

# Outpatient Chiropractic Tip Guide

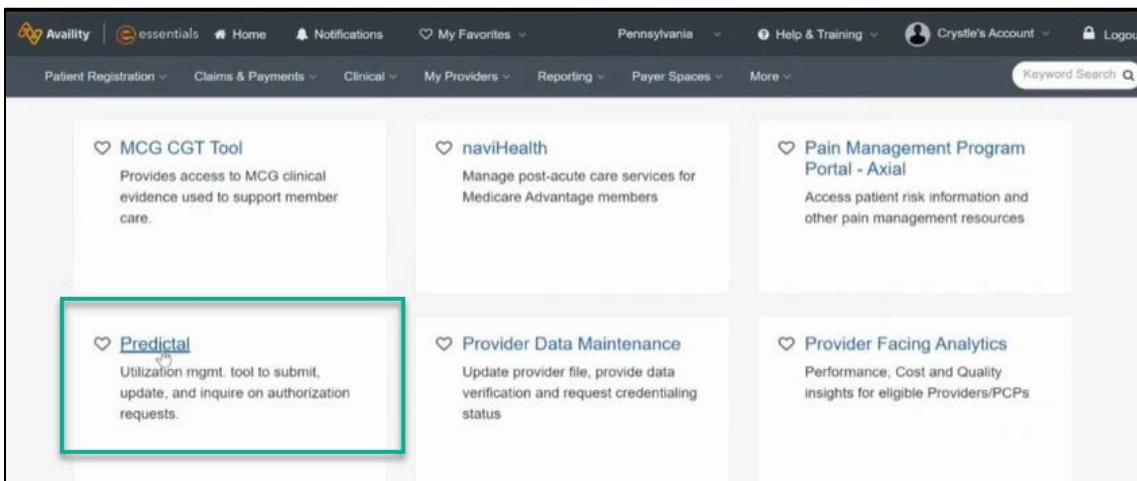
Electronic Prior Authorization Submission (Initial Authorization) via Availity

## For providers in Delaware, Pennsylvania, and West Virginia

Note: The following data is **test only**. All screenshots below are included in Training Videos on the Provider Resource Center (PRC). Please see direct links to these videos at the bottom of this document.

### Availity

- Choose your state from the top navigation bar.
- Click Payer Spaces in the lower navigation bar.
- Select the Highmark Payer Spaces for the appropriate health plan.
- Once within the Payer Spaces section, look under Applications and click Predictal.

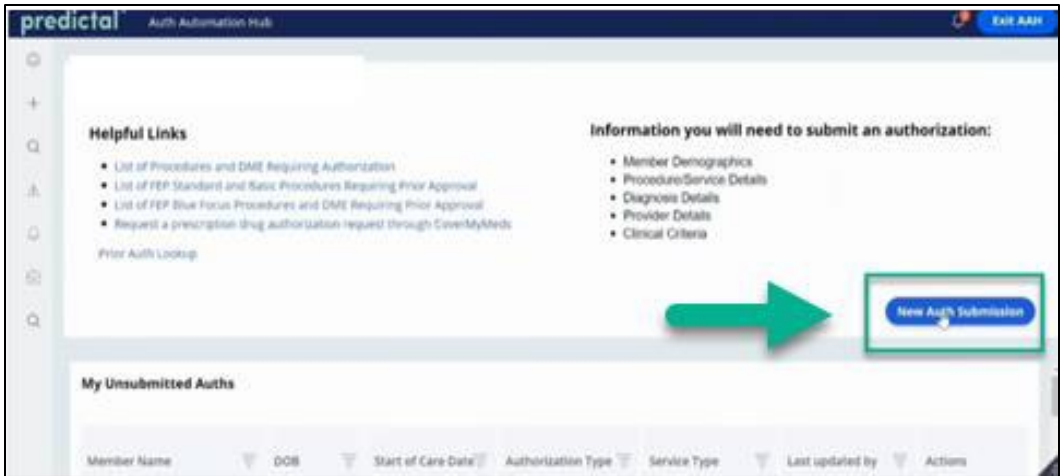


- On the next screen, choose your Organization.
- Select a Provider (which is optional)
- Click Submit.

A screenshot of the 'Predictal' form. The title 'Predictal' is at the top. Below it is a form with two dropdown menus. The first dropdown is labeled 'Select an Organization' and has 'Highmark - QA' selected. The second dropdown is labeled 'Select a Provider (Optional)' and has 'Select...' selected. At the bottom of the form are two buttons: 'Cancel' and 'Submit'. The 'Submit' button is highlighted with a red box.

