OrthoNet Outpatient Therapy FAQ for GEHA Providers

Q: I recently heard from GEHA regarding OrthoNet. What is OrthoNet?
OrthoNet is a musculoskeletal medical management company providing administrative and medical management services for GEHA members. GEHA has contracted with OrthoNet to provide medical management services for all outpatient physical, occupational and speech therapy effective January 1, 2009.

Q: How does this process work?
Effective January 1, 2009, all outpatient physical, occupational and speech therapy providers will need to contact OrthoNet directly to obtain precertification for all outpatient physical, occupational and speech therapy services. Providers can start to preauthorize service on December 29, 2008.

Q: Which GEHA members will OrthoNet manage?
You will need to seek precertification for all members in need of PT, OT and ST services. Effective for services to be rendered on or after January 1, 2018, this program excludes members who reside in Texas.

Q: Which providers are affected by this change?
Providers who render physical, occupational and speech therapy services are required to obtain prior authorization through OrthoNet.

Q: How does this affect physicians who provide therapy services in their office?
Physicians who have contracts to perform office-based physical, occupational, or speech therapy will be required to obtain an authorization from OrthoNet.

Q: Will hospital based physical therapy departments be required to obtain authorization?
Yes, all outpatient physical, occupational, and speech therapy performed in a hospital must be authorized after the initial evaluation visit.

Q: What about patients currently undergoing a course of therapy?
Any GEHA member who will receive therapy visits on or after January 1, 2009 will need to have those therapy visits pre-certified by OrthoNet.

Q: Does the initial evaluation need to be authorized?
Initial therapy visits do require authorization in this program. However, these visits can be approved by GEHA. All subsequent visits, other than the initial evaluation, do require authorization from OrthoNet prior to the patient being treated. Please follow the procedures outlined below for requesting pre-certification of additional visits. Please make sure that you use an OrthoNet-GEHA Fax Request Form for all therapy visit requests.
Q: How do I submit a request for additional therapy visits?

1) Complete the OrthoNet Fax Request Form.
In the Therapy Provider Information section provide either the facility name or treating provider name with their appropriate provider identification number(s). Also, to identify offices with multiple locations, please complete the address, city, state, and zip fields of the location where the member is to be treated. In the Member Information section, fill in the member’s name, date of birth and the member’s GEHA 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 post-operative therapy, date of initial evaluation, diagnosis, and requested number of visits fields.

2) 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 **877-304-4398**. Please submit only Fax Request Forms and any associated documents to this number.

If you do not have any Fax Request Forms they may be obtained by accessing our website at [www.orthonet-online.com](http://www.orthonet-online.com) or by calling OrthoNet’s Provider Services Department at **877-304-4399** and a package will be mailed to you.

3) 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 the same day of the decision. This notification will included the approval status, the number of visits approved, and the authorization number which is needed for claims submission.

Q: What will OrthoNet need to render a decision on my request?
In order for OrthoNet to promptly respond to your request, objective clinical data needs to be supplied. Examples of objective clinical data include, but are not limited to: strength, active range of motion, functional status, short and long term treatment goals, and a treatment plan. This information may be supplied on OrthoNet’s PT/OT/ST Initial Report Form, Functional Progress Chart, or on your own forms or clinical notes that would supply the same information.

Q: 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 that are experienced in the areas of orthopedics, neurology, pediatrics and sports medicine.
Q: 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, render a determination within one (1) business day following the receipt of all necessary information.

Q: How will I find out about the decision?
OrthoNet will fax all decision letters to providers after a decision has been made. These letters will be faxed to the fax number that is on file 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.

Q: Why do I have to use OrthoNet’s Fax Request Form?
Due to the high volume of requests and updates received daily at OrthoNet, it is imperative that all fax submissions be 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 can not be processed.

Q: Can I treat prior to authorization?
If you treat a patient prior to OrthoNet’s authorization determination, for those visits, please 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 877-304-4399 to inquire about the status of a member’s authorization request.

CLAIMS

Q: Where do providers submit their claims for physical, occupational or speech therapy services?
Providers should continue to bill GEHA for these services as they do today. Claims for physical, occupational, and speech therapy services will be paid according to the existing provider agreement.

Q: What will happen if I do not obtain preauthorization?
Any therapy service claim not authorized is subject to denial.