



# Aetna Western New York Physical Medicine Prior Authorization Quick Reference Guide for Providers

**Effective Date: January 1, 2019**  
**Revised: October 2020**

National Imaging Associates, Inc. (NIA) provides Utilization Management for outpatient rehabilitative and habilitative Physical Medicine services on behalf of Aetna Western New York Health Management, LLC (Aetna Western New York).

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.

The NIA physical medicine program is managed through Aetna Western New York's contractual relationships with providers who deliver outpatient therapy services. NIA conducts medical necessity reviews of requested services only.

## **Prior Authorization**

Providers must obtain prior authorization for the physical medicine procedures listed within 14 calendar days from rendering these services. Initial evaluation codes do not require authorization and should be performed to establish a plan of care prior to submitting a request.

Services rendered in a Hospital Emergency Room, Inpatient and Observation status, Acute Rehab Hospital Inpatient, Skilled Nursing Facility or in the Home will be excluded from this program.

Providers will request an authorization for services based on the total number of units, 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. Providers should render and bill the CPT codes that align with the appropriate services for that member. Please refer to the CPT Code Matrix, found on NIA's website,

[www.RadMD.com](http://www.RadMD.com), to obtain the most current list of NIA's CPT® Code Matrix for all of the physical medicine services that NIA will be authorizing on behalf of Aetna Western New York and to view the new matrixes for Physical/Occupational Therapy, Chiropractic Services (Commercial), Chiropractic Services (Medicare), and Physicians.

### Submitting Prior Authorization Requests

Providers are encouraged to utilize [www.RadMD.com](http://www.RadMD.com) to request prior authorization for Physical Medicine services. If a provider is unable to use RadMD, they may call 1-866-842-1542.

When requesting an authorization, users will be required to identify an "Ordering/Treating provider", "Rendering Facility/Clinic", and the 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, [www.RadMD.com](http://www.RadMD.com) or calling 1-866-842-1542.

- Name, address, and TIN of the facility that will be used for billing the service.
- Member name, ID number, and date of birth
- Requesting/Rendering Provider Type (PT, OT, DC, MD, etc.)
- Name of office or facility where the service will be performed
- Date of initial evaluation
- ICD-10 code(s)
- Details justifying therapy
  - Initial Evaluation or Re-evaluation findings
    - Past medical history
    - Patient symptoms
    - Prior treatment received for the same condition
    - 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

### Website Access

- **To get started**, go to [www.RadMD.com](http://www.RadMD.com), click the New User button and submit a RadMD Application for New Account by selecting "**Physical Medicine Practitioner**".
- You can request prior authorization at [www.RadMD.com](http://www.RadMD.com) by clicking the "**Request Physical Medicine**" link which is a part of your main menu options.
- Additional services on an existing authorization can be requested using the "**Initiate a Subsequent Request**" link using RadMD.

- RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
- **Pended requests:** If you are requesting prior authorizations through the NIA website and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorizations status:** You can check on the status of prior authorizations quickly and easily by using the “View Request Status” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by NIA, users can view links to case-specific communication to include requests for additional information and determination letters.
- **The “Track an Authorization”** feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.
- **Shared Access** can be granted by selecting the “Shared Access” option from the main menu of RadMD.
- **Medically Urgent/Expedited:** The NIA Website, [www.RadMD.com](http://www.RadMD.com) cannot be used for medically urgent or expedited prior authorization requests that occur during business hours. Those requests must be processed by calling NIA at 1-866-842-1542.

### 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.
- If you have questions or need more information about this physical medicine prior authorization program, you may contact the NIA Provider Service Line at: 1-800-327-0641.

### Submitting Claims

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

### Important Notes

- **The authorization number or request ID** consists of at least 11 alpha-numeric characters (i.e.12345AEN123). In some cases, the ordering provider may instead receive a tracking number (i.e. 123456789) if the provider’s authorization request is not approved at the time of initial contact.
- **Multiple Physical Medicine Requests:** NIA can accept multiple requests on RadMD or during one phone call.
- **Clinical Guidelines:** NIA issues authorizations in accordance with the NIA Clinical Guidelines and Milliman Care Guidelines for physical medicine. A link to these clinical guidelines can be found on [www.RadMD.com](http://www.RadMD.com) under “Online Tools/Clinical Guidelines.” NIA Guidelines for physical medicine services are

based on evidence-based research, generally accepted industry standards and best practice guidelines established by the corresponding national organizations.

- **Complaints/Appeals:** For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).
- **Member Eligibility:** 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 services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- **Balance Billing:** Payment will be denied for Physical Medicine procedures performed without a necessary prior authorization, and the member cannot be balance-billed for such services.
- **Provider Relations Assistance:** To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your Aetna Western New York or NIA Provider Relations Representative.