

# WellCare Physical Medicine Program Provider Training



# NIA Physical Medicine Program Agenda

## Our Program



### Prior Authorization Process and Overview

- Clinical Information Required
- Subsequent Requests
- Peer-to-Peer Review
- Notification of Determination
- Claims



### Provider Tools and Contact Information



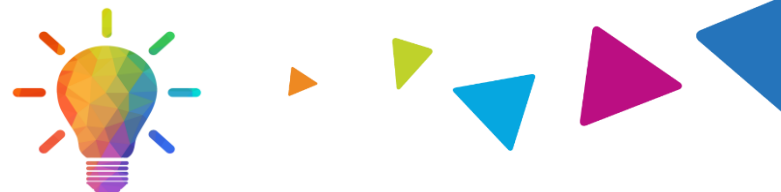
### RadMD Demo



### Questions and Answers

# NIA Medical Specialty Solutions

## National Footprint / Medicaid Experience



### National Footprint

- ✓ **Providing Client Solutions since 1995** – one of the *go-to* care partners in industry.
- ✓ **79 health plans/markets** – partnering with NIA for the management of medical specialty solutions.
- ✓ **32.78M national lives** – participating in a medical specialty solutions program.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

### Medicaid/Medicare Expertise/Insights

- ✓ **17.65 Medicaid lives** – in addition to 2.18M Medicare Advantage lives participating in a medical specialty solutions program nationally.

### Physical Medicine Experience

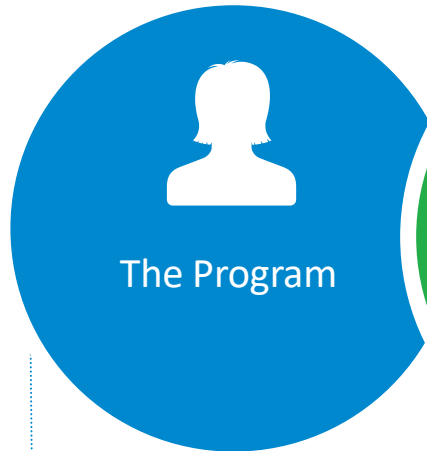
- ✓ **8.3M Physical Medicine lives**

### Intensive Clinical Specialization & Breadth

- ✓ **Specialized Physician Teams**
  - 160+ actively practicing, licensed, board-certified physicians
  - 28 specialties and sub-specialties

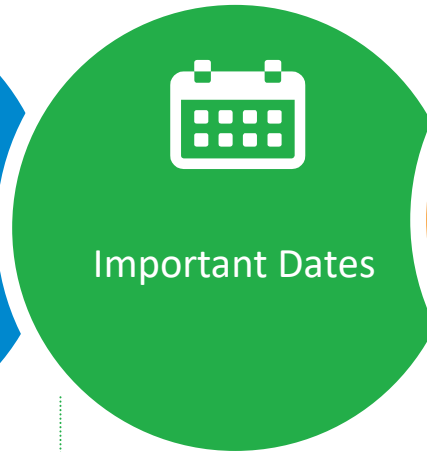
URAC Accreditation & NCQA Certified

# NIA's Physical Medicine Prior Authorization Program



## The Program

- WellCare will begin a prior authorization program through NIA for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative care.



## Important Dates

- Program start date: January 1, 2022.
- Begin obtaining authorizations from NIA on January 1, 2022, for services rendered on or after January 1, 2022.



