

Nursing Facility Mechanical Ventilation Services

Purpose

Requests for authorization of mechanical ventilation services provided in a nursing facility are submitted via the Georgia Web Portal utilizing the *Nursing Facility Mechanical Ventilation Services* online form. A Mechanical Ventilation Services PA can be entered using the applicant's Medicaid ID number; or, if the applicant is not a Medicaid recipient, the applicant's Social Security Number (SSN). In order to request authorization for mechanical ventilation services, Providers must have a category of service of 110 or 160, and be approved as a mechanical ventilation service provider by the Department of Community Health.

Web Entry Instructions

Follow these instructions to enter a Mechanical Ventilation Services request:

1. Go to the **Georgia Web Portal** at www.mmis.georgia.gov and log in using your assigned user name and password.
2. On the *Secure Home* page, select **Prior Authorization**; then **Submit/View**.
3. Select **Nursing Facility Mechanical Ventilation Services**.
4. On the *New Request for Prior Authorization* page, the requesting Nursing Facility provider ID is system populated in the 'Vent Provider ID' box.
5. Enter the member's Medicaid ID **OR** if the individual does not have Medicaid ID, enter the individual's Social Security Number (SSN). **Do not enter both**.

New Request for Prior Authorization

The Requesting Provider ID is a unique value assigned to identify a provider performing a service for a prior authc from the 'Find Provider ID' link.

Nursing Facility Mechanical Ventilation Services

Please enter the Member's ID or the SSN. Do not enter both.

To find a member or provider ID click the next to the ID box

Member Medicaid ID: 33300000300

Social Security Number : ___-__-___

Vent Provider ID :

Submit

Figure 1

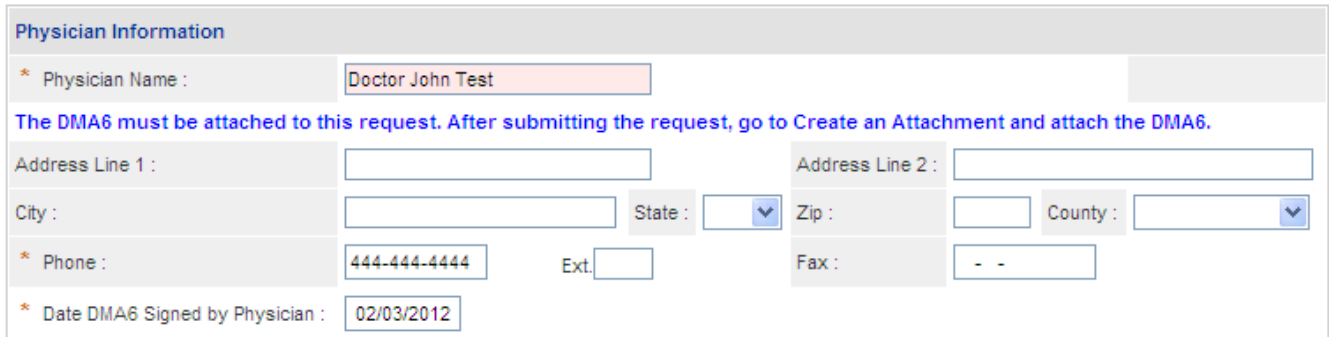
6. Click **Submit** to open the request form.
7. The system populates the requesting provider information on the form; and, if the patient is a Medicaid recipient, the patient's Medicaid ID, Last Name, First Name, Date of Birth, Gender and SSN are also populated.
8. If the patient is not a Medicaid recipient, the SSN previously entered displays in the 'Social Security Number' box; and the following information must be entered:
 - **Name:** Enter the patient's last name in the 'Last Name' box, and the patient's first name in the 'First Name' box. A middle initial and suffix are optional.
 - **Date of Birth:** Enter the patient's date of birth or use the calendar popup to select the date of birth.
 - **Gender:** Enter the gender of the patient by selecting the gender type from the drop list.

Physician Information:

This section captures information about the resident's physician including the date that the physician signed the DMA-6.

9. Enter the Physician's first and last name in the 'Physician Name' box (required).
10. Physician address information is not required but may be entered.
11. Enter the Physician's phone number (required).

