Prior Authorizations (PAs) are required for inpatient admissions, various procedures, prescription medications and physical and occupational therapy for our members.

This document explains how to request a prior authorization online. Please refer to the Participating Physician and Other Health Care Professional Office Manual for the most comprehensive information.

The processes described may not apply to the Federal Employee Program® (FEP®) and some national accounts.
Utilization Management

Utilization Management includes inpatient admissions, durable medical equipment, selected operative and medical procedures, private duty nursing, home health care and nonemergency medical transportation.

Most utilization management functions will be processed using CareAffiliate, an online case management tool. Simply log into NaviNet.net and select Horizon Blue Cross Blue Shield of New Jersey from the My Health Plans menu. Mouse over Referrals and Authorization and select Utilization Management Requests. You will be directed to the eviCore healthcare home page to log in and begin your request.

Physical and occupational therapy (PT/OT) authorizations are managed through our PT/OT online tool. See page 4 for information.

Be sure to confirm your patient’s benefits and eligibility. Select Horizon BCBSNJ from the My Health Plans menu, mouse over Eligibility & Benefits and select Eligibility & Benefits Inquiry. You can also call 1-800-624-1110 to speak with a Physician Services representative, Monday through Friday between 8 a.m. and 5 p.m., Eastern Time (ET) or use our Interactive Voice Response (IVR) system.

A physician services representative can provide written documentation that a service does not require a PA.

You should also review our medical policies to determine if the services you are providing/billing are impacted at HorizonBlue.com/medicalpolicy.
eviCore healthcare

eviCore healthcare manages our radiology, radiation therapy, cardiology and pain management programs. To obtain a PA or MND, visit eviCore.com and select Authorization/Eligibility Lookup.

You can also reach eviCore healthcare by calling 1-866-496-6200 or by fax:

- 1-800-637-5204 (Radiology services)
- 1-888-785-2480 (Cardiology services)
- 1-800-649-4548 (Pain management services)

Horizon Behavioral HealthSM

ValueOptions® administers the Horizon Behavioral Health Program for eligible members and covered dependents enrolled in Horizon BCBSNJ’s commercial and Medicare Advantage plans. Prior to beginning a course of outpatient treatment and/or a nonemergency admission, providers must verify member eligibility and obtain authorization or certification, where applicable, through NaviNet®.

Providers must have an ID number to access online services at ValueOptions.com/providers. New and current providers must fax a completed Account Request Form to 1-866-698-6032. Be sure to mark the box for Horizon Behavioral Health Authorization.

For questions concerning the form, call the eSupport Services Help Desk at 1-888-247-9511, Monday through Friday, between 8 a.m. to 6 p.m., ET.

For additional information, call 1-800-626-2212.
Physical/Occupational Therapy

In most cases, Horizon BCBSNJ authorizes the initial 25 visits of outpatient physical therapy or occupational therapy (PT/OT) services upon receipt of an initial claim from a participating physical therapist or occupational therapist. You will no longer need to obtain a prior authorization for an initial 25 visits of PT or OT services. Eligibility and benefits must be confirmed prior to providing the service.

A prior authorization must be obtained in the following situations:

- Other PT/OT services have already been authorized in the current calendar year.
  - Review annual benefit limits.
- Diagnosis-related temporomandibular joint (TMJ) disorders.
  - Review for benefit and medical necessity.
- Treatment for work-related injuries.
- Patients under 19 years of age.
  - Review for medical necessity.
- Pre-existing condition clause on the member’s policy.
  - Limited applicability under Health Care Reform.
- More than 25 visits are required.
- All services from nonparticipating physicians or other health care professionals.

Prior authorizations can be requested using our online Physical and Occupational Therapy Authorization tool available on NaviNet.net.

Please remember that you still must check member eligibility and benefits by logging on to NaviNet prior to treating the patient. Claims processing and reimbursement for services provided are subject to member eligibility and all member and group benefits, limitations and exclusions.

Please note: The PT/OT tool is for the use of rendering physical therapy and occupational therapy providers only. This tool cannot be used to create referrals for physical therapy or occupational therapy services.

Please include the CPT-4 procedure codes and the ICD-10 diagnosis codes when you fax the information.

