**Frequently Asked Questions**

Q. Who is the new Quality Improvement Organization (QIO) for SC Medicaid?

**A. Keystone Peer Review Organization (KePRO).**

Q. When did KePRO begin operating as the new QIO?

**A. June 1, 2012.**

Q. How do I obtain prior authorizations and what number do I call:

**A. Complete instructions for obtaining a PA are posted on QIO’s website at** [**http://scdhhs.kepro.com**](http://scdhhs.kepro.com)

Q. What is the process for obtaining a PA when a recipient receives retroactive Medicaid?

**A. Requests for a PA when a member becomes eligible for Medicaid after the service is performed require the presence of a document that shows the date the member became Medicaid eligible. The request must indicate that it is a retro case.**

Q. If Medicare is the primary payor, is a Medicaid PA required for an admission?

**A. If Medicare makes a zero payment and Medicaid becomes primary payor, the PA is required. If the member has Medicare Part B only, the admission requires a PA.**

Q. Where can I find a list of services that require prior authorization by the QIO?

**A. Please refer to your respective Medicaid provider manuals for a list of services that require a PA from KePRO, or visit KePRO’s website at heet://scdhhs.kepro.com**

Q. Will the PA specify a certain number of days for an inpatient admission?

**A. No**

Q. If the physician initiates the PA request, can the rendering hospital see the request in the system.

**A. Yes, as long as the rendering hospital is listed in the web portal by the initiating physician.**

Q. Will KePRO prior authorize services for a patient who is a member of an MCO?

**A. KePRO will only authorize a transplant for members in an MCO.**

Q. What is the time frame to obtain a PA for a patient who is admitted to the hospital directly from the physician’s office?

**A. 1 business day from the date of the admission for emergencies. If the patient is sent to the hospital from the physician’s office you have 1 business day.**

Q. If a hospital provider uses InterQual internally, is it necessary to submit a PA request?

**A. Yes. You are still required to submit a PA request.**

Q. If a patient is admitted to the hospital with premature labor, but does not deliver, is a PA required?

**A. Yes, a PA is required.**

Q. Is a PA required for an observation stay?

**A. No. Observation is an outpatient service and does not require a PA**.

Q. If a patient is admitted for a surgery that requires a PA, is a PA needed for the inpatient admission and the CPT code?

**A. KePRO will issue an authorization number for the inpatient stay that must be shared with the rendering physician for payment of the surgery .**

Q. What is the age requirement for therapy prior authorizations?

**A. Prior authorizations are required for patient age 21 and over. For members that are less than 21, a PA is required if the member exhausts their fiscal year limits.**

Q. If an observation stay turns into an admission, is a PA required?

**A. Yes**

Q. What should you do when you do not know the diagnosis code at the time of admission?

**A. A diagnosis code must be entered and submitted for the PA request. The initial diagnosis code provided may not be the same as the discharge diagnosis. The review is focused on the clinical documentation, not the diagnosis code.**

Q. If a patient is discharged and re-admitted within 72 hours or less than 30 days, is a new PA required?

**A. Yes. Each new admission requires a new PA #.**

Q. What is required if a planned admission is postponed?

A**. Providers should contact KePRO customer service center.**

Q. What is current response time for a request from KePRO for additional documentation?

**A. The documentation must be submitted within 2 business days.**

Q. What is the difference in reconsideration and appeal?

A**. Providers may request a reconsideration of a denial made by the QIO within 60 days of the date of the letter of denial. Appeals are requested at the time a final denial is issued.**

Q. Will KePRO price custom orthotic codes?

**A. No. KePRO is not responsible for pricing services.**

Q. Can Therapy cases be submitted on already existing cases?

**A. Yes, please submit all requests for extensions and additional units utilizing the already approved case id. Do no create a new case if the client already has a case approved with your facility**.

Q. What is the timeframe to submit PRTF concurrent review?

**A. Provider can submit concurrent reviews of PRTF placements within 14 days of the requested SOC date**

Q. Is prior authorization required from KePRO if a patient has commercial insurance/Medicare primary?

**A. If a patient has primary commercial insurance/Medicare primary then claim needs to be submitted to commercial insurance/Medicare first and then once the claim has been denied, then the request should be submitted to Kepro with the denial notice of non-payment. However if the claim is denied for not being medically necessary. Kepro will not review for medical necessity**

Q. Who is allowed to complete and sign the MH Form?

**A. The treating person at the FQHC can complete the MH Form. The MH Form must be signed by the Physician, APRN, or non Physician Practitioner**

Q. When is prior authorization required for children psychotherapy encounters?

**A. Prior Authorization is required by KEPRO once the member has utilized 12 encounters**

Q. What is considered required documentation for 96101 and H0002?

**A. MH Form with coversheet. Clinical documentation is not required.**

Q. What is considered a valid Screening tool?

**A. Screening tool cannot exceed 60 days**