



Dear Aetna Provider,

In keeping with our commitment to quality for our members, we heard your feedback, and are pleased to announce an upcoming change to NIA's Physical Medicine prior authorization program.

Beginning on November 9, 2020, providers will request authorizations for services based on the total number of units per authorization period, rather than by specific interventions. This eliminates the need to pre-determine and track units into separate categories based on the specific interventions provided. Authorizations will be inclusive of all managed CPT codes that pertain to the respective treating discipline. This change simplifies the authorization process and allows necessary flexibility in providers' treatment plans.

As of November 9, 2020, authorizations will be issued in a total number of units for the select treating discipline (i.e. Physical Therapy, Occupational Therapy, Chiropractic Services and other providers) without treatment categories requesting the authorization.

There is no change to the CPT codes requiring authorization, benefit limits, or billing limitations on codes. All providers performing these services will continue to obtain an authorization through NIA and are subject to review for medical necessity. Contractual benefit limits, such as the number of units that may be payable per date of service, and billing limitations on codes that may be out of scope for certain practitioners will still apply.

Full details of the program and scope limitations can be found in the "Health Plan Specific Educational Docs" section of RadMD.com under Aetna. For more information on how this change will affect you, a recorded webinar is also available on www.RadMD.com.

Please contact NIA's Provider Service Line at 1-800-327-0641 or your NIA Provider Relations Manager if you require further clarification.