SoonerCare Therapy Management Program

Frequently Asked Questions

Who is eviCore healthcare?

Triad, an eviCore healthcare company, was established in 1996 and acquired by eviCore in 2013. eviCore is a leading provider of medical benefits management (MBM) solutions—including Musculoskeletal services—to managed care and risk-bearing provider organizations.

About eviCore healthcare

eviCore healthcare (eviCore) is a medical benefits management (MBM) company committed to making a positive impact in healthcare. Our strength and breadth of MBM expertise—providing Radiology; Cardiology; Musculoskeletal; Medical Oncology; Radiation Therapy; Specialty Drug Management; Sleep; Lab Management; and Post-Acute Care solutions—allows eviCore to continuously bring our clients practical, innovative, and effective strategies that reduce costs while guiding providers and patients to higher quality, evidence-based care. eviCore manages lives nationwide and is URAC-accredited and NCQA-certified.

What is the relationship between Oklahoma Health Care Authority (OHCA) and eviCore?

OHCA has partnered with eviCore to administer a prior authorization program for Occupational Therapy (OT), Physical Therapy (PT) and Speech Therapy (ST) services for outpatient and school-based services for children under 21 years in the SoonerCare program.

Will eviCore be processing claims for OHCA?

No, eviCore will only manage prior authorization requests for OT, PT and ST for children under 21 years.

How do I submit a precertification request?

The web portal is the most efficient way to submit precertification requests. You can check case status for requests initiated on the portal and it is available 24 hours a day, 7 days a week. By utilizing the web portal, you have access to patient authorization and eligibility information as well as the ability to submit requests at a time that best fits your schedule. The web portal can be accessed at:
http://www.triadhealthcareinc.com/providers/, click on the providers tab, then provider portal. Precertification requests can also be requested by fax at (888) 328-3662.

Is registration required on eviCore’s web portal?

Yes. A one-time registration is required for each practice or individual. You will be required to log-in prior to submitting precertification requests on the web. If you have an existing account, a new account is not necessary.

Can one user submit for authorization for multiple providers with different tax ID numbers on the portal?

No. You can register as a group on the portal and the prior authorization submission will populate the group name as the rendering provider. If you will be billing for the therapy services with the therapist as the rendering provider, then you will need an account for each therapist within your group. The rendering provider information automatically populates on the request form that you are registered as on the web. The rendering provider information on the authorization must match the rendering provider that is billing for the therapy services.

Who do I contact for online support/questions?

If you need assistance with the registration and password changes, please contact a Web Portal Specialist for assistance via phone at 800.575.4594 or email at portal.support@evicore.com. For all other web related issues, please contact clientservices@evicore.com.

What clinical information will a provider need to initiate a prior authorization request?

A completed prior authorization request form, exam narrative/offices notes from the referring physician must specify the need for the therapy (Speech Therapy requests only), signed referral/prescription and dated within a year of the request, include the diagnosis and must be therapy specific, evaluation notes, diagnostic test results, parental consent form and documentation of parental participation. Please refer to the “Clinical Documentation Checklist” for specific clinical documentation that is required when submitting a prior authorization request for therapy services at http://www.triadhealthcareinc.com/sooner care/.
Is prior authorization required for the evaluation of Occupational, Physical and Speech Therapy?

Prior authorization is required for the evaluation of Speech Therapy only. Prior authorization is **not** required for Occupational and Physical Therapy evaluations. However, if a patient is treated for PT or OT during the evaluation, a prior authorization request for treatment must be submitted on the same day the treatment was rendered. If the prior authorization request for treatment of PT and OT is not submitted on the same day the therapy services were rendered, then claims will be denied for no prior authorization.

Do re-evaluations for Physical Therapy and Occupational Therapy require prior authorization?

Yes, CPT code 97002 and 97004 require prior authorization. You can view the clinical guidelines at [http://www.triadhealthcareinc.com/soonercare/](http://www.triadhealthcareinc.com/soonercare/). Re-evaluations are allowed every 6 months and must include a change in condition.

Is prior authorization required for adults for Occupational, Physical and Speech Therapy?

No. Adults (21 years and older) receive 15 visits per year without prior authorization for outpatient services. Once the 15 visits are exhausted the patient would have to continue therapy the next year when the 15 visits are available.

Who can submit a referral/prescription for therapy services?

Referrals/prescriptions for speech therapy can be made by a licensed doctor of medicine, osteopathy, physician assistant and advanced practice registered nurse (APRN).

Referrals/prescriptions for occupational therapy can be made by the member’s physician or other licensed practitioner of the healing arts.

Referrals/prescriptions for physical therapy must be made by a licensed doctor of medicine, dentistry, chiropractic or podiatry, or a physician assistant, according to the State of Oklahoma Physical Therapy Practice Act (Title 59 O.S., Section 887.2).

For school-based therapy services, do I need to submit the IEP?

No, the IEP is not necessary or recommended to submit. Submit the pertinent and current evaluation/re-evaluation and plan of care which must include treatment goals and plan. Goals submitted
need to be SMART goals: specific, measurable, achievable, relevant and timely. Goals need to be specific to achieving functional gains.

Can school-based therapy services and outpatient therapy services be requested on the same prior authorization form?

No. School-based and outpatient therapy services must be submitted on separate prior authorization request forms. School-based therapy services must include a ‘TM’ modifier with the CPT code for claim payment on authorized therapy services.

