PT/OT Prior Authorization Program

Horizon BCBSNJ – Government Programs
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Supervisor PT/OT Pre-Certification
Horizon NJ Health

January 1, 2016
• Any visit with a date of service on or after Feb. 1, 2016 will require an authorization to ensure claims for active episodes are processed.

• Authorization requests for these should include clinical documentation for medical necessity.

• Members who have already had >31 visits during an episode of care will immediately be sent for clinical review.

To ensure a quick turnaround, we urge that you request only up to five visits on the initial authorization.
How Should PT/OT Requests Be Submitted?

• All PT/OT authorization requests should be submitted using CareAffiliate℠ or by Fax.

We do not accept authorization requests made by phone.
CareAffiliate Requests

Access through NaviNet under the Utilization Management Requests menu

- 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 Care Affiliate application, please email CareAffiliate@horizonblue.com
Please make sure the following information is addressed in the attached documentation or included in the Notes section:

- Total number of visits attended to date for the current episode?
- Is duration of symptoms greater than 90 days?
- Does the patient have any comorbidities and/or chronic diagnoses? If yes, please provide ICD-10 diagnosis codes.
- Date of Surgery, if applicable.

**If member is Pediatric:**

- Is member enrolled in a Medical Day Program?
- Does member have Individual Education Plan or Early Intervention Plan?

Failure to do so may result in delays in the authorization process
Fax Requests to 609-583-3042

- Authorization forms can be found at: horizonnjhealth.com/for-providers/resources/forms

- Please fill forms out in their entirety and attach all necessary clinical documentation to support your request. Do not indicate “please see attached”.

Failure to do so may result in delays in the authorization process and the need to request additional information.
What Type of Clinical Information Needs to be Submitted?

- Initial Evaluation
  - Must include Functional Outcomes Measures

- Recent Re-evaluation/Progress notes
  - Updated Functional Outcome Measures

- Treatment notes and/or daily flow sheets for all dates of service previously authorized
If I am an OT can I use CPT codes listed under PT 001?

Yes

- If you are using more than 1 code listed under PT 001 (e.g. 97140, 97110) then note the group PT001 in Procedures section under Services Tab in Care Affiliate OR

- Note group PT001 on line indicating “CPT Codes Requested” on the fax form
What Can I Expect Regarding # of Visits Authorized Per Authorization Over An Episode of Care?

- Please note that as per our policy, we will only authorize up to **5 visits** for the initial authorization.
- Authorizations for subsequent visits beyond the first five visits will follow our medical necessity criteria and an appropriate number of visits will be authorized.

**To ensure a quick turnaround, we urge that you request only up to five visits on the initial authorization.**
What if I Don’t Use All of the Visits Provided to Me During an Authorization Period?

A request can be made to extend the authorization period in increments of 30 days.

In Care Affiliate:

• Submit a new authorization request
• In Notes section reference the Authorization number and the new period (dates of service) you would like the extension to cover.

For Faxes:

• Send in a new fax form
• In boxes marked PT001 or OT001 use lines to reference previous authorization number and new period you would like the extension to cover.

Failure to do so may result in delays in the authorization process.
Available Resources

Video on requesting PT/OT Authorizations through Care Affiliate:
horizonnjhealth.com/for-providers/educational-material-providers

PT/OT Authorization Referral Grid
horizonnjhealth.com/for-providers/resources/policies/precertification-reference-list

PT/OT Provider FAQs regarding Prior Authorization Process
horizonnjhealth.com/for-providers/resources/guides

PT/OT Fax Form
horizonnjhealth.com/for-providers/resources/forms

PowerPoint Presentation
horizonnjhealth.com/for-providers/educational-material-providers
Who Do We Contact for Questions About the PT/OT Prior Authorization Program?

If you have any questions about this change or the authorization process, please contact:

Horizon NJ Health Provider Services

1-800-682-9091
Horizon Blue Cross
Blue Shield of New Jersey

Care Affiliate Overview/
Key Capabilities
What is CareAffiliate?

