

## Rehab Services Referral and Authorization Process for contracted vendors

### FAQ's

1. Do I need authorization prior to providing care?
  - a. Rehabilitation Services (PT, OT, SLP) no longer require prior authorization for members requiring care. Once an order is placed, the contracted provider who receives the order may begin evaluation and treatment after checking benefits and eligibility.
2. How is member care initiated?
  - a. A Kaiser Permanente provider will place an order for therapy services. The Kaiser Permanente rehab services team will process the order and a notification letter will be sent to the contracted provider to initiate evaluation and treatment.
3. Why does an order need to be placed?
  - a. An order is required to start care for any medical or behavioral services, which includes therapy.
4. How do I obtain an order?
  - a. Submit a request through Kaiser Permanente's Affiliate Link
  - b. DO NOT send a faxed request to any Kaiser Permanente provider for an order.
5. How do I check benefits and eligibility?
  - a. The contracted provider may check member benefits through Affiliate Link.
6. Will I still be notified of approval despite not needing authorization?
  - a. A notification will be sent from Kaiser Permanente indicating an order for care. The notification will not state an approval or authorization status. The contracted provider will need to check benefits, and once benefits are confirmed, the patient may be scheduled for evaluation and/or treatment.
7. Do I (contracted provider) call patients to schedule care or will a Kaiser Permanente team member?
  - a. Each contracted provider will schedule patient visits as treatment plans dictate.
8. How do I know if evaluations **and** ongoing visits are approved?
  - a. Once you receive the order, it will state whether an evaluation only is ordered or whether evaluation and treatment can occur. Once benefits and eligibility is determined, all visits will be covered up to the member's benefit limit or to the point when the member reaches the goals of therapy.
9. What do I need to do if I want to see patients for more than the approved visits?
  - a. If a contracted provider reaches the member benefit maximum, a new order will need to be placed by a Kaiser Permanente Provider and authorization requested through Affiliate Link. This does not guarantee that services will be approved past a member benefit limit. These are all reviewed and decided based on members' needs.
10. What if a Kaiser Permanente member is switching groups/providers?
  - a. The Kaiser Permanente member is responsible for working with their Kaiser Permanente provider to ensure a new order gets placed for the new contracted group/provider. All



new contracted groups should check the member benefits to ensure benefit limits have not been exceeded.

If there are any questions, please reach out to your Provider Experience Consultant (PEC) directly or by calling 866-866-3659.

Thank you