## Disciplines & Settings Included

### Disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

### Settings:

- Outpatient Office/Hospital
- Home Health
- Outpatient Rehabilitation Facility



## Membership Included

- Medicare

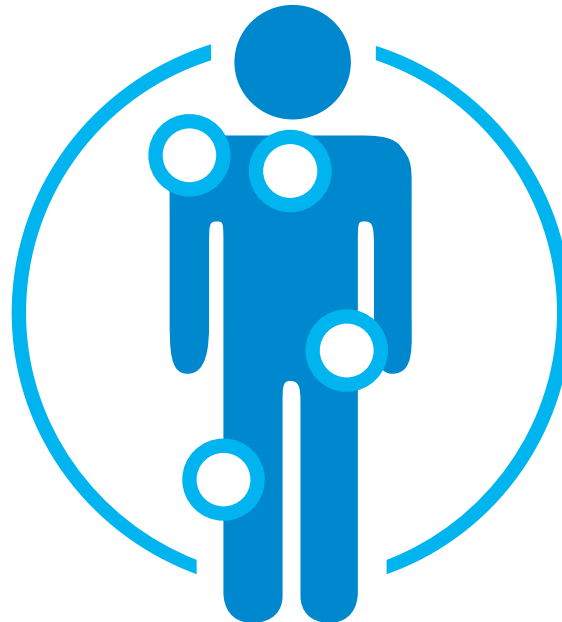


**Procedures Performed on or after January 1, 2022 Require  
Prior Authorization  
NIA's Call Center and RadMD will open January 1, 2022**



**Targeted Physical Medicine  
Procedures Performed in an  
Outpatient Office/Hospital,  
Home Health, Outpatient  
Rehabilitation Facility Setting:**