12. Enter the date that the physician signed the DMA-6 (required).



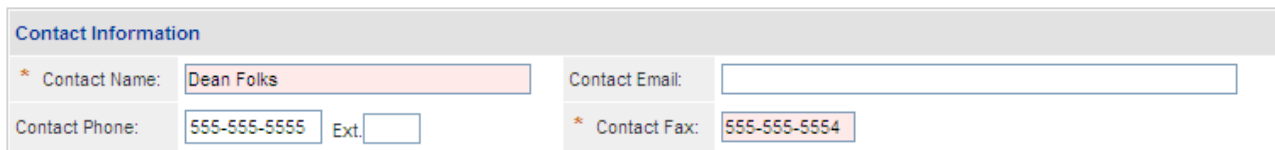
Physician Information	
* Physician Name :	Doctor John Test
The DMA6 must be attached to this request. After submitting the request, go to Create an Attachment and attach the DMA6.	
Address Line 1 :	
Address Line 2 :	
City :	State : <input type="button" value="v"/>
Zip :	County : <input type="button" value="v"/>
* Phone :	444-444-4444 Ext. <input type="text"/>
Fax :	- -
* Date DMA6 Signed by Physician :	02/03/2012

Figure 2

Contact Information:

The system pulls in the nursing facility provider’s contact information.

13. Enter contact information that is required (name, phone and fax) but is missing.



Contact Information	
* Contact Name:	Dean Folks
Contact Email:	
Contact Phone:	555-555-5555 Ext. <input type="text"/>
* Contact Fax:	555-555-5554

Figure 3

Request Information:

This section captures recommendation type, admission date, release of information code, place of service, admission type, and PASRR Level I information.

- 14. Select the ‘Recommendation Type’ by clicking the *Initial Placement* or *Continued Placement* button.
- 15. If initial placement is selected, a box for the ‘Initial Admission Date/Planned Admission Date’ displays. Enter the date of initial admission to the nursing facility, or the date the admission is planned to the mechanical ventilation unit.
- 16. If continued placement is selected, a box for the ‘Continued Placement Start Date’ displays. Enter the date that begins the continued placement stay for mechanical ventilation services.

- 17. Select the type of release of information consent applicable to the patient’s admission by clicking the consent type from the ‘Release of Info Code’ drop list. If not known, select *Plan Sponsor*.
- 18. The ‘Place of Service’ defaults to *Skilled Nursing Facility*. No action is required.
- 19. Select the applicable ‘Admission Type’ from the drop list: *Elective*, *Emergency* or *Urgent*. If *Urgent* or *Emergency* is selected, please explain why the admission is an emergency or is urgent in the ‘Justification for Services’ box located at the bottom of the request form.
- 20. If the resident has an approved Level I PASRR, enter the 12 digit authorization number in the ‘Level I PASRR Approval Number’ box, and then enter the approval date in the ‘Level I PASRR Approval Date’ box.

The screenshot shows the 'Request Information' section of a form. The 'Recommendation Type' is set to 'Initial Placement' (radio button selected). The 'Initial Admission Date/Planned Admission Date' is 02/03/2012. The 'Release of Info Code' is 'Informed Consent'. The 'Place of Service' is 'Skilled Nursing Facility'. The 'Admission Type' is 'Elective'. The 'Level I PASRR Approval Number' is 112020199999 and the 'Level I PASRR Approval Date' is 02/01/2012.

Figure 4 – Initial Placement

The screenshot shows the 'Request Information' section of a form. The 'Recommendation Type' is set to 'Continued Placement' (radio button selected). The 'Continued Placement Start Date' is 02/03/2012. The 'Initial Admission Date' is empty. The 'Initial Request ID' is empty. The 'Release of Info Code' is 'Informed Consent'. The 'Place of Service' is 'Skilled Nursing Facility'. The 'Admission Type' is 'Elective'. The 'Level I PASRR Approval Number' is 112020199999 and the 'Level I PASRR Approval Date' is 02/01/2012.

Figure 5 – Continued Placement

Continued Placement – Vent Weaning:

If continued placement is selected as the recommendation type, two questions regarding vent weaning display. Responses to these questions are required.

