



RESPIRATORY THERAPY REVIEW for Recipients in PPEC Centers

March 2014

Respiratory Therapy Service Requirements

Effective date: April 1, 2014

Review requests are required for:

- New Prescribed Pediatric Extended Care (PPEC) recipients with respiratory therapy (RT) orders, and
- Recipients not currently receiving RT services, with RT orders.

Reviews for recipients currently receiving RT services will be submitted for review 10-15 days prior to the expiration date of the current evaluation.

Authorizations for PPEC services and review requests for RT services are separate and distinct and do not need to occur concurrently.

Review Criteria

RT services, by a Respiratory Therapist, provided in a PPEC center are limited to:

- Children who have a complex respiratory diagnosis or condition, requiring extensive airway management while attending a PPEC center.

Examples include (but are not limited to):

- Child is vent dependent;
- Child requires non-invasive mechanical ventilation (e.g. bilevel positive airway pressure, curiass ventilation at all times).

Respiratory Therapy Codes

Code	Description	Maximum Allowable Units	Review Required?
S5180	Initial Evaluation/Re-evaluation - Rendered by a Registered Respiratory Care Practitioner	1 per 6 months <i>(Note: can be performed 1/150 days in order to submit required documentation)</i>	No
G0238	Respiratory Therapy Visit - Rendered by a Registered Respiratory Care Practitioner	4 per day 14 per week	Yes

Types of Review Requests

- Admission review (Initial)
- Continued services review

Review Submission & Completion Timeframes

Initial Request	Submission	Review Completion Timeframes
Admission (initial request)	Prior to initiation of services (recommend 10 business days prior to first date of service)	Timeframe begins upon receipt of all required documentation 1 st Level Review - Within 1 business day
Continued stay	Request required at least 10 business days and no more than 15 business days prior to the end of the current certification period. <i>Requests submitted after the end of the current certification period will not be backdated.</i>	2 nd Level Review - Within 3 business days

Review Requests

Review requests can be submitted by:

- Mail: eQHealth Solutions
5802 Benjamin Center Drive, Suite 105
Tampa, FL 33634
Attn: RT Review
- Secure email: rtservicerequests@eqhs.org
- Fax: 855-427-3747

Review Requests

Review Request Form:

- <http://fl.eqhs.org>
- Home Health/PPEC tab
- “Forms and Downloads”

Direct Link:

<http://fl.eqhs.org/HomeHealthPPEC/FormsandDownloads.aspx>

Review Requests

- Requests are submitted by:
 - Medicaid participating PPEC
 - Medicaid participating certified and registered respiratory therapists

- Medical Necessity Determinations are issued for up to 6 months.

Supporting Documentation Requirements

- Supporting documentation is determined by Medicaid policy and is required to substantiate the necessity of services.
- Supporting documentation must be submitted with the review request.

Supporting Documentation Requirements

Required with each review request:

- A signed and dated prescription from the PCP, ARNP or designated PA;
- Evaluation or Re-evaluation results;
- Plan of Care signed and dated by the ordering provider and therapist;
- Documentation that the recipient has been examined or received medical consultation by the ordering or attending physician (required prior to initiating services and every 180 days thereafter.)

Screening

Verification that there are no review exclusions.

- Example: The recipient is not eligible for all or part of the requested timeframe;

and

The submitted supporting documentation is **complete, legible** and **conforms** to all AHCA policy requirements.

First Level Clinical Review

The clinical reviewer performs the review by applying:

- The definition of medical necessity as stated in Chapter 59G-1.010 (166), Florida Administrative Code (F.A.C.)
- The general coverage requirements for therapy services, including those specified in the Florida Medicaid Therapy Coverage and Limitations Handbook
- Agency-approved clinical criteria or guidelines.

First Level Review Determinations

First Level Reviewers may:

- **Determine** the services should be provided by an RT.
- **Contact** the provider to request additional information;
- **Refer** the request to a physician peer reviewer for review and determination; or
- **Cancel** the request if appropriate, e.g.:
 - Duplicative service;
 - Noncompliance with AHCA policy.

Second Level Physician Review

- Physician peer reviewers base their determination on generally accepted professional standards of care, on their clinical experience and judgment, and peer-to-peer consultation with the ordering physician.
- Physician reviewers may:
 - Contact the ordering physician for additional information;
 - Determine that the services should be provided by an RT.

Review Determination Notification

Determination notifications are mailed to providers, and recipients within one (1) business day of the final determination.

Adverse Determinations

- Reconsideration rights do not apply.
- Parents/legal guardians may request a Fair Hearing*.

**Fair Hearing information is included in the parental/legal guardian determination letter.*

Resources

- Customer Service
 - ✓ 855-444-3747
 - ✓ M-F, 8 a.m. - 5 p.m. Eastern Time

- Dedicated Florida Provider Website -
<http://fl.eqhs.org>

- Blast emails
ncalvert@eqhs.org

Resources

Florida Medicaid Therapy Services Coverage and Limitations Handbook

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_07_070201_PPEC_ver1.1.pdf

eQHealth Provider Manuals eQSuite User Guide

<http://fl.eqhs.org>

Questions and Answers

Thank-you for attending.

*Your opinion is important to us.
Please complete the survey which
will appear on your computer when
the webinar ends.*