



## ***Network Notification***

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**Date: December 7, 2016**

**To: CareSource MyCare Ohio Long term care Providers**

**From: CareSource®**

**Re: Addition of Prior Authorization for Part B Therapy**

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Effective January 15, 2017, CareSource will require prior authorization of Part B Therapy Codes after 30 visits.

### **Why is this changing?**

CareSource must ensure that members with Medicare coverage are receiving the appropriate type and frequency of therapy services.

### **When will prior authorizations be needed?**

Effective **January 15, 2017**, prior authorizations will be required after the member's 30th visit in a calendar year.

### **What services are being affected?**

The following codes are affected when they are billed as revenue codes with TOB 022.

#### 042X Physical Therapy

- 0420-General
- 0421-Visit Charge
- 0422-Hourly Charge
- 0423-Group Rate
- 0424-Evaluation or Reevaluation
- 0429-Other

#### 043X Occupational Therapy

- 0430-General
- 0431-Visit Charge
- 0432-Hourly Charge
- 0433-Group Rate
- 0434-Evaluation or Reevaluation
- 0439-Other

#### 044X Speech Therapy Language Pathology

- 0440-General
- 0441-Visit Charge
- 0442-Hourly Charge
- 0443-Group Rate
- 0444-Evaluation or reevaluation
- 0449-Other

#### **Calculating Thirty (30) Visits: When does a member's visits renew?**

Every calendar year, on January 1, a member is eligible for thirty (30) therapy visits without prior authorization.

#### **How will I know how many visits a member has completed?**

You can view your claims submitted for a member on our secure provider portal.

Therapy service counts will be applied per member, per provider, and visits renew each calendar year in January.

#### **AUTHORIZATION REQUESTS**

##### **How do I submit a prior authorization request for outpatient therapy?**

The most efficient way is to submit a request via the secure provider portal online at CareSource.com.

##### **How can I request a retrospective authorization?**

You may fax a retrospective review to our Retrospective Medical Management department at 1-888-527-0016. This does not guarantee authorization will be granted for services that required prior authorization; however, you may request a review of services rendered through this process.

##### **Will there be prior authorization changes to any therapeutic crisis intervention services or substance use disorder treatments?**

No.

##### **What will happen if I inadvertently submit a claim for services rendered after the thirtieth (30th) visit without receiving prior authorization?**

You may fax a retrospective review to our Retrospective Medical Management department at 1-888-527-0016. This does not guarantee authorization will be granted for services that required prior authorization; however, you may request a review of services rendered through this process.

Thank you for your attention.

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