



Frequently Asked Questions

UPDATED 8/4/14

PRIOR AUTHORIZATION FOR OXYGEN HAS BEEN POSTPONED UNTIL AUGUST 1, 2014

**PRIORITY**

PRIOR AUTHORIZATION SCHEDULE – since OHCA has not required Prior Authorization for Oxygen recently and there is a provider and staff concern about the turnaround of PA requests, OHCA would like to request that providers use the following schedule for August 2014.

*Members' Cycle Billing Date 1 – 10 .....Submit PA to OHCA (MAU) on or after Friday August 1, 2014*

*Members' Cycle Billing Date 11-20 ..... Submit PA to OHCA (MAU) on or after Friday August 8, 2014*

*Members Cycle Billing Date 21-31 .....Submit PA to OHCA (MAU) on or after Monday August 22, 2014*

USE START DATE ON HCA-12A AS 8/1/14 FOR THE TRANSITION PERIOD – EXAMPLE: RECERT ON FILE THAT QUALIFIES – ENTER START DATE OF 8/1/14 AND END DATE 12 MONTHS FROM START DATE OF THE CMN.

By sending your PA requests using this schedule, PA's will be processed based on the cycle billing date and will not compete against each other – this schedule will assist MAU and all providers time to match their PA with their cycle billing date. The 30 day retro policy does apply; however using this method should assist in alleviating a glut of PA's that will cause unnecessary delays. Thank you in advance for using this method to submit your prior authorizations.

If DME providers have testing exemption requests initiated by a Physician and have a detailed explanation from the Physician regarding negative issues caused by testing the member, you may fax that request to the DME Director for review and decision by Medical Directors at OHCA. If approved, you will receive a testing exemption letter from OHCA that can be turned around and submitted with the PA for that member. If you have questions, contact Stan Ruffner at 405.522.7924. – Use Fax # 405.530.3326 – List Provider #, Name, Member Name and ID #, and formal request for OHCA to consider this case as policy allows.

- 1) Pt's who have a clinic as TPL. (PCP) Do you put in clinic name & NPI or actual provider? Can PA's, residents, or ARNP's sign -? **THE TREATING OR ORDERING PHYSICIAN INFORMATION SHOULD BE USED IN THE PHYSICIAN BLOCK - OHCA REQUIRES A QUALIFIED MEDICAL PRACTITIONER SIGN THE CMN – THOSE INCLUDE M.D., D.O., P.A., AND ARNP.**
  
- 2) When using the HCA-32 – if this is emailed to the doctors can they fill in with adobe by doctors' office or does it have to be written in (the answers to the question) **THE MEDICAL AUTHORIZATION UNIT HAS APPROVED THE ENTRY OF THE HCA-32 ELECTRONICALLY AND HAND WRITER WHICHEVER THE DME PROVIDER CHOOSES TO USE. IT IS IMPORTANT THAT DOCUMENTS ARE SECURE AND PROTECTED FROM HIPAA VIOLATIONS.**
  
- 3) Do you want the RX with the CMN – **A CERTIFICATE OF MEDICAL NECESSITY FOR OXYGEN (EITHER THE 484.03 OR THE HCA -32 ARE RX'S) IF YOU HAVE ANOTHER RX FROM THE PHYSICIAN IT IS A GOOD PRACTICE TO INCLUDE WITH YOUR PRIOR AUTHORIZAITON REQUEST; HOWEVER, IT IS NOT REQUIRED.**
  
- 4) What all facilities are approved to do O2 testing? **PHYSICIANS, LABS, RN'S OR LPN'S EMPLOYED BY NURSING FACILITIES – OTHERS APPROVED BY MEDICARE SUCH AS OVERNIGHT LABS AND QUALIFIED MEDICAL PROFESSIONAL AS a PART OF ROUTINE MEMBER CARE.**

**The ABG or oximetry test used to determine medical necessity must be performed by a medical professional qualified to conduct such testing. The test may NOT be performed or paid for by a DMEPOS supplier, or a related corporation. A referring qualified medical practitioner may perform the test in his/her office as part of routine member care.**

**317:30-5-211.11 Oxygen and Oxygen Supplies**

- 5) People who qualify from an overnight test are now only certified for 3 months and they have to requalify?

**IF THE INITIAL SETUP DATE IS AFTER AUGUST 1, 2014 AND THEIR QUALIFYING TEST IS DONE AT SLEEP THIS STATEMENT IS CORRECT. IF THE INITIAL SETUP UP WAS PRIOR TO JULY 31, 2014, THE MEMBER IS CONSIDERED GRANDFATHERED SINCE THE POLICY IN EFFECT PRIOR TO JULY 1, 2014 ALLOWED 12 MONTHS PRIOR TO RECERTIFICATION.**

- 6) And is the HC32 (sic) required for all or just children? For those the HC32 is required on does that replace the 484 CMN or do we need to submit both?

