



Absolute Total Care Physical Medicine Services Program Prior Authorization Quick Reference Guide for Providers

Effective January 1, 2020

National Imaging Associates, Inc. (NIA) will be providing utilization management for outpatient rehabilitative and habilitative physical medicine services - physical therapy (PT), occupational therapy (OT), and speech therapy (ST) - on behalf of Absolute Total Care. 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 physical medicine services.

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

This program applies to services for Absolute Total Care South Carolina Healthy Connections Medicaid members, Allwell from Absolute Total Care (Medicare) members, and Absolute Total Care Healthy Connections Prime (Medicare-Medicaid Plan) members who will be utilizing physical medicine services (PT, OT, ST). Prior authorization for Ambetter from Absolute Total Care (Health Insurance Marketplace) and BabyNet members should continue to be requested through Absolute Total Care.

Prior Authorization

Providers must obtain prior authorization for the physical medicine procedures within 10 calendar days from rendering these services:

Services requiring authorization:	Outpatient therapy services for: <ul style="list-style-type: none"> • Physical therapy (PT) • Speech therapy (ST) • Occupational therapy (OT)
The review is focused on therapy services performed in the following settings*:	<ul style="list-style-type: none"> • Outpatient Office • Outpatient Hospital

***Therapy provided in a Hospital Emergency Room (ER), Inpatient and Observation Status, Acute Rehab Hospital Inpatient, Home Health, Assisted Living, and Inpatient and Outpatient Skilled Nursing Facility settings are excluded from this program.**

- The CPT codes for PT, OT, and ST initial evaluations do not require an authorization. However, all other billed CPT codes even if performed on the same date as the initial evaluation date will require authorization prior to billing.

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

Submitting Prior Authorization Requests

- The preferred method to submit prior authorization is through NIA's website (www.RadMD.com) or by calling 1-866-433-6041.
- 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 (www.RadMD.com) or calling 1-866-433-6041.

- 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, ST)
- 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
 - 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
 - Progress note(s)
 - Treatment note(s)
 - Previous discharge summary if recent therapy
 - Plan of Care

Website Access

- It is the provider's responsibility to access NIA's website (www.RadMD.com) 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 “**Physical Medicine Practitioner.**” Your RadMD login information should not be shared.
- **24/7 access:** You can request prior authorization at www.RadMD.com. RadMD is available 24 hours a day, seven days a week, 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 is pended, you will receive a tracking number and you will be required to submit additional clinical information to complete the process.
- **Authorizations status:** 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.
- **Medically urgent/expedited:** The NIA website cannot be used for medically urgent or expedited prior authorization requests that occur during business hours. Those requests must be processed by calling 1-866-433-6041.

Provider Self-service:
www.RadMD.com

NIA Provider Service Line:
1-800-327-0641

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 1-866-433-6041.
- 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. NIA can accept multiple requests during one phone call.

Submitting Claims

- Please continue to submit claims to Absolute Total Care as you currently do today.
- For claims inquiries contact Absolute Total Care Provider Services at 1-866-433-6041 or utilize the Absolute Total Care portal at absolutetotalcare.com.

Important Notes

- **NIA prior authorization numbers or request ID numbers** for physical medicine services consist of 10 or more alpha and numeric characters. In some cases, you may instead receive a NIA tracking number (not the same as a prior authorization/request ID number) if the prior authorization request is not approved at the time of initial contact and additional information is needed.
- **View Request Status:** The user that entered the authorization on RadMD can use the tracking number to track the status of a request using the “View Request Status” after logging in. All other users will have the ability to track the status of a request before logging into RadMD using the “Track an Authorization” feature on the homepage of RadMD. Users can track the status via our Interactive Voice Response telephone system.
- **Clinical Guidelines:** Authorizations are issued in accordance with NIA’s clinical guidelines and the Apollo Managed Care guidelines. A link to these clinical guidelines can be found on the NIA website (www.RadMD.com) under “Online Tools/Clinical Guidelines.” NIA’s

guidelines for physical medicine services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.

- **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/Member Services line on the back of the member's ID card. Details can be found through the Absolute Total Care portal at absolutetotalcare.com.
- **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. Details can be found through the Absolute Total Care portal at absolutetotalcare.com.
- **Provider Relations Assistance:** To educate your staff on NIA's procedures and to assist you with any provider issues or concerns, contact your Absolute Total Care or NIA Provider Relations Representative.