- CareAffiliate℠ is a self-service tool for physicians, other healthcare professionals and facilities to perform the following functions easily and securely online through NaviNet®:
  - Submit treatment authorization requests
  - Submit treatment pre-determination requests, and
  - Check the status of already submitted authorization or pre-determination requests

- Future enhancements of CareAffiliate will allow offices to take surveys and submit Case/Disease Management enrollment requests for their patient.
  - Self-service functionalities like these will allow for early identification of Case Management and Disease Management candidates, with the aim of focusing on better health outcomes and lower costs.
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NaviNet Log In  (Local Providers Only)

Horizon NJ Health

• Mouse over Health Plans and select Horizon NJ Health.

• On the Plan Central page, select Utilization Management Requests.
Care Affiliate Main Menu

- From the *Main Menu*, you can currently perform a variety of actions:
  - Request an authorization.
  - Check the status of an authorization or referral (for a pre-determination request).
  - Submit a pre-determination request.

A CareAffiliate session is limited to 30 minutes. A message will appear that your session is about to close. Uncompleted requests cannot be saved.
Authorization Request

- Authorization request is used for any procedures that require pre-certification, including surgical procedures and inpatient admissions.

From the CareAffiliate main menu, select Authorization Request.
• Member ID – You **must** click on the *Lookup* icon 🔍 to select a *Member ID*.

• This will open the *Member Search* dialog box.

• If given two choices, **do not** select the Member ID starting with NEW.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW1234567</td>
<td>MEMBER, JOE</td>
<td>MALE</td>
<td>9/30/1963</td>
<td>SOMEWHERE</td>
<td>NJ</td>
</tr>
<tr>
<td>1234567</td>
<td>MEMBER, JOE</td>
<td>MALE</td>
<td>9/30/1963</td>
<td>SOMEWHERE</td>
<td>NJ</td>
</tr>
</tbody>
</table>
You can search for a member by ID type or member name - only one is required.

- **Member ID type:**
  - Select **CCID** for Horizon BCBSNJ.
  - Select **FEP** for FEP members.
  - Select **HNJH ID** for Horizon NJ Health.

- **Member name:**
  - You can enter a partial name with the wildcard asterisk (*).
  - Minimum number of characters in **Last Name** field before wildcard is 4.
  - Minimum number of characters in **First Name** field before wildcard is 3.
Authorization Request – Request Type

• Click the **Lookup** icon to open the **Request Type Selection** search dialog box.

• Click **Search** to get the list of available request types - you do not need to fill in any of the fields.
Select the request type for the services you are requesting.
Authorization Request – PT/OT

Request Type Selection

- Procedure
- Specialty

Show Inpatient Only
Show Behavioral Health / Substance Abuse only

Search Clear Cancel

64 records matched your criteria. Please choose a record from the grid below.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICEDIA</td>
<td>Office Diagnostics</td>
<td></td>
</tr>
<tr>
<td>OFFICEMED</td>
<td>Office Medical Care</td>
<td></td>
</tr>
<tr>
<td>OFFICEOT</td>
<td>Office Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>OFFICET</td>
<td>Office Physical Therapy</td>
<td></td>
</tr>
<tr>
<td>OFFICEPROCEDURE</td>
<td>Office Procedure</td>
<td></td>
</tr>
<tr>
<td>OMC</td>
<td>Office Services</td>
<td></td>
</tr>
<tr>
<td>OFFICEST</td>
<td>Office Speech Therapy</td>
<td></td>
</tr>
<tr>
<td>OFFICESURG</td>
<td>Office Surgical Procedure</td>
<td></td>
</tr>
<tr>
<td>HNJHOT</td>
<td>Other Place of Service - Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>HNJHPT</td>
<td>Other Place of Service - Physical Therapy</td>
<td></td>
</tr>
</tbody>
</table>

1 2 3 5 6 7
Authorization Request – Requester Information

- Contact name – Enter the contact name of the requester.
- Contact phone – Ensure the contact phone number is correct.
• You will need to enter the name of either the *Requesting Provider/Facility* or the *Requesting Group* - only one is required.

