Outpatient Pre-Treatment Authorization Program (OPAP) Request

CareFirst
From the CareFirst BlueCross BlueShield family of health care plans.

Check all that apply:

☐ Physical Therapy (PT)
☐ Speech Therapy (ST)
☑ Occupational Therapy (OT)
☐ Spinal Manipulation/Chiropractic
☐ Acupuncture
Habilitative: ☐ Yes ☐ No

Please print and complete entire form.
Fax form to 410-505-6404

CASE INFORMATION

Patient Name (Last, First):		Subscriber Member ID#:	
Date of Birth (MM/DD/YYYY)	Gender: ☐ Male ☐ Female	Number of Visits	Date of Service (MM/DD/YYYY) From to
Diagnosis Code (ICD-9): Primary		Secondary	
Servicing Practitioner: Bharat Vallurupalli, MS, OTR/L, CHT		BlueChoice Regional Provider ID (Tax ID if non-participating)	
Office/Facility Name: Apex Hand Therapy, LLC		Practitioners Address:	
City:	State: VA	ZIP Code:	Treatment Setting: ☑ Office ☐ Outpatient Facility

CONTACT INFORMATION

Office Name: Apex Hand Therapy, LLC	Office Phone Number & Extension (including area code): 703.242.4263
Office Fax: 855.802.9786	Tax ID Number:

AUTHORIZATION EXTENSION (IF APPLICABLE)

Previous Authorization Number:	Action Requested: ☐ Extend End Date ☐ Add Visits
Additional Comments:	

DISCLAIMER

The above approval is based on the number of visits recommended for the diagnosis indicated. If additional visits are required, please complete and submit a separate authorization form indicating measurable short-term and long-term goals for the member.

Prior to rendering the authorized service, the health care practitioner must verify the member's eligibility and benefits with CareFirst (see page 2 for instructions). If the patient's benefits are not covered on the date the authorized service is delivered, reimbursement will not be provided.

FOR CAREFIRST USE ONLY

Visit(s) Authorized: _____ ☐ Physical Therapy (PT) ☐ Speech Therapy (ST) ☐ Acupuncture ☐ Spinal Manipulation / Chiropractic
☐ Occupational Therapy (OT) ☐ Rehabilitative ☐ Habilitative

☐ **No Preauthorization Required**

OPAP Authorization Number: _____

OPAP Comments:

Outpatient Pre-Treatment Authorization Program (OPAP) Authorization Request

IMPORTANT INFORMATION FOR COMPLETING REQUEST FORMS

1. Verify eligibility and benefits through the following:

- **Online at www.carefirst.com/carefirstdirect.**
- **Maryland-based products** (Maryland Point of Service, Preferred Provider Organization, Preferred Provider Network, and Maryland Indemnity products) call BlueLine at **410-581-3535** or **800-248-8410.**
- **National Capital Area (NCA)-/Regional-based products** (CareFirst BlueChoice, CareFirst BlueChoice Opt-Out, CareFirst BlueChoice Opt-Out *Plus*, BluePreferred and NCA Indemnity) call FirstLine at **202-479-6560** or **800-842-5975.**

2. General Instructions:

- **Type or print legibly and complete the form in its entirety. Note "N/A"** in blocks that are not applicable.
- **The number of visits and the range for dates of service must agree with those indicated on the claim form.** (*For example: the number of visits cannot be overstated. A visit must not occur outside the approved range for dates of service.*) If the claim does not agree with the authorization, claims processing may be delayed and/or the claim may be denied.
- To order additional forms, please call **410-998-4667**. Use your Provider ID number to request the form number noted at the bottom of the first page.

3. Fax completed forms to 410-505-6404 within five (5) days from initial evaluation. Delays may cause a denial or reduction in claims payment. Please do not send additional pages unless requested (see additional instructions for HMO). Once processed, your OPAP authorization will be faxed back to you.

Additional HMO Specific Requirements:

- For CareFirst BlueChoice, Inc. products (including BlueChoice HMO, Opt-Out, and Opt-Out Plus), **a PCP may also be required to submit a written referral to a therapist for the first three (3) visits** (to include 1 evaluation and 2 treatments).
- Prior to rendering continued services beyond the initial three (3) visits, the therapist must obtain OPAP authorization. Submit a copy of the written referral along with the OPAP Authorization Form (see General Instructions above).
- CareFirst BlueChoice Opt-Out with the Open Access feature (see patient's ID card) does not require written referrals for the first three (3) visits. Chiropractic (spinal manipulation) services require authorization starting with the first visit.

Authorization requirements for health care services vary by employer. **Be sure to check the patient's eligibility and benefits. Note:** Authorization is subject to medical necessity. Providers should be familiar with our medical policies as they pertain to Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST) and spinal manipulation services. Medical policies are available on the "Providers & Physicians" section of our web site, **www.carefirst.com.** Please see Section 08, *Rehabilitation Therapy*, for details. This form is used to request continued services after the initial three (3) referral visits have been completed.