- 21. Click *Yes* or *No* to indicate whether or not at least two vent weaning attempts have been made in the last 90 days.

- 22. If *No* selected, indicate whether or not weaning is feasible at this time by clicking Yes or No.
- 23. If *No* selected, describe in the box provided, the reason or reasons that vent weaning is not possible at this time

Have at least two vent weaning attempts been made in the last 90 days?
 Yes No

If No, is vent weaning feasible at this time?
 Yes No

If No, describe why patient is currently unsuitable for vent weaning.
 Describe why vent weaning is not feasible at this time.

Figure 6

Diagnosis on Admission to Mechanical Ventilation Unit:

This table captures the ICD-9 diagnosis code (or codes) associated with the patient’s condition which necessitates mechanical ventilation services. At least one diagnosis code must be entered.

- 24. Enter the ICD-9 code in the ‘ICD-9’ box. If the ICD-9 has a decimal point, include the decimal point when entering the code. If you do not know the diagnosis code, it is possible to search for the code by using the search function (spy glass) and entering the diagnosis description. Select the diagnosis from the search results and the system will insert the ICD-9 code.
- 25. The system inserts the diagnosis description when the diagnosis is added.
- 26. Enter the date that the diagnosis was determined in the ‘ICD-9 Date’ box. If not known, enter the nursing facility admission date or the planned ventilation unit admission date. Enter the date manually or select from the calendar popup.
- 27. Click the ‘Primary’ checkbox to indicate that the diagnosis is the primary diagnosis; and click the ‘Admission’ checkbox to indicate that the diagnosis is the admission diagnosis. **Note:** If only one diagnosis is entered, the system will select that diagnosis as primary.
- 28. Click **Add** at the end of the diagnosis line. **You must click Add to add the diagnosis information to the request.**

* Diagnosis on Admission to Nursing Facility Mechanical Ventilation Unit					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
769	RESPIRATORY DISTRESS SYN	02/01/2012	Yes	Yes	<input type="button" value="EDIT"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="02/01/2012"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="ADD"/>

Figure 7

29. Repeat the same process to add other diagnosis codes, if necessary. Remember to click **Add** after each addition.

Admission and Continued Stay Criteria:

This section consists of a series of questions related to mechanical ventilation services admission and continued stay policy. **A response to each question is required.**

30. Respond *Yes* or *No* to each question.

Admission/Continued Stay Criteria :
(All questions are required)
Supporting Documentation for each criterion may be reflected on the DMA-6 section noted in the parentheses or through attached documents as indicated.

- * Health condition requires close medical supervision, 24 hours a day of licensed nursing care, and specialized services or equipment (Section B12 on DMA-6). Yes No
- * Requires mechanical ventilation greater than six (6) hours a day per day for greater than twenty one (21) days. (Section B Diagnostic and Treatment Procedures on DMA-6). Yes No
- * Has a tracheostomy with the potential for weaning but require mechanical ventilation for a portion of each day for stabilization. Yes No
- * Admission from hospitalization or other location shall demonstrate two (2) weeks clinical and physiologic stability including applicable weaning attempts prior to transfer. (Section B Diagnostic and Treatment Procedures on DMA-6). Yes No
- * Requires pulse oximetry monitoring to check stability of oxygen saturation levels. (Section B Diagnostic and Treatment Procedures on DMA-6). Yes No
- * Requires respiratory assessment and documentation daily by a Licensed Respiratory Therapist or Registered Nurse. (Section B Diagnostic and Treatment Procedures on DMA-6). Yes No
- * Have a physician order for respiratory care to include suctioning as needed. (Section B Diagnostic and Treatment Procedures on DMA-6). Yes No
- * Requires tracheostomy care at least daily. (Section B Diagnostic and Treatment Procedures on DMA-6). Yes No

Figure 8

Other Admissions and Diagnosis at Discharge from Most Recent Admission

This section captures the patient’s recent hospitalizations/admissions. If the request is for an initial placement, information about the most recent discharging facility is required. This could be a hospital or another facility, such as a nursing facility. If the request is for a continued placement, enter any acute hospitalizations since the last vent authorization period.

