

December 2021

Requesting a Prior Authorization for Outpatient Specialized Therapy Services

This bulletin will inform Healthy Blue providers on what must be included when submitting a prior authorization (PA) request for outpatient specialized therapy services to Healthy Blue Utilization Management.

Outpatient specialized therapies consist of evaluations, re-evaluations, and multidisciplinary evaluations as well as therapeutic physical, occupational, speech, respiratory, and audiology services provided in all settings except hospital and rehabilitation inpatient settings.

Currently, PA requests for occupational therapy/physical therapy/speech therapy (OT/PT/ST) submitted by Healthy Blue providers to Blue Cross and Blue Shield of North Carolina are frequently missing vital information and/or documentation necessary to review and process the PA request.

Note: There are **no changes** to the requirements of what collaterals to include on a PA request for OT/PT/ST services.

Requesting OT/PT/ST PA

A PA is required for all outpatient specialized therapy treatments. The provider shall obtain PA before rendering outpatient specialized therapy treatments. To obtain PA, the request must clearly indicate that the service of a licensed therapist is required.

Note: Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The member must be Medicaid eligible and a Healthy Blue member on the date of service.

To request an OT/PT/ST PA, the provider **must** include the following:

- A written report of an evaluation
 - Note:** If continued treatment is requested, an annual re-evaluation of the member's status and performance must be documented in a written evaluation report.
- Signature for treatment - (A signed doctor's order)
- **30 days to six months** care plan, which includes:
 - Clinical documentation
 - Objective measurement
 - Necessary services must be outlined for the duration of the services with measurable goals up to a visit limit

Note: AIM Specialty Health is an independent company providing some utilization review services on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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Note: A beneficiary can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy, and speech/language therapy).

PA requests submitted without the information outlined above significantly impacts the processing time of the PA request.

Refer to the [***Outpatient Specialized Therapies Clinical Coverage Policy 10A***](#) for more information. Further guidance is also available through the AIM Specialty Health® clinical guidelines located under the [***Medical Policies and Clinical UM Guidelines***](#) section of the Healthy Blue website.

If you have any questions, please contact Provider Services at **844-594-5072**, Monday to Saturday, 7 a.m. to 6 p.m. ET.