



MASSACHUSETTS

AUTHORIZATION MANAGER TIPS

- Outpatient Rehab and Home Care for Medicare HMO Blue Members

INTRODUCTION

Use this tip for **Medicare HMO Blue members** when you submit an outpatient rehabilitation authorization request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information. These requests must be made by the member's primary care provider (PCP), covering doctor, or a specialist with an active referral.

REQUIRED INFORMATION

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Physical, Occupational & Speech Therapy	<ul style="list-style-type: none"> • Request type: Service Request • Place of service: 62-Comprehensive Outpatient Rehab or 11-Office • Review type: Initial • Add Servicing/Facility Provider: provider ID or NPI number (type = Servicing Provider) • Diagnosis: Enter diagnosis code or description • Procedure: Enter an initial code, see codes below: <ul style="list-style-type: none"> ○ Physical Therapy: 97161 ○ Occupational Therapy: 97165 ○ Speech Therapy: 92507 <p>Please note: The CPT code does not need to match the claim if the provider is billing for the same service.</p> <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: As needed • Units: Units (equal to visits) • Frequency: As prescribed • Start date: Requested start date for service <p>Notes</p> <ul style="list-style-type: none"> • Extension requests must be faxed in • If the servicing provider is out-of-network, attach the Managed Care Out of Network request form to your request.
Home health care for Medicare HMO Blue members	<ul style="list-style-type: none"> • Request type: Service Request • Place of service: 12-Home • Review type: Initial • Add Servicing/Facility Provider: Homecare provider ID or NPI number (type = Servicing Provider) • Diagnosis: Enter diagnosis code or description • Procedure: G0159 <p>Please note: The CPT code does not need to match the claim if the provider is billing for the same service.</p>

	<p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: As needed • Units: Units (equal to visits) • Frequency: As prescribed • Start date: Requested start date for service <p>Notes</p> <ul style="list-style-type: none"> • No authorization required for commercial HMO/POS members for dates of service on and after January 1, 2024. For dates of service before January 1, please call in your request. • Extension requests must be faxed in.
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WHEN DOCUMENTATION IS REQUIRED

If your authorization request requires documentation, it may be because the patient already has approved visits (either to you or to another provider).

- Check under **View Authorizations Medical** on the left-hand side of the screen to see if there are any current authorizations on file.
- If there are no current authorizations approved, submit your authorization request without uploading anything.
- If the member has current authorizations and there is information you would like to include in your new request, please add a note and submit.
- Your request will pend for review (which generally occurs quickly). Use Authorization Manager to check the status.

RELATED RESOURCES

- [Physical therapy outpatient rehabilitation \(3 min\)](#)
- [Occupational therapy outpatient rehabilitation \(3 min\)](#)
- [Speech therapy outpatient rehabilitation \(4 min\)](#)
- [Home health care global - Medicare HMO Blue \(3 min\)](#)
- [Accessing authorizations & printing correspondence](#)