- Physical Therapy
- Speech Therapy
- Occupational Therapy

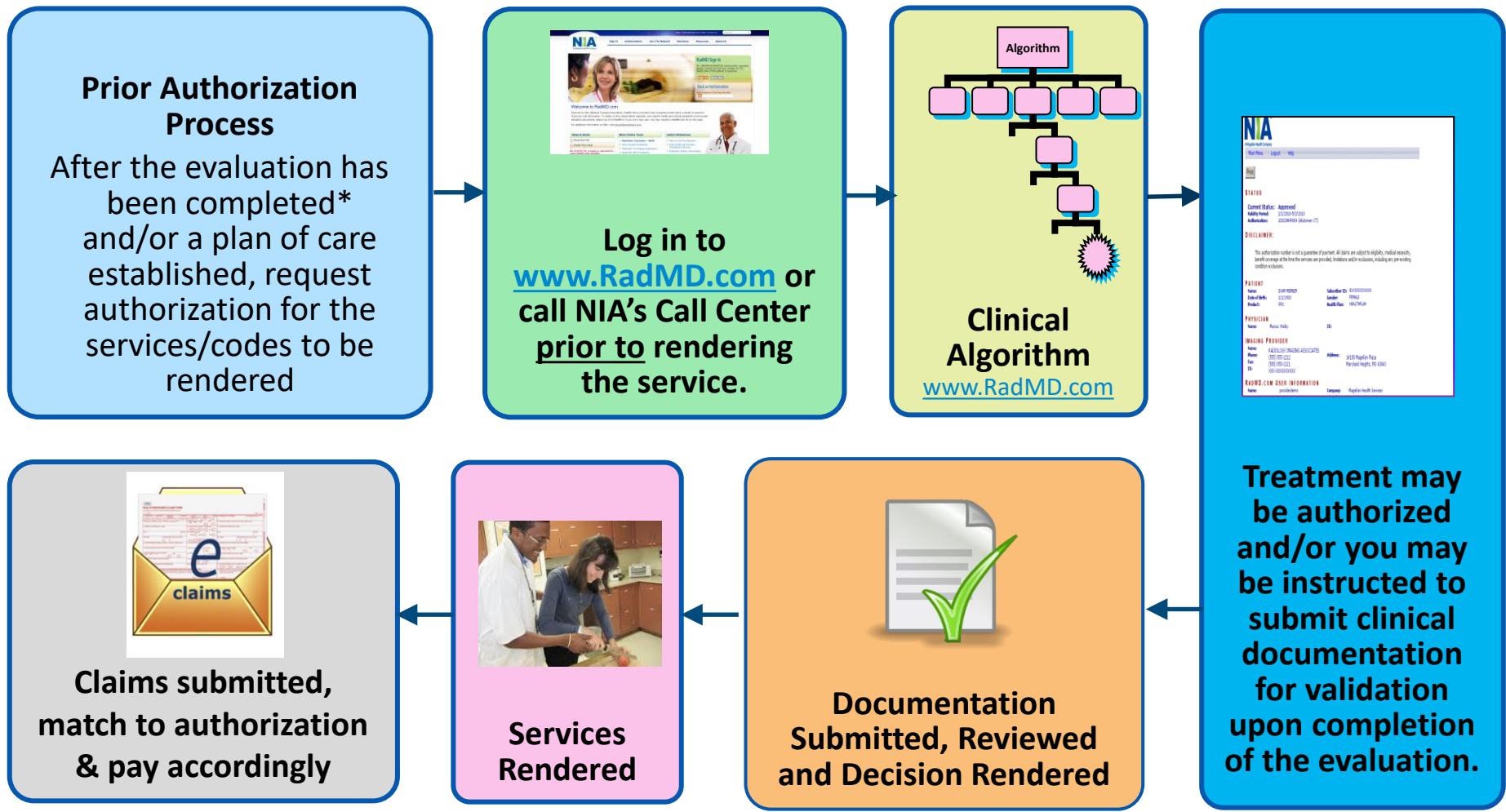


**Excluded from the Program Physical  
Medicine Procedures Performed in the  
following Settings:**

- Hospital Emergency Department
- Hospital status inpatient
- Acute Rehab Hospital (Inpatient)
- Skilled Nursing (POS 31 & 32)

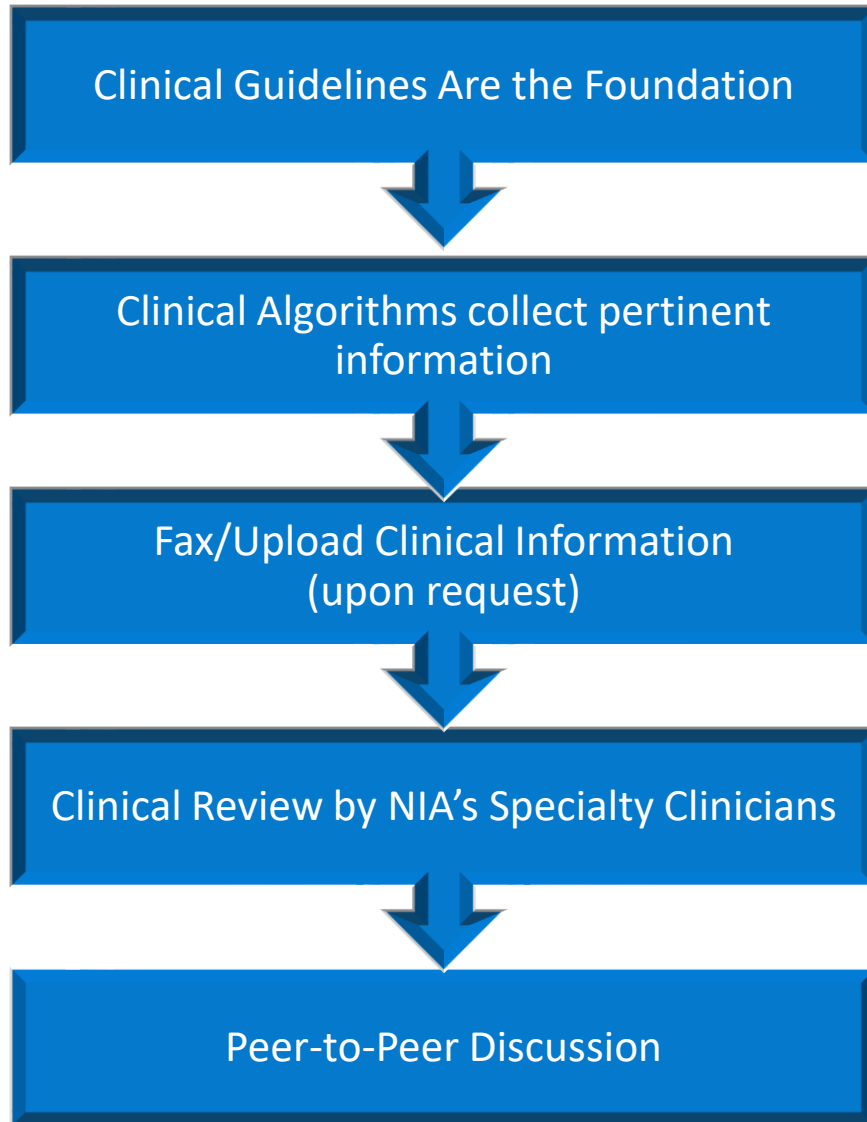
**WellCare's network of Physical Medicine providers including therapists  
and facilities will be used for the Physical Medicine Program**

