

PT/OT AND HOME HEALTH FAQ'S

If a member is getting PT and OT do initials need to be done for both areas?

Yes, an initial must be sent in for both. Just as a reminder the initial 20 visits are for PT and OT combined.

If a member has I/DD waiver do they need to exhaust their waiver budget before obtaining the 20 initial visits?

No a member is entitled to their 20 initial visits, the member must however exhaust their waiver budget before applying for any established requests.

If a member is seen for both PT and OT in the same day does it count as one visit or two?

It counts as just one visit.

Can initials be sent in before the new calendar year starts? (January 1st)

Yes initials can be sent in now.

What is the max number of units allowed per visit?

As far as we know there is no max, however we would recommend calling Molina to confirm. Their number is 304-348-3200.

On January 1st, do all of the Medicaid members need to be re-entered into the system as initial, even if they are associated with a current treatment plan?

January 1st is the first day of the new calendar year. You would need enter it into the C3 system as if you have never seen that patient before, even though it's a continuation of treatment for the member.

Which are being used units or visits?

Technically Both. Initially the member is given 20 visits. For the first 20 visits there is no set amount of units in a visit (that we know of). After the patient has used the first 20 visits and an established request has been submitted, the nurse will begin to review prior authorization requests for medical necessity. That is when units will start being used. You will have to calculate units approved into visits.

Example: The member has been approved for 24 units for each modality.

$24 \times .25$ (1 unit = 15 minutes) = 6. This patient has been approved for 6 more visits.