Physical/Occupational Medicine  
Quick Reference Guide for Providers

Effective January 1, 2016

NIA Magellan will be providing Utilization Management for outpatient rehabilitative and habilitative physical and occupational therapy services on behalf of Dean Health Plan. This program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care. As you are aware, Dean Health Plan requires care registration for the first patient visit in a calendar year and prior authorization of additional therapy services beyond the 8th visit in a calendar year. The NIA Magellan program is planned for implementation on January 1, 2016.

Beginning January 1, 2016, each discipline of outpatient therapy below requires care registration and any additional treatments (visits 9 and beyond) require prior authorization from NIA Magellan, including any combination of the 2 therapies after the initial eight visits in a calendar year.

- Physical Therapy
- Occupational Therapy

The NIA Magellan program is managed through Dean Health Plan contractual relationships with providers who deliver outpatient therapy services.

DeanCare Gold members are exempted from the registration/authorization process through NIA Magellan. Dean Health Plan members with an Autism Diagnosis are also exempt. Not all Dean Health Plan ASO groups have the same authorization requirements. ASO groups that allow for 8 auto-approved visits will need to follow the Care Registration process and register the member with NIA Magellan at the initial visit. To verify ASO member eligibility please call the Customer Care line on the back of the member’s ID card.

Care Registration
After your first visit with the patient in the calendar year, register the patient with NIA Magellan. You must complete a Care Registration.

The Care Registration is used to document the initial visits in the calendar year to determine when the visit threshold is reached and medical management is needed. The Care Registration will allow the patient eight (8) auto-approved visits for a 90 day time span starting with the initial visit for that calendar year.
Prior authorization
If, leading up to or during visit number 8, the therapist determines that the patient will require additional treatment (visits 9 and beyond); a prior authorization must be obtained and will be required for reimbursement. Payment will be denied for services performed without a necessary prior authorization, and the member cannot be balance-billed for such services.

Therapy services performed in the following settings do not require prior authorization through NIA Magellan:

- Inpatient therapy

Submitting Prior Authorization Requests or Care Registrations
There are two ways to submit prior authorization requests or Care Registrations -- either through NIA’s Website at www.RadMD.com or by calling 1-866-307-9729.

Information Needed to Submit Prior authorization or Care Registrations
To expedite the prior authorization or Care Registration process, please have the appropriate information ready before logging into NIA’s Website or calling NIA’s Call Center. (*Information is required).

- Name and office phone number of ordering provider*
- Member name, ID number and date of birth*
- Therapy Discipline*
- Name of therapy office or facility where the service will be performed*
- Date of initial evaluation or date of the first visit of the calendar year.
- ICD-10 code/s
- Details justifying therapy.*
  - Symptoms and their duration
  - Initial or Re-evaluation Evaluation findings
    - Baseline functional status and Impairments
    - Objective tests and measures
    - Specific functional goals
    - Interventions to be utilized
  - Plan of Care/Treatment Plan

- Please be prepared to provide the following information, if requested
  - Initial Evaluation/Reevaluation
  - Treatment notes
  - Previous Discharge summary if recent therapy
  - Plan of Care
  - Tests and Measures, some examples include:
    o Oswestry Disability Index (ODI)
    o Modified Low Back Pain Disability Questionnaire
    o Berg Balance Score
    o Lower Extremity Functional Scale (LEFS)
    o Disabilities of the Arm, Shoulder and Hand (DASH)
Neck Disability Index (NDI)
9-Hole Peg Test
Dizziness Handicap Inventory (DHI)
Incontinence Impact Questionnaire (IIQ)
Multiple Sclerosis Functional Composite (MSFC)
Dynamic Gait index (DGI)
Falls Risk Assessment Tool (FRAT)

Website Access
- It is the provider’s responsibility to access NIA’s Website or call for prior authorization or Care Registrations. Patient symptoms, past clinical history and prior treatment information will be required and should be available at the time of the contact.
- To get started, go to www.RadMD.com click the New User button and submit a “RadMD Application for New Account.” If you are a rendering provider that performs these services, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.
- You can request prior authorization or submit a Care Registration at www.RadMD.com. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
- If you are requesting prior authorizations or submitting Care Registrations through the NIA Magellan Website and your request is pended, you will receive a tracking number and NIA Magellan will contact you to complete the process.
- You can check on the status of patient prior authorizations quickly and easily by going to the “My Exam Requests” tab to view all outstanding prior authorizations.
- The NIA Magellan Website cannot be used for medically urgent or expedited prior authorization requests. Those requests must be processed by calling 1-866-307-9729.

Telephone Access
Call center hours of operation are Monday through Friday, 7 a.m. to 7 p.m. CST. You may obtain a prior authorization of submit a Care Registration request by calling 1-866-307-9729.
- NIA Magellan can accept multiple requests during one phone call.

Submitting Claims
Please continue to submit claims to:

Dean Health Plan
P.O. Box 56099
Madison, WI 53705

For electronic submission, the Dean Health Plan payor ID number is 39113.
Important Notes

- Submitting a Care Registration will register the patient with NIA Magellan and automatically approve 8 visits to be used within a 90-day period. If a period of ninety (90) days has elapsed since the end of any prior treatment plans, another initial request for care must be submitted to NIA Magellan.

- The NIA Magellan care registration and prior authorization numbers for both disciplines of outpatient therapy consist of 10 or more numeric characters with the number “77” in the middle. In some cases, you may instead receive an NIA Magellan tracking number (not the same as a prior authorization number) if your prior authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD Website or via our Interactive Voice Response telephone system.

- For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).

- NIA Magellan Clinical Guidelines can be found on the NIA Magellan Website, www.RadMD.com under “Online Tools/Clinical Guidelines.” NIA Magellan guidelines for Physical Medicine Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.

- A prior authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member’s benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member’s benefit plan.

- To educate your staff on NIA Magellan procedures and to assist you with any provider issues or concerns, contact your Dean Health Plan or NIA Magellan representative.