# Initial Authorization Process Overview



\*PT, OT and ST Initial evaluation codes do not require authorization.

# NIA's Clinical Foundation & Review



- NIA clinical guidelines are reviewed and mutually approved by WellCare and NIA's Chief Medical Officers and senior clinical leadership
- Milliman Care Guidelines (MCG) Licensed Guidelines for physical medicine services
- NIA's Clinical Guidelines are available on [www.RadMD.com](http://www.RadMD.com)
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- NIA has a specialized clinical team focused on Physical Medicine.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

**Our goal – ensure that members are receiving appropriate care.**

# Understanding the Goal of the Physical Medicine Intake Questions (Algorithm)

Cause for Therapy: [Choose One] v  
ICD10 Code: [ ] Add Another Code  
Discipline of therapy being requested: [Choose One]

\*Is the cause of the illness/injury related to a Motor Vehicle Accident?

[Please select one] v

\*Is Another Party Financially Responsible for the patient's illness/injury?

[Please select one] v

\*Is the cause of the illness/injury related to the Patient's Employment?

[Please select one] v

What is the requested start date of the service? *mm/dd/yyyy*

[ ] 

Back (Provider)

Continue



## Benefits of the algorithm

- No delay in treatment for member
- No delay in submitting claims



Once you submit your initial request for authorization, you will receive visits to get you started

- While the majority of the authorizations may be approved at the time of submission, a portion of them may pend for documentation submission at the time of entry.
- You will have the option to accept or decline approved visits.



Additional visits may be approved once clinical documentation has been submitted with subsequent requests process



# Member and Clinical Information Required for Authorization



**General Information:** Member, clinician, and facility information.

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**Clinical Information at Intake:** Requested start date of service, initial evaluation date, and date of injury.

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**Clinical Record Content:** Therapy initial evaluation, diagnosis, functional status (prior & current), functional deficits, objective tests and measures, standardized outcome tools (at your clinician's discretion), plan of care (including frequency, duration, interventions planned & goals\*), assessment (prognosis & limitations).

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*\* Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits. Refer to the "Provider Tip Sheet/Checklist" on [www.RadMD.com](http://www.RadMD.com) for more specific information.*

# Clinical Records Checklist



The Following Documentation is Required for Authorization Requests

| Rehabilitative Cases |              |                                   |   |
|----------------------|--------------|-----------------------------------|---|
|                      | 0 - 9 Visits | 10 Visits or greater than 30 Days | Comments  |
| Initial Evaluation   | X            | X                                 | Include if not part of initial submission   |
| Outcome Measure      | X            | X                                 | Please send updated outcome measures with the progress note and/or at appropriate times |
| Daily Note           | X            | X                                 | After IE, please send 2 most recent   |
| Progress Note        |              | X                                 |   |

| Habilitative Cases   |             |              |               |                      |  |
|----------------------|-------------|--------------|---------------|----------------------|--|
|                      | 0 - 30 Days | 30 - 90 Days | 3 - 11 Months | 12 Months or Greater | Comments   |
| Initial Evaluation   | X           | X            | X             | X                    | Include if not part of initial submission  |
| Standardized Testing | X           |              |               | X                    | Updated at least once yearly<br>Consider a different test if deficits not shown on original test |
| Daily Notes          | X           | X            | X             | X                    | After IE, please send 2 most recent  |
| Progress Notes       |             | X            | X             | X                    |  |
| Re-evaluation        |             |              |               | X                    |  |