**B) Certificate of medical necessity.**

**(1) The DMEPOS supplier must have a fully completed current CMN (CMS-484 or HCA-32; HCA-32 MUST be used for members 20 years of age and younger) on file to support the claims for oxygen or oxygen supplies, and to establish whether coverage criteria are met and to ensure that the oxygen services provided are consistent with the physician's prescription (refer to instructions from Palmetto Government Benefits Administration, the Oklahoma Medicare Carrier, for further requirements for completion of the CMN).**

- 7) Can providers of O2 do the qualifying oximetry test for their own patients? **ABSOLUTELY NOT**

**OHCA policy states “The test may NOT be performed or paid for by a DMEPOS supplier or a related corporation”**

- 8) All initial CMN's are good for 3 months and then have to recertify with new testing?

**AFTER AUGUST 1, 2014, OHCA WILL NOT REQUIRE A PA FOR OXYGEN FOR THE FIRST 3 MONTHS – PRIOR AUTHORIZATION, RECERTIFICATION AND RELATED RETESTING (DONE WITHIN 30 DAYS OF THE RECERTIFICATION DATE) \_will be required every 12 months thereafter.**

- 9) Please give further examples of when the change of providers would be used in a facility, would it be used on each o2 patient when a new provider gains the service contract at a facility'

**OHCA HAS DETERMINED THAT MEMBERS RESIDING IN NURSING FACILITIES ARE EXEMPT FROM PRIOR AUTHORIZATION REQUIREMENTS. QUALIFYING CMN'S MUST BE ON FILE IN CASE OF AN AUDIT.**

10) Do vent or Flow by patients need to be tested off their vent or flow by?

**IF THIS CONDITION EXISTS, IT IS IMPORTANT FOR THE PHYSICIAN TO DOCUMENT THE CIRCUMSTANCE REGARDING THE TESTING RESULTS. OHCA IS NOT REQUIRING THAT THE MEMBER BE TAKEN OFF OXYGEN TO BE TESTED IF THEY ARE VENT DEPENDENT.**

11) Please give further examples of when the history and physical documentation would be required

**TESTING DATA FROM MEDICAL RECORDS MUST BE ATTACHED TO EVERY PA REQUEST – EXAMPLES INCLUDE: OVERNIGHT OXIMETRY SUMMARY REPORT OR H&P FROM PHYSICIAN - THESE ARE EXAMPLES; AND NOT INTENDED TO LIST ALL OPTIONS**

12) What about the K0738? The Trans fill system used with a concentrator?

**THE K0738 - PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING IS CONSIDERED A PORTABLE OXYGEN SYSTEM AND WILL REQUIRE PRIOR AUTHORIZATION. THE K0738 AND E0431 MAY NOT BE BILLED IN THE SAME MONTH.**

13) When are we allowed to begin submitting PA requests for existing patients? And when is the expected turnaround time when all these requests begin coming in?

**THE OHCA SYSTEM WILL NOT BE AVAILABLE FOR PA REQUESTS FOR EXISTING PATIENTS UNTIL AUGUST 1, 2014. ANY PA SUBMITTED PRIOR TO THAT DATE WILL BE REJECTED BY THE SYSTEM**

**THE MEDICAL AUTHORIZATION UNIT IS SCHEDULING SEVERAL NURSES TO PROCESS OXYGEN PRIOR AUTHORIZATIONS – THE PRIOR AUTHORIZATIONS WILL BE REVIEWED FOR MEDICAL NECESSITY AS OUTLINE IN OHCA POLICY AND EITHER CANCELED, DENIED, OR APPROVED WITHIN A REASONABLE TIME FRAME CONSIDERING THE EXPECTED VOLUME. PLEASE USE THE SCHEDULE LISTED ON PAGE 1**

14) So if a patient has a concentrator and a trans fill system, we only authorize the concentrator

**K0738 WILL REQUIRE A PA AND IS ELIGIBLE FOR BILLING AS A PORTABLE OXYGEN SYSTEM**

15) So the DME provider is allowed to complete the CMN except for the physician's signature?

**The medical and prescription information on the CMN may be completed by a non-physician clinician, or an employee, for the qualified medical practitioner's review and signature.**

**THE DME PROVIDER IS NOT ALLOWED TO COMPLETE SECTION B OF EITHER CMN**

16) Does the statement "If oxygen saturation was ordered with pulse ox instead of ABG, please indicate reason ... etc?" need to be on the Medicaid CMN

**AFTER CLARIFICATION, THERE WERE SOME PROVIDERS WHO THOUGHT THAT THEY NEEDED TO EXPLAIN WHY AN OXIMETRY TEST WAS PERFORMED VS. AN ABG TEST. OHCA POLICY SINCE MAY 25, 2008 HAS NOT REQUIRED THAT STATEMENT. OHCA HAS ALLOWED THE FOLLOWING "MEDICAL NECESSITY IS DETERMINED FROM RESULTS OF ARTERIAL BLOOD GAS ANALYSIS (ABG) OR PULSE OXIMETRY TESTS (PO2)." 317:30-5-211.11**

17) Will dates be retro authorized back to the original request date or the date the request is seen and approved? Primarily for the grandfathered patients in this transition period.

