

C. Physician Authorization

Process for Obtaining Physician Authorization.....	2
Hand Changes to Physician Authorization Form.....	3
Review of Physician Authorization Before Billing	3
Frequently Asked Questions	3&4
Sample Physician Letter	5
Sample Physician Authorization Form	6
Physician Authorization Form	7

C. Physician Authorization

Before services other than case management can be billed to Medicaid, it needs to be determined that the services are medically necessary. The federal law allows for billing of IEP services but this does not eliminate the need to document the IEP services just like other medical services. A physician's authorization for the services must be obtained prior to submitting claims to Medicaid. A Release of Information must be on file before a Physician Authorization can be requested. All medical services must be prescribed by a physician, doctor of osteopathic medicine, a physician's assistant or a nurse practitioner.

PROCESS FOR OBTAINING PHYSICIAN AUTHORIZATION

The physician's name can be obtained from the Release of Information form. (See Section B.) If the physician's name is not indicated on the release form, or a student does not have a current physician, the supervisory union will need to contact the legal guardian for the information. This information may also be available through the Vermont Medicaid system or your field representative for those students enrolled in a Medicaid managed care plan.

A copy of a sample letter requesting the physician's signature on the authorization form is found on page 4 of this section. It is important to include with the letter the student's information needed by the physician. (To locate physician information, refer to the provider look-up at www.vtmedicaid.com). Individual physicians may want any of the following prior to making a decision as to whether the services are medically necessary:

1. Copies of the IEP cover sheet and services page of the student's current IEP, and
2. Copy of the student's most recent special education evaluation.

Enclosed with the letter is the Physician Authorization Form for which the physician's signature is being requested. The supervisory union staff may complete as much of the authorization form as they can from the current IEP.

The physician will review the information provided and decide whether to sign the Physician Authorization Form. If the physician does not respond to the letter, the supervisory union staff will need to contact the physician's office to determine the status of the authorization form. The physician may have questions or may not have received all the information that he or she feels necessary for making a decision. If the physician decides not to sign the authorization, then no billing to Medicaid can take place for the IEP.

The Physician Authorization Form must be signed at least once a year for each new IEP. If an IEP is amended during the year, a new authorization is needed if there is an increase in services to be provided under the new IEP. If the IEP is amended to decrease services, a new authorization is not required but Medicaid can only be billed for the decreased level of services.

Medicaid reimburses physicians \$34.00 for reviewing an IEP. The physician bills Medicaid directly, not through the school district. For the physicians' reference, the billing code is **H2000 TM**. (Billing for this procedure code **does not** require a face-to-face visit.). This procedure code can be billed more than once a year.

Physician Authorization forms are valid for one year. The from and through dates on the top of the form can not exceed one year and must be written in mm/dd/yy format. Best practice is to

have the from and through date on the Physician Authorization form match the initiation and duration dates on the IEP.

HAND CHANGES TO PHYSICIAN AUTHORIZATION FORM

Physician Authorization forms are typically completed electronically. If a form is completed electronically and the clerk realizes that a change to either a date or a service needs to be made **PRIOR** to sending to the physician, the form needs to be corrected electronically and reprinted.

If a form is completed electronically and the clerk realizes that a change to either a date or a service needs to be made **AFTER** being signed by the physician, the clerk can either reprint and resubmit the form for signature or can call the physician and obtain telephone permission for the changes and note the date the physician approved the changes.

When a Physician Authorization form is completed by hand and a change is needed, the change should be initialed by the clerk if made prior to sending to the physician. If the change is needed after the physician has signed, obtain telephone permission for the changes and note the date the physician approved the changes.

If a physician makes a change to the Physician Authorization form, the change must be initialed by the physician. If the physician does not initial the change, the clerk needs to obtain telephone permission, and note the date the physician approved the changes.

REVIEW OF PHYSICIAN AUTHORIZATION BEFORE BILLING

Once the signed Physician Authorization is received, it needs to be reviewed. Only those services listed on the student's IEP and authorized by the physician can be billed. Services can only be billed for the time period covered by the authorization. If a service listed on the IEP was not authorized by the physician, the supervisory union can not submit Medicaid claims for that service. The supervisory union could send a second request to the physician to have the omitted service included. The signed Physician Authorization form is filed in the student's Medicaid file. **Upon receipt the form should be date stamped.**

FREQUENTLY ASKED QUESTIONS

If an IEP was amended at any time during the year, is a new Physician Authorization form needed?

A new Physician Authorization form is needed if the IEP is amended during the year requiring an increase in services or additional services.

Can physicians from border states such as New Hampshire and New York get reimbursed by Medicaid for review of IEPs?

These physicians would need to be enrolled as Vermont Medicaid providers in order to receive reimbursement from Vermont Medicaid.

Who can sign the Physician Authorization Form?

