



## Retrospective Review and Voluntary Prior Approval Process

You have selected a provider who does not participate in the Oxford network. In keeping our commitment to help members get the most out of their health care coverage, we are providing you with important information regarding coverage of out-of-network care.

### **Understanding the Costs Associated with Out-of-network Care**

As part of your Oxford plan, you may receive physical therapy and occupational therapy services on an in-network or out-of-network basis (if your plan has out-of-network benefits). Both in- and out-of-network care is subject to review for medical necessity. Services are considered to be out-of-network when rendered by a nonparticipating physician or health care professional. When you receive care from a non-participating physician or health care professional, your out-of-pocket costs are usually higher than when you receive care from a participating physician or health care professional. In cases where you receive care from a non-participating physician or health care professional, you are financially responsible for paying for all services that are not determined to be medically necessary, as well as the out-of-network cost shares outlined in your Certificate of Coverage.

### **Finding a Participating Physical or Occupational Therapist**

If you would like to find a participating provider, please visit our Web site at [www.oxfordhealth.com](http://www.oxfordhealth.com) and click on "Search for an Oxford doctor." To request a printed list of physical or occupational therapists in your area, call OptumHealth Customer Service at 1-877-369-7564.

### **Using a Non-Participating Physical or Occupational Therapist**

If you choose to use a non-participating physical or occupational therapist, there are two options available to you for determining coverage, the Retrospective Review process or the Voluntary Prior Approval process.

#### **Option 1: Retrospective Review Process**

For services from a non-participating physical or occupational therapist, OptumHealth typically reviews the associated claims on behalf of Oxford, along with your provider's documentation for medical necessity, **after** the treatment is rendered. This is referred to as a Retrospective Review. If a service is deemed to be not medically necessary or not a covered benefit you will be responsible for the costs in full.

1. You or your treating physician or health care professional submits claims to Oxford Claims Department, P. O. Box 7082, Bridgeport, CT 06601-7082
2. OptumHealth will review the claim along with your provider's documentation for medical necessity after the treatment is rendered.
3. If medical notes are not submitted along with the claim, we will send a request to you and your treating practitioner advising that medical notes will need to be provided to support medical necessity. If clinical notes are not received, you will be responsible for the cost of the service.
4. If the service is determined to be medically necessary and you have out-of-network benefits, services will be reimbursed subject to applicable coinsurance and deductible amounts. If a service is **not** determined to be medically necessary or not a covered benefit, you will be responsible for the costs in full and have the right to appeal the denial.

#### **Option 2: Voluntary Prior Approval Process - Determining Services that are covered in Advance**

To help you make informed decisions regarding your care, we offer an alternative to retrospective review. This option is called **Voluntary Prior Approval**. The Voluntary Prior Approval process enables you or your non-participating provider to request coverage for services **in advance** so that you will know whether the proposed treatment will be covered. This will enable you to make informed decisions about receiving continuing services, to limit the situations where you have to pay for a non-approved service. Once services are reviewed as part of the Voluntary Prior Approval process, they will not be reviewed again on a retrospective basis. Approved services will be reimbursed when you submit your claim. If follow-up Patient Summary Forms are not submitted for continuing care services beyond the initial approval period, the services will be reviewed retrospectively as described above. To avoid this, please ensure that your treating provider submits Patient Summary Forms in a timely fashion. To take advantage of this process, follow the directions below included with the attached Voluntary Prior Approval Agreement Form.

## Voluntary Prior Approval Process

1. You sign this Voluntary Prior Approval Agreement Form upon your initial visit to indicate that you are opting to obtain prior approval for non-participating physical therapy or occupational therapy services that you understand the process, that you agree to the procedures described here and that you authorize your non-participating provider to submit information on your behalf.
2. You ask your non-participating provider to submit a completed one page Patient Summary Form along with this signed Voluntary Prior Approval Agreement Form directly to OptumHealth (fax to 1-866-695-6923). You or your non-participating provider can obtain a copy of the Patient Summary Form by calling OptumHealth at 1-877-369-7564 or by visiting OptumHealth's Web site at [www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com).
3. OptumHealth will respond to both you and your provider for each Patient Summary Form received, indicating the time frame and services that have been approved or that the services have not been approved.
  - a. If the services are approved, you are responsible only for out-of-network cost shares (e.g., deductible and coinsurance amounts).
  - b. If the services are not approved and you choose to receive care, you will be responsible for the cost in full. You may appeal that decision by following the procedures attached with the response or as described in your Certificate of Coverage.
4. If your treating provider believes that you need care beyond the approved number of services and/or time frame provided, he/she should submit a new updated Patient Summary Form, including asking you to complete the Patient Section of the Patient Summary Form to assess your progress. *If the new forms are not submitted, the claims will be reviewed retrospectively as described.*
5. If you change non-participating therapy providers and wish to continue to use the Voluntary Prior Approval process, the new provider should submit your new **Voluntary Prior Approval Agreement Form** along with a newly completed Patient Summary Form.

Submission of this form indicates that you understand the Voluntary Prior Approval process; you agree to the procedures outlined in this letter and that you authorize your non-participating provider to submit a Patient Summary Form on your behalf.

Treating Practitioner's Name \_\_\_\_\_

Clinic Name (if available): \_\_\_\_\_

Treating Practitioner's Street Address: \_\_\_\_\_

Treating Practitioner's City, State, ZIP: \_\_\_\_\_

Treating Practitioner's Tax Identification Number: \_\_\_\_\_

Treating Practitioner's Phone Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Member's DOB: \_\_\_\_\_

Member's ID Number: \_\_\_\_\_

Member/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_