

Managed Health Services (MHS) Physical Medicine Overview

Provider Training

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MHS Physical Medicine Overview



What:

- Effective July 1, 2019, physical medicine services (physical therapy, occupational therapy and speech therapy) will no longer be managed through a post-service review process for MHS. The utilization management of these services will continue to be managed by NIA through a **prior authorization program**
- The program includes both rehabilitative and habilitative care

When:

- Program Start Date: July 1, 2019

Who:

- MHS Medicaid Membership



Transition to Prior Authorization



- ALL patients continuing with treatment beyond July 1, 2019 will require a Prior Authorization
- Providers will be required to initiate prior authorization at the start of care for all MHS members
- You will only need to send NIA clinical records if the case pends at intake and when additional care or subsequent requests are requested.



NIA Physical Medicine Program Agenda



Our Program

- Prior Authorization Process and Overview
- Medical Necessity Review
- Notification of Determination
- Claims
- Provider Tools and Contact Information

A Unique Vision of Care

As the nation's leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes and optimize cost of care.

Magellan HEALTHCARE

Moving beyond traditional healthcare by offering an integrated clinical portfolio of behavioral health and specialty solutions

Magellan HEALTH

MagellanRx MANAGEMENT

A smarter approach to pharmacy benefits management, delivering easy-to-use tools and clinical excellence to drive better decision making, all within a customer-first culture

NIA Highlights



NIA Facts

- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Headquartered in Scottsdale, AZ
- Business supported by two National Call Operational Centers



Industry Presence

- 73 Health Plan Clients serving 26.39M National Lives
- 14.15M Commercial
- 1.82M Medicare
- 10.42M Medicaid
- 41 states



Clinical Leadership

- Strong panel of internal Clinical leaders – client consultation; clinical framework
- Supplemented by broad panel of external clinical experts as consultants (for guidelines)



Product Portfolio

- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- Musculoskeletal Management (Surgery/IPM)
- Physical Medicine (Chiropractic Care, Speech Therapy, Physical and Occupational Therapies)
- Provider Profiling and Practice Management Analysis

URAC Accreditation & NCQA Certified

Prior Authorization Process and Overview



NIA

NIA's Physical Medicine Prior Authorization Program



Effective July 1, 2019, MHS will begin a prior authorization program through NIA for the management of Physical Medicine Services. The Call Center will be available beginning **June 21, 2019** for prior authorization for dates of service July 1, 2019 and beyond. Any services rendered on and after July 1, 2019 will require authorization.

<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▪ Home Health

*Therapy provided in Hospital ER, Inpatient and Observation status, Acute Rehab Hospital Inpatient, and Inpatient and Outpatient Skilled Nursing Facility settings are excluded from this program.

Responsibility for Prior Authorization



Provider Responsibilities

- Verify members' benefits by contacting MHS Customer Service Department
- Obtain an authorization for physical medicine services within two days of the evaluation for additional services provided at the time of the evaluation and for ongoing care*
- 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.***



Benefit Management

- Member benefits are in visits per year
- Each date of service is calculated as a visit
- MHS keeps track of how many visits per year are used
- Office/Facility should verify benefits and visits available for each member

