

# provider bulletin

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Newsletter Excerpt

## Attention Physical Medicine Services Providers:

**Highmark to Expand Physical Medicine Management Program** [continued on page 2](#)

Effective Jan. 1, 2016, to help ensure that physical medicine services (physical therapy, occupational therapy and manipulation services) provided to our members are consistent with nationally recognized clinical guidelines, Highmark's Physical Medicine Management Program, administered by Healthways, will apply to all Highmark members—including those who have transitioned from BCNEPA to Highmark health plans.

Please note that there may be employer groups who choose to not participate in the program. Therefore, providers should use Highmark's NaviNet® **Eligibility & Benefits** function (see chart below) or the appropriate HIPAA electronic transaction to verify members' benefits prior to providing services.

For information on how to determine if the Physical Medicine Management Program applies, you can refer to the *Verification and Application of Benefits* section of the *Physical Medicine Program Administrative Guide* on the Provider Resource Center. Click on **Clinical Reference Materials**, and then Select **Physical Medicine Management Program**.

### Reminder: How the Program Works

Beginning Jan. 1, 2016, you must register Highmark patients at their initial visit each year when providing them with physical therapy, occupational therapy and manipulation services. The initial eight visits do not require authorization. Physical therapy services, occupational therapy or manipulation services that extend beyond eight visits will require you to submit clinical information and a treatment plan to Healthways and, in some cases, the patient's pertinent medical records.

Healthways will determine the medical necessity and appropriateness of the authorization request and notify you and the member of its decision. In the case of an adverse determination, all applicable appeal rights will be outlined in the notification.

Since registrations and treatment plans are submitted via NaviNet, **it is extremely important to ensure that your practice is NaviNet-enabled and the members of your staff are trained in its use.** To ensure this key tool is in place by Jan. 1, 2016, please call **Provider Relations** at **1-800-451-4447** to obtain access.

Eligibility and Benefits Details		Print		HIGHMARK.	
<b>Patient Information</b>					
Member ID Number:		Patient Name:			
Member Address:		Patient Date of Birth:			
Date of Service From:		Relationship to Subscriber:			
		Date of Service To:			
Other Insurance Applies:	NO	Other Insurance Effective Date:	05/21/2001		
Reverification Date:	11/05/2011	COB Review Status:	FINALIZED		
COB Investigation Method:	Pursue and Pay				
<b>Group Information</b>					
Effective Date:		Term Date:	00/00/0000		
Group Number:		Group Name:			
Product:		Advanced Imaging UM by NIA:	YES		
Plan Area:		Radiation Therapy Management:	YES		
Group Renewal:		Physical Medicine Management:	YES		
Alpha Prefix:					

Certain groups may choose to opt out of these management programs. Always check Benefits and Eligibility in NaviNet to determine if a group follows the Advanced Imaging