



Healthy Blue

Carelon Medical Benefits Management, Inc. prior authorization changes for outpatient therapy

Louisiana | Healthy Blue | Medicaid Managed Care

Effective [July 1, 2026], Healthy Blue will transition medically necessary review of therapy (physical, occupational, and speech) services to the rehabilitation solution managed by Carelon Medical Benefits Management, Inc.

This relationship with Carelon Medical Benefits Management ensures that care aligns with established evidence-based medicine. Carelon Medical Benefits Management will manage outpatient rehabilitation medically necessary reviews using the [Carelon Outpatient Rehabilitative and Habilitative Services clinical guidelines](#). The Rehabilitation Program considers multiple individual clinical details to continuously monitor and adjust the number of authorized visits on request. Progress is measured based on condition management and patient outcomes, with additional visits approved as clinically appropriate.

Healthy Blue's members enrolled in Medicaid will not be required to receive prior authorization for the first eight physical, occupational, and speech therapy treatment visits in new therapy episodes of care starting [July 1, 2026]. An episode of care begins when an evaluation code is billed. Treatment rendered at the initial evaluation date of service will count toward the eight treatment visits that do not require prior authorization. Starting with the ninth treatment visit, prior authorization is required through Carelon Medical Benefits Management.

Included members:

- **Healthy Blue's Medicaid members**
- **LaCHIP**

Excluded members:

- **Healthy Blue's Medicaid Chisholm membership**
- **Commercial self-insured (ASO)**
- **Medicare Advantage:**
 - **Dual Eligible**

Transition of outpatient therapy care

If your facility has authorization for outpatient therapy (PT, OT, ST) services for a Healthy Blue's member, issued by the health plan for dates of service that extend past the effective date of [July 1, 2026], the authorization will remain valid. If the member requires additional skilled therapy beyond the existing prior authorization and more

than eight treatment visits have been rendered, prior authorization through Carelon Medical Benefits Management is required.

Therapy modifiers

Therapy modifiers are required on claims:

- **Physical therapy modifier — GP**
- **Occupational therapy modifier — GO**
- **Speech therapy modifier — GN**

Determinations

Carelon Medical Benefits Management adjudicates therapy requests under a grouper concept. Determinations for your therapy request will be made at the grouper level. As part of the grouper concept, if a date of service is authorized, the provider may render any additional main treatment grouper CPT® service codes even if they are not entered on the prior authorization request:

- **Parent grouper for physical therapy services — 97110**
- **Parent grouper for occupational therapy services — 97530**
- **Parent grouper for speech therapy services — 92507**

Please visit the Carelon Microsite Resource Page for a list of the CPT service codes included within the main treatment grouper for each therapy discipline, <https://providers.carelonmedicalbenefitsmanagement.com/rehabilitation/resources>.

Training webinars

A series of webinar sessions will be held for providers and office staff who provide therapy services. Please attend at least one training course.

<u>Date</u>	<u>Registration link</u>
<u>[Wednesday, June 10, 2026, at 11 a.m. CT]</u>	<u>Register for the June 10th session</u>
<u>[Wednesday, June 24, 2026, at 11 a.m. CT]</u>	<u>Register for the June 24th session</u>
<u>[Wednesday, July 8, 2026, at 11 a.m. CT]</u>	<u>Register for the July 8th session</u>

Prior authorization request submission after the initial eight treatment visits:

- **Online via provider portal: The Carelon Medical Benefits Management provider portal is available 24/7, fully interactive, and processes requests in real time. To register, visit www.providerportal.com.**
- **By phone: Call 833-342-1254, Monday through Friday, between 7 a.m. and 7 p.m. CT.**

Notes:

- **The contact center and provider website will be available beginning on [June 15, 2026], for prior authorization requests for dates of service rendered on or after [July 1, 2026].**
- **Treatment services rendered on the initial evaluation date will count toward the eight treatment visits that do not require prior authorization.**

Resources for your practice

Visit <https://providers.carelonmedicalbenefitsmanagement.com/rehabilitation> to learn about the rehabilitation solution and access helpful information and tools such as:

- **Order entry checklist**
- **FAQ**

For more information, visit www.carelon.com or contact Provider Services at 844-521-6942.

We value your participation in our network and look forward to working with you to help improve the health of our members.