What should I submit for my goals if the child is receiving therapy in both the school and outpatient environment?

The goals included in the documentation to support the prior authorization request should be specific to the environment. It is important to distinguish the goals for each setting to avoid services from being considered duplicative. School-based goals should reflect function related to the school environment. Outpatient goals should be specific to functioning at home and in the community. Prior authorization requests will be denied if the goals for treatment are duplicative.

What is the turnaround time for a determination on a prior authorization request?

It is our business practice to complete requests within 2 business days of receiving all clinical information.

How will I be notified of a determination?

If the prior authorization request is submitted by fax then a faxed determination letter will be sent to the provider. If the prior authorization request was submitted by web portal then an email notification will be sent. Members are sent a determination letter by mail.

Can a retrospective request for services be submitted for authorization?

No, retrospective reviews are not allowed for this program. An exception to retrospective requests is for TEFRA members. The provider has 30 days from the parent’s award letter to submit for services that were rendered. The award letter must be submitted with the request.
When do I submit a prior authorization request for continuation of care and what documentation should I submit with the request?

A prior authorization request for continuation of care for any therapy service should be submitted 7 days prior to the anticipated start date. All necessary clinical information to support continued care must be submitted, please refer to the clinical documentation checklist at http://www.triadhealthcareinc.com/soonercare/. Please do not send your request any earlier than 7 days before the anticipated start date of the next authorization period. eviCore will not accept a request submitted more than 7 days in advance. Requesting care too far in advance does not allow you to report up-to-date clinical findings.

What documentation should be submitted when requesting continuation of care?

A completed prior authorization request form, a reassessment or detailed progress note is important to submit to show the member’s response to treatment over the last authorization period, changes in objective status and function, progress made towards goals and updated treatment goals. Parental participation must be documented in the reassessment/progress notes. The submission of daily treatment notes is not sufficient as most daily notes reflect the therapy completed during that session only and do not reflect progress overall. Please refer to the “Clinical Documentation Checklist” for specific clinical documentation that is required when submitting a prior authorization request for continuation of care at http://www.triadhealthcareinc.com/soonercare/.

The clinical guidelines seem to apply to adults needing rehab. What about therapy clinics that treat primarily young patients with autism or sensory processing challenges as they will most likely not have progress in 30 days?

Condition, severity and co-morbidity are taken into consideration by the same specialty peer upon review.

Previously, OHCA has allowed speech therapists 12 visits before a pre-authorization for feeding therapy, 92526. Will this continue, or will we have to submit prior authorization for the first visit?

Prior authorization is required for this CPT code. The patient is allowed 12 visits per lifetime for CPT code 92526 without an authorization. Any amount beyond the 12 units requires prior authorization.
What is the process to make an amendment on my existing authorization?

All amendments to an authorization must be made telephonically by calling the call center at (888) 693-3281. Amendments can only be made for CPT codes, modifier revisions and date changes.

Are date extensions allowed?

No, date extensions are not granted. If approved visits were not utilized during the approved coverage period, then a continuation of care prior authorization request must be submitted and documentation should be included as to why the patient was not treated during the authorization timeframe.

Is the parental consent form and referral/prescription needed when submitting for continuation of care of therapy services?

The parental consent form and referral/prescription are only needed if eviCore does not have it on file. If a prior authorization request was sent to eviCore with that information, then there is no need to resend it. Referrals/prescriptions are valid for one year from the date on the referral. A referral/prescription must be submitted when the referral expires.

Do I have to wait to submit prior authorization requests for additional therapy visits when my current authorization expires?

No, you do not need to wait until the authorization expires. To avoid a lapse in the patients care, submit the prior authorization request for additional therapy visits within the week of the last scheduled visit.

What are my options when therapy services are denied?

A peer-to-peer discussion can be requested by calling our call center at (888) 693-3281. The peer-to-peer will be scheduled with a same specialty expertise eviCore therapist. During the conversation, the reason for the denial will be discussed and additional information can be provided by the requesting therapist.
We have some children that mainly see a Physical Therapy or an Occupational Therapy Assistant for therapy services. When sending the information for additional therapy services, will an update from the assistant be sufficient or does the documentation need to be from the therapist that completed the evaluation?

The treating assistant can have input into the reassessment but a licensed PT or OTR should sign off on the documentation. Documentation from the assistant alone is not enough to support ongoing skilled therapy. It is the responsibility of the licensed PT or OTR to complete the assessment which includes addressing goal achievement, identifying remaining goals as the member progresses as well as directing treatment progression.

Many children will not meet their goals in a 30/60/90 day timeframe; does that mean that my prior authorization request will be denied?

Services will not be denied if the therapy is medically necessary. Instead of writing goals for a year, include smaller goals that the child is able to achieve within the 30/60/90 day duration of care that you are requesting.

If a child is adopted and their name and SoonerCare ID changes how do I update authorizations?

To update a name on an authorization, please email clientservices@evicore.com. Make sure to include the eviCore reference/case number, child’s name and ID number on the current authorization and new name, ID number and date of birth.

If the child requires continuation of care for therapy services, please ensure that the parental consent form, referral/prescription and exam notes from the referring physician if required are submitted with the prior authorization request. If the parental consent, MD referral/prescription and exam notes are not submitted with the prior authorization request, it will cause a delay in review as this information is required.