

SPECIAL BULLETIN

DECEMBER 17, 2012

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

HIGHMARK TO MODIFY MODALITIES OPERATIONAL GUIDELINES FOR PHYSICAL MEDICINE MANAGEMENT PROGRAM

Highmark believes collaboration between our network providers and Highmark is a key tenet of doing business and we value and listen closely to your feedback. With that in mind, Highmark has responded to our network providers of physical medicine services (physical therapy, occupational therapy and manipulation services) and continues to take important steps to reduce their administrative burden with regard to the Physical Medicine Management Program.

When issues were identified with the program's registration and authorization process shortly after it debuted in September 2012, Highmark established and later extended a "soft implementation" period through Dec. 31, 2012, to allow the providers of physical medicine services additional time to become accustomed to the requirements of the program, including submitting registration and authorization requests via NaviNet®.

Now Highmark is taking additional measures to lessen the administrative impact to providers and to limit interruption to patient care.

MODIFICATION TO POLICY REGARDING NEED FOR ADDITIONAL MODALITIES/UNITS PER VISIT

For dates of service Sept. 1, 2012, to Dec. 16, 2012, if a provider determined that more than four modalities/units per visit were medically necessary, the additional modalities/units on the claim would be denied. Only the four permitted modalities/units would be reimbursed.

Effective with dates of service on or after Dec. 17, 2012, Highmark will modify its Commercial Medical Policy (Y-1, Y-2 and Y-9) to allow for retrospective review of claims that include more than four modalities/units per visit. This means that, for dates of service on or after Dec. 17, 2012, initial claims for physical medicine visits that include more than four modalities/units will process and be paid in a timely manner.

As part of Highmark's normal retrospective claims review process, Highmark will actively monitor and review claims to ensure that proper procedures as outlined in Highmark Medical Policy have been followed.

It is not unusual for Highmark to refine or modify policy based on feedback from providers. Collaboration with health care providers is an important part of developing and implementing our medical policy.

(Over, please)



Camp Hill, PA 17089

WHAT POLICY MODIFICATION MEANS TO PROVIDERS

An example of what this change means to providers is outlined in the chart below:

Prior to Commercial Medical Policy Change (dates of service Sept. 1, 2012, to Dec. 16, 2012)	After Commercial Medical Policy Change (dates of service on or after Dec. 17, 2012)
If a provider determines that six (6) modalities/units are needed for a single visit, and submits a claim for six (6) modalities/units, only four (4) modalities/units are approved; the other two (2) modalities/units are denied.	If a provider determines that six (6) modalities/units are needed for a single visit, and submits a claim for six (6) modalities/units, the claim is processed and paid in a timely manner. The claim will be reviewed at a later date as part of Highmark's normal retrospective review process. The provider may be asked to provide documentation to support the medical necessity of the additional modalities/units and may be responsible for refunding a portion of the original payment.

This Commercial Medical Policy change only impacts the medical claims process for physical medicine services. All other aspects of the Physical Medicine Management Program remain in place and unchanged.

You are encouraged to visit the Physical Medicine Management Program page on the Provider Resource Center for additional tools, resources and information to assist you with the program. The page is available under *Clinical Reference Materials*. Also visit the Important Updates link on the page often for updates. If you have specific questions about the Physical Medicine Management Program, please refer them to your Highmark Provider Relations representative.