



Horizon Blue Cross Blue Shield of New Jersey

Horizon Blue Cross Blue Shield of New Jersey PT/OT Outpatient Prior Authorizations Physician and Other Health Care Professionals Frequently Asked Questions

Q1. What is changing about prior authorizations for outpatient physical therapy and occupational therapy (PT/OT)?

- A1. Effective **August 24, 2018**, our online *Physical and Occupational Therapy Authorization Tool* will no longer accept prior authorization requests. Requests for member prior authorizations requests for PT/OT services must be submitted via our online *Utilization Management Request Tool* accessible on NaviNet®.

Authorizations apply to services rendered in the following settings: office, outpatient hospital and comprehensive outpatient rehabilitation facilities.

Authorization is not required for the initial evaluation (Physical Therapy Evaluation 97161, 97162 and 97163; Occupational Therapy Evaluation 97165, 97166 and 97167).

Q2. Which Horizon BCBSNJ plans does this change apply to?

- A2. This change applies to all Horizon Managed Care and Medicare Advantage plans, **including members enrolled in the Horizon Medicare Advantage NJ DIRECT (PPO) plans.**

Q3. When does this change take effect?

- A3. This change is effective **August 24, 2018**. All visits on and after this date will require PT/OT prior authorization requests to be submitted using our online *Utilization Management Request Tool* accessible on NaviNet.

Q4. When am I required to get authorization for PT/OT services?

- A4. Any visits after the initial evaluation requires authorization. Submit authorization requests along with a copy of the initial evaluation.

Q5. If initial therapy evaluations do not require authorizations, is authorization required for re-evaluations (Physical Therapy Evaluation 97161, 97162 and 97163; Occupational Therapy Evaluation 97165, 97166 and 97167)?

- A5. Authorizations are not required for re-evaluations.

Q6. How many visits will be authorized over an episode of care?

- A6. We may only authorize up to 12 visits for the initial authorization and subsequent re-authorizations.

Q7. If an evaluation and treatment were completed on the same day, would payment be received for the treatment, even if the authorization has not been submitted?

- A7. No. An authorization number must be received before treatment can begin and claims can be processed for payment.

(continues)

- Q8. What information do I need to send to get my first set of visits authorized?**
A8. To receive your initial authorization, you must provide a copy of the physical or occupational therapy evaluation.
- Q9. What clinical information do I need to submit in order to get subsequent visits authorized?**
A9. All requests for subsequent visits will require the completion of a re-evaluation that contains subjective and objective evidence, including functional outcome measures that support medical necessity.
- Q10. How far ahead can I ask for a re-authorization?**
A10. A request can be submitted once the member has completed at least 10 out of 12 previously authorized visits. **A re-evaluation must accompany this request.**

PROCESS FOR REQUESTING AUTHORIZATIONS

- Q11. How do I submit requests for prior authorizations?**
A11. All authorization requests should be submitted using our online *Utilization Management Request Tool*. You can access this tool online by signing in to **NaviNet.net** and selecting *Horizon BCBSNJ* from the *My Health Plans* menu, then:
- Mouse over *Referrals and Authorizations*
 - Select *Utilization Management Requests*
- Q12. How do I submit clinical documents?**
A12. Our online *Utilization Management Request Tool* allows you to upload all clinical documentation directly to the request. The tool can accommodate various file types such as Word, Excel or PDF.
- Q13. What if I have trouble accessing NaviNet?**
A13. If there is an issue specific to NaviNet, please call NaviNet at **1-888-482-8057**.

If you can get into NaviNet but are having issues with the online *Utilization Management Request Tool*, please email **Provider_Portal@HorizonBlue.com** or call **1-888-777-5075**.

- Q14. How do I get more information on how to use the online *Utilization Management Request Tool*?**
A14. Online training is available. Log on to NaviNet, and select *Horizon BCBSNJ* from the *My Health Plans* menu then:
- Mouse over *References and Resources* and click *Provider Reference Materials*
 - Mouse over *Policies & Procedures* and click *Utilization Management*
 - Select *Utilization Management Request Tool*

You can also schedule a training session by emailing **HCMOutreach@HorizonBlue.com**. An associate will contact your office within three to five business days to schedule a training session.

(continues)

Q15. How can I check the status of my authorization request?

A15. You can check the status of an authorization on our online *Utilization Management Request Tool* via NaviNet.

You can check for the authorization status by:

- Reference number
- Provider ID
- Member ID

Refer to Q/A 14 for steps on how to access this tool through NaviNet.

Q16. Do you accept authorization requests made by phone?

A16. The preferred method of requesting authorizations is through our online *Utilization Management Request Tool* on NaviNet. This method ensures that all of the supporting clinical information is received and provides the fastest turnaround time.

However, you can call our PT/OT Inquiry Unit

- Prior Authorizations for **Commercial plans**, call **1-800-664-2583** (option 3, then option 2)
- PT/OT authorizations for **Horizon Medicare Advantage NJ DIRECT (PPO) members** call, **1-855-742-7861** (option 1, then option 1 again)
- PT/OT authorizations for **all other Horizon Medicare Advantage members** call, **1-888-621-5894** (option 3, then option 1)

Q17. What is the turnaround time for processing a pre-service, non-urgent prior authorization request?

A17. The turnaround time for processing a pre-service, non-urgent prior authorization request is 14 calendar days.

Q18. Are authorized visits required to be completed within a certain timeframe?

A18. Yes. The timeframes are indicated in the authorization letter.

Q19. How do I get an extension on the authorization period in the event the member cannot attend his or her visits during the authorization period?

A19. You can call our PT/OT Inquiry Unit. An Inquiry Team member will be able to extend the authorization period and a new letter will be faxed with the updated authorization period.

- PT/OT authorizations for **Commercial plans**, call **1-800-664-2583** (option 3, then option 2)
- PT/OT authorizations for **Horizon Medicare Advantage NJ DIRECT (PPO) members** call, **1-855-742-7861** (option 1, then option 1 again)
- PT/OT authorizations for **all other Horizon Medicare Advantage members** call, **1-888-621-5894** (option 3, then option 1)

(continues)

Q20. Who do I contact for questions about this process?

A20. If you have any questions about these changes or the authorization process, please call our PT/OT Inquiry Unit.

- PT/OT authorizations for **Commercial plans**, call **1-800-664-2583** (option **3**, then option **2**)
- PT/OT authorizations for **Horizon Medicare Advantage NJ DIRECT (PPO) members** call, **1-855-742-7861** (option **1**, then option **1** again)
- PT/OT authorizations for **all other Horizon Medicare Advantage members** call, **1-888-621-5894** (option **3**, then option **1**)

NaviNet® is a registered trademark of NaviNet, Inc.