# NIA to Physician: Request for Clinical Information



CC\_TRACKING\_NUMBER      FAXC

**NIA**  
NATIONAL IMAGING ASSOCIATION  
National Imaging Associates, Inc.  
PO Box 4700  
Phoenix, AZ 85021-7100

PLEASE FAX THIS FORM TO:

Date: TODAY

|                           |                  |                  |                     |
|---------------------------|------------------|------------------|---------------------|
| ORDERING PROVIDER:        | REQ PROVIDER:    |                  |                     |
| FAX NUMBER:               | FAX RECIP PHONE: | TRACKING NUMBER: | CC_TRACKING_NUMBER: |
| RE: Authorization Request | MEMBER ID:       | MEMBER ID:       |                     |
| PATIENT NAME:             | MEMBER NAME:     |                  |                     |
| HEALTH PLAN:              | CAR NAME:        |                  |                     |

**Request for Further Clinical Information**

We have received your request for PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (Fax # \_\_\_\_\_) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radmd.com. To speak with an Initial Clinical Reviewer please call: \_\_\_\_\_

1. Treating condition/diagnosis: \_\_\_\_\_
2. Brief relevant medical history and summary of previous therapy: \_\_\_\_\_
3. Surgery Date and Procedure (if any): \_\_\_\_\_
4. Date of initial evaluation: \_\_\_\_\_ Date of Re-evaluation: \_\_\_\_\_

RESULTS OF OBJECTIVE TESTS AND MEASURES: \_\_\_\_\_

\_\_\_\_\_



A fax is sent to the provider detailing what clinical information is needed, along with a Fax Coversheet



We stress the need to provide the clinical information as quickly as possible so we can make a determination



Determination timeframe begins after receipt of clinical information



Failure to receive requested clinical information may result in non certification

# Submitting Additional Clinical Information



- Records may be submitted:
  - Upload to [www.RadMD.com](http://www.RadMD.com)
  - Fax using that NIA coversheet
  
- Location of Fax Coversheets:
  - Can be printed from [www.RadMD.com](http://www.RadMD.com)
  - Call **1-800-424-5388**
  
- Use the case specific fax coversheets when faxing clinical information to NIA

## Request Verification Details

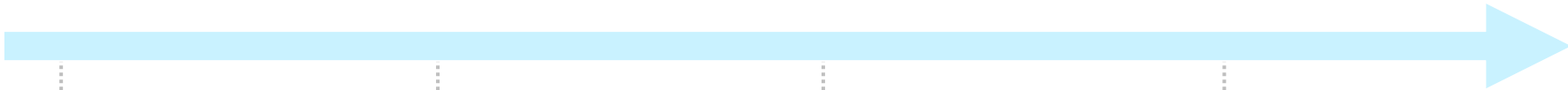
Exam Request Verification: Detail

Print Fax Coversheet
Upload Clinical Document
Request Additional Units

Member
Provider

|   |                    |        |   |
|---|--------------------|--------|---|
|   | CC_TRACKING_NUMBER | FAXC   |   |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p style="font-size: 8px; margin: 0;">National Imaging Associates, Inc.<br/>PO Box 2273<br/>Maryland Heights, MO 63043<br/>Fax #: 1-800-786-6864</p> </div> <div style="text-align: center;"> <p><b>FAX COVER</b></p> </div> </div> |                    |        |   |
| To:   | REQ_PROVIDER       | From:  | National Imaging Associates, Inc. (NIA) |
| Fax:  | FAX_RECIP_PHONE    | Pages: | pPAGECOUNT                              |
| Phone:  | _____              | Date:  | TODAY                                   |
| Re:   | CC_TRACKING_NUMBER | CC:    | N/A                                     |

# NIA Physical Medicine Program: UM/Prior Auth Process



Provider contacts NIA for prior authorization following the initial evaluation.

Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

NIA Peer Clinical Review. If information captured in intake algorithm is insufficient to support automatic approval of services, clinical records must be submitted for review.

Determination and Notification

RadMD



Telephone



✓ Clinical information complete = **Services Approved**

? Additional clinical information required

Case is pended for clinical records.  
Outreach to provider for necessary clinical information.

- You will receive a Tracking Number: 123456789

✓ Services appear appropriate = **Approved**

- You will receive an approved Authorization Number/Case ID Number: 12345ABC1234

✗ Services not supported as medically necessary = **Adverse Determination**

✓ Authorization of a set of **visits** and a validity period. Notifications sent to member, provider, and ordering physician when mandated by state.

✗ Clinical information does not support the requested services as medically necessary.

A peer-to-peer review is always available

Notification of final determination is sent to member, provider and ordering physician when mandated by state.

Generally the turnaround time for completion of these requests is within two to three business days upon receipt of sufficient clinical information

# Initiating a Subsequent Request



## When is a subsequent request appropriate?



- When you have an active authorization
- A need for continued care
- A change in the treatment plan or plan of care
- The addition of a new diagnosis

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## How are subsequent requests initiated?



- Through the link on RadMD and
- Uploading or faxing updated clinical documentation

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## When can it be initiated?



- Can be initiated at any time after receiving notification about the previous authorization
- Visits build on the original authorization

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## Will I lose visits?



- Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization

# Treating an Additional Body Part



If a provider is in the middle of treatment and gets a new therapy prescription for a different body part, the provider will perform a new evaluation on that body part and develop goals for treatment. See below for processes associated with the possible next treatment plans:



## Treating body parts concurrently:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests.
- NIA will add additional ICD 10 code(s) and visits to the existing authorization.



## Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area. A new authorization will be processed to begin care on the new body part and the previous will be ended.

# Validity Period and Notification of Determination



## Authorization Notification

- The approval notification will include a fax coversheet that can be used for any subsequent requests.

### Validity Period

- Authorizations will include the number of approved visits with a validity period. It is important that the service is performed within the validity period.
- If you have an active authorization, a 30 day extension of the validity period can be obtained by contacting NIA.

## Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
- Medicare re-opens are not available.





## How Claims Should be Submitted

- Providers will continue to submit their claims to WellCare
- Providers are strongly encouraged to use EDI claims submission

## Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through WellCare
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification

# Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, ST, and OT services).



Initial Physical, Occupational and Speech Therapy evaluation codes do not require authorization. However, all other billed codes even if performed on the same date as the initial evaluation will require authorization.



After the initial visit, providers will have up to 1 business day to request approval from the date of the evaluation. If requests are received timely, NIA is able to backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to [www.RadMD.com](http://www.RadMD.com) or faxed to NIA at 1-800-784-6864.



An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.



30-day extensions to the end date of current authorizations can be added by utilizing the “Request Validity Date Extension” option on RadMD.



**RadMD Website**  
[www.RadMD.com](http://www.RadMD.com)



**Available**  
24/7 (except during  
maintenance)



**Toll Free Number**  
**1-800-424-5388**



**Available**  
8:00 AM – 8:00 PM  
Eastern Time

- Request Authorization
  - View Authorization Status
  - View and manage Authorization Requests with other users
  - Upload Additional Clinical Information
  - View Requests for additional Information and Determination Letters
  - View Clinical Guidelines
  - View Frequently Asked Questions (FAQs)
  - View Other Educational Documents
- 
- Interactive Voice Response (IVR) System for authorization tracking

# Registering on RadMD.com To Initiate Authorizations



Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physical Medicine Practitioner”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

