

Physical Medicine Management Program Changes – FAQs

March 2024

From Tivity to Helion Arc

Q1: Why is Highmark moving away from Tivity for Physical Medicine Utilization Management (UM)?

A1: Highmark is decommissioning Tivity® as a UM vendor, and moving to an insourced solution, Helion Arc. The change is effective **December 4, 2023**. We evaluated the advantages of our current UM Program and areas where we can innovate and improve. We looked closely at our opportunities and determined that an insourced solution provided better integration with Highmark systems, but also offered an enhanced UM experience for our providers.

Q2: What is Helion Arc?

A2: Helion Arc is integrated with the Predictal™ Utilization Management (UM) tool and enables offices to submit, update, and query medical authorization requests.

The application supports the management of members' care from end-to-end — including submission, case review and decision-making, and prescribed treatment programs. The move to Helion Arc is the result of Highmark's long-term commitment to enhancing the overall provider experience.

While new to Physical Medicine Utilization Management, Helion Arc has been in use for the last several years, enabling Home Health, Hospice, and Speech Therapy providers to submit, update, and query medical authorization requests.

Q3: When will the change occur?

A3: The shift from Tivity to the Helion Arc was effective on **December 4, 2023**. While this does represent a change in the way that providers request prior authorizations for physical medicine services, the goal is to minimize provider disruption and ensure that the transition to Helion Arc is as seamless as possible. Aside from some minor differences in the user interface design, the overall process will remain very similar.

Q4: Will I have to resubmit an authorization request that was already submitted to Tivity?

A4: Authorization requests submitted prior to December 4, 2023, will be processed by Tivity. New Authorization requests **on or after** December 4, 2023, will process through Helion Arc. Tivity approved requests will not need to be re-submitted to Highmark.

Q5: Will the provider webinar training be available for us to review on our own time?

A5: Training videos, along with Frequently Asked Questions, are posted on the Provider Resource Center for reference.

Submissions and Authorizations

Q1: How will providers access the new authorization request in Helion Arc?

A1: Providers will still access authorization requests via NaviNet, just as they do today. For those with Availity access, go to **Payer Spaces**, select **Applications**, and then click **Predictal**, which will connect you automatically via single sign-on to Helion Arc.

Q2: What will change in the submission process?

A2: There will be subtle changes to the user interface, as well as some additional fields to complete, allowing for a better means to capture and retain data as well as for more accurate, real-time decisions.

Q3: When will I transition from NaviNet to Availity?

A3: Refer to the Provider Resource Center (PRC) for information regarding the transition from NaviNet® to Availity®. Once on the PRC, select **Availity** from the left menu and then click **Frequently Asked Questions** and/or **Provider Portal Transition** for additional information.

Q4: What do I do if I am a Chiropractor who utilizes Physical Medicine codes?

A4: When you submit an authorization request via NaviNet, you will select **Physical Medicine** under **Category**.

In Availity, go to **Payer Spaces**, click the **Predictal** tile. Once there, you will select **Chiropractic** under **Sub-Service Type**.

Q5: Do we need to submit a prior authorization for each discipline if a patient requires multiple services?

A5: Yes, you must submit separate authorizations for physical therapy (PT), occupational therapy (OT), chiropractic (Chiro), and speech therapy (ST) to be able to treat the patient for each of those disciplines.

Q6: Do we need to submit separate prior authorizations if an OT or Chiro would like to bill for a PT procedure code?

A6: No, within Predictal under the **Procedure Information** section, you will select the primary discipline treating the patient. Click the box that states **Primary Discipline**. Click **ADD**, then select from the drop-down **Physical Medicine** if you would like to utilize these procedure codes.

- **EXAMPLE:** If you are a Chiro, the first sub service type you choose is Chiro and click the **Primary Discipline for Treatment** box, then **ADD** another sub service type for **Physical Medicine**, but do **not** select the primary box. Please check that the specific procedure code that you are billing for falls within that discipline's sub service type description. **NOTE:** Descriptions are listed under each sub service type. If the procedure code is not listed, cancel, and then **ADD** the other sub service type, checking that the procedure code falls within that discipline's code description.

Q7: What do we choose under Service Type after we have selected our "Place of Service"?

A7: For all outpatient clinics/offices, you must choose "Rehabilitation" as your Service type to be able complete the Procedure Information that should consist of drop-downs for PT, OT, Chiro, and ST with the procedure codes that are associated with that discipline.

Helion Arc

Q1: Do I need to request access to Helion Arc to submit an authorization request?

A1: At this time, electronic authorization submissions can be processed within the Helion Arc Technology Platform through a seamless transition that does not require direct access or login.