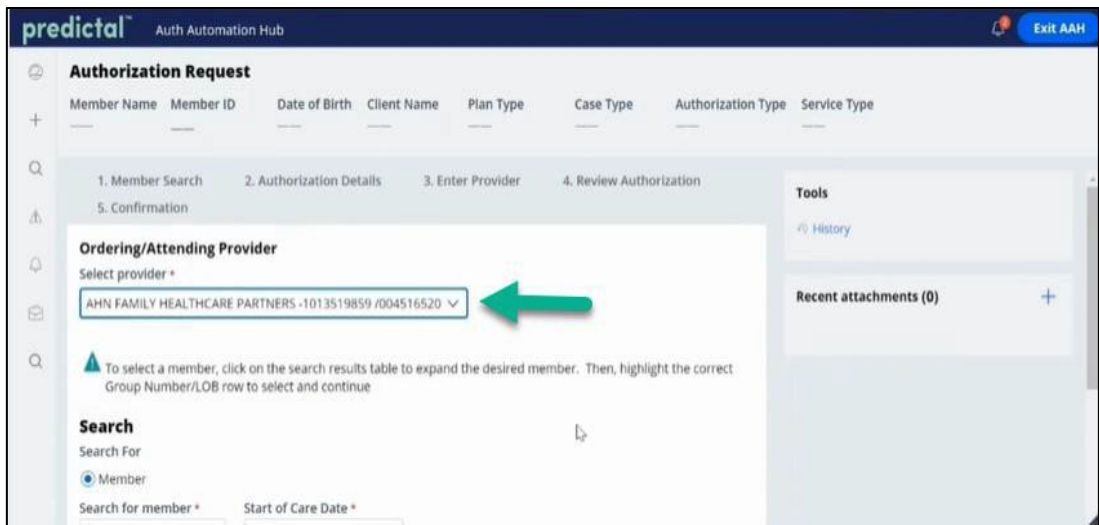
# Predictal Auth Automation Hub

- In the Predictal Auth Automation Hub, click New Auth Submission.

