NEWS FOR ALL PROVIDER TYPES

PMMP PROVIDERS: TIPS FOR SUCCESSFUL AUTH REQUESTS, PATHWAYS QUALIFICATION

Highmark and Healthways, which administers our Physical Medicine Management Program (PMMP), have been receiving from network physical medicine providers a large number of care registrations and care authorization requests that lack complete information. As a result, these requests must be denied.

Therefore, we offer the following tips and reminders to assist you with submitting complete requests for services and to potentially reduce denials. These strategies also are included in the Physical Medicine Provider Pathways Frequently Asked Questions document, which you can access via the *Physical Medicine Provider Pathways-FAQs* link on our Provider Resource Center's Physical Medicine Management Program page. Closely following these tips may help you in maintaining qualifying status in the PMMP Provider Pathways Program.

HELPFUL TIPS FOR SUCCESSFUL CARE REGISTRATION, CARE AUTHORIZATION REQUESTS

1. For Highmark to create a Pathways scorecard for providers in the PMMP, it is imperative that claims and authorization data are submitted under the same or affiliated Blue Shield IDs.

2. Submit requests on a timely basis (within 10 days of the care authorization's requested start date).

3. If you don't have a current progress note showing the current goal status, the medical record should include daily notes that have objective data related to the goals. It is important to use measurable data to demonstrate the patient's progress (e.g., range-of-motion findings and PSFS scores).

4. Reduce visit frequency when the patient can continue to make progress with less visits and more independent rehab with a home exercise program and self-care.

5. If it is the first time submitting medical records for an episode of care, be sure to include the initial evaluation. The initial examination should include patient intake, patient history, orthopedic examination findings and neuromuscular examination findings (if applicable). For example, if you receive eight visits approved via the care registration and then four visits auto-approved via the Rapid Response System, when you submit records for a clinical review of visits 13+, please include the initial evaluation so we have a baseline.

6. Please make sure to submit all relevant medical records related to the episode of care. In addition to an initial evaluation, submit details about any re-examination that may have occurred, as well as daily clinical notes related to the episode.

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7. Highmark PMMP Pathways is a calendar-year program. When requesting authorizations near the end of the year, request only those visits needed through 12/31.

8. Ensure that your request aligns with the plan of care. For example, the number of visits in each of the authorization requests should reflect the provider's care plan.

9. Optimize the quality of the medical records submitted. For example, The Problem Oriented Medical Records (POMR) is the nationally accepted standard for Medical Record keeping and should include: a) problem list; b) diagnoses; c) treatment goals for each condition; d) a goal-oriented treatment plan; e) S.O.A.P. Notes; and f) dates of resolution by condition or complaint.

10. For PT/OT requests, ensure that your medical records reflect the recommendations found in:
    - APTA's Defensible Documentation for Patient/Client Management (http://www.apta.org/Documentation/DefensibleDocumentation/)
    - AOTA's Guidelines for Documentation of Occupational Therapy (https://www.aota.org/en/Practice/Manage/Official.aspx)

11. For chiropractic visit requests, ensure that your medical records reflect the recommendations found in/at:
    - Frank R.G., Wakefield T.S. "Rationale for the Use of a Chiropractic-Specific SOAP Acronym in Clinical Documentation." *Chiropractic Technique*, 1996; 8(4): pps. 171-7.
    - U.S. Government Printing Office website accessed on 4/25/14: http://www.ecfr.gov/cgi-bin/text-idx?SID=157f60a613406bcf1e6e35fb4c1fdc29&node=42:2.0.1.2.10.2.35.46&rgn=div8
    - U.S. Government Printing Office website accessed on 4/25/14: http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-61.pdf

12. Based on an analysis of adverse determinations (denials or partial denials) within the PMMP, the following are common reasons why authorization requests may not be fully approved due to lack of information:
    - missing the initial evaluation
    - missing objective data on function, range of motion or strength
    - missing a current re-examination/progress note
    - missing the relevant daily treatment notes
    - missing objective data on patient progress with treatment to date