A physician, doctor of osteopathic medicine, physician's assistant or a nurse practitioner can sign the Physician Authorization Form.

Can a supervisory union use a consulting physician to sign Physician Authorization forms?

A supervisory union can use a consulting physician to sign Physician Authorization forms. Parents have the right to refuse the use of a consulting physician and can require that only their child's physician review their child's records.

Can we still process claims if a doctor signs the physician form but indicates that some of the services are not medically necessary?

If the physician signs the form and makes a note that some of the services are not medically necessary, then Medicaid can not be billed for those services. Medicaid can be billed for the services that are approved as medically necessary.

What if a physician will not sign the Physician Authorization form because he or she will not get paid because time limits have expired for payment for the physician review?

The physician signature date is the date that should be billed by the physician to Medicaid. Therefore no claim should be past the six month limit.

When is a new physician authorization needed for summer services?

If the IEP dates only include the school year, a new physician authorization is required if an IEP amendment is done to include summer services. If the IEP was for a full calendar year and included the summer service or indicated that appropriate summer services would be determined later, the physician authorization for the original IEP serves as the authorization. The only exception is if the physician specifically excluded the summer services from his authorization.

SAMPLE PHYSICIAN LETTER

(Use your letterhead paper)

(Insert Date)

(Insert Physician's Name
and mailing address)

Dear (insert physician's name):

(Insert name of student) is enrolled in a special education program at (insert name of school district). As part of his or her Individualized Education Plan (IEP), several health-related services have been identified as necessary to enable success in school.

In order for the supervisory union to bill Medicaid for services provided by the school, a physician must authorize these services as medically necessary.

Please review the information on the attached form and indicate your approval by signing and returning the form within a two-week period. If you have questions or need additional information about the student's IEP, please contact (insert Medicaid clerk's name) at (insert phone number).

You will receive reimbursement of \$34.00 from Medicaid for your time spent in reviewing this case by submitting a claim to HP Enterprise Services in the usual manner using the Procedure Code **H2000 TM**. The signature date is the service date that should be billed to HP Enterprise Services. There is no limit to the number of IEP reviews (procedure code H2000 TM) that can be submitted in a year.

Thank you for your assistance.

Sincerely,

(insert your name and title)

Enclosures: Copy of cover sheet and service pages of the student's most recent IEP
Copy of student's most recent special education reevaluation
Physician Authorization form

PHYSICIAN AUTHORIZATION FORM

Student Name: Thomas Jones

Please return to:

Date of Birth: 12/25/1992

Vermont Supervisory Union

Primary Educational Disability: Speech & Language Impaired

Elm Street

Physician: Marcus Welby

Montpelier, VT 05620

Health related services included in this child's IEP for one year from 06/07/02 through 06/07/03.

Services	How Long	How Often
<input type="checkbox"/> Developmental & Assistive Therapy (Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive and psychomotor/fine motor skills development. Services include the application of techniques and methods designed to overcome disabilities, improve cognitive skills and modify behavior.)	_____	_____
<input type="checkbox"/> Medical Consultation	_____	_____
<input type="checkbox"/> Mental Health Counseling	_____	_____
<input type="checkbox"/> Nutrition Services	_____	_____
<input checked="" type="checkbox"/> Occupational Therapy	30 min	2 x's/wk
<input type="checkbox"/> Personal Care	_____	_____
<input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Rehabilitative Nursing Services	_____	_____
<input checked="" type="checkbox"/> Speech, Hearing & Language Services	60 min	2 x's/wk
<input type="checkbox"/> Vision Care Services	_____	_____

I have reviewed these health-related services and certify that they are medically necessary.

Marcus Welby

6/13/02

Physician's Signature

Date

Primary Medical Diagnosis (optional): Speech and Language Impaired

Revised: July 2006

Date Received by Supervisory Union: _____

PHYSICIAN AUTHORIZATION FORM

Student Name:

Please return to:

Date of Birth:

Primary Educational Disability:

Physician:

Health related services included in this child's IEP for one year from _____ through _____.

Services	How Long	How Often
_____ Developmental & Assistive Therapy (Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive and psychomotor/fine motor skills development. Services include the application of techniques and methods designed to overcome disabilities, improve cognitive skills and modify behavior.)	_____	_____
_____ Medical Consultation	_____	_____
_____ Mental Health Counseling	_____	_____
_____ Nutrition Services	_____	_____
_____ Occupational Therapy	_____	_____
_____ Personal Care	_____	_____
_____ Physical Therapy	_____	_____
_____ Rehabilitative Nursing Services	_____	_____
_____ Speech, Hearing & Language Services	_____	_____
_____ Vision Care Services	_____	_____

I have reviewed these health-related services and certify that they are medically necessary.

Physician's Signature

Date

Primary Medical Diagnosis (optional): _____