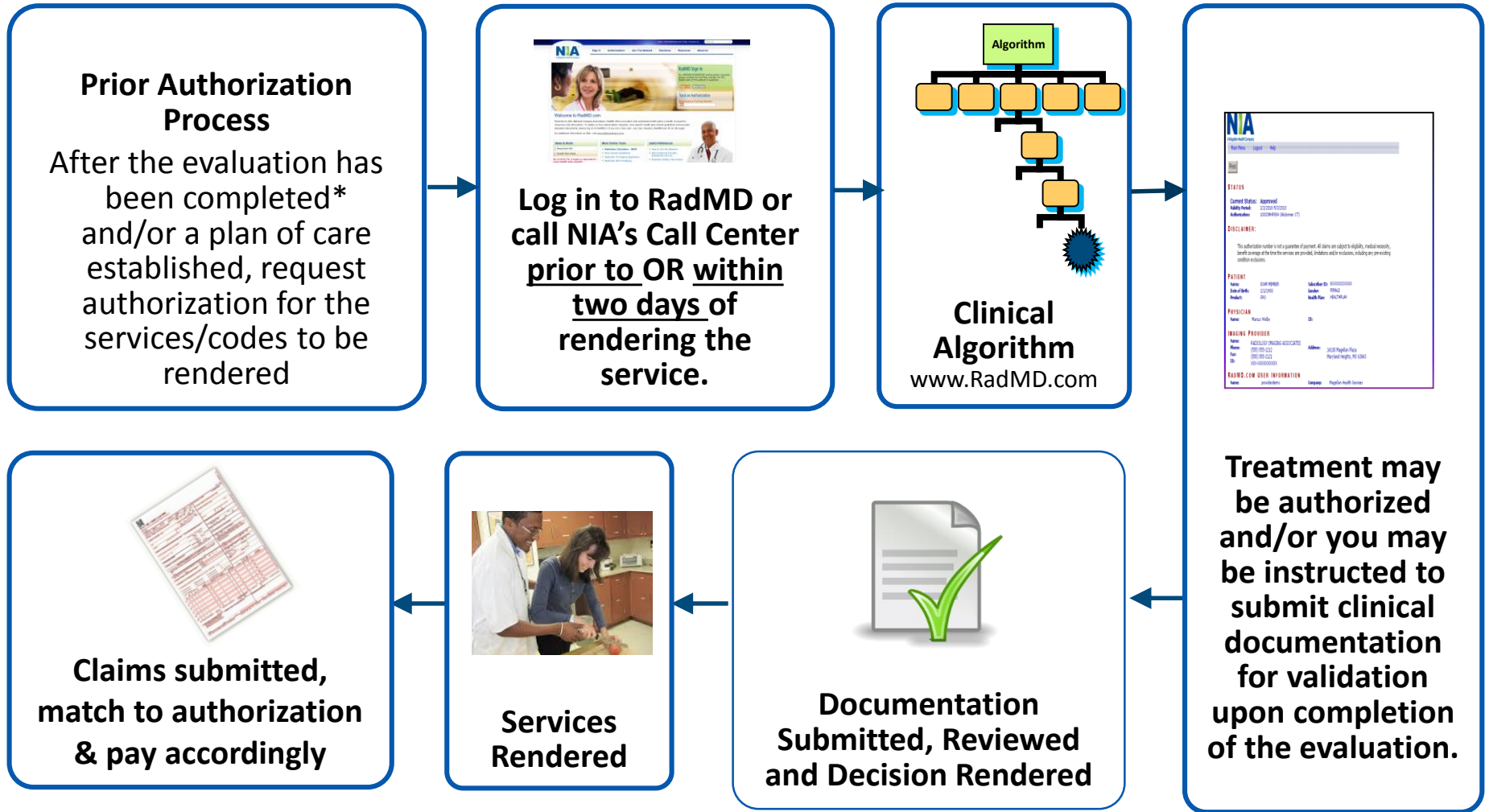
Network

- MHS' network of providers including Therapists, and Facilities will be used for the Physical Medicine Program

Utilization Management

- NIA will issue authorizations in sets of visits. NIA is not responsible for managing benefit limits and authorizations are not a guarantee of payment
- Initial authorizations can be obtained via telephone or the web portal, RadMD. Real-time authorization may be offered, or clinical records may be required for review
- 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

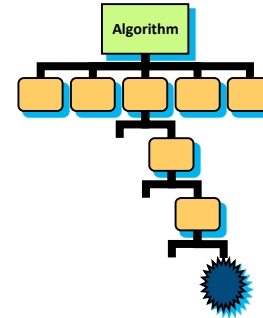


Prior Authorization Process

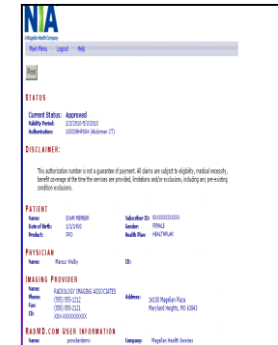
After the evaluation has been completed* and/or a plan of care established, request authorization for the services/codes to be rendered



Log in to RadMD or call NIA's Call Center prior to OR within two days of rendering the service.



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.



Claims submitted, match to authorization & pay accordingly



Services Rendered



Documentation Submitted, Reviewed and Decision Rendered

**PT and OT Evaluation codes do not require authorization.*

All Speech Therapy codes require authorization, including evaluation codes, as these codes may be billed on a recurrent basis as part of ongoing treatment and will require an authorization at that time.

Medical Necessity Review



Clinical Decision Making and Algorithms



- Clinical guidelines are reviewed and mutually approved by MHS and NIA Chief Medical Officers and senior clinical leadership
- NIA's algorithms and medical necessity reviews collect key clinical information to ensure that MHS members are receiving appropriate outpatient rehabilitative and habilitative physical medicine services
- NIA issues authorizations in accordance with MHS benefit guidelines, NIA internally developed guidelines, commercially licensed guidelines and Apollo Licensed Guidelines for physical medicine services
- NIA 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 MHS specific criteria online at www.RadMD.com:
 - *Sign In with User name 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*

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 Recommended for CVR

Recommended Documentation

This is a guide for recommended documentation submission AFTER you have received and accepted immediate authorization through the initial intake at the Algorithm level and is assuming no previous documentation has been submitted for the case in question.

