

Humana Therapy Frequently Asked Questions (FAQs)

Provider Questions

Q. Which providers and/or services are in scope for Optum/OrthoNet utilization management?

All physical therapy, occupational therapy, and speech therapy providers, as well as any provider type billing one of the below CPT codes. Services provided by chiropractors are excluded.

420, 421, 422, 423, 424, 429, 430, 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97127, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364

Q. Which services are excluded from Optum/OrthoNet utilization management?

Inpatient rehabilitation, rehabilitation services performed in the home (including, but not limited to those provided by a home health care agency) or services provided by chiropractors. Also, cardiac and pulmonary rehabilitation are excluded from Optum/OrthoNet management.

Q: What is Optum/OrthoNet's role in the Humana authorization process?

Humana has delegated Utilization Management responsibilities for physical, occupational and speech therapy services to Optum/OrthoNet for Commercial, Medicare Advantage, and dual Medicare-Medicaid members. Optum/OrthoNet's scope of responsibility includes the management of the authorization process for outpatient therapy services. OrthoNet is an Optum business.

Q. Does this program impact my Provider Participation Agreement with Humana?

No, your Provider Participation Agreement remains unchanged under this program. Providers should continue to contact the Humana Provider Relations Department regarding provider contracting and credentialing matters.

Q. When is Optum/OrthoNet authorization required for Humana members?

New member episodes beginning on or after 1/1/2020 and current in-treatment member episodes expected to continue past 2/1/2020 require Optum/OrthoNet authorization.

Q. Does the initial evaluation need to be authorized?

The initial therapy visit does not require authorization in this program. However, subsequent visits do require authorization from Optum/OrthoNet. To obtain Optum/OrthoNet authorization, providers should submit a Patient Summary Form (PSF750) within 3 days of the initial visit via www.myoptumhealthphysicalhealth.com

Q. What are the authorization requirements for patients that are currently in treatment and will continue treatment after 1/1/2020?

For therapy episodes of care that commenced prior to 1/1/2020, authorization of additional visits will not be required for visits on or after 1/1/2020. However, should the therapy treatments continue past 2/1/2020 then authorization of those visits on or after 2/1/2020 will be required.

For example, a member began therapy treatments on 12/6/19 and continued in therapy through 1/15/20 - none of those visits would require authorization. However, if that same member continued with therapy

through 2/27/20, only the visits on or after 2/1/2020 would require authorization.

Q. What are the authorization requirements for patients not currently in treatment but scheduled to begin treatment on or after 1/1/2020?

All members starting therapy on or after 1/1/2020 require Optum/OrthoNet authorization for all visits other than the initial evaluation. To obtain Optum/OrthoNet authorization, providers should submit a Patient Summary Form (PSF750) within 3 days of the initial visit via www.myoptumhealthphysicalhealth.com.

Q. How does this affect physicians who provide therapy services in their office?

Physicians who have contracts with Humana to perform office-based physical, occupational or speech therapy will be required to obtain an authorization from Optum/OrthoNet for all visits other than the initial therapy evaluation. To obtain Optum/OrthoNet authorization, providers should submit a Patient Summary Form (PSF750) within 3 days of the first visit via www.myoptumhealthphysicalhealth.com.

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. To obtain Optum/OrthoNet authorization, providers should submit a Patient Summary Form (PSF750) within 3 days of the initial visit via www.myoptumhealthphysicalhealth.com.

Q. How do I submit an authorization request to Optum/OrthoNet?

All authorization requests must be submitted via the Optum Provider Portal unless the provider has a Portal-Waiver on file with Optum/OrthoNet. Providers new to the Optum Portal will require a Provider ID and password prior to submitting an authorization request.

Q. How do I obtain an Optum Portal ID and password?

Beginning December 14, 2019, all providers not currently contracted with Optum may obtain an Optum Provider ID by accessing the www.myoptumhealthphysicalhealth.com homepage and choosing the option "Welcome Humana Providers: To obtain your Provider ID [click here](#)."

After you receive your Optum Provider ID, you can set up your Optum Provider Password using the same homepage link and choosing the option "If you need your provider ID or password please [click here](#)."

If you currently have an active Optum Portal account and ID no further action is necessary from you. You can use this account to log in for the Humana program.

***Please ensure that you have a Provider ID and password prior to 1/1/2020.**

Q. Who can I call if I have any questions regarding the setup of my Optum Provider Portal account?

Providers can call Optum Provider Services at 1-800-873-4575 regarding any questions that arise while setting up an Optum Provider Portal Account.

Q. Will I be able to track the status of my authorization request?

You may access www.myoptumhealthphysicalhealth.com to track the status of your authorization request. Enter your provider ID and password, and view the status of your authorization request.

Q. Where can I find the authorization determination?

You may access www.myoptumhealthphysicalhealth.com to obtain authorization determinations. Authorization determinations include appeal rights if applicable, and an option to print.

Q. I'm an Optum-contracted T1A/T1 provider. Do I need to obtain authorization for Humana members?

Yes. Regardless of tier level, providers need to submit a Patient Summary Form (PSF750) for all Humana members.

Q. How do I confirm patient eligibility and benefits?

Providers can call the number on the back of the patient's health plan ID card to obtain both eligibility and benefit information or at www.humana.com.

Q. Where do I submit claims?

Providers should continue to submit claims directly to Humana consistent with current process.

Q. What happens if a Humana member receives outpatient therapy without an authorization?

Any claim submitted for services, other than the initial evaluation, which does not have a valid authorization, will be subject to financial penalties for the practice and/or the member, based upon the provider's contract and the member's Certificate or Evidence of Coverage. Additionally, services provided without authorization may be subject to retrospective medical necessity review. All providers, both participating and non-participating will be required to obtain authorization for additional therapy services under this program

Q. Who do I call if I have general questions regarding the Optum/OrthoNet program?

Providers should call the Optum/OrthoNet Provider Services Call Center at (844) 938-0346 for any general questions regarding the program.