Upon review of all routine, nonurgent requests, the Prior Authorization Department will send you an email determination notification as soon as possible, not to exceed 15 days from our receipt of all required clinical information for commercial plans (14 days for Medicare).

Urgent requests are determined as soon as possible, not to exceed 72 hours from receipt, based on the medical urgency of the case.

If you receive a denial notification for a patient, you may discuss the determination with the physician who rendered the decision. The physician’s name and phone number will be on the denial notification.
PT and OT Services to be Provided in the Home

Call CareCentrix at 1-855-245-3521 to initiate a pre-service review of PT/OT services/supplies to be provided in a member's home through the Horizon Care@Home program.

Clinical information, including the written initial evaluation and the re-evaluation, must be submitted with the request for additional visits or the situations listed above. Evaluations should include specific objective measures and goals of therapy. Authorization will not be provided without this documented clinical information being submitted; a prompt review for medical necessity will be made and a determination issued.

When using the online authorization tool, an authorization number or “pended for further review” message will be provided and an email confirmation will be sent after your request is submitted.

Prior Authorization Procedure Search Tool

Horizon BCBSNJ’s online tool helps make it easier for you to determine if services require prior authorization for your fully-insured Horizon BCBSNJ patients.

Our Prior Authorization Procedure Search Tool allows you to enter a CPT or HCPCS code and select a place of service (e.g., inpatient, outpatient, office, home) to determine if the particular service provided in the selected service setting requires a prior authorization.

Access the Prior Authorization Procedure Search tool on HorizonBlue.com/priorauthtool or by logging on NaviNet and selecting Horizon BCBSNJ within the My Health Plans menu.

The tool, as well as certain prior authorization lists for members of Administrative Services Only (ASO) groups, is accessible on HorizonBlue.com/priorauthorizations.

To determine if a patient is fully insured or part of an ASO group, please refer to the back of the member’s ID card. Fully-insured members’ cards will state: “Insured by Horizon Blue Cross Blue Shield of New Jersey.” ASO members’ cards will state: “Horizon Blue Cross Blue Shield of New Jersey provides administrative services only and does not assume financial risk for claims.”

For more information, or if you have questions, please contact your Network Specialist.
Medical Injectables Program

Magellan Rx Management (MRxM), a specialty pharmaceutical management company, administers the Medical Injectables Program. MRxM conducts medical necessity and appropriateness reviews (MNARs) for specific injectable medications.

To see a complete list of the injectable medications requiring MNAR, visit HorizonBlue.com/mip.

You can request an authorization or MNAR by logging into magellanrx.com.

Contact MRxM at magellanrx.com or at 1-800-424-4508, Monday through Friday, between 8 a.m. and 5 p.m., ET.

Drug Authorizations

Certain prescription medications require a prior authorization (PA). You can quickly find, complete, submit and track drug PAs electronically using NaviNet's drug authorization tool. Select Horizon BCBSNJ from the My Health Plans menu and then select Drug Authorizations. If you are not currently registered for online drug authorizations, you can register at NaviNet.net/HorizonPA.

Medications requiring a PA are listed on HorizonBlue.com/priorauthorizations. Providers who e-prescribe are alerted to a PA requirement through their electronic prescribing software. When a medication is added to the PA list, you will be notified at least 30 days before the effective date if you have patients taking the medication.

You can also initiate a PA by calling Prime Clinical Review at 1-888-214-1784, or by faxing or mailing the appropriate Prior Authorization/Medical Necessity Determination request form available at MyPrime.com in the Get Forms section.

Commercial

Phone: 1-888-2114-1784
Fax: 1-877-897-8808

Horizon BCBSNJ
c/o Prime Therapeutics LLC,
Clinical Review Dept.
1305 Corporate Center Drive
Eagan, MN 55121

Medicare

Phone: 1-800-693-6651
Fax 1-800-693-6705

Prime Therapeutics LLC
Attn: Medicare Appelas Dept
1305 Corporate Center Dr, Bldg N10
Eagan, MN 55121

The Federal Employee Program® (FEP®), the State Health Benefits Program/School Employees’ Health Benefit Program and many national accounts use different pharmacy benefit managers. Check the member’s ID card for pharmacy and prior authorization information.