31. Enter the name of the hospital or facility in the ‘Hospital/Facility’ box.

32. Enter the date admitted in the ‘Admit Date’ box.

33. Enter the date discharged in the ‘Discharge Date’ box.

34. Explain the reason for admission in the ‘Reason for Hospitalization’ box.

35. Click **ADD** to add the information to the request.

36. Repeat the process to add other hospitalizations/admissions.

Hospital Admissions

If initial placement requested, enter the most recent hospitalization. If continued placement requested, list any acute hospitalizations since last vent authorization period began.

Hospital/Facility	Admit Date	Discharge Date	Reason for Hospitalization	
Test Hospital	01/24/2012	01/27/2012	Severe respiratory distress	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD

Figure 9

37. To document the diagnosis at discharge from the most recent admission, enter the ICD-9 code for the discharge diagnosis in the 'ICD-9 Code' box (optional).
38. Select the diagnosis as primary, if applicable.
39. Click **ADD** to add the discharge diagnosis to the request. The system inserts the 'ICD-9 Description'.

Diagnosis at Discharge from Most Recent Hospital Stay

ICD-9 Code	ICD-9 Description	Primary	
769	RESPIRATORY DISTRESS SYN	Yes	EDIT DELETE
<input type="text"/>	<input type="text"/>		ADD

Figure 10

Medications and IVFs:

This section records the patient’s medications including intravenous fluids.

40. Select a drug category from the 'Name' drop list.
41. Enter the dosage for the medication in the 'Dosage' box.
42. Select the administration route from the 'Route' drop list.
43. Select the frequency of administration from the 'Frequency' drop list.
44. Click **ADD** to add the drug information to the request.
45. Repeat the same process to add other medications.

Medications and IVFs				
Name	Dosage	Route	Frequency	
Anti-inflammatory	10mg	Oral	Regular	EDIT DELETE
Bronchodilator	10mg	Oral	Regular	EDIT DELETE
Antihypertensive	20mg	Oral	Regular	EDIT DELETE
Sed/hypnotic	10mg	Oral	PRN: As Necessary	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD

Figure 11

Vent Use and Other Treatment Procedures

This section captures mechanical ventilation services information. Six service types are pre-populated on the treatment table: O2 Continuous, Trach Care, Respiratory Therapy, Pulse Oximetry, Ventilator and O2 PRN. The frequency of these services must be entered. In addition, other treatment procedures may be selected and added.

Follow this process, to enter the frequency for the required services and add other treatment information:

- 46. Click the **EDIT** button for the first treatment.

Vent Use and Other Treatment Procedures		
A frequency must be added for each of the treatments displayed. Click Edit on the treatment line and the treatment will display at the bottom of the table. Enter the frequency in the box provided and then click Save.		
Type	Frequency	
O2 Continuous		EDIT
Trach Care		EDIT
Respiratory Therapy		EDIT
Pulse Oximetry		EDIT
Ventilator		EDIT
O2 PRN		EDIT
<input type="text"/>	<input type="text"/>	ADD

Figure 12

47. When edit is clicked, the treatment type displays at the bottom of the table. Enter the frequency for the treatment and then click **SAVE**.