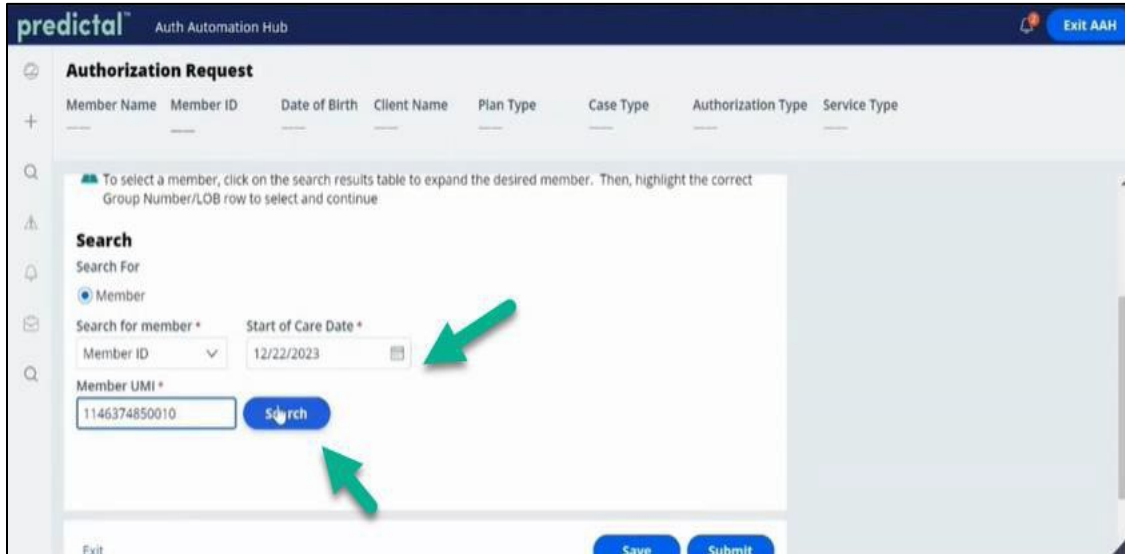


## Predictal™ Member Search

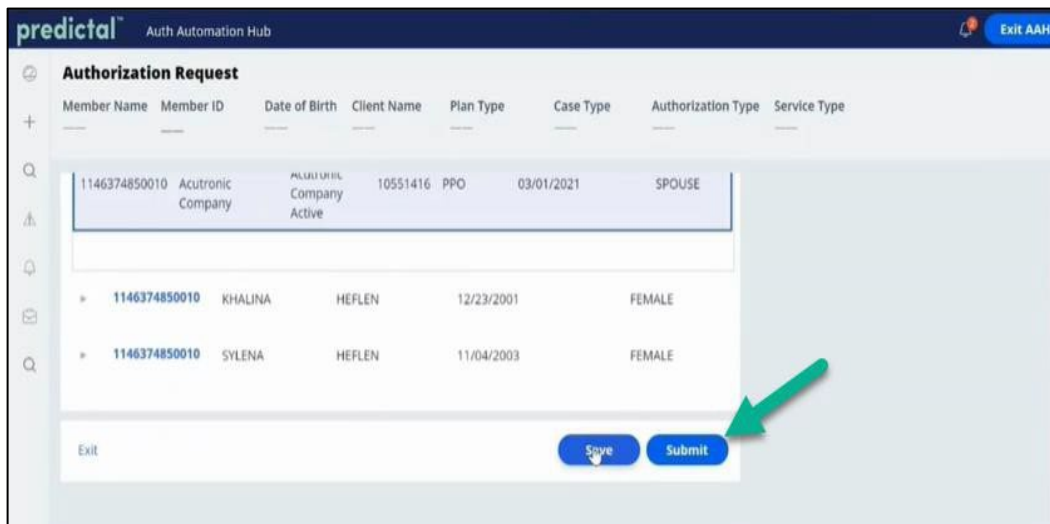
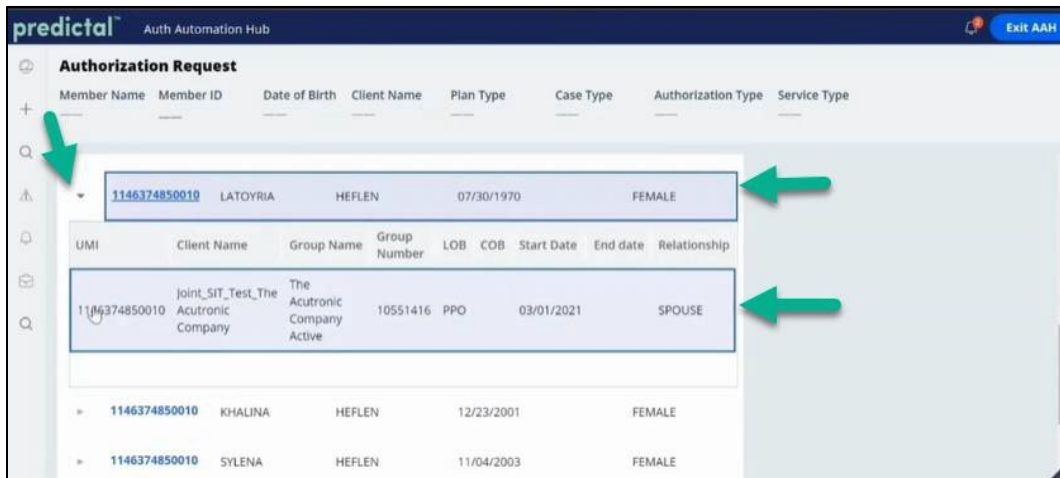
- Use the dropdown to select Ordering/Attending Provider.



- Search for Member.
- Search using the dropdown options. Select Member ID, enter Start of Care Date, Member UMI, and click Search.