• Click the *Lookup* icon ☰ next to the appropriate field to open up the *Provider Location Search* dialog box to search for and select a provider.
Group Search

Click the magnifying glass to the right of the Requesting Group field to open up the Provider Location Search box.

Provider Location Search

• Use the Institutional Provider Search section.

• In the drop-down box next to ID Type, select either NPI or Tax ID.

• Enter the appropriate provider information in the ID field.

• Do NOT type anything in the Name field.
Individual Provider Search

Click the magnifying glass to the right of the Provider/Facility field to open up the Provider Location Search box.

Provider Location Search

• Use the Individual Provider Search section.

• In the drop-down box next to ID Type, select appropriate ID Type.

• Enter the provider information in the ID field.

• Do NOT type anything in the Name field.

If provider not found, try searching as a provider group as shown on the previous slide.
Authorization Request – Provider Search (continued)

- Select the appropriate line that contains the following:
  - Correct provider location for the requesting provider.
  - Correct network for the member.
  - Correct specialty for the provider.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Provider Type</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
<th>Alternate IDs</th>
<th>Networks</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXX-XXXXXX</td>
<td>SMITH, JOHN</td>
<td>Physician</td>
<td>673 ASBURY AVE</td>
<td>ASBURY</td>
<td>NJ</td>
<td>08802</td>
<td>CAQHH: 12345678 NPI: 1234567890 12-12345678 UPIN: A12345</td>
<td>Managed Care Active: 03/30/2015 Tier:</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>XXXXXXXX-XXXXXX</td>
<td>SMITH, JOHN</td>
<td>Physician</td>
<td>123 MAIN STREET STE 45</td>
<td>BEDMINSTER</td>
<td>NJ</td>
<td>07921</td>
<td>CAQHH: 12345678 NPI: 1234567890 12-12345678 UPIN: A12345</td>
<td>Horizon NJ Health Medicaid Active: 03/30/2015 Tier:</td>
<td>Internal Medicine</td>
</tr>
</tbody>
</table>

You can refine your search by clicking on any of the column headers which can be sorted by ascending or descending order.
Saved History

• A dropdown list will appear from your recent entries or saved history.

• You can select to add an entry to your authorization directly from this list of “favorites”.

1234567 – SMITH, JOHN (1234 NOWHERE ST SOMESTATE NJ 12345)
• Enter the requested diagnosis, **then tab out of the field**.

• The *Diagnoses* field group includes four rows of diagnosis fields.
  – If you need to enter more than four diagnoses codes, you can add them in the *Notes* page.

![Authorization Request - Diagnosis](image_url)
Authorization Request – Diagnosis (continued)

- If you clicked on the *Lookup* icon, the *Diagnosis Search* dialog box will open up.
- Select appropriate *Code Type*.
- Enter values in the *Code* field or the diagnosis name in the *Description* field - only one is needed.
  - You can enter a partial description and use the wildcard asterisk (*).
- Select *Search*. 

![Diagnosis Search dialog box](image_url)
• When you enter a partial diagnosis in the *Description* field, and then **tab out of the field**, a search will be performed based on the partial text entered.

• Search results will then be displayed.
In the Authorization Request panel, click Service 1 to add a service.
• Enter the dates of service.
  – Duration for an outpatient procedure can be entered as a 90-day date span.
  – Duration for an elective inpatient procedure should be entered using 1 day.
• Enter the name of the **servicing** provider, group and/or facility.
• Select *Servicing Provider* from the *Provider Role* dropdown menu.
• CPT® procedure codes must be entered. Select a favorite value from the dropdown list, or select the **Lookup** icon.

• Enter the **Quantity**.

• Select from the dropdown list.
  – **Days**
  – **Hours**
  – **Minutes**
  – **Units**
  – **Visits**

• Enter only one CPT code for each service being requested.
Authorization Request – Adding a Service (continued)

- Once a procedure value is selected, that field label becomes a link.
- Click the hyperlinked procedure to open the Procedure Details dialog box, which displays detailed information for that particular procedure.
- For procedure modifiers one through five, enter up to two alphanumeric characters and tab out of the field. You can also click the Lookup icon to open the Procedure Modifiers Selection dialog box to perform a search.

