

## **FAQs for outpatient, physical, occupational and speech therapies**

1. **What visits require prior authorization?**
  - a. The initial evaluation **and** the re-evaluation do not require prior authorization.
  - b. After the initial evaluation, no prior authorization is required for the first 10 therapy visits or 40 units.
2. **Do we request prior authorizations for services in the number of visits or units?**
  - a. Please request per unit. 4 units = 1 visit for PT/OT services.
3. **Do cardiac and pulmonary rehab require prior authorization like above?**
  - a. **No.** They do not. The member is entitled to 30 therapy visits per calendar year. After 30 visits, prior authorization is required.
4. **Can “below the line” diagnoses be included in the first 10 therapy visits when no authorization is required?**
  - a. Yes. However, after 10 visits they will be subject to prior authorization requirements.
5. **Would it be helpful if offices included how many visits the patient/member had when submitting a prior authorization?**
  - a. Yes. Additional information is always appreciated. You can either place that information on the fax cover sheet or in the chart notes.
  - b. If IHN-CCO does not receive this information, then the provider must be called to obtain the information.
  - c. This information can also be included in the provider’s treatment plan goals.
6. **Are retroactive requests allowed for PT/OT/ST review?**
  - a. Effective May 1, 2023, retroactive requests will be subject to the standard retroactive rules of exception.
  - b. Anything prior to May 1, 2023, does not have to meet this criterion and will be considered.
7. **What do I do if I make a mistake or need to correct a prior authorization request entered in the portal?**
  - a. Call Customer Service at **541-768-5207**. You can also fax a note to 541-768-9766 that references the prior authorization number and what changes are needed with the updated information.
    - i. Please do not send a new submission through the portal. This could appear to Samaritan as a duplicate request and can cause confusion.
8. **For prior authorizations that were submitted prior to the 10 visits and not needed, do you have to send a letter indicating no authorization is needed?**
  - a. Yes, we do. All requests must be addressed and outcomes sent to the requester.

9. **What happens if I request more than 10 therapy visits and/or 40 units for the start of care?**
  - a. Offices should have patients/members complete the majority of their first 10 therapy visits before submitting chart notes and requesting additional visits/units.
10. **Does either a 45-minute appointment or a one-hour appointment count as one visit?**
  - a. A visit is any therapy service delivered on one date of service.
11. **Are uploaded chart notes being reviewed prior to outreach to offices?**
  - a. Yes. IHN-CCO makes every effort to review the information before calling an office to clarify authorizations.
12. **When logged into OneHealthPort, I am asked for visits but the document asks for units. Are efforts being made to align the system and make it more user-friendly?**
  - a. OneHealthPort does offer additional information in a definition box on the right-hand side where units/visits are entered. Please contact the OneHealthPort wizard phone line at **541-768-4409** for additional assistance.
  - b. At this time, we will continue to use the OneHealthPort portal. We welcome feedback regarding the portal and are continually looking for ways to improve the authorization process.
13. **Does the evaluation and 10 therapy visits apply to the member or to the diagnosis?**
  - a. An evaluation and 10 therapy visits should be allowed per injury and/or bodypart.
  - b. If the member is receiving therapy for a different injury or body part, please submit for prior authorization.
14. **What if the member's claim for the initial 10 therapy visits is denied?**
  - a. The member may have already used the initial 10 visits. If this occurs, please contact Customer Services at **541-768-5207**.