



MHS

Physical Medicine Prior Authorization Quick Reference Guide for Providers

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. MHS remains committed to ensuring that physical medicine services provided to our members are consistent with nationally recognized clinical guidelines. Therefore, the utilization management of these services will be managed by National Imaging Associates, Inc. (NIA) through a prior authorization program.

NIA will be providing Utilization Management for outpatient rehabilitative and habilitative physical medicine services on behalf of MHS. 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 outpatient rehabilitative and habilitative physical medicine service prior authorization program will begin on July 1, 2019. The NIA 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.

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

Prior Authorization

Providers must obtain prior authorization for the Physical Medicine procedures within five business days from rendering these procedures.

<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

	<ul style="list-style-type: none">• Home Health
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***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.**

- 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, including initial evaluation, require authorization.

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

- There are two ways to submit prior authorization -- either through NIA's Website at www.RadMD.com or by calling 1-866-904-5096.
- 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 at www.RadMD.com or calling MHS Call Center.

- 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, DC, DO, MD, etc.)
- 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 notes
 - Previous Discharge summary if recent therapy
 - Plan of Care

Website Access

- It is the provider's responsibility to access NIA's Website 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.
- You can request prior authorization at www.RadMD.com. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
- If you are requesting prior authorizations through the NIA Website and your request is pending, you will receive a tracking number and you will be required to submit additional clinical information to complete the process.
- 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.
- 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 1-866-904-5096.

**Access Provider Self-
service at:
www.RadMD.com**

**NIA Provider Service Line
at: 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 1-866-904-5096.
- 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 MHS as you currently do today.
- We strongly encourage EDI claims submission.

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 an 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.
- 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 log 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 home page of RadMD. Users can track the status via our Interactive Voice Response telephone system.
- 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 guidelines for Physical Medicine Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.

- For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).
- 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 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.
- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your MHS or NIA Provider Relations Representative.