Behavioral Health Division
of Milwaukee County

Service Access to Independent Living &
Alcohol and Other Drug Addiction Units

March 12, 2008

To: WIser Choice Provider Network
From: Janet Fleege, ATR Project Director
Re: Authorization and Billing

The 2006 Provider Application addresses authorization and billing standards in Part I., Section D., Items 7. and 8. respectively. Previous versions of the Provider Application also included these items.

Effective March 17, 2008, the Behavioral Health Division is instituting the following guidelines relating to authorization and billing.

I. Prior Authorization

1. Providers must obtain prior authorization before rendering any service and seeking reimbursement from BHD. Prior authorization is initially obtained through the CIU process for new clinical services, and through the Service Authorization Request (SAR) process at BHD for all ancillary services, extension of service and requests for change in level of care and Recovery House.
    a) Providers are required to return the **"Provider Feedback Form"** to the originating CIU for initial clinical services within:
        - 1 business day after planned appointment, i.e. client showed for treatment, or
        - Within 1 business day if provider was able to see the client before the scheduled appointment and/or
        - Within 2 weeks after the client's initial appointment was made and the client did not present for treatment, i.e. PFF would document that client was a 'no show'. If the client presents after 2 weeks, you must contact the referring CIU and RSC/CMASS to complete the authorization process. This needs to be followed by then faxing the PFF to the referring CIU.

    Failure to return the form within this time frame will result in negating the initial authorization request and denial of payment by BHD.
    Should the CIU received your provider feedback form late, you will be paid for services beginning the date of receipt of the provider feedback form. PFF's will not be backdated.
2. Services provided without prior authorization will not be reimbursed by BHD.

3. It is the Provider's responsibility to submit a request for transfer or extension of service at least 2 weeks, but not more than 3 weeks, before the authorization lapse date or expiration of units through the RSC agency.
    a) The RSC agency will submit a SAR to BHD within two business days of receiving the ASAM from the clinical treatment provider following the team meeting.
    b) If the SAR is incomplete or outdated (i.e. the information contained in the SAR is older than 30 days at the time of submission), then BHD shall return the SAR to the RSC agency within three business days of receipt by BHD.
    c) The Provider may contact BHD one week prior to the authorization lapse date to inquire about the status of the request.
    d) Failure to follow these timelines may result in a lapsed period of authorization for which services will not be reimbursable.
4. Emergent/urgent cases in Dimensions 1, 2, or 3 of the ASAM must be referred to the appropriate emergency provider (i.e. detoxification, emergency room, or Psychiatric Crisis Services).
5. Emergent/urgent cases in other Dimensions of the ASAM shall follow the process outlined above in #3 of this memo. The Provider may provide additional clinical supports within the limits of the existing authorization to the patient until the SAR is processed and a final determination is rendered.
    a) The RSC may request additional ancillary services and notify BHD by writing "URGENT" on the request for ancillary services to mitigate the emergent/urgent needs of the client as the SAR is processed.
6. Clinical providers will be notified by BHD of both approvals and denials through the "Authorization View" advisement that is faxed to the Provider the same day a decision is rendered. The Provider has two business days to submit clarifying documentation to the BHD Administrative Coordinator identified on the "Authorization View" advisement. Documentation submitted after two business days will not be considered. BHD will reconsider requests within three business days of receipt of additional documentation and notify the provider of the final decision through the "Authorization View" advisement. The Provider is not authorized to render new services for reimbursement during the review process.
7. Ancillary providers will be notified by BHD of both approvals and denials through the "Authorization View" advisement that is faxed to the Provider the same day a decision is rendered. There is no review process for denials of ancillary services. A SAR may be resubmitted if the updated Single Coordinated Care Plan supports the requested service.

II. Billing

1. Providers must utilize the preprinted Service Capture Worksheet (SCW) generated by BHD within 2 weeks of initiating service. If the provider does not receive preprinted SCWs within two weeks, then the provider must contact the originating CIU to resolve the discrepancy or the RSC for ancillary services.

2. Providers are required to submit SCWs within 7 business days of the provision of service for which there is a valid prior authorization to obtain reimbursement from BHD.
3. Failure to submit SCWs within 60days following the last day of the month in which the service was rendered, will result in the SCWs being denied payment as a "stale" claim. BHD will not reimburse any Provider for SCWs submitted after 60 days from the last day of the month in which the service was rendered.
4. Providers must notify BHD in writing of reconciliation errors within 14 calendar days of the date of the Explanation of Benefits (EOB) provided by BHD for payments rendered or within 30 days of submission of SCWs if the provider receives no EOB. Notification must include the following:
    a) Client name and BHD generated case number
    b) BHD authorization number
    c) Date of service, units of service and service code

    Failure to notify BHD with this information or within this timeline will result in non-consideration of reconciliation requests. Notification must be addressed to Jena Scherer, fax (414) 257-8198 or email jscherer2@milwcnty.com.

The notification deadline for all notifications outlined above is when it is received by BHD, not the postmark date if it is mailed. It is the Provider's responsibility to ensure that documentation is received by BHD. BHD date stamps all incoming documentation the day it is received. Email notification or fax with confirmation sheet can be used in lieu of hand-delivering documentation to BHD.

Instituting these guidelines requires sound business practices on the part of Providers. Whereas the majority of Providers have been able to comply with established BHD protocols in regards to authorization and billing, some providers have had difficulty submitting information in a timely manner. BHD makes available to all Providers on a weekly basis a variety of reports to monitor their internal authorization and billing, including an "Authorization Usage Report", an "Authorized Service Alert", and an "Authorization Approvals / Denials / Pending" report completed in the past 7 days. It is incumbent upon Providers to utilize these reports to monitor current authorization and billing.