**Provider Requirements by Type**

# Outpatient Therapies once Thresholds have been met – BH, PT, OT, ST

**Ordering Provider –** The person or Organization ordering the care *(this information is not transmitted to BMS with the PA. If you are needing to bill under the NPI listed here, it will need to either go under treating provider, or be a part of the same group practice as the NPI listed as the treating provider)*

**Treating Physician –** Primary therapist/provider if there is a mix of therapists and no one provider is considered primary. Then the submitter may select any provider.

**Treating Provider –** Pay-to Provider (Group)

**Example:** Telligen Qualitrac: PA requesting provider – Children’s Therapy Group – PA treating provider – Bonnie Kalokas

\*\*\*Be sure to include all procedure codes and accumulative units needed for each code for the dates of the treatment plan period *(exception, if the member reaches their threshold limit after the start date of the current treatment plan, the start date should be the first day the member requires additional units)*. Treatment plans should not overlap, and each request must align with the dates on the treatment plan.

\*\*\*Exception, PT & OT Authorizations for acute conditions can be authorized up to eight (8) visits at a time. The date range used, and total units should be calculated for those 8 visits only.

# Transplant

*1 PA is required for the surgeon(s), a 2nd PA is required for the Facility. A 3rd PA is required if the primary and assistant surgeon do not belong to the same group, resulting in a minimum of 2 requests.*

**Ordering Provider –** The person or Organization ordering the care *(this information is not transmitted to BMS with the PA. If you need to bill under the NPI listed here, in order to bill under the same PA, the NPI will need to either go under treating provider or be a part of the same group practice as the NPI listed as the treating provider. Otherwise, a separate request is required)*

**Treating Physician –** Primary Surgeon

**Treating Provider –** Pay-to Provider (Group)

\*\*\*If there will be an Assistant Surgeon that is a part of the same group practice, indicate on the procedure code(s) which the Assistant Surgeon will be performing or assisting with by using modifier AS or 80 with the respective procedure code(s). You may have a procedure code listed twice, one with and one without a modifier. Be sure to include all procedure & PCS codes that require a PA.

\*\*\*If the Assistant Surgeon is not in the same group practice, a separate PA is required.

\*\*\*If there is an Assistant Surgeon that is a part of the same group practice, a separate PA is required for the facility.

**Additional examples:**

**Provider** **- with assistant surgeon a part of the same group or no assistant surgeon**

**Ordering** **-** Physician, Facility, (doesn’t matter)

**Treating Physician -** Surgeon

**Treating Provider –** Group

**Facility – (all 3 can be the facility NPI)**

**Ordering -** Physician, Facility, (doesn’t matter)

**Treating Physician -** Surgeon

**Treating Provider –** Facility

**Provider – when assistant surgeon is not a part of the same group as the primary surgeon (all 3 can be the physician NPI)**

**Ordering –** Physician, Facility, (doesn’t matter)

**Treating Physician -** Assistant Surgeon

**Treating Provider –** Pay-to Provider (Group)

# Procedures (inpatient) – Vagal Nerve Stimulator for Epilepsy, Weight-loss Surgery, Hypoglossal Nerve Stimulation

**Ordering Provider –** The person or Organization ordering the care *(this information is not transmitted to BMS with the PA. If you need to bill under the NPI listed here, it will need to either go under treating provider, or be a part of the same group practice as the NPI listed as the treating provider)*

**Treating Physician –** Primary Surgeon

**Treating Provider –** Pay-to Provider (Group)

\*\*\*If there will be an Assistant Surgeon that is a part of the same group practice, indicate on the procedure code(s) which the Assistant Surgeon will be performing or assisting with by using modifier AS or 80 with the respective procedure code(s). You may have a procedure code listed twice, one with and one without a modifier. Be sure to include all procedure & PCS codes that require a PA.

\*\*\*If the Assistant Surgeon is not in the same group practice, a separate PA is required.

# Procedures (outpatient) – All other procedures that require PA regardless of being performed as inpatient or outpatient

**Ordering Provider –** The person or Organization ordering the care *(this information is not transmitted to BMS with the PA. If you need to bill under the NPI listed here, it will need to either go under treating provider, or be a part of the same group practice as the NPI listed as the treating provider)*

**Treating Physician –** Primary Surgeon

**Treating Provider –** Pay-to Provider (Group)

\*\*\*If there will be an Assistant Surgeon that is a part of the same group practice, indicate on the procedure code(s) which the Assistant Surgeon will be performing or assisting with by using modifier AS or 80 with the respective procedure code(s). You may have a procedure code listed twice, one with and one without a modifier. Be sure to include all procedure & PCS codes that require a PA.

\*\*\*If the Assistant Surgeon is not in the same group practice, a separate PA is required.

# Assistant Surgeon *(non-transplant)*

**Ordering Provider –** The person or Organization ordering the care *(this information is not transmitted to BMS with the PA. If you need to bill under the NPI listed here, it will need to either go under treating provider, or be a part of the same group practice as the NPI listed as the treating provider)*

**Treating Physician –** Primary Surgeon

**Treating Provider –** Pay-to Provider (Group)

\*\*\*If the Assistant Surgeon is not a part of the same group practice as the Primary Surgeon, a separate PA is required.

\*\*\*For Assistant Surgeons that are a part of the same group practice as the treating physician or primary surgeon, indicate on the procedure code(s) which the Assistant Surgeon will be performing or assisting with by using modifier AS or 80 with the respective procedure code(s). You may have a procedure code listed twice, one with and one without a modifier. Be sure to include all procedure codes requiring PA.

# Genetic Testing

**Ordering Provider –** The person or Organization ordering the care

**Treating Physician –** Lab or Facility

**Treating Provider –** Pay-to Provider (Lab or Facility)

# Vision

**Ordering Provider –** The person or Organization ordering the care

**Treating Physician –** The person providing the care

**Treating Provider –** Pay-to Provider

# Dental

**Ordering Provider –** The person or Organization ordering the care

**Treating Physician –** The person providing the care (dentist/orthodontist)

**Treating Provider –** Pay-to Provider

# Durable Medical Equipment

**Ordering Provider –** The person or Organization ordering the care

**Treating Provider –** Pay-to Provider

# Home Health

**Ordering Provider –** The person or Organization ordering the care

**Treating Physician –** The person or organization providing the care

**Treating Provider –** Pay-to Provider (Home Health Agency)

# Waiver Skilled Nursing

**Ordering Provider –** The person or Organization ordering the care

**Treating Physician –** The person or organization providing the care

**Treating Provider –** Pay-to Provider

References:

* [Prior Authorization request changes for services billed using the CMS-1500 Professional 837P claim type](https://wymedicaid.telligen.com/wp-content/uploads/2023/07/Prior-Authorization-request-changes-for-services-billed-using-the-CMS-1500-Professional-837P-claim-type.pdf)
* [Changes for CMS-1500 Professional 837P Claim Type Part 2](https://wymedicaid.telligen.com/wp-content/uploads/2023/08/Changes-on-how-to-submit-CMS-1500-Professional-837P-claim-type-Part-2-.pdf)