



Wellcare Physical Medicine Prior Authorization Quick Reference Guide for Providers

Effective October 1, 2021

National Imaging Associates, Inc. (NIA) provides Utilization Management for outpatient rehabilitative and habilitative Physical Medicine services (such as Physical, Occupational, and Speech Therapy) on behalf of Wellcare. This program is consistent with industry-wide efforts to manage the increasing utilization of these services and ensure quality of care for Wellcare Medicare members. All providers are required to obtain prior authorizations for physical medicine services.

The NIA program is managed through Wellcare contractual relationships with providers who deliver outpatient therapy services. NIA conducts medical necessity reviews of requested services only.

Prior Authorization

Providers must submit an authorization request for the physical medicine procedures listed below within two business days (Outpatient) or five business days (Home Health). This is so approvals can be backdated to the date of the evaluation. If requests are received on time, the authorization will cover the evaluation and other services rendered on that date.

<p>Services Requiring Authorization:</p>	<p>Outpatient Therapy Services for:</p> <ul style="list-style-type: none"> • Physical Therapy • Speech Therapy • Occupational Therapy
<p>The review is focused on therapy services performed in the following settings:</p>	<ul style="list-style-type: none"> • Outpatient Office • Outpatient Hospital • Outpatient Home Health (Only providers submitting claims utilizing CPT or other non-G-Codes for evaluation and treatment. Effective October 1, 2022.)

Therapy provided in Hospital ER, Inpatient and Observation status, Acute Rehab Hospital Inpatient, Inpatient and Outpatient Skilled Nursing Facility settings, and Home Health (**providers submitting claims utilizing G-Codes for home therapy services. Effective October 1, 2022.**) are excluded from this program. The rendering provider should continue to follow Wellcare policies and procedures for services performed in the above settings.

The CPT codes for Physical, Occupational, and Speech Therapy initial evaluations do not require an authorization for participating providers. Providers that are utilizing codes outside of the standard billing CPT codes for evaluations will be required to obtain a prior authorization prior to rendering services. Please note that **Home Health Providers submitting claims utilizing G-Codes for all home therapy services (effective October 1, 2022) are excluded from this program.**

Submitting Prior Authorization Requests

Providers are encouraged to utilize [RadMD.com](https://www.radmd.com) to request prior authorization for physical medicine services. If a provider is unable to use RadMD, they may call **1-800-424-5388**.

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 ([RadMD.com](https://www.radmd.com)) or calling NIA's call center.

- Name, address, and Tax ID Number (TIN) of the facility that will be used for billing the service.
- Member name, ID number, and date of birth.
- Requesting/Rendering Provider Type – Physical, Occupational, or Speech Therapy.
- 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 [RadMD.com](https://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 [RadMD.com](https://www.radmd.com) by clicking the **“Request Physical Medicine”** link in the main menu.
- 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 every third Thursday of the month from 9 p.m. – midnight, Pacific time.

- **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.
- **Authorization 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, including 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 in the main menu under the “**Search by Tracking Number**” feature. A tracking number is required with this feature.

Telephone Access

Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m., Eastern time. You may obtain a prior authorization request by calling NIA at **1-800-424-5388**.

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 Wellcare as you currently do today. EDI claims submission is strongly encouraged.

Important Notes

- **The authorization number or request ID** consists of alpha-numeric characters (i.e., 12345ABC123). 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 [RadMD.com](https://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 the terms and conditions of the member's benefit plan, including but not limited to member eligibility, benefit coverage at the time services is 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 Wellcare or NIA Provider Relations Representative.