The screenshot shows the RadMD Sign In page. At the top, there is a green box with the text "RadMD Sign In" and "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." Below this are two buttons: "Sign In" and "New User". A red arrow points from the "New User" button to a dropdown menu. The dropdown menu is titled "Which of the following best describes your company?" and has "Physical Medicine Practitioner" selected. Below the dropdown are several options: "Physician's office that orders procedures", "Facility/office where procedures are performed", "Health Insurance company", "Cancer Treatment Facility or Hospital that performs radiation oncology procedures", "Physicians office that prescribes radiation oncology procedures", and "Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)". A red arrow points from the "Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)" option to a registration form. The registration form is titled "New Account User Information" and "Your Direct Report". It has two columns. The left column is for "New Account User Information" and the right column is for "Your Direct Report". The left column has fields for: "Choose a User ID:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Confirm Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". The right column has a note: "The manager or supervisor responsible for terminating your access. This cannot be yourself." and fields for: "First Name:", "Last Name:", "Phone:", and "Email:". There are three numbered callouts: 1 points to the "New User" button, 2 points to the dropdown menu, and 3 points to the registration form.

# Shared Access Feature



NIA offers a **Shared Access** feature on our [www.RadMD.com](http://www.RadMD.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot shows the NIA Magellan website interface. At the top left is the NIA Magellan logo, and at the top right are links for "Logout" and "Help". A green banner at the top contains the text: "Want to see requests from other users in your practice? Try the new Shared Access feature under 'Admin'." Below this banner is a "Dismiss" button. The main content area is divided into four sections: "Request", "Search", "Admin", and "Account Information".

**Request**  
Request an exam or specialty procedure  
(including Cardiac, Ultrasound, Sleep Assessment)  
Request Physical Medicine  
Initiate a Subsequent Request  
Request a Radiation Treatment Plan  
Request Pain Management or Minimally Invasive Procedure  
Request Spine Surgery or Orthopedic Surgery

**Search**  
[View Request Status](#)  
[Search by Tracking Number](#)  
[View All Online Requests](#)  
[View Customer Service Calls](#)

**Admin**  
[Shared Access](#)  
1 share offer requires your attention  
[Clinical Guidelines](#)  
[Edit your Personal Information](#)  
[Change your Password](#)  
*150 days until your password expires.*  
[View the Online User Agreement](#)  
[Health Plan Specific Educational Docs](#)

**Account Information**  
**Tip Of The Day:**  
RadMD is a lot of things to a lot of people. We have hundreds of thousands of active users all across America and must comply with all laws in all states simultaneously.  
**Quick Links:**  
[Hours of Operation](#)  
[Authorization Call Center Phone Numbers](#)  
Please take the 2020 Ordering Provider Satisfaction Survey here:  
[Ordering Provider Satisfaction Survey](#)

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on [www.RadMD.com](http://www.RadMD.com), allowing them to communicate with patients and facilitate treatment.

# When to Contact NIA



## Providers:

|   |  |
|---|--|
| <p><b>Initiating or checking the status of an authorization request</b></p> | <ul style="list-style-type: none"><li>▪ Website: <a href="http://www.RadMD.com">www.RadMD.com</a></li><li>▪ Toll-free number: <b>1-800-424-5388</b> - Interactive Voice Response (IVR) System</li></ul>  |
| <p><b>Initiating a Peer to Peer Consultation</b></p>                        | <ul style="list-style-type: none"><li>▪ Call <b>1-800-424-5388</b></li></ul>   |
| <p><b>Technical Issues<br/>Provider Service Line</b></p>                    | <ul style="list-style-type: none"><li>▪ <a href="mailto:RadMDSupport@magellanhealth.com">RadMDSupport@magellanhealth.com</a></li><li>▪ Call <b>1-800-327-0641</b></li></ul>  |
| <p><b>Provider Education requests or questions specific to NIA</b></p>      | <ul style="list-style-type: none"><li>▪ Please contact your dedicated NIA Provider Relations Manager</li><li>▪ <a href="https://www1.radmd.com/all-health-plans/wellcare-medicare.aspx">https://www1.radmd.com/all-health-plans/wellcare-medicare.aspx</a></li></ul> |

# RadMD Demonstration



# Confidentiality Statement



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