SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS **JULY 1, 2019**

ATTENTION PHYSICAL MEDICINE PROVIDERS:

HELPFUL TIPS FOR IMPROVING YOUR EXPERIENCE WITH THE PHYSICAL MEDICINE MANAGEMENT PROGRAM

Guidance for Submitting Requests and Documenting Patient Care

Highmark and WholeHealth Networks, Inc. (WHN), a subsidiary of Tivity Health Support, LLC., have been partnering since 2012 to ensure our members receive quality care that is aligned with evidence-based guidelines through Highmark's Physical Medicine Management Program. WHN applies guidelines developed using nationally accepted standards and with input from actively practicing practitioners in their authorization and medical necessity review processes for physical therapy, occupational therapy, and chiropractic services.

To assist you in increasing your proficiency with the program, WHN offers these valuable tips for submitting your authorization requests and documenting your patients' care:

1. Ensure that your medical records reflect the recommendations, as applicable, found in the following:
    a. The American Physical Therapy Association's (APTA) **Defensible Documentation for Patient/Client Management**;
    b. The American Occupational Therapy Association's (AOTA) **Guidelines for Documentation of Occupational Therapy**;
    c. Rationale for the Use of a Chiropractic-Specific SOAP Acronym in Clinical Documentation. Frank RG, Wakefield TS. Chiropractic Techniques 1996; 8(4): pps. 171-7;
    d. Maximizing the Effectiveness of Clinical Documentation. Mootz RD. Topics in Clinical Chiropractic 1994; 1(1) 60-65. Adaptation accessible at: **https://chiro.org/documentation/ABSTRACTS/Maximizing_the_Effectiveness.shtml**; and/or
    e. Code of Federal Regulations (CFR): Plan of treatment requirements for outpatient rehabilitation services, available through the U.S. Government Publishing Office (GPO) website:
        i. **http://www.ecfr.gov/cgi-bin/text-idx?SID=157f60a613406bcf1e6e35fb4c1fdc29&node=42:2.0.1.2.10.2.35.46&rgn=div8**

ii. **https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol2/pdf/CFR-2018-title42-vol2-part410-subpartB.pdf**

2. Submit requests on a timely basis -- within ten (10) days of the Care Authorization's requested start date.
3. Ensure that your request aligns with the plan of care. Avoid requesting more visits than the treating provider states is medically necessary in the plan of care.
4. Use functional outcome tools and use the same tool throughout the episode of care. Ensure that outcome tools are scored and interpreted correctly.
5. Patient goals should be specific, measurable, and updated on a regular basis.
6. If you do not have a current progress note showing the current goal status, the medical records should include daily notes that have objective data related to goals. It is important to use measurable data to demonstrate the patient's progress from care (e.g., objective measures, functional status, range-of-motion findings, and Patient-Specific Functional Scale [PSFS] scores).
7. Reduce visit frequency when the patient can continue to make progress with less visits and more independent rehab with a home exercise program, community exercise programs, and self-care.
8. If it is the first time submitting medical records for an episode of care, be sure to include the initial evaluation. For example, you have received eight visits approved via the care registration, and then four visits were auto-approved via the Rapid Response System (RRS). When you submit records for a clinical review of visits 13+, please include the initial evaluation as progress will be measured from the baseline documentation.
9. Please make sure to submit all relevant medical records related to the episode of care. In addition to an initial evaluation, providers should submit all progress notes and any daily notes that are not covered by a progress note. For Medicare Advantage patients, submit complete progress notes at least every 10 visits.
10. The Highmark Physical Medicine Management Program is a **calendar-year program**. When requesting authorizations near the end of the year, request only those visits needed through December 31.
11. When using electronic medical records, ensure that the information is not simply reiterated from visit to visit if not applicable. For example, "walking with a cane for the first time" reiterated across eight visits gives an incorrect picture of true status for seven of the eight visits.

PHYSICAL MEDICINE MANAGEMENT PROGRAM RESOURCES

Highmark provides numerous resources on the Provider Resource Center to help you understand and navigate the requirements of the program. This includes the *Physical Medicine Management Program Administrative Guide*, which details the program's requirements and also provides step-by-step instructions for submitting registrations and authorization requests using NaviNet®. The tips provided here are also included in the administrative guide.

To access the administrative guide and much more, select **CARE MANAGEMENT PROGRAMS** from the main menu on the Provider Resource Center, and then click on **Physical Medicine Management Program**.