You will be redirected to Helion Arc per the electronic authorization process through NaviNet, Availity, and Predictal Auth Automation Hub. Providers who require access to a Helion program and/or to access performance analytics and scorecards will still be required to login. Please submit a ticket if you are unsure and we will assist. Here's the link to the Helion Service Desk:

<https://helionhc.atlassian.net/servicedesk/customer/portal/2>

To submit a ticket, click [here](#).

Q2: How many visits will be auto approved?

A2: Visit amounts will vary based on provider performance, responses submitted within Helion Arc each calendar year.

Q3: Can authorization requests for concurrent physical therapy and occupational therapy services be submitted in the same session?

A3: Yes, please add the sub-services that correspond with the appropriate procedure codes.

Q4: For NaviNet users: How do all outpatient therapy providers conduct an Auth Submission?

A4: Refer to the [Provider Tip Sheet](#) when submitting a physical medicine authorization request via NaviNet on the Provider Resource Center.

Q5: Does Helion Arc require Plan of Care?

A5: Helion Arc does not require the Plan of Care for initial authorization requests, but does require a Plan of Care for **extension requests**.

Q6: Will authorizations requests run from January to December as they do today with Tivity?

A6: Yes. Authorizations run through the calendar year. A new authorization is required on the first of every new year.

Q7: Is requesting an extension on an existing authorization the same process?

A7: Yes. You will need to request an extension of therapy services through the same process except you will not be required to answer all the questions and your extension request will be linked to the same authorization number.

Q8: Can you submit multiple diagnosis codes?

A8: You need to submit the diagnosis code(s) that are pertinent to your Plan of Care for the patient.

Q9: Why do we only have 90 minutes to complete the information within Helion Arc and what happens if we do not complete within that timeframe?

A9: The 90-minute timeframe is set up that way to mitigate potential exposure of member information on the screen for too long. If you do not complete within the 90-minute timeframe, your information will be lost and you will need to start over.

Provider Pathways Program Update

Q1: What will happen to my Provider Pathways Program status?

A1: Providers who were awarded Pathways status based on 2023 performance will be included in the **Helion Arc High-Performance Provider (HPP) List**, which is replacing Provider Pathways Program for 2024.

Q2: Will providers still qualify for authorization request auto-approval?

A2: Providers qualifying for the High-Performance Providers (HPP) list in 2024 will experience the same or greater level of self-management when it comes to obtaining authorizations. Providers still may receive up to 20 auto-approved visits for a member without undergoing medical necessity review.

Providers utilizing Helion Arc, via single sign-on from NaviNet and/or Availity, will experience real-time determinations on requests. In addition, the clinical information provided upon request will ensure improved turnaround times on pended requests.

Training

Q1: Will there be any additional training materials or opportunities to gain experience and learn more about the Helion Arc implementation?

A1: Yes, additional training materials will be posted on the Provider Resource Center. From the left menu, select **CARE MANAGEMENT PROGRAMS** and then click **Physical Medicine Management Program**.

Retrospective Reviews, Appeals, and Peer-to-Peer Requests

Q1: Will providers still be able to submit retrospective review requests?

A1: For retrospective review requests submitted **on or after** December 4, 2023, providers are encouraged to utilize the Provider Portal. If the request falls outside of the Provider Portal acceptance threshold, providers can contact Utilization Management at 1-800-452-8507.

After 30 days from the start of care, send requests to the Highmark Medical Review team. Retrospective review requests should be sent to following address:

Medical Review
PO Box 890392
Camp Hill, PA 17089-0392

Q2: Will appeals for denied visits be managed in a different manner?

A2: Today, all Medicare Advantage appeals are managed through Highmark Medical Review, with direction on where/how to submit appeals included in the denial statement. That process will not change with the conversion to Helion Arc.

Commercial appeals for denials on requests submitted on or after December 4, 2023, will be reviewed by the Highmark Medical Review team. Directions on where/how to submit appeal requests will be included in the denial statement. Additional information on Appeals can be found in the Highmark Provider Manual, Chapter 5, Unit 5.

Q3: Will providers still be able to request Peer-to-Peer evaluations?

A3: Yes. To initiate a Peer-to-Peer request **on or after** December 4, 2023, providers should call the dedicated, peer-to-peer phone number: 866-634-6468. Hours of operation are from 8:30 a.m. to 4:30 p.m. (EST), Monday through Friday.

Q4: How will providers initiate date changes, extensions, or obtain answers to other Utilization Management questions?

A4: Utilization Management requests submitted **on or after** December 4, 2023, should be directed to the Highmark Utilization Management Team number: 800-452-8507.

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Helion is an independent company that provides post-acute network management services for Highmark Inc. and its affiliated health plans. Tivity is a separate company that provides medical necessity review and authorization of physical medicine services for some Highmark members.

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

NaviNet is a registered trademark of NaviNet Inc., which is an independent company that provides secure, web-based portal between providers and health insurance companies.

