

Wellcare Physical Medicine Program Provider Training

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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

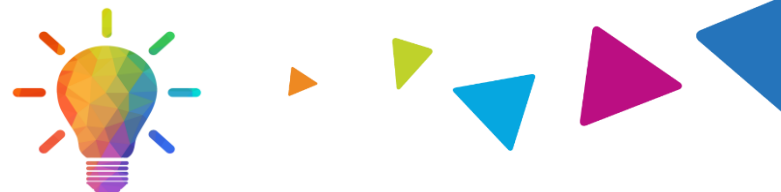


RadMD Demo



Questions and Answers

NIA Medical Specialty Solutions National Footprint



National Footprint

- ✓ **Providing Client Solutions since 1995** – one of the *go-to* care partners in industry.
- ✓ **84 health plans/markets** – partnering with NIA for the management of medical specialty solutions.
- ✓ **32.57M national lives** – participating in a medical specialty solutions program.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicare/Medicaid Expertise/Insights

- ✓ **2.08M Medicare lives** – in addition to 17.49M Medicaid lives participating in a medical specialty solutions program nationally.

Physical Medicine Experience

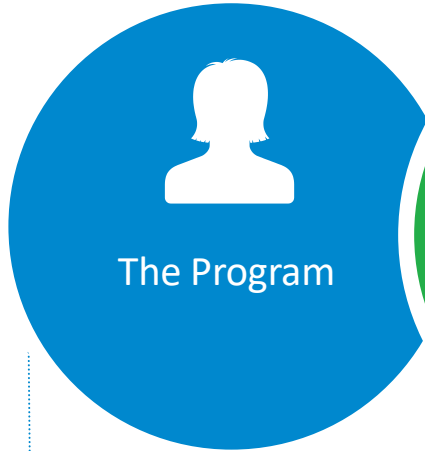
- ✓ **10.4M Physical Medicine lives**

Intensive Clinical Specialization & Breadth

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

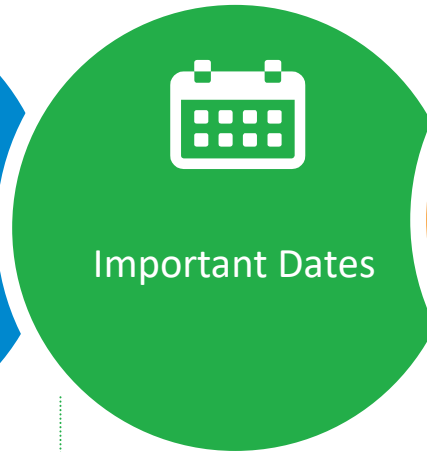
URAC Accreditation & NCQA Certified

NIA's Physical Medicine Prior Authorization Program



The Program

- Wellcare began 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: July 1, 2021.



Disciplines & Settings Included

Disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:

- Outpatient office
- Outpatient Hospital
- Outpatient Home Health (Only providers submitting claims utilizing CPT or other non-G-codes for evaluation and treatment. Effective July 1, 2022.)



Membership Included

- Medicare

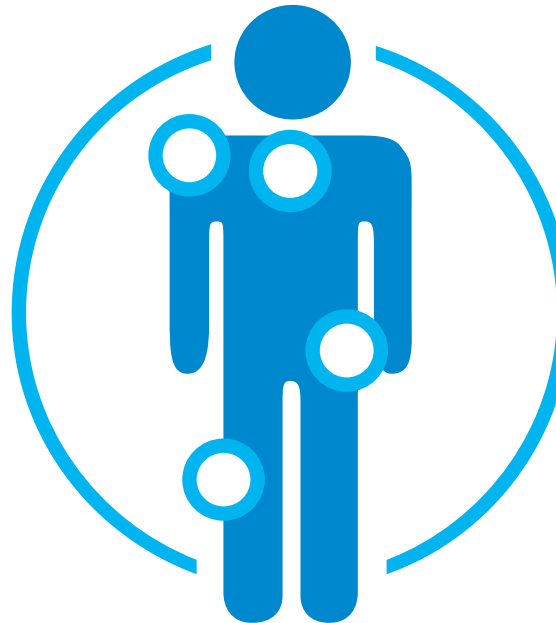


Procedures Performed on or after July 1, 2021 require Prior Authorization



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
- Inpatient and Observation status
- Acute Rehab Hospital (Inpatient)
- Skilled Nursing (POS 31 & 32) (Inpatient and Outpatient)
- Home Health (Providers submitting claims utilizing G-codes for home therapy services) (Effective 7/1/2022)

