



Aetna New York Physical Medicine Quick Reference Guide for Providers

Effective September 1, 2018

National Imaging Associates, Inc. (NIA) will be providing Utilization Management for outpatient rehabilitative and habilitative physical medicine services on behalf of Aetna Health Management, LLC (Aetna). This program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care. All providers will be required to obtain prior authorization for the Physical Medicine services.

The NIA outpatient rehabilitative and habilitative physical medicine service program is planned for implementation on **September 1, 2018**.

The NIA program is managed through Aetna's contractual relationships with providers who deliver outpatient therapy services. NIA conducts medical necessity review of requested services only.

Prior Authorization

Providers must obtain prior authorization for the Physical Medicine procedures listed or within five (5) business days from rendering these procedures. Evaluation codes do not require authorization and should be performed to establish a plan of care prior to submitting a request.

Services rendered in an Emergency Room, Observation Room, Hospital Inpatient, Acute Rehab Hospital Inpatient, Skilled Nursing Facility, or in the Home will not require prior authorization through NIA.

Payment will be denied for services performed without a necessary prior authorization, and the member cannot be balance-billed for such services.

The following Outpatient Physical Medicine codes will require prior authorization for services rendered on or before September 1, 2018.

CPT Code	Description
97012	Mechanical Traction Therapy
97014	Electric Stimulation Therapy
97016	Vasopneumatic Device Therapy
97018	Paraffin Bath Therapy
97022	Whirlpool Therapy
97024	Diathermy Treatment
97026	Infrared Therapy
97028	Ultraviolet Therapy
97032	Electrical Stimulation
G0283	Electrical Stimulation
S8948	Low Level Laser
97033	Electric Current Therapy
97034	Contrast Bath Therapy
97035	Ultrasound Therapy
97036	Hydrotherapy
97039	Unlisted Modality (Specify)
97110	Therapeutic Exercises
97112	Neuromuscular Reeducation
97113	Aquatic Therapy/Exercises
97116	Gait Training Therapy
97124	Massage
97139	Unlisted, Therapeutic Procedure
97140	Manual Therapy

CPT Code	Description
97150	Group Therapeutic Procedures
97530	Therapeutic Activities
97127	Cognitive Skills Development
G0515	Cognitive Skills Development
97533	Sensory Integration
97542	Wheelchair Management
97750	Physical Performance Test
97760	Orthotic(s) Management, Initial Encounter
97761	Prosthetic Training, Initial Encounter
97763	Orthotic/Prosthetic, Subsequent Encounter
98925	Osteopathic Manipulative Treatment (OMT), one or two body regions
98926	OMT, three to four body regions
98927	OMT, five to six body regions
98928	OMT, seven to eight body regions
98929	OMT, nine to ten body regions
98940	Chiropractic Manipulative Treatment (CMT), one or two spinal regions
98941	CMT, three or four regions
98942	CMT, five regions
98943	CMT, extra spinal, one or more regions

Authorizations display a single CPT code that represents a billable grouping of allowed services within that authorization. Providers should bill with the single CPT code that corresponds with the actual service rendered in that authorized billable grouping.

Authorized CPT Code	Description	Allowable Billed Groupings
98940	MANIPULATION	98940, 98941, 98942, 98943, 98925, 98926, 98927, 98928, 98929
97110	ACTIVE PROCEDURES	97110, 97112, 97113, 97116, 97150, 97530
97535	SELF CARE, COGNITIVE, SENSORY SKILLS	97127, G0515, 97533, 97535, 97542
97140	MANUAL INTERVENTIONS	97124, 97140
97035	MODALITIES	97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97139, G0283, S8948
97760	ORTHOTIC/PROSTHETICS	97760, 97761, 97763
97750	PHYSICAL PERFORMANCE TEST	97750

Please refer to NIA’s website www.RadMD.com to obtain the most current list of NIA’s Billable CPT® Codes (Claim Resolution Matrix) for all of the Physical Medicine Services that NIA will be authorizing on behalf of Aetna.

Submitting Prior Authorization Requests

- There are two ways to submit prior authorization -- either through NIA’s Website at www.RadMD.com or by calling NIA at 1-866-842-1542.

When requesting an authorization please provide the name, address and TIN of the facility that will be used for billing the services.

Information Needed to Submit Prior Authorization Requests

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

- Name, address and TIN of the facility that will be used for billing the service.
- Member name, ID number and date of birth*
- Rendering provider discipline (PT, OT, DC, DO, MD, etc.)
- Name of office or facility where the service will be performed
- Date of initial evaluation
- ICD-10 code(s)
- Details justifying therapy.*
 - Symptoms and their duration
 - Initial Evaluation or Re-evaluation findings

- Functional Outcome/Standardized Test Scores
 - 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/Re-evaluation
 - Treatment notes
 - Previous Discharge summary if recent therapy
 - Plan of Care

Website Access

- It is the provider’s responsibility to access NIA’s Website or call for prior authorization. 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 by selecting **“Physician Office that orders procedures.”** Your RadMD login information should not be shared.
- You can request prior authorization 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 through the NIA Website and your request is pended, you will receive a tracking number and NIA will contact you to complete the process.
- You can check on the status of patient prior authorizations quickly and easily by going to the “View my Requests” tab to view all outstanding prior authorizations.
- The NIA Website cannot be used for medically urgent or expedited prior authorization requests. Those requests must be processed by calling NIA at 1-866-842-1542.

Access Provider Self-service at:
www.RadMD.com

Telephone Access

- Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization request by calling NIA at 1-866-842-1542

NIA can accept multiple requests during one phone call.

Submitting Claims

Please continue to submit claims to Aetna as you currently do today. We strongly encourage EDI claims submission.

Important Notes

- NIA prior authorization numbers for physical medicine services consist of 10 or more alpha and numeric characters. In some cases, you may instead receive an NIA tracking number (not the same as a prior authorization number), if the prior authorization request is not approved at the time of initial contact and additional information is needed. You can use either number to track the status of the request on the RadMD Website or via our Interactive Voice Response telephone system.
- NIA issues authorizations in accordance with Aetna’s clinical guidelines which can be found on found on www.Aetna.com. NIA Clinical Guidelines and a link to Apollo Managed Care guidelines can be found on the NIA Website, www.RadMD.com under “Online Tools/Clinical Guidelines.” NIA guidelines for Physical Medicine Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).
- To verify member eligibility, including benefit information, please call the Provider/Customer Service line on the back of the member’s ID card.
- 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 procedures and to assist you with any provider issues or concerns, contact your Aetna or NIA Provider Relations Representative.