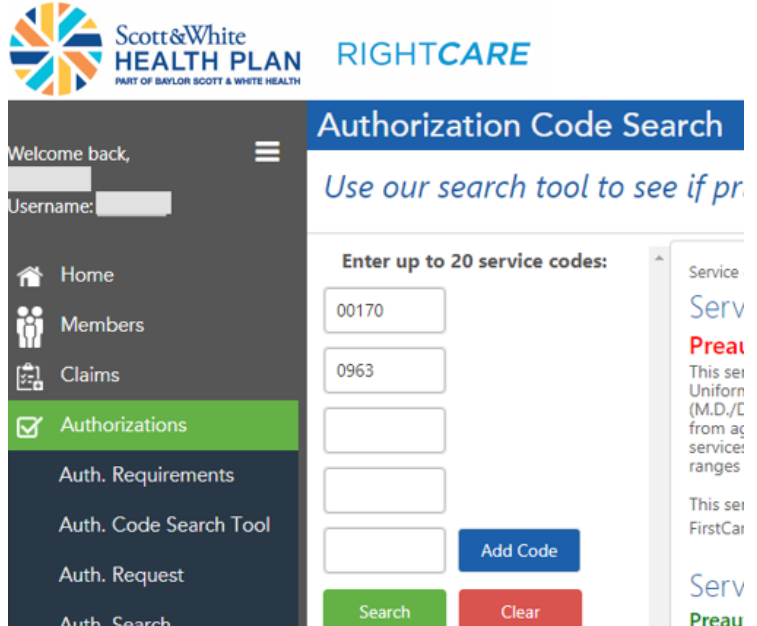# RightCare—Authorization Requirement for Therapies

Thank you for being a valued RightCare Provider. **Effective November 1, 2019, we encourage all of our providers to** utilize the **Right*Care* Self-Service Provider Portal**— **rightcare.firstcare.com** —to submit new authorization requests, view authorization status, and view prior authorization requirements. This online authorization process provides an immediate decision when clinical criteria meet for medical necessity.

Register today! Go to the login page at **rightcare.firstcare.com** and select the "Create an account today!" link or "Create an Account button and choose "Provider" from the popup selector. Note: If you already have access to the Provider Portal and need to add new users, simply follow the same steps above once logged into your account at View/Edit My Info and Registered Providers.

To view an all-inclusive list of all codes requiring authorization, go to the login page at rightcare.firstcare.com and use the Authorization Code Search. This code list is subject to change within the categories, so be sure to check it regularly.

REMINDERS FOR OCCUPATIONAL, SPEECH, AND PHYSCIAL THERAPY

The lookup tool is quick and easy to use: Enter one or more 5-digit CPT or HCPCS codes in this search tool.

- Online Requests: When choosing the "request type", choose the appropriate therapy (i.e. Physical Therapy, Occupational Therapy or Speech Therapy). When uploading clinical please do not use special characters (ex. comma, hyphen, etc.) in the file name as we often have issues opening those files
- Include all CPT codes, visits/days requesting (not units)
- Claim reimbursement requires that ALL therapies include one of the following modifiers: (GP- Physical Therapy, GO – Occupational Therapy, or GN – Speech Therapy
- For group therapy (92508 and 97150) include the individualized treatment plan that includes intervention, frequency and duration of the prescribed group therapy and specific treatment techniques that will restore function.
- Request chronic conditions for maximum 180 day increments
- Request acute conditions for maximum 60 day increments
- Clinical documentation should include member's prior therapy and/or number of visits attended along with the date therapy started
- Goals: should be functional (relate to specific everyday activities) and be in SMART format (specific, measurable, attainable, relevant, within the time frame of the authorization dates of service requested)
- Unmet goals need baseline and current status documented to determine progress
- Compliance with home program must be documented
- Include progress note when requesting more visits if it less than 6 months from the evaluation/re-evaluation date
- Progress note must include:
  - Objective measurements (initial and current)
  - Goals
  - Progress towards goals
  - Compliance with home program
  - Assessment summary of why more therapy is needed