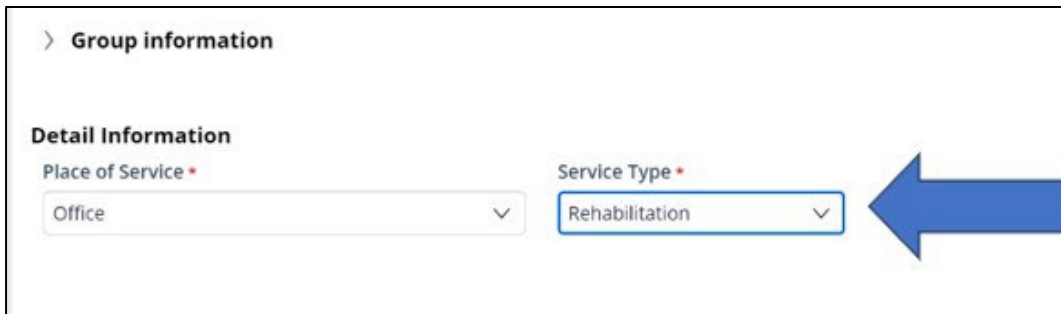
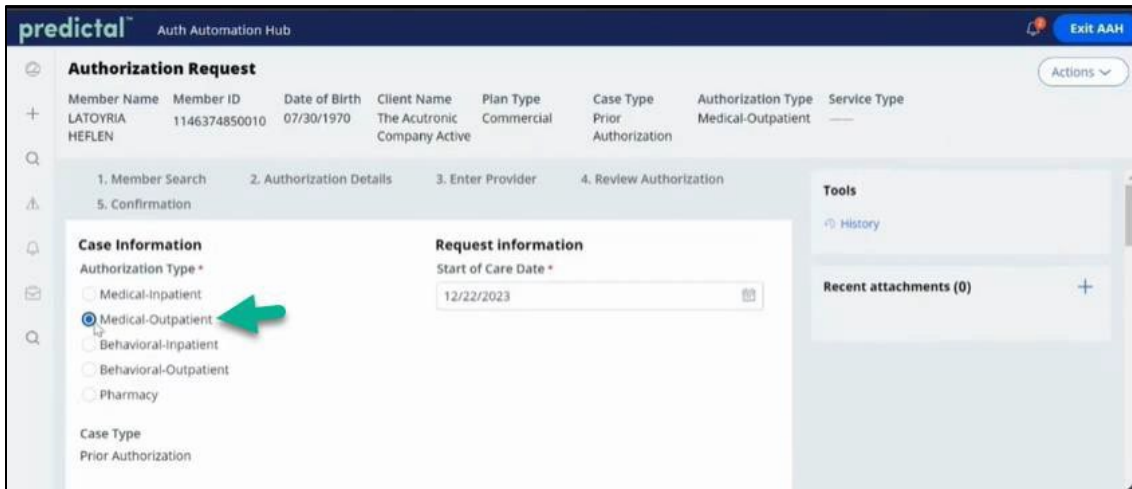


- Choose Correct Member by selecting the Member.
- Use the arrow on the left to expand and select the Group for the Member.
- Click Submit.



# Predictal™ Authorization Details

- Enter Case Information.
- Authorization Type: **Medical-Outpatient**.
- Select Place of Service.
- Select Service Type: **Rehabilitation**.
  - Note: Please ensure service type is **Rehabilitation**.



- Enter Diagnosis Information.
- Enter ICD-10 Codes.
- Enter Primary Diagnosis and other Diagnosis codes deemed necessary for the patient's Plan of Care.

**Diagnosis Information**

Code Set Type*	Code*	Description*	
ICD 10 ▾	Enter Code/Description	—	Remove

Add

**Service Information**

⚠ If any of the services you will perform during treatment are not listed, there is not an authorization for them. Please ensure all applicable codes are included on this authorization request.

Sub-service Type*	Proposed date of service*	Is this a primary service?	Remove
Select... ▾	12/23/2023 📅	<input checked="" type="checkbox"/>	

- Enter Service Information.
- Select the Sub-service dropdown. For Chiropractic, choose **Chiropractic**.
  - Sub-service types will show relevant procedure codes that are included in the Sub-service type.
- Select **Add** to add the Sub-service type.
- Click Submit at bottom right when all applicable selections are made.

**Service Information**

⚠ If any of the services you will perform during treatment are not listed, there is not an authorization for them. Please ensure all applicable codes are included on this authorization request.

Sub-service Type*	Proposed date of service*	Is this a primary service?	Remove
Select... ▾	12/22/2023 📅	<input checked="" type="checkbox"/>	

Select...  
 Chiropractic  
 Occupational Therapy  
 Physical Medicine  
 Speech Therapy



**Service Information**

If any of the services you will perform during treatment are not listed, there is not an authorization for them. Please ensure all applicable codes are included on this authorization request.

Sub-service Type \*  Proposed date of service \*  Is this a primary service?  [Remove](#)

This selection includes the following procedure codes: 98940, 98941, 98942, 98943.

[Add](#)

If any of the services you will perform during treatment are not listed, there is not an authorization for them. Please ensure all applicable codes are included on this authorization request.



Sub-service Type \*  Proposed date of service \*  Is this a primary service?  [Remove](#)

This selection includes the following procedure codes: 98940, 98941, 98942, 98943.

Sub-service Type \*  Proposed date of service \*  Is this a primary service?  [Remove](#)

This selection includes the following procedure codes: 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97750, 97799, 98925, 98926, 98927, 98928, 98929, G0283.