Wellcare's network of Physical Medicine providers, including therapists and facilities, are used for the Physical Medicine Program

Initial Authorization Process Overview

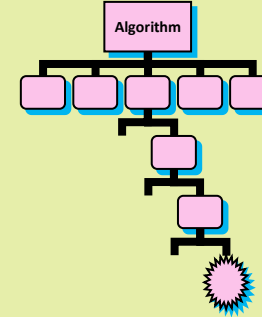


Prior Authorization Process

After the evaluation has been completed* and/or a plan of care established, request authorization for the services/codes to be rendered.



Log in to [RadMD.com](https://www.radmd.com) or call NIA's Call Center prior to OR within two (Outpatient) or five (Home Health) business days of rendering the service.



Clinical
Algorithm
[RadMD.com](https://www.radmd.com)

Field	Value	Field	Value	Field	Value
Gender	Male	Address	Memorial Hospital	Address	Memorial Hospital
Sex Affix	101411	Address	111 Main St, New City, NY 12550	Address	111 Main St, New City, NY 12550
Member ID	48312416	Phone	518-456-7890	Phone	518-456-7890
Health Plan	ABC Health Plan-1988	Tax ID	987654321	Tax ID	987654321
System Language	ENGLISH	UPIN		UPIN	
Member Language	ENGLISH	Specialty	Physical Medicine	Specialty	Physical Medicine
Member Language	ENGLISH				

Treatment may be authorized and/or you may be instructed to submit clinical documentation for validation upon completion of the evaluation.



Claims submitted, matched to authorization, and paid accordingly.