Documents needed for Rehabilitative Cases:

- 1) Within 3 visits of Initial Evaluation
 - a. Only **Initial Evaluation** is needed
- 2) After 4 visits from Initial Evaluation
 - a. **Initial Evaluation + Recent Daily note**
- 3) After 30 days from Initial Evaluation
 - a. **Initial Evaluation + Recent Progress note**

Documents needed for Habilitative Cases:

- 1) Within the 1st 30 days from Initial Evaluation
 - a. **Initial Evaluation** showing Standardized Testing
- 2) Within the 30-90 days from Initial Evaluation
 - a. **Initial Evaluation + Updated Progress Note OR Recent Daily note(s)** with indications of objective and functional progress with therapy
- 3) Within 3-12 months of Initial Evaluation
 - a. **Initial Evaluation + Updated progress note(s)**
- 4) After 12 months from Initial Evaluation
 - a. **Initial Evaluation + Re-Evaluation**

Documentation should include the following details:



Request for Additional Clinical Information



CC_TRACKING_NUMBER FAXC

NIA
National Imaging Associates, Inc.
 90 Sun 4700
 Phoenix, AZ 85028-7180

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: _____

- If additional clinical information is needed to complete a request, NIA will contact the provider via phone and fax to notify them
- The request fax will contain information on the type of clinical information needed, along with a Fax Coversheet
- Records may be submitted using that fax coversheet or via upload to RadMD using the tracking number at the top of the page
- 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

Submitting Additional Clinical Information/ Medical Records to NIA



- Two ways to submit clinical information to NIA
 - Via RadMD Upload
 - Via Fax
- Use the case specific Fax Coversheet when faxing clinical information to NIA
- Initial authorizations will come with a fax coversheet for future use for subsequent requests
- Additional copies of Fax Coversheets can be printed from RadMD or requested via the Call Center: 1-866-904-5096

CC_TRACKING_NUMBER

FAXC



National Imaging Associates, Inc.
970 Blue Bell
Maryland Heights, MO 63043
Fax #: 1-800-784-6864

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

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Comments:

Ordering Physician: REQ_PROVIDER Health Plan: CAR NAME

Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!

Subsequent Requests



- If additional visits are needed, providers will need to submit clinical records as part of the request
- Request can be initiated by submitting records via RadMD or via Fax using previously provided fax coversheet
 - **Reminder: you may print a new coversheet at any time on RadMD*
- 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



Changes in Treatment Plan / Diagnosis



- If a provider is in the middle of treatment and gets a new therapy prescription for a different body part, the treating provider will perform a new evaluation on that body part and develop goals for treatment. If the two areas are to be treated 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 review the request and can add additional visits and the appropriate ICD 10-code(s) to the existing authorization
- If care is to discontinue the previous area being treated and ongoing care will be solely focused on a new diagnosis, providers should submit a new request for the new diagnosis and include the discharge summary for the previous area. A new authorization will be processed and the previous will be ended.

Recap: Prior Authorization Process



Initial Requests



Requests are evaluated using our clinical algorithms

Requests may:

1. Approve
2. Require additional clinical information be submitted for review to complete the request

Clinical Review



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

1. Approval
2. Partial approval/denial
3. Denial

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

A peer to peer discussion is always available!

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 is always offered prior to finalizing the denial. NIA will reach out to the provider via phone and fax to offer them an opportunity to discuss this case and/or submit additional clinical information that was not previously reviewed
- **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 1-888-642-7649**

A peer to peer discussion is always available!

Physical Medicine – Key Points




- If multiple provider types are requesting services, they will each need their own authorization (i.e. PT, ST, and OT services).
- The CPT codes for PT and OT 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.
- All Speech Therapy codes require authorization, including evaluation codes, as these codes may be billed on a recurrent basis as part of ongoing treatment and will require an authorization at that time. Providers should have NO concerns about initial evaluation procedures being covered.
- After the initial visit, providers will have up to two days to request authorization. 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.
- All subsequent requests require clinical records to be submitted. Providers can either upload or fax this information for review.
- 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
<ul style="list-style-type: none">The approval notification will include a fax coversheet that can be used for any subsequent requests <p>Validity Period</p> <ul style="list-style-type: none">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	<ul style="list-style-type: none">Notifications will include an explanation of what services have been denied and the clinical rationale for the denialA peer to peer discussion will always be offered prior to issuing an adverse determinationA re-review time frame of ten days from the date of the denial is available for requests made for Medicaid members and can be initiated by a peer discussion or by submitting additional clinical information after the denial letter has been issuedInformation on how to proceed with a complaint or appeal will be included in the notification 

Claims



Processing of Claims



How Claims Should be Submitted	Claims Appeals Process
<ul style="list-style-type: none">• Providers will continue to submit their claims to MHS• Providers should not submit claims until after an authorization is obtained to avoid denial of payment for non-authorization• Providers are strongly encouraged to use EDI claims submission	<ul style="list-style-type: none">• In the event of a prior authorization or claims payment denial, providers may appeal the decision through MHS• Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification

Provider Tools and Contact Information



NIA

Provider Tools



➤ Toll free authorization and information number:

- 1-866-904-5096

Available 8:00 a.m. – 8:00 p.m. EST

- Interactive Voice Response (IVR) System for authorization tracking



➤ RadMD Website – Available 24/7 (except during maintenance)

- Request authorization and view authorization status
- Upload additional clinical information
- View Clinical Guidelines, Frequently Asked Questions (FAQs), and 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.



1

RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site

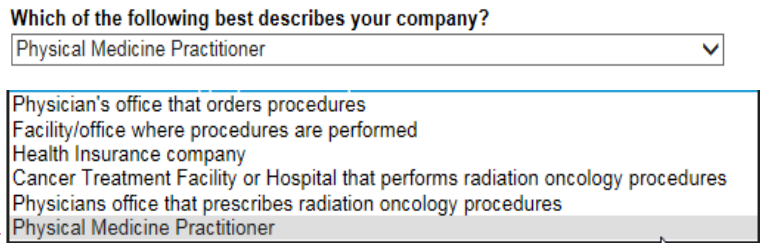
Sign In New User

Track an Authorization

Authorization Tracking Number

Go

A pink arrow points to the 'New User' button.



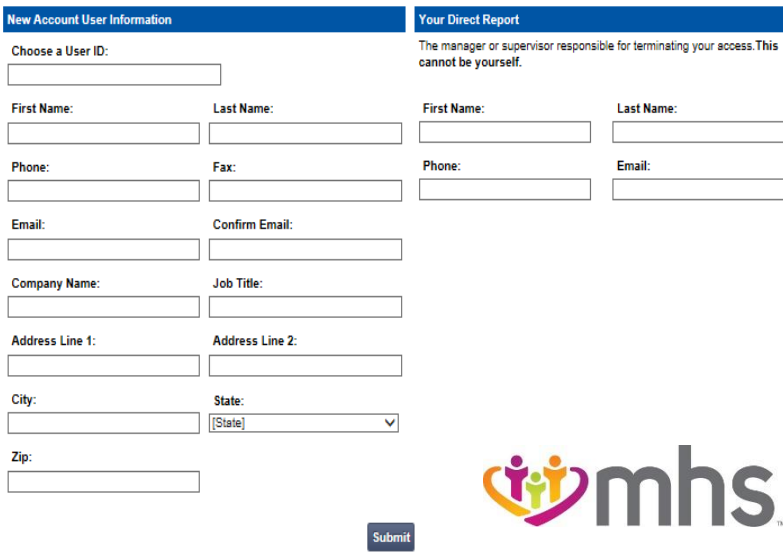
2

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

A pink arrow points to the 'Physical Medicine Practitioner' option in the dropdown menu.



3

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: [State]

Zip:

Submit

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



Allows Users the ability to view all approved for 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.

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

2 Track an Authorization
Authorization Tracking Number Go

-- 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

3

New Account User Information		Your Direct Report	
Choose a User ID: <input type="text"/>		The manager or supervisor responsible for terminating your access. This cannot be yourself.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

Submit

When to Contact National Imaging Associates, Inc. (NIA)

Providers:

Ordering Providers:

- To initiate a request for an authorization please contact NIA via website, www.RadMD.com or via toll-free number 1-866-904-5096.
- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System 1-866-904-5096.
- For assistance or questions directed to NIA call the Provider Service Line at 1-800-327-0641

Rendering Providers:

- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System 1-866-904-5096.

Ordering Providers and Rendering Providers:

- For assistance or technical support for RadMD, please contact RadMD Help Desk via e-mail RadMDSupport@magellanhealth.com or 877-80-RadMD (877-807-2363).
- For any provider education requests or questions specific to NIA and the Medical Specialty Solutions Program, Providers may contact April Sabino, Senior Clinical Provider Relations Manager ajsabino@magellanhealth.com or 1-410-953-1078.

Dedicated NIA Provider Relations Manager for MHS Providers



For questions regarding the Physical Medicine Program:

NIA Provider Service Line: (800) 327-0641

NIA Dedicated Provider Relations Manager:

April Sabino

Email: ASabino@magellanhealth.com

Confidentiality Statement



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to MHS members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health Services, Inc.

Thanks