Procedure modifiers are only to be used in authorization requests for Horizon NJ Health members.
Adding a Service - PT

Service #1 - Physical Therapy

Status Reason: 
Place of Service: 
Service: Physical Therapy
Service From: 01/08/2016 To: 01/18/2016
Provider:
Group:
Provider Role: (None)
Procedure (Low):
Modifiers:
Procedure (High):
Quantity 5 Units
Total

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Adding a Service - OT

Service #2 - Occupational Therapy

Place of Service: Other Place of Service
Service: Occupational Therapy
Service From: 01/09/2016
To: 01/18/2016
Provider: 
Group: 
Facility: 201882367-71081767 - ATLANTIC REGIONAL MEDICAL CENTER ATLANTA
Provider Role: (None)
Procedure (Low): Occupational Therapy Facility (SITE - OT001)
Procedure (High): Occupational Therapy Facility (SITE - OT001)
Quantity: 5
Units: 
per every: 
Total: 5
Authorization Request – Adding Another Service

• Click the Add Service link to open up a new blank Service screen.
• You can also click on Copy in the Service 1 panel.
  – This will open up a copy of your last service.
  – Delete the populated information for Procedure (Low and/or High) and then add your new service information.
Authorization Request – Notes

- Click on *Notes* from the *Authorization Request* panel.

- The *Notes* page also displays when the authorization request record has a status of:
  - Certified in total
  - Contact payer
  - Modified
  - Pended
You can attach external files, such as current clinical documentation, which will expedite the processing of your authorization request.

Select *Attachments* from the *Authorization Request* panel to open the attachments page.

Then click *Add File* to open a browser dialog box and select files.

**Attachments** can be either a Word, Excel or PDF document.
Authorization Request – Attachments (continued)

• Click the expand/collapse arrow to the left of the file name to expand the row. A *Description* field is available for entering a description.

• Select *Upload Files* to upload the file.

• A status of *Attached* appears when files have been uploaded successfully.
• A red text message will be displayed in the Status column if there are problems uploading the file.

• Click on the Error Uploading link to open a message dialog box with information about the error.

• Up to five files can be attached at once, up to a maximum of 100MB total. If you attempt to attach a file larger than 100MB, you will get an error indicating that the webpage cannot be displayed.
Submitting an Authorization Request

- When all sections of the authorization request are complete, click *Submit*.
- A confirmation dialog box appears after clicking the *Submit* button.
- Click *Yes* to submit the request.
Submitting an Authorization Request (continued)

• You will receive a reference number for your authorization request.

MEMBER, JOE - MALE - 47 years - Reference # 00000003135 (Pended)

Doe, Jane
123-456-7890
Skilled Nursing Facility of New Jersey
• The *Status* module allows you to quickly and easily locate an existing authorization or pre-determination request to check the status.

• You can check the status of an authorization if you are affiliated with:
  – The requesting provider on the authorization case
  – The servicing provider on the authorization case
  – PCP of the member on the authorization case

Please remember to check the status of your authorization requests on a regular basis.
• Enter the *Reference #* of the authorization request.

• You can also perform a search by:
  – Requesting provider ID
  – Place of service
  – Service begin date from/to
  – Submission date from/to
  – Requested provider name or ID
  – Requested facility name or ID
• Remember to check the *Notes* section when looking for the status of your authorization request.

• To edit your authorization request, click the *Edit* button.

• Click the *Print* icon to print a summary of the authorization request.
The summary of your authorizations or pre-determination request will be displayed and printed in this format.
Status – Cancelled

• If the status indicates *Cancelled*, this means one of the following:
  – No authorization was required for this service.
  – This was a duplicate authorization request.
  – Authorization request was withdrawn because the procedure was cancelled.

• Check the *Notes* page for additional information.
Thank You

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