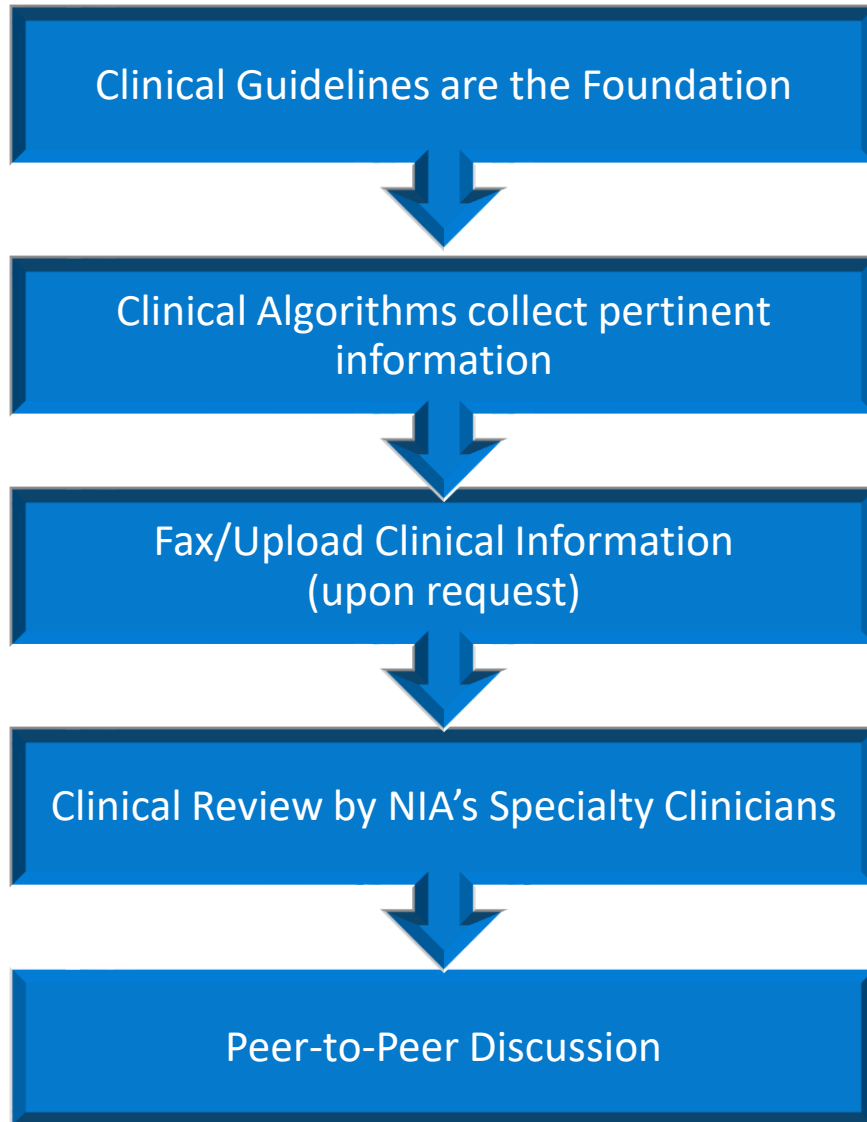
Services Rendered



Documentation Submitted, Reviewed, and Decision Rendered.

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 July 1, 2022) are excluded from this program. NIA can backdate the start of the authorization to cover the initial evaluation date of service to include any other services rendered at that time.*

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 [RadMD.com](https://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.



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



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).

** Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits. Refer to the "Provider Tip Sheet/Checklist" on 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	Update at least once yearly. Consider a different test if deficits are 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
NIA FORM 0001

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 ra.dmd.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 by:
 - Upload to <https://www.RadMD.com>
 - Fax using that NIA coversheet.
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call **1-800-424-5388**.
- Use the case specific fax coversheets when faxing clinical information to NIA.

Request Verification Details

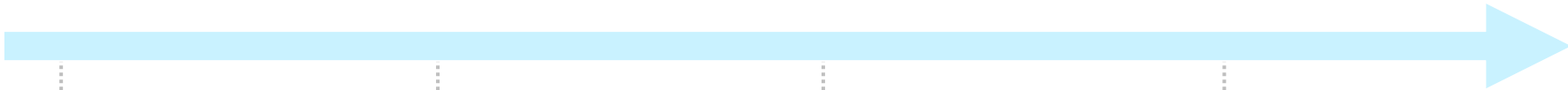
Exam Request Verification: Detail

Print Fax Coversheet Upload Clinical Document Request Additional Units

Member Provider

CC_TRACKING_NUMBER		FAXC	
		FAX COVER	
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

How are subsequent requests initiated?



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

When can it be initiated?



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

Will I lose visits?



- Visits from a current authorization will not be lost
- 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.



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).



Designated 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 July 1, 2022) are excluded from this program.**



After the initial visit, providers will have up to two business days (Outpatient) or five business days (Home Health) to request approval from the date of the evaluation. If requests are received timely, NIA can 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 [RadMD.com](https://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.



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



RadMD Website RadMD.com

Available

24/7 (except during
maintenance)



Toll Free Number
1-800-424-5388

Available

Monday - Friday
8 a.m. to 8 p.m. EST



- 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

Allows users the ability to view all approved, pending, and in review authorizations for facility.

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.
4. New users will be granted immediate access.

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 view all approved, pending, and in review authorizations under your organization.

RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.
Sign In **New User**

Which of the following best describes your company?
Physical Medicine Practitioner

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
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

New Account User Information **Your Direct Report**
Choose a User ID:
First Name: Last Name: First Name: Last Name:
Phone: Fax: Phone: Email:
Email: Confirm Email:
Company Name: Job Title:
Address Line 1: Address Line 2:
City: State:
Zip:

RadMD Enhancements



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

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal green line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two input fields: "Login As Username:" with a "Login" button, and "Tracking Number:" with a "Search" button and a link "Forgot Tracking Number?".

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 [RadMD.com](https://www.RadMD.com), allowing them to communicate with members and facilitate treatment.

When to Contact NIA



Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">Website: https://www.RadMD.comToll-free number: 1-800-424-5388 - Interactive Voice Response (IVR) System
<p>Initiating a Peer to Peer Consultation</p>	<ul style="list-style-type: none">Call 1-800-424-5388
<p>Provider Service Line</p>	<ul style="list-style-type: none">RadMDSupport@evolent.comCall 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<p>Please contact your dedicated NIA Provider Relations Manager Charmaine Everett Senior Manager, Provider Relations 1-410-953-2615 ceverett@evolent.com</p>

RadMD Demonstration



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