



## FAQ for PT/OT AUTHORIZATIONS

### Q1. What is the policy regarding prior authorizations for Physical Therapy and Occupational Therapy?

A1. Authorizations are required for Physical Therapy and Occupational Therapy (PT and OT) rendered in the following settings: Office, Outpatient Hospital and Comprehensive Outpatient Rehab facilities. **Authorization is not required for the initial evaluation codes (97161, 97162, 97163, 97165, 97166, 97167 and/or old codes of 97001 or 97003).**

### Q2. What products/lines of business does this policy impact?

A2. Horizon NJ Health (Medicaid) and Horizon NJ TotalCare (HMO SNP).

### Q3. You mentioned that initial therapy evaluation does not require an authorization, what about re-evaluations?

A3. Re-evaluations require an authorization. **The re-evaluation codes of 97164 and 97168 as well as the old codes of 97002 and 97004 will be included in the group bundled codes (PT001 and OT001).**

### Q4. What are group codes?

A4. Group codes are sets of codes that encompass multiple codes for PT and OT under one all-inclusive designation for each type of therapy. Authorization requests should include the group code PT001 for physical therapy (PT) requests and OT001 for occupational therapy (OT) requests.

### Q5. Which codes are covered under PT001?

A5. The covered codes are:

97002	97018	97110	97140	97035
97164	97010	97022	97112	97150
97012	97024	97113	97530	97760
97014	97032	97116	97761	97016
97034	97124	97762	95992	G0283

### Q6. Which codes are covered under OT001?

A6. The covered codes are:

97004	97022	97110	97530	97761
97168	97010	97024	97112	97533
97014	97032	97124	97535	97762
97016	97034	97140	97537	G0283
97018	97035	97150	97760	

**Q7. What if I need to submit for a code that is not on this list?**

**A7.** You should list the code separately on your authorization request. Please note that any codes not included in the bundle will be sent to a clinical/medical director to be reviewed for approval.

**Q8. If I am requesting the OT001 bundled code do I still need to request the PT001 code?**

**A8.** No, you do not need to request the PT001 code if you are requesting the OT001 bundled code.

**Q9. Do these group codes apply to claims as well?**

**A9.** No, PT001 and OT001 apply only to authorization requests, **not claims**. You should file claims listing each code individually.

**Q10. How do I submit requests for prior authorizations?**

**A10.** All authorization requests should be submitted using CareAffiliate or via fax. You can access CareAffiliate through NaviNet, under the *Utilization Management Requests* menu. **We do not accept authorization requests made by phone.**

**Q11. What if I don't have access to CareAffiliate?**

**A11.** You can get to CareAffiliate via NaviNet, under *Utilization Management Requests*. If you cannot submit online, you can fax your authorization. Authorization forms are available at **horizonNJhealth.com**, under the *For Providers* tab. From there, click *Resources* then *Forms*. **Please submit authorization requests via fax to 1-609-583-3042. We do not accept authorization requests made by phone.**

**Q12. What should I do if NaviNet is down?**

**A12.** If there is an issue specific to NaviNet, please contact NaviNet at **1-888-482-8057**. If you can get into NaviNet but are having issues with the CareAffiliate application, please email **CareAffiliate@HorizonBlue.com**.

**Q13. When do I need to provide clinical evidence with an authorization request?**

**A13.** At the time of your initial authorization request for services you are required to submit a copy of the PT or OT initial evaluation.

**Q14. What is considered acceptable evidence that the evaluation and previous therapy visits have been completed?**

**A14.** Dated office notes or daily treatment flow sheets are considered to be acceptable proof.

**Q15. What is considered acceptable clinical evidence for medical necessity?**

**A15.** Examples of acceptable clinical evidence include an updated plan of care, therapist notes and/or re-evaluations containing subjective, objective and functional outcome data which justify the need for skilled services.

**Q16. How do I submit clinical documents?**

**A16.** If you are submitting via NaviNet/CareAffiliate, you can attach the documents. CareAffiliate can accommodate various file types such as PDF, JPG, etc. If you are submitting via fax, please send the evidence with the fax request form.

**Q17. How can I check the status of my authorization request?**



Horizon Blue Cross Blue Shield of New Jersey\*

**A17.** You can check via CareAffiliate. You can get to CareAffiliate via NaviNet, under *Utilization Management Requests* and then click on *Status*. You can check for the Authorization status by reference number, provider number or member ID.

**Q18. Do you accept authorization requests made by phone?**

**A18.** No, you can only submit requests via NaviNet/CareAffiliate or via fax. You can get to CareAffiliate via NaviNet, under *Utilization Management Requests*. If you cannot submit online, please get authorization forms at [horizonNJhealth.com/for-providers/resources/forms](http://horizonNJhealth.com/for-providers/resources/forms) and submit authorization requests by fax at **1-609-583-3042**. **We do not accept authorization requests made by phone.** If you do not have access to the internet and need a fax form, please contact Horizon NJ Health Provider Services at **1-800-682-9091**. Horizon NJ TotalCare (HMO SNP) providers can call **1-855-955-5590**.

**Q19. What is the turnaround time for processing a pre-service non-urgent request?**

**A19.** 14 calendar days.

**Q20. Are the authorized visits required to be within a certain time frame?**

**A20.** Yes, the time frames are indicated in the authorization letter.