

# SPECIAL BULLETIN

JUNE 14, 2012

*ATTENTION PHYSICIANS, DOCTORS OF CHIROPRACTIC, CRNPs, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY PROVIDERS:*

## HIGHMARK TO INTRODUCE PHYSICAL MEDICINE MANAGEMENT PROGRAM, EFFECTIVE SEPT. 1, 2012

To help ensure that physical medicine services (physical therapy, occupational therapy and spinal manipulation) provided to our members are consistent with nationally recognized clinical guidelines, Highmark has contracted with Healthways WholeHealth Networks, Inc., to administer a registration process for physical medicine services as well as to provide medical necessity review and authorization, where applicable, for these services, effective with dates of service of Sept. 1, 2012, and beyond. This change applies to Highmark's commercial health plans, including *PPO Blue*, *Direct Blue®* and *EPO Blue* and Highmark's Medicare Advantage product *FreedomBlue* PPO. The program's requirements will be waived for Highmark's indemnity and comprehensive products and for BlueCard® and Federal Employees Health Benefits Program (FEP) members.

Implementation of this new Physical Medicine Management Program is due, in large part, to increasing demands from our employer group customers for products that promote quality, medically appropriate care and value for their employees. In addition, the goal is to ensure that physical medicine services are clinically indicated, medically necessary, follow established treatment protocols and are in accordance with members' benefit coverage.

Healthways WholeHealth Networks, Inc., was founded in 1981. Together with a team of clinical managers, nurse review specialists, and clinical peer reviewers, the Healthways Physical Medicine Management Program is Utilization Review Accreditation Commission (URAC)-accredited and supported by published, multi-specialty clinical guidelines and more than 20 years of historical claims and authorization data. Treatment algorithms and protocols are continually reviewed and updated annually by a Clinical Oversight Committee to reflect best practice clinical outcomes and industry standards.

## REGISTRATION REQUIRED FOR PHYSICAL MEDICINE SERVICES AT INITIAL VISIT; AUTHORIZATIONS REQUIRED BEYOND 8 VISITS, BEGINNING SEPT. 1, 2012

Effective with dates of service on or after Sept. 1, 2012, Highmark commercial and Medicare Advantage members must be registered at their initial visit to receive physical therapy, occupational therapy and manipulation services. You can register members through NaviNet. The initial eight (8) visits do not require authorization. Services that extend beyond eight (8) visits will require physical medicine providers to submit a treatment plan to Healthways for Highmark commercial and Medicare Advantage members. There may be employer groups who opt to not participate in the program. Therefore, beginning Sept. 1, 2012, providers should use the NaviNet Eligibility & Benefits function or the appropriate HIPAA electronic transaction to verify member benefits prior to providing services.

*(Over, please)*



Camp Hill, PA 17089

The Healthways treatment plan template will be available for providers' use for Highmark members beginning Aug. 20, 2012, for dates of service on and after Sept. 1, 2012. To access it, providers can start from the NaviNet Authorization Submission transaction and choose the *Physical Medicine* category from the Selection Form page. The request will be reviewed by Healthways, which will determine medical necessity.

Since NaviNet is the vehicle through which registrations and treatment plans are submitted under the Physical Medicine Management Program, it is extremely important to ensure that your practice is NaviNet-enabled and the members of your staff are trained in its use. Please work with your Highmark Provider Relations representative to ensure that this key tool is in place well in advance of the implementation of the Physical Medicine Management Program on Sept. 1, 2012. Watch *Behind the Shield*, the Plan Central page of NaviNet and the Provider Resource Center for more details on the registration and authorization functionality.

For more information, see *How the Program Works* below.

## USER GUIDES FOR NAVINET AUTHORIZATION SUBMISSION

If you are new to the NaviNet Authorization Submission function, you can access User Guides on the NaviNet Customer Support page. Hover on the *Customer Support* tab in the upper tool bar and select *Click Here for NaviNet Customer Support*. Next, under Page Contents in the right column of the page, select *User Guides/How to documents*. Next, under User Guides in the right column of the page, select *Highmark*. You'll find the Authorization link under Professional User Guides.

## HOW THE PROGRAM WORKS

- You will be asked to register all applicable Highmark members in your care starting with their initial visit with you on or after Sept. 1, 2012, regardless of the length of time they have been in treatment with you. You can register members through NaviNet beginning Aug. 20, 2012, for dates of service on or after Sept. 1, 2012. The member's initial eight (8) visits will not require authorization. Please note that any previous therapy a member has received in 2012 prior to the Sept. 1, 2012, implementation date will also count toward their total visit count.
- A member must be registered at their initial visit each year.
- Prior to the ninth visit, a treatment plan must be submitted for authorization after a member has had eight (8) visits for spinal manipulation; or eight (8) combined physical therapy and/or occupational therapy services.
  - **Note:** Under this program, manipulation services and physical therapy or occupational therapy visits can consist of multiple treatment modalities on the same date of service. For more information, please refer to applicable commercial or Medicare Advantage Medical Policy. The policy numbers are Y-1 (Physical Medicine), Y-2 (Occupational Therapy), Y-9 (Manipulation Services) and Medicare Advantage Medical Policy Z-6 (Chiropractic Services). Changes to these medical policies will be published in the June 2012 issue of *Policy Review & News (PRN)*. The updated versions of these policies will be available for review online beginning Sept. 3, 2012. **Please refer to the attached list of procedure codes that apply to the program.**
- Providers should submit treatment plans via NaviNet beginning Aug. 20, 2012, for dates of service Sept. 1, 2012, and beyond.
- The treatment plan is benchmarked against clinical algorithms. The member's case history is also assessed for potential clinical contraindications and cross referenced with treatment protocols for specific conditions.
- The provider is quickly notified of the authorization review outcome.
- If a treatment plan is not authorized, the ordering provider can request a peer-to-peer discussion of the non-certification decision.
- Claims for services provided without authorization will be rejected and the member will be held harmless and will not be responsible for payment.

Watch your mail, the Plan Central page of NaviNet, the Provider Resource Center and *Behind the Shield* for additional tools and information to assist you in the new Physical Medicine Services Authorization Program process. If you have specific questions about this new program, please refer them to your Highmark Provider Relations representative.

**Codes to be Included in Highmark's Physical Medicine Management Program,**

**Effective September 1, 2012 (06/04/12)**

<b>Procedure Code</b>	<b>Procedure Code Description</b>
97001	Physical therapy evaluation
97002	Physical therapy re-evaluation
97003	Occupational therapy evaluation
97004	Occupational therapy re-evaluation
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more Areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; hubbard tank, each 15 minutes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	manual therapy techniques, (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive

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	responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535	Self-Care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions