Absolute Total Care
Physical Medicine Program

NIA

NIA Physical Medicine Program Agenda

Our Program

- Prior Authorization Process and Overview
  - Clinical Information Required
  - Subsequent Requests
  - Peer to Peer Review
  - Notification of Determination
  - Urgent/Expedited Process
- Provider Network
- Claims
- Provider Tools and Contact Information
- Questions and Answers

Prior Authorization Process and Overview

NIA's Physical Medicine Prior Authorization Program

Effective January 1, 2020, Absolute Total Care will begin a prior authorization program through NIA for the management of Physical Medicine Services.

This program is applicable for all 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.

Services Requiring Authorization	**Outpatient Therapy Services for:** ▪ **Physical Therapy** ▪ **Speech Therapy** ▪ **Occupational Therapy**
The review is focused on therapy services performed in the following settings:	▪ **Outpatient Office** ▪ **Outpatient Hospital**

Absolute Total Care Physical Medicine: Who's Part of the Program?

Who is Included:

Exceptions:

- NIA will manage physical medicine services for all 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 will be utilizing physical medicine services (physical therapy, occupational therapy, speech therapy).

- Prior authorization for Ambetter from Absolute Total Care (Health Insurance Marketplace) and BabyNet members should continue to be requested through Absolute Total Care

- NIA will not be managing therapy services performed in:
  - Hospital Emergency Department and Patients on Inpatient and Observation status
  - Inpatient Acute Rehab Hospitals
  - Home Health
  - Assisted Living
  - Inpatient Skilled Nursing Facilities (POS 31 & 32)

Providers should follow the process that is in place today for these services

Responsibility for Prior Authorization

Provider Responsibilities

- After the initial visit, providers will have up 10 calendar days to request approval for the first visit*
- Prior authorization is required for members with Absolute Total Care as a secondary insurer
- Ensure that prior authorization has been obtained prior to rendering services**

Failure to obtain an authorization may result in denied claims.
NIA recommends that you do not schedule any additional physical medicine services beyond the initial evaluation until authorization is obtained.

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Benefit Management

- Member benefits are in visits per year

- Each date of service is calculated as a visit

- Office/facility should verify benefits and visits available for each member prior to the patient's initial visit

Network

- Absolute Total Care's network of providers including therapists and facilities will be used for the physical medicine services program

Utilization Management

- NIA will issue authorizations in sets of visits

- Authorizations are not a guarantee of payment

- Initial authorizations can be obtained via telephone or the web portal, www.RadMD.com.

- There are instances where real-time authorization may be approved without additional clinical records, but clinical records may also be requested as needed

- All requests for additional visits (subsequent requests) require clinical records. Requests can be initiated by uploading these records to the existing authorization in RadMD or by faxing records to NIA using the provided coversheet

Initial Authorization Process Overview
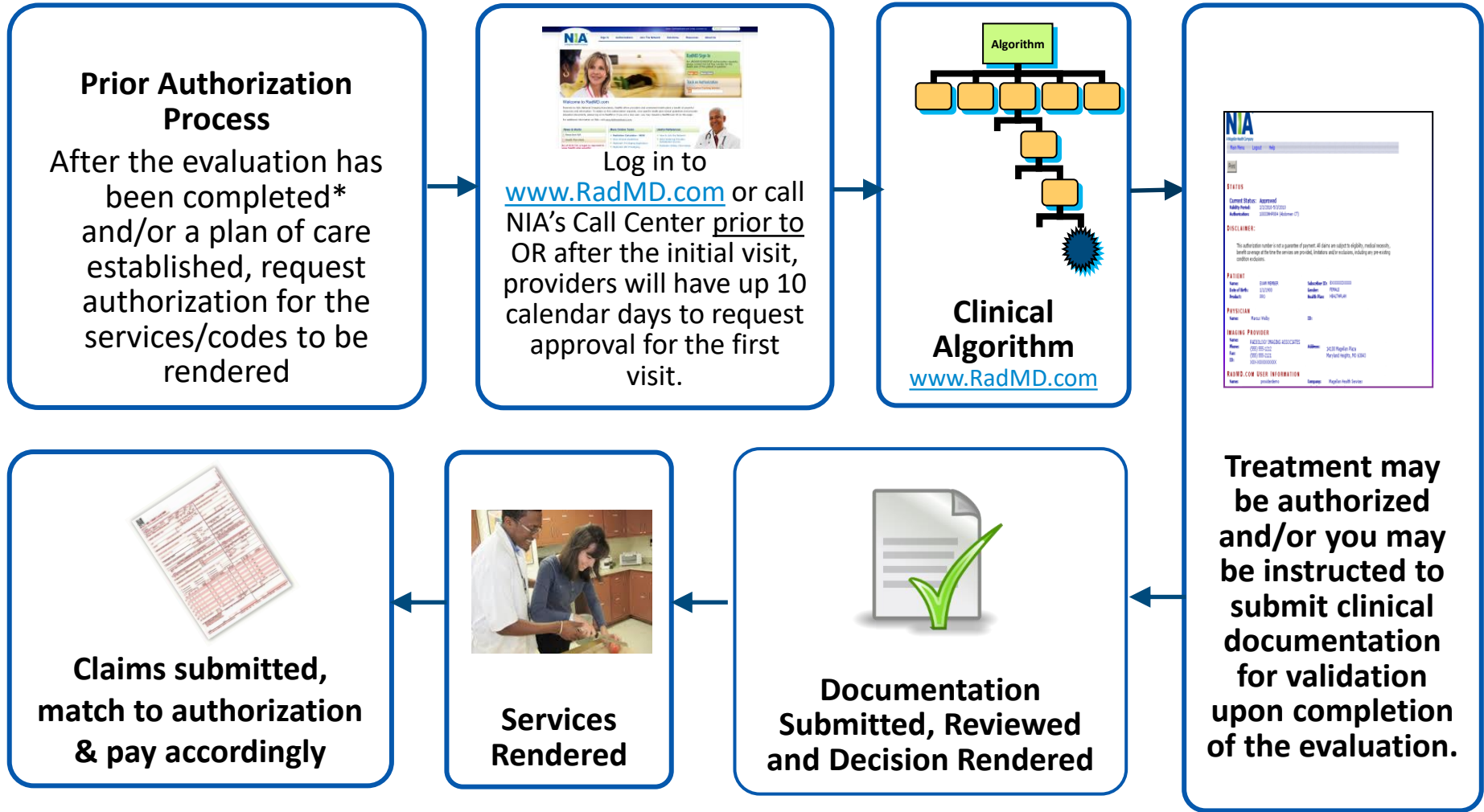
Prior Authorization Process

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 www.RadMD.com or call NIA's Call Center prior to OR after the initial visit, providers will have up 10 calendar days to request approval for the first visit.
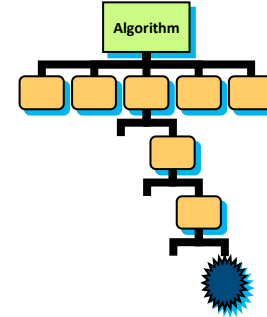
Clinical Algorithm
www.RadMD.com

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

Documentation Submitted, Reviewed and Decision Rendered

Services Rendered

Claims submitted, match to authorization & pay accordingly

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

Medical Necessity Review

Clinical Decision Making and Algorithms

- Clinical guidelines are reviewed and mutually approved by Absolute Total Care and NIA's Chief Medical Officers and senior clinical leadership

- NIA's algorithms and medical necessity reviews collect key clinical information to ensure that Absolute Total Care members are receiving appropriate outpatient rehabilitative and habilitative physical medicine services

- NIA issues authorizations in accordance with Absolute Total Care's benefit guidelines, NIA's internally developed guidelines, commercially licensed guidelines and Milliman Care Guidelines (MCG) Licensed Guidelines for physical medicine services

- NIA's Clinical Guidelines are available on www.RadMD.com:
  - *Select the Solutions tab at the top of the page*
  - *Click on Physical Medicine to be directed to the general guidelines page*

- To access NIA's specific criteria online at www.RadMD.com:
  - *Sign In with Account ID and passcode*
  - *At Menu Options, click link to Clinical Guidelines*
  - *Click on the "Health Plans" selection on the menu bar*
  - *Scroll down the page to locate your specific health plan name*
  - *Click on the link to open the pdf document*

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

Cause for Therapy: [Choose One] ⌄
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] ⌄

*Is Another Party Financially Responsible for the patient's illness/injury?
[Please select one] ⌄

*Is the cause of the illness/injury related to the Patient's Employment?
[Please select one] ⌄

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

[Back (Provider)] [Continue]

- Benefit of the algorithm
  - No delay in treatment for patient
  - 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.

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

Patient and Clinical Information Required for Authorization

GENERAL INFORMATION AT INTAKE

- Provider information and type, member information, date of initial evaluation, and requested auth start date (if different than the eval date)

CLINICAL INFORMATION AT INTAKE

- Treating diagnosis and body region being treated, date of onset. Date of onset/injury
- Functional deficits to be treated and summary of objective findings
- Functional Outcome Tool or Standardized Assessments and Scores

CLINICAL RECORD CONTENT *NEEDED FOR CLINICAL VALIDATION

- Initial evaluation including current and prior functional status
- Objective tests and measures appropriate to the discipline of therapy, standardize test with raw score, functional outcome assessments and scores
- School programs, including frequency and goals (*for habilitative services*)
- Therapist assessment including the treatment prognosis and rehab potential
- Treatment Plan including interventions planned, specific functional goals that are measurable, specific, and contain a component of time

Refer to the "Provider Tip Sheet/Checklist" on 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 two 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		Include if not part of initial submission
Standardized Testing	X			X	Updated at least once yearly. Consider a different test if deficits not shown on original test
Daily Notes	X	X	X	X	After IE, please send two most recent
Progress Notes		X	X	X	
Re-evaluation				X	

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Request for Additional Clinical Information

- NIA will contact the provider via phone and fax if additional clinical information is needed to complete the request

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

- Failure to receive requested clinical information may result in non-certification

CC_TRACKING_NUMBER   FAXC

PLEASE FAX THIS FORM TO:

National Imaging Associates, Inc.
PO Box 67390
Phoenix, AZ 85082-7390

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: _____

    _____

Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to www.RadMD.com
  - Fax using the NIA coversheet

- Use the case specific fax coversheets when faxing clinical information to NIA

- Location of fax coversheets:
  - Can be printed from www.RadMD.com
  - Call 1-866-433-6041

Request Verification Details

Exam Request Verification: Detail

[Print Fax Coversheet] [Upload Clinical Document]

Member	Provider
Name:	Name:
Gender:	Address:
Date of Birth	
Member ID:	Phone:
Health Plan:	Tax ID:
	UPIN:
	Specialty:

Case		
Case Description:	Therapy-PT	Request ID:
Request Date:		Status:
Entry Method:		Validity Dates:
ICD10:		Contact Name:
Final Determination Date:		

Recap: Prior Authorization Process

Initial Requests

Requests are evaluated using our clinical algorithms and may:

1. Approve
2. Pend for clinical validation of medical records
3. Require additional clinical review

Clinical Review

Peer reviewer (therapist, physician, etc.) will review request and may result in:

1. Approval
2. Partial approval/denial
3. Denial (Only an NIA Physician can deny)

A peer-to-peer discussion is always available!

Subsequent Requests

Occurs beyond the initial authorization

Requests can be made by uploading records on RadMD or faxing in the request using the fax coversheet provided with the initial authorization

Subsequent Requests

Subsequent Requests

- Occurs beyond the initial approval authorization

- Providers will need to submit clinical records if the following is requested:
  - Additional visits
  - One-time, 30-day validity date extension
    - Must call NIA at:
      - 1-866-433-6041

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How to Initiate a Subsequent Request

- A subsequent request can be initiated simply by uploading files to www.RadMD.com or faxing additional documentation that demonstrate:
    - A need for continued care
    - A change in treatment plan or plan of care
    - A change in diagnosis

- When is it appropriate?
    - A subsequent request can be requested at any point in the episode of care when you believe the treatment will extend beyond the existing authorization.
        - It is important to realize that you will not lose any units/visits from what has already been given in an existing authorization.

Menu Options

Request

Request an exam or specialty procedure (including Cardiac, Ultrasounds and Sleep Assessments)

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

Create New Medicare FFS Decision Support Record

Subsequent Requests

Initial Authorization

Request ID	Visits Requested	Visits Approved
131		8
131A		5
131B		

A, B, C, etc. indicate Subsequent Authorizations

- Providers **do NOT need to initiate a new request**. Subsequent requests are considered an update to the existing authorization and are initiated by submitting records to that authorization.

- Replicated cases will have the A, B, C, etc. suffix format and are cumulative (Initial + A + B + C + etc.), you will never lose units previously awarded.

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:

1. 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 ICD10 Code(s) and visits to the existing authorization

2. 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.