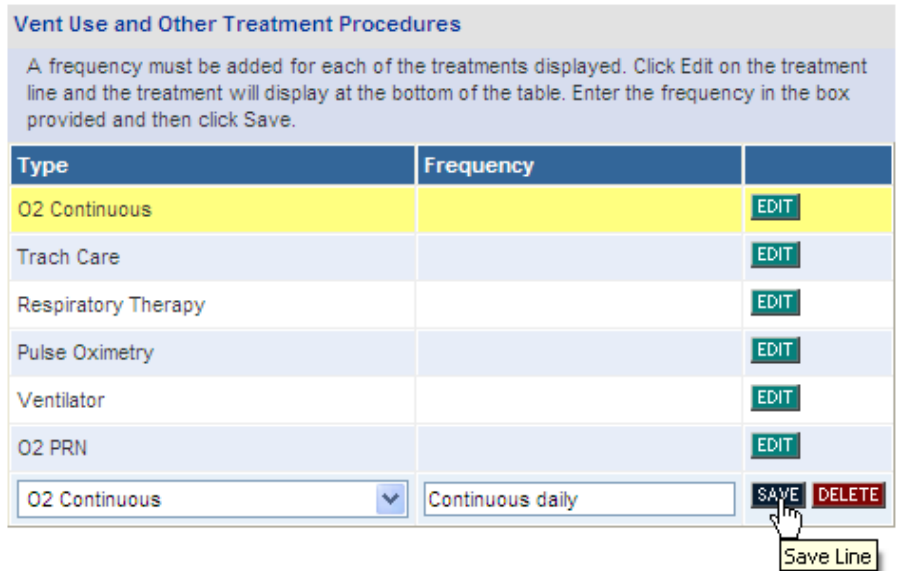


Figure 13

48. The treatment and frequency are saved and added to the request.



Figure 14

49. Click the **Edit** button for the next treatment and follow the same process to add a frequency for the treatment and save. Continue with the same process for each required treatment.

50. Other treatment procedures, which are part of the patient’s plan of care, may be added to the request. At the bottom of the table, below O2 PRN, click the down arrow to display other treatment procedure types. Select a treatment procedure; enter the frequency of the treatment; and then click **ADD**.

Vent Use and Other Treatment Procedures

A frequency must be added for each of the treatments displayed. Click Edit on the treatment line and the treatment will display at the bottom of the table. Enter the frequency in the box provided and then click Save.

Type	Frequency	
O2 Continuous	Continuous daily	EDIT
Trach Care	Bid	EDIT
Respiratory Therapy	Once a day	EDIT
Pulse Oximetry	Twice a week	EDIT
Ventilator	10 hours a day	EDIT
O2 PRN	PRN	EDIT
Foley Catheter Care	Daily	EDIT DELETE
Intake & Output	Continuous	EDIT DELETE
<input type="text"/>	<input type="text"/>	ADD

Figure 15

Ventilator Settings:

51. For each ventilator setting, enter the numerical amount in the boxes provided. The box for FiO2 includes a decimal point, and the system inserts a ‘0’ if only two digits are entered.

O2% : Peep : FiO2 : Resp Rate Setting :

Figure 16

Treatment Plan:

This text box captures a summary of the patient’s treatment plan.

52. Summarize the plan of care including medications and treatments not previously noted, and any other services to be provided to the patient.

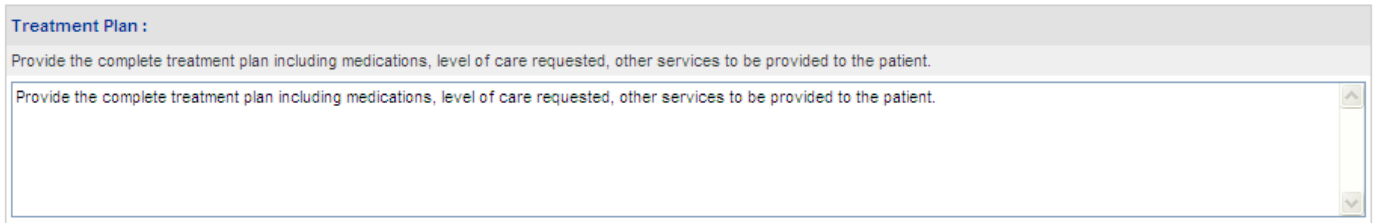


Figure 17

Justification and Circumstances for Admission or Continued Placement

This textbox captures the justification for the mechanical ventilation services. Explain why the services are medically necessary. In addition, if urgent or emergency was selected as the admission type, provide clinical justification supporting the need for urgent or emergency admission.

- 53. Enter the justification and circumstances for the admission or continued placement in the box provided.

- 54. Enter the name of the RN who completed the DMA-6 in the ‘Name of MD/RN Signing Form’ box; and then enter the date signed in the ‘Date Signed’ box.



Figure 18

- 55. When all data is entered on the request form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If the *Attestation Statement* does not display when **Review Request** is selected; or a message displays that ‘information is missing or incorrect’, scroll up the page to find what is missing or incorrect. ‘**Required**’ displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.

- 56. Click **I Agree** in response to the *Attestation Statement* to confirm that all information entered is true and in accordance with Department of Community Health policy.

- 57. Review the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.

- 58. When the request is successfully submitted, the system displays the pending PA tracking number.