**PROVIDERS WILL ESTABLISH THE START DATE ENTRY ON THE PRIOR AUTHORIZATION REQUEST – NONE PRIOR TO JULY 1, 2014. ALL PA'S WILL BEGIN JULY 1, 2014 AND GRANDFATHERED CMN'S WILL BE END DATED WITH THE FINAL DATE OF THE CMN.**

**IF MEMBER QUALIFIED WITH TEST AT SLEEP ON APRIL 15, 2014, SUBMIT A PA WITH THAT CMN USING A START DATE ON THE HCA 12A AS 8/1/14 WITH TEST DATA TO SUPPORT TEST RESULT AND MAU WILL ENTER THE PA WITH A START DATE OF AUGUST 1, 2014 AND END APRIL 14, 2015. IF YOU HAVE OTHER EXAMPLES IN QUESTION, PLEASE FAX TO ME AT 405.530.3326. THE 30 DAY PA RETRO REQUIREMENT WILL APPLY AS WELL.**

18) If I submit a request on 7/1 but it takes 3 weeks is my approved date 7/1 or 3 weeks later?

**MAU USES THE DATE THAT YOU ENTER ON THE PA FOR THE START DATE – USE AUGUST 1, 2014 OR AFTER DURING THE TRANSITION - PLEASE USE THE PROPOSED SCHEDULE FOR TRANSITIONING THE CURRENT MEMBERS ON OXYGEN FOR AUGUST 2014**

19) Which modifier should I use for dates of service prior to July 1, 2014?

**THE MODIFIER IS SPECIFIC TO THE DATE OF SERVICE – ANY DATE OF SERVICE JULY 31, 2014 AND BEFORE MUST USE THE “LL” MODIFIER. DATES OF SERVICE AUGUST 1, 2014 AND THEREAFTER WILL REQUIRE THE “RR” MODIFIER**

20) Will OHCA pay for overnight oximetry tests to labs?

**OHCA pays for code 94762 - NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING – OHCA allows 2 tests per calendar year and allows for PA override if additional tests are required to qualify member for oxygen**

### **ADDED AUGUST 2014**

21) If we can't get the patient retested before the 90<sup>th</sup> day of their initial CMN but we obtain qualifying testing after that time; is the next CMN considered a “restart” or do we recertify from the date of the qualifying testing?

**Since OHCA allows oxygen delivery on a continuous rental basis based on medical necessity; the qualifying retest would begin a recertification CMN for the member and would be entered as a 12 month prior authorization.**

22) Do chart notes have to be signed and dated by the physician?

**YES**

- 23) There are instances where the physician identifies a need for oxygen and there have not been alternate treatments tried. If the physician documents their rationale in their chart notes that alternate treatments have not been tried and their reasons – would that suffice?

**There must be documentation in the beneficiary's medical record proving the physician tried or considered other treatments for their severe lung disease or hypoxia-related symptoms. This can include a note/list showing other medications prescribed to treat the beneficiary's respiratory illness or other evidence that the physician considered alternative treatments before prescribing oxygen therapy. Many disease conditions have standard treatment regimens associated with them. This would depend upon the disease being treated**

- 24) If the member is mobile within in the home; is that notation required in the chart notes or will the entry on the CMN be satisfactory for the physician (QMP) to order portable oxygen?

**OHCA will accept the CMN entry by the Physician (QMP) as evidence that the member is mobile within the home – if there is an entry in the chart notes; it would be wise to attach those as well.**

- 25) If the members' testing is done at night – will they qualify for a portable system?

**No, testing done during sleep covers only the stationary system.**

- 26) If the members' testing is done at rest – will they qualify for both a stationary and a portable system?

**Yes, testing done at rest if qualifying and physician indicates that the member is mobile within the home – Question # 4 on the CMN; the member is eligible for stationary and portable.**

- 27) If the members' testing is done during exercise – will they qualify for both a stationary and portable system?

**Yes, testing done during exercise (if the 3 step exercise test is utilized) if qualifying and physician indicates that the member is mobile within the home – Question # 4 on the CMN; the member is eligible for stationary and portable.**

**If you have additional questions, please send your question to Stan Ruffner – DME Director – at [Stan.ruffner@okhca.org](mailto:Stan.ruffner@okhca.org)**