Peer-to-Peer Reviews

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Peer-to-Peer Reviews

- A peer reviewer may reach out during the review process to discuss the plan of care and/or treatment interventions being utilized. This allows reviewers to gain insight into the providers' clinical judgement and/or discuss any deviations from evidence-based practice

- A formal peer-to-peer, with one of our specialty matched peer reviewers can be initiated prior to the final determination. NIA will reach out to the provider via phone and fax to offer them an opportunity to discuss this case.

- If the provider is not able to conduct a peer-to-peer at the time NIA reaches out, they may schedule one at a more convenient time by calling 1-866-433-6041.

A peer to peer discussion is always available!

Summary

- Authorizations are required for physical, occupational, and speech therapy starting January 1, 2020
- Authorization requests can be initiated at www.RadMD.com or by calling NIA at:
  - 1-866-433-6041
- Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to www.RadMD.com or faxed to NIA at 1-800-784-6864

Physical Medicine – Key Points

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

- 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.

- After the initial visit, providers will have up 10 calendar days to request approval for the first visit. 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.

- The requestor will be asked a series of questions to determine if additional clinical information is required (medical records) or if an authorization can be issued immediately.

- An authorization will consist of number of visits and a validity period.

- A one-time, 30-day extension of the validity period can be obtained by contacting NIA.

Notification of Determination

Validity Period and Notification of Determination

Approval Notification	Denial 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. • A one-time 30-day extension of the validity period can be obtained by contacting NIA.	• Notifications will include an explanation of what services have been denied and the clinical rationale for the denial • A peer-to-peer discussions can be initiated once the adverse determination has been made. NIA will reach out to the provider to offer a peer-to-peer discussion. • Re-review is allowed for one day from denial by peer-to-peer only for Medicaid members. You may follow the appeals through NIA defined in the notice of denial provided to you. • Medicare re-opens not available • Information on how to proceed with a complaint or appeal will be included in the notification

Urgent/Expedited Process

NIA's Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

- NIA's urgent/expedited process can be utilized if an urgent clinical situation exists where a delay in treatment could have significant impact to the patient

- Clinical documentation is required

- Expedited reviews are typically completed within one business day unless additional documentation is required to make a determination

- The number to call for prior authorization of an urgent/expedited case is: 1-866-433-6041

  - Please ensure that you communicate that your request needs an expedited review due the urgent nature of your patient's status

Claims

Processing of Claims

How Claims Should be Submitted	Claims Appeals Process
• Providers will continue to submit their claims to Absolute Total Care • Providers are strongly encouraged to use EDI claims submission	• In the event of a prior authorization denial, providers may appeal the decision through Absolute Total Care • Absolute Total Care will consult with NIA on claims denials • Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification

Provider Tools

- Toll free authorization and information number:
  - 1-866-433-6041
  - Available 8:00 a.m. – 8:00 p.m. EST
  - Interactive Voice Response (IVR) System for authorization tracking

- RadMD Website, www.RadMD.com – Available 24/7 (except during maintenance)
  - Request Authorization
  - View Authorization Status
  - Upload Additional Clinical Information
  - View Clinical Guidelines
  - View Frequently Asked Questions (FAQs)
  - View Other Educational Documents

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.

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

Choose a User ID:

Your Direct Report

The manager or supervisor responsible for terminating your access. This cannot be yourself.

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:

Allows Users to View All Approved Authorizations for the Facility

IMPORTANT

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

- **Designate an "Administrator" for the facility who manages the access for the entire facility.**

STEPS:

1. Click the "New User" button on the right side of the home page.

2. Select "Facility/office where procedures are performed"

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.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved 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?

-- Please Select an Appropriate Description --

-- Please Select an Appropriate Description --
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

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: [State]

Zip:

Your Direct Report
The manager or supervisor responsible for terminating your access. This cannot be yourself.

First Name: Last Name:

Phone: Email:

Submit

When to Contact NIA:

Providers:

- **To initiate a request for an authorization:** Please contact NIA via website, www.RadMD.com or via toll-free number
  - 1-866-433-6041

- **To check the status of an authorization:** Please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System
  - 1-866-433-6041

- **For assistance or questions directed to NIA:** Call the Provider Service Line at 1-800-327-0641.

- **For assistance or technical support for RadMD:** Please contact RadMD Help Desk via e-mail RadMDSupport@Evolent.com or 877-80-RadMD (877-807-2363).

- **For any provider education requests or questions specific to NIA and the Physical Medicine Program, please contact:**
  - Priscilla W. Singleton
  - Provider Relations Manager
  - psingleton@Evolent.com
  - 1-800-450-7281, ext. 75023

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RadMD Demonstration

Questions?