Outpatient rehabilitation management program: Frequently asked questions

Listed below are frequently asked questions (FAQs) regarding the clinical policies and procedures for providers providing therapy services to Amerigroup Louisiana, Inc. members.

1. Why is Amerigroup implementing this utilization management (UM) program?
Amerigroup is implementing the program as a result of a gap identified in outcomes of care expectations for physical therapy (PT), occupational therapy (OT) and speech therapy (ST) between Amerigroup, providers and members.

2. What is the effective date for the program?
The effective date of this program is June 1, 2015.

3. What impact, if any, will this have on providers?
This program does not eliminate any current provider from the Amerigroup network. The program is designed to provide a uniform, outcome-based set of criteria for the provision of rehabilitation services.

4. What services does this include?
All outpatient physical, occupational and speech services are included.

5. What services are not included?
This management program does not include inpatient rehabilitation, durable medical equipment (DME) requests (i.e., splints) or cardiac or pulmonary rehabilitation.

6. What is OrthoNet's role in the authorization process?
Amerigroup has delegated utilization management responsibilities for outpatient physical, occupational and speech therapy services to OrthoNet effective June 1, 2015. OrthoNet’s scope of responsibility includes the management of the prior authorization process for these outpatient services in accordance with coverage determination documents and Amerigroup medical policies and clinical utilization management guidelines.

7. Does this change any Amerigroup member’s benefit limits for outpatient rehabilitation?
No, this does not affect any current benefits. Benefit information for Amerigroup members is available by calling the number on the member’s card.

8. Where will providers submit their claims for physical, occupational and speech therapy services?
Providers should continue to bill Amerigroup for services as they do today. There is no change to the claims submission process. Claims for these services will be paid according to the provider’s existing Amerigroup agreement.

9. How do I obtain an authorization from OrthoNet?
Providers will receive information from the plan explaining the authorization process. Additional information is available either online at www.orthonet-online.com or by calling OrthoNet’s Provider Services department at 1-844-511-2873.
Please note: An authorization is not a guarantee of payment and it is contingent upon the member's benefits, contract limitations and eligibility at the time of service.

10. How do I submit a request for prior authorization of therapy visits?
   A. Complete the therapy fax request form at www.orthonet-online.com. Under the Provider section, select the appropriate health plan.
      In the therapy provider information section, provide either the facility name or treating provider name with their corresponding provider identification number (tax ID and/or NPI). Also, to identify offices with multiple locations, please complete the address, city, state, and ZIP code fields and enter the fax number of the location where the member is to be treated and where return authorization notification is to be sent. In the patient information section, fill in the member’s name, date of birth and the member’s Amerigroup identification number. Please fill in the fields from left to right. In the request information section, darken the appropriate request type circle and complete the request type, service type, whether the visits will be used for postoperative therapy, date of initial evaluation and diagnosis. Please complete this form with all the required information; this will ensure that your request will be processed timely upon receipt.
   B. Submit the fax request form.
      Please fax the completed form along with a copy of a completed PT/OT/ST initial report form (or its equivalent) to OrthoNet’s medical management fax server at 1-844-365-9036. Please submit only fax request forms and any associated documents to this number. If you do not have fax request forms, they may be obtained online at www.orthonet-online.com, under the provider section, or by calling OrthoNet’s Provider Services department at 1-844-511-2873.
   C. Receive the authorization number.
      It is OrthoNet’s goal to review the request and supporting clinical data, verify eligibility/benefits, render a determination and assign an authorization number, if approved, within one business day following the receipt of all necessary information. Providers will be notified via fax of the approval status and the number of visits approved.

11. What will OrthoNet need to render a decision on my request?
In order for OrthoNet to promptly respond to your request, please provide current, objective clinical data (i.e., strength, active and passive ranges of motion, functional capabilities and limitations, etc.) that address both the member’s response to treatment and the progress made towards outlined goals. It is also important to submit baseline scoring and subsequent results of any functional testing performed during the treatment period. This information may be supplied on OrthoNet’s report forms, functional progress chart or by using your own forms or clinical notes that would supply the same information. If the member is currently in treatment, be sure to include the initial evaluation and most recent re-evaluation so that progress can be measured throughout the course of care.

12. Who will be reviewing my request?
Your request for additional visits will be reviewed by a licensed rehabilitation professional. Furthermore, OrthoNet has board-certified physicians and professionals who are experienced in the areas of orthopedics, chiropractics, physiatry, neurology, pediatrics, podiatry and sports medicine.

13. When will the decision be made?
OrthoNet understands the importance of the continuity of care for patients receiving rehabilitation services. In order to maintain this continuity, OrthoNet’s goal is to review the request and supporting
clinical data and render a determination within one business day following the receipt of all necessary information.

14. How will I find out about the decision?
OrthoNet will fax all decision notifications to providers after a decision has been made. These notifications will be faxed to the fax number that is on file with Amerigroup for each provider. For this reason, it is especially important for facilities that have more than one location to specify the location where the member will be treated on the fax request form and to complete the fax number section of the form.

15. Why do I have to use OrthoNet’s fax request form?
Due to the high volume of requests and updates received daily by OrthoNet, it is imperative that all fax submissions are accompanied by an OrthoNet fax request form. This enables OrthoNet to identify, route, track and review all submissions in a prompt and efficient manner. Submissions without the form or incomplete forms will not be processed.

16. Do I have to use OrthoNet’s clinical documentation templates?
No. Information may be supplied on OrthoNet’s report forms, functional progress charts or by using your own forms or clinical notes that would supply the same information. It is important that all objective information be provided in order for the request to be processed in a timely manner.

17. Does the initial evaluation need to be authorized?
Initial evaluation treatment visits do not require prior authorization for participating, in-network providers in this program. However, subsequent visits do require authorization from OrthoNet prior to the patient being treated. Please follow the procedures outlined above for requesting pre-certification of additional visits. All services including initial evaluations by a nonparticipating provider will require prior authorization. Please make sure that you use the appropriate OrthoNet fax request form for all treatment visit requests.

18. Can I treat prior to authorization?
If you treat a patient prior to OrthoNet’s authorization determination, be advised that authorization may not have been given and that those visits might not be eligible for benefits. Should you need to, you may call OrthoNet’s Provider Service department at 1-844-511-2873 to inquire about the status of a member’s authorization request.

19. Where do we send claim appeals?
There is no change to the claims appeal process. Providers should continue to submit claim appeals to Amerigroup in the usual manner. Questions regarding claims and appeals should be directed to Amerigroup.

20. What about patients currently undergoing a course of treatment?
If you already have an authorization for services from Amerigroup that extends past the effective date, you do not have to call OrthoNet for a new authorization. Once the existing authorized visits are exhausted, you will need to submit requests to OrthoNet for extension of therapy services.

21. What if I have a question that is not answered above?
If you have additional questions regarding this program, please visit our website at www.orthonet-online.com or contact OrthoNet's Provider Services department at 1-844-511-2873 for further assistance. You may also contact your Amerigroup Provider Relations representative.