[Add](#)

This selection includes the following procedure codes: 98940, 98941, 98942, 98943.


Sub-service Type \*  Proposed date of service \*  Is this a primary service?  [Remove](#)

This selection includes the following procedure codes: 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97750, 97799, 98925, 98926, 98927, 98928, 98929, G0283.

Sub-service Type \*  Proposed date of service \*  Is this a primary service?  [Remove](#)

This selection includes the following procedure codes: 97129, 97130, 97168, 97530, 97533, 97535, 97537, 97542, 97755, G0515.

[Add](#)

## Predictal™ Provider Details

- Select Ordering/Attending Provider in the dropdown and click Search.
- Select Provider and use the arrow on the left-hand side to expand to select address.
- Copy as Performing Provider to copy provider details for performing provider.

**Provider Details**  
**Ordering/Attending Provider**

Select provider \*

AHN FAMILY HEALTHCARE PARTNERS - 1013519859 /004516520 ▾

**Search**

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State
1013519859	AHN FAMILY HEALTHCARE	1245209469	DAVID HOYT	GROVE CITY	PA

**Addresses**

Practice Group Tax ID	Practice Group BSID	Practitioner BSID	Affiliation ID
*****7977	004516520	000189604	002747874

Address type	Practice Group Address	Practice Group City	State	Zip code	Contact Details
Main	420 HILLCREST AVENUE	GROVE CITY	PA	16127	Phone (724) 458-4950 Fax (724) 458-4822 Fax (814) 452-7005
Vendor	420 HILLCREST AVENUE	GROVE CITY	PA	16127	Phone (724) 458-4950 Fax (724) 458-4822 Fax (814) 452-7005

Copy as Servicing Facility/Vendor    **Copy as Performing Provider**

- Enter the Servicing Facility/Vendor and search and select if applicable.
- Enter the Performing Provider and search and select.

**Servicing Facility/Vendor**

Search for

Facility / Vendor

Search by

Provider ID       Name

Facility / Vendor Name

- Use the dropdown to select Authorization Request Submitted field and click Submit.

