coordination of Services documentation.
3. The following items are included in that Definition [HFS 101.03(96m)] and must be reviewed with your provider to determine if the denial for services requested for your child should be formally appealed:

    - Required to prevent, identify or treat a recipient's illness, injury or disability; and
    - Meets the following standards:

        1. Is consistent with the recipient's symptoms, or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
        2. Is provided consistent with the standards or acceptable quality of care applicable to the type of service, the type of provider and the setting in which the services are provided;
        3. Is appropriate in regard to generally accepted standards of medical practice;
        4. Is not medically contra-indicated with regard to the recipient's diagnoses, the recipient's symptoms, or other medically necessary services being provided to the recipient.

            Challenge: The child's medical diagnosis, age, reported cognitive ability, and motivation to participate in therapy. A child may not be functioning at age level in speech/communication skills but may be functioning consistent with their cognitive level or within the parameters of their diagnoses.

            Solutions: Discuss your child's diagnosis and overall potential with your therapist and physician.

        1. Does the prognosis for your child, considering the above factors look positive for achieving the goals established?
        2. Does the proposed plan for therapy services address skills

that your child is ready for developmentally, and/or cognitively? How can this information be stated for the reviewer?
3. Does your child appear interested or motivated to try these new skills or can their interest motivation be stimulated in the clinic/home?
4. Can you provide examples of your child's readiness? OR What evidence can you offer that your child is developing new skills?

5. Is of proven medical value or usefulness and consistent with Administrative rule- not experimental in nature;

   Challenge: The interventions provided must have some history within the medical/rehabilitation community or its literature of being of value or not "experimental" in nature. Many new interventions are available that have not yet demonstrated their validity to qualify for third party payment. But most importantly, do the interventions proposed demonstrate measurable, functional progress for your child.

   Solutions: Discuss your child's proposed intervention with your therapist.

   1. Does your therapist have background literature or articles that explain the value of this intervention. Could this information be provided to the MA reviewers?
   2. Do other clinics/clinicians provide similar services to children with the same diagnoses? OR is this intervention relatively new and perhaps unproven? If you choose a relatively new technique, is there an option to Private Pay for this service?
   3. Does the prior authorization capture any important changes in your child's function that you or your therapist can attribute to this therapy?
   4. Does the Prior Authorization and related documentation show a beginning or "baseline" level of functioning, measurable goals for therapy and reported measurable progress? If not, is there additional information that you could provide

6. Is not duplicative with respect to other services being provided to the recipient; See the Q&A on Duplication of services.
7. Is not solely for the convenience of the recipient, the recipient's family or a provider;
8. With respect to prior authorization of a service and to other

prospective coverage determinations made by the Department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and

9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

    Challenge: The services provided must require the skills of a therapist to deliver. Many interventions when described in terms of helping a child learn a new functional skill, appear to be activities that could be done by a child's parent/caregiver, teacher or aide. In that case the services could be provided at a lesser cost to the WI Medicaid Program. The PA must demonstrate otherwise.

    Solutions: Discuss your child's proposed intervention with your therapist.

    1. Could your family, the child's caregiver or other personnel effectively provide these interventions? If not, why not? Explain.
    2. Could these services be provided less frequently by a therapist while continuing to achieve results?
    3. In order to qualify for coverage, it is important to outline the interventions provided that require the skills of a therapist (i.e.: Soft tissue Mobilization, NDT, SI, Oral Motor Stimulation).
    4. Documentation must not only describe practice of the functional skill but what therapeutic techniques are required to minimize the child's underlying impairments and enable performance of that skill.
    5. In addition, there must be evidence that these services can be carried over to other environments by other caregivers in order to facilitate needed practice and generalization of the skills. Provide examples of how the child uses new skills in their daily life.

4. If, after the above review, you and your therapy provider decide that these services are medically necessary and a phone call to the DHFS Consultant does not result in an optimistic response, you may choose to go to formal Appeal.

    - Become involved if services have been modified with a decrease or denied. Request from DHFS to have the specific reasons for the decrease or denial. Work with the provider to review the records already submitted to look for areas where more information could be helpful. As a parent, your ability to offer specific functional needs is vital to the argument.

Contact your physician for a letter of support.

- If a denial has the opportunity to go to "Fair Hearing". Request specific information regarding the Denial, Prepare your story regarding your child's needs and benefits of therapy, plan to attend the hearing with your provider. Contact an advocate to attend the hearing with you. Many cases that go to hearing are ruled in favor of the child.

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