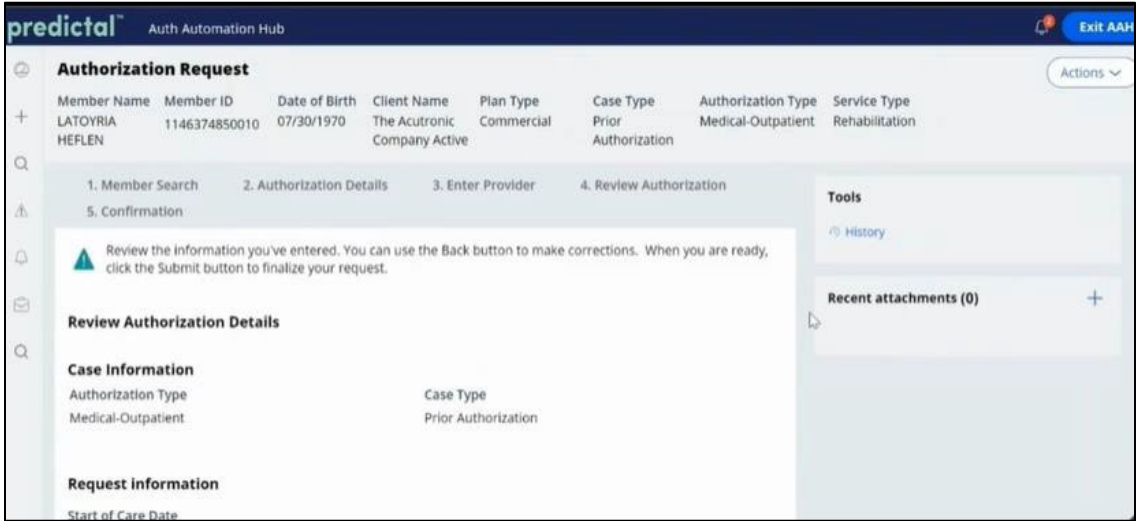
Authorization Request Submitted By \*

Back

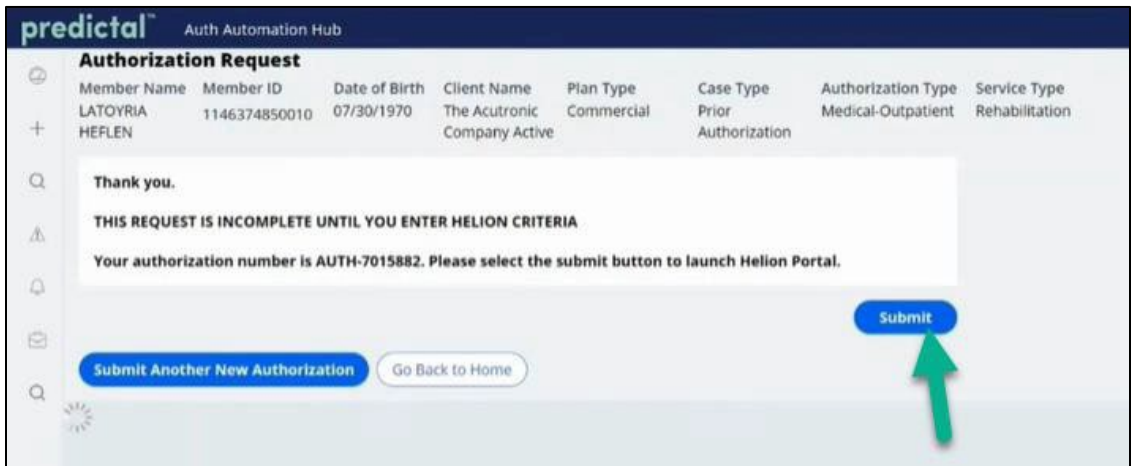


# Predictal™ Review Authorization

- Now you can review all details entered and select Submit.

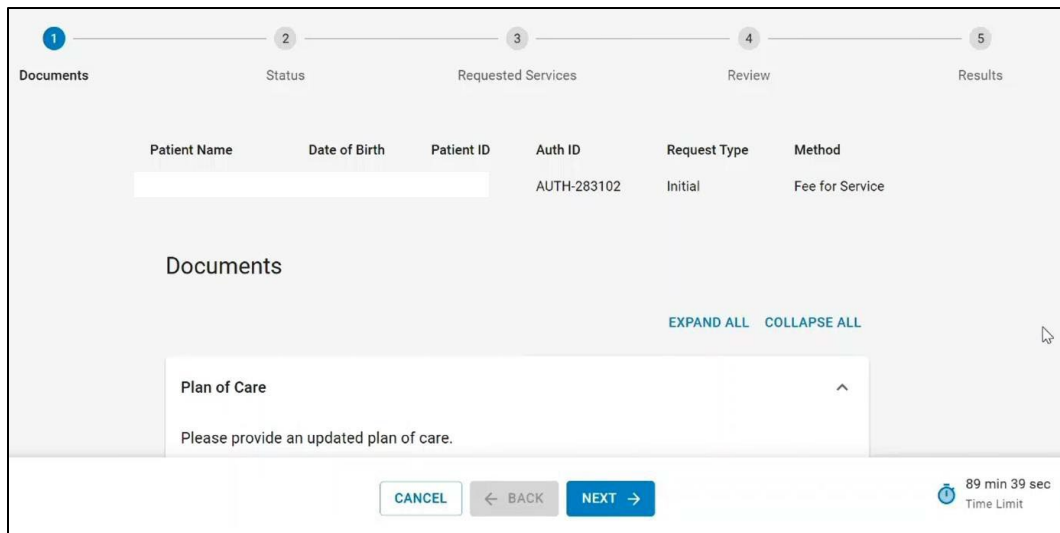
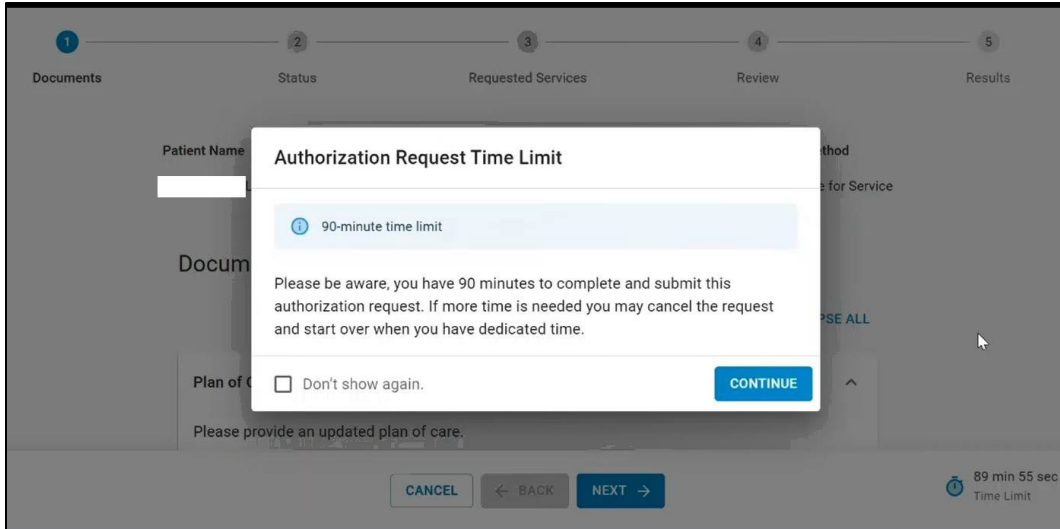


- Click Submit to complete the authorization in the Helion Arc Technology Platform.



# Helion Arc Technology Platform

- In Helion Arc, you will have **five** steps to complete as seen at the top of the screen. You can start by uploading documents. “Plan of Care” or “Supporting Documentation” can be uploaded.
  - Please note: Helion Arc **does not** require the Plan of Care for initial authorization requests but does require a Plan of Care for extension requests.
  - Please go to the FAQs on the Provider Resource Center (PRC) for additional information. The pathway is at bottom of this document.



- Next, you'll go to the Status tab and complete the Attestation statement.

- Then, you'll go to the Requested Services tab, answer the questions, and click Next.

Documents Status Requested Services Review Results

\* I confirm that I have read and understand the Modalities and Treatment Notice \*

A maximum of four (4) physical medicine modalities/procedures on any given date of service, per performing provider including:

- Modalities (91012-97039, G0283, S8950)
- Therapeutic procedures (97110-97542)
- Tests and measurements (97750)
- Muscle and range of motion (ROM) testing (95831-95852)
- Orthotic and Prosthetic management (97760-97763)

\* I confirm all the following are true: \*

- Therapy is provided for the initial treatment of an acute condition, re-injury, or aggravation of a chronic condition
- Therapy is provided for the purpose of minimizing or eliminating impairments, functional limitations, or restrictions of the condition
- Therapy is provided in accordance with an ongoing, written treatment plan, appropriate for the reported

CANCEL ← BACK NEXT → This step missing req'd items! 88 min 57 sec Time Limit ?

- You should review all the information provided.
- Click Submit.

Documents Status Requested Services Review Results

is this treatment for chronic pain?  
 No

Is this a maintenance therapy request which intends to preserve the individual's present level of function and prevent regression of that function?  
 Yes

Is there an Autism Spectrum Diagnosis added for this member?  
 No

I confirm that I have a treatment plan for this patient

CANCEL ← BACK SUBMIT 88 min 48 sec Time Limit ?

- The Results page will show the determination of request.
- Select **Submit to Insurer** to finalize request to Highmark Utilization Management.

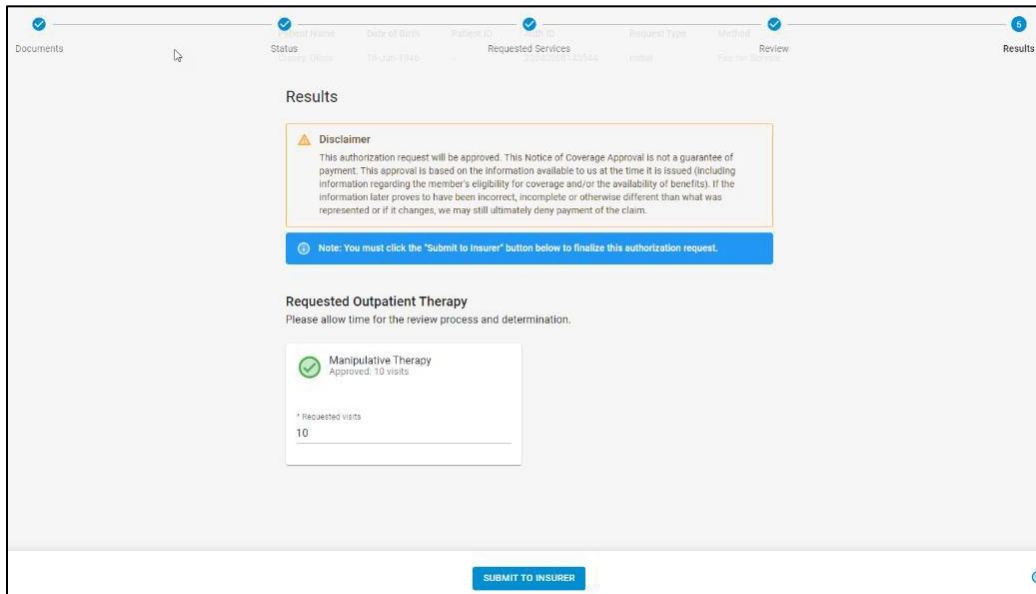
Documents Status Requested Services Review Results

Patient Name	Date of Birth	Patient ID	Auth ID	Request Type	Method
HEFLEN, LATOYRIA	30-Jul-1970	-	AUTH-7015882	Initial	Fee for Service

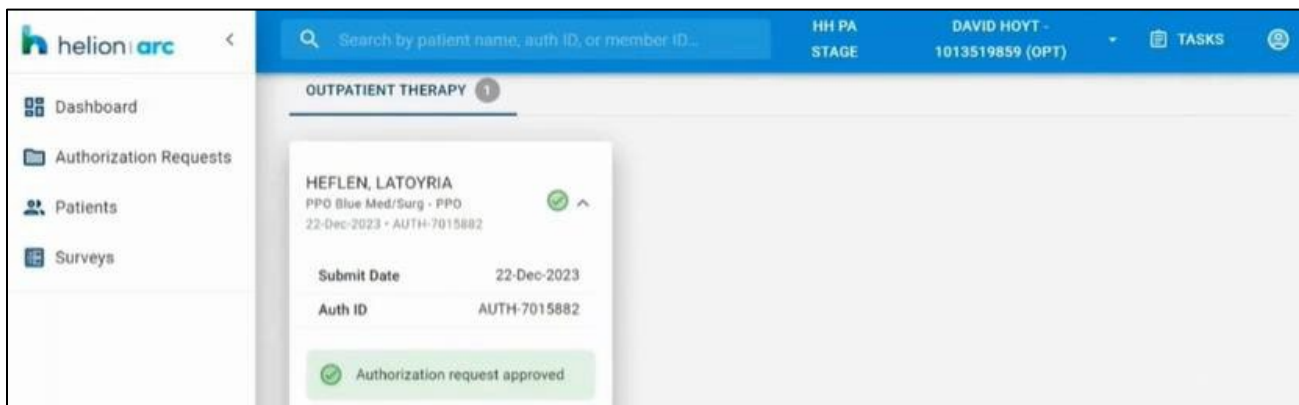
**Results**

**Disclaimer**  
 This authorization request will be approved. This Notice of Coverage Approval is not a guarantee of payment. This approval is based on the information available to us at the time it is issued (including information regarding the member's eligibility for coverage and/or the availability of benefits). If the information later proves to have been incorrect, incomplete or otherwise different than what was represented or if it changes, we may still ultimately deny payment of the claim.

SUBMIT TO INSURER 88 min 44 sec Time Limit ?



- You will be directed to the Helion Arc Dashboard where you can view the details of the request.



## Check Status of Authorization

You can check the status of your authorization or submit an authorization within Availity by following these steps:

- Choose your state from the top navigation bar.
- Click Payer Spaces in the lower navigation bar.
- Select the Highmark Payer Spaces for the appropriate health plan.
- Once within the Payer Spaces section, look under Applications and click Predictal.

## Predictal Auth Automation Hub

- The left-hand navigation panel includes links to the functions available within Predictal.
- Select Auth Inquiry to check auth status, change/update start of care date, review approval/denial letters, etc.
- Search for the authorization by member, date of service, or request ID.
- View the authorization status by clicking on the authorization number.
- Search for the authorization by member, date of service, or request ID.

## Additional Educational Materials

Please visit your region's Provider Resource Center (PRC) to view the detailed **training videos, tip sheet, and FAQs**. Select **Care Management Programs** on the left-hand navigation menu and select **Physical Medicine Management**.

- Highmark Blue Cross Blue Shield (DE) <https://hdebcbs.highmarkprc.com/>
- Highmark Blue Cross Blue Shield (PA) <https://hbcbs.highmarkprc.com/>
- Highmark Blue Shield (PA) <https://hbs.highmarkprc.com/>
- Highmark Blue Cross Blue Shield (WV) <https://hwvbcbs.highmarkprc.com/>

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All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Helion is an independent company that provides post-acute network management services for Highmark Inc. and some of its affiliated health plans.

Availity is an independent company that contracts with Highmark to offer provider portal services.

Screen captures are conducted in the staging environment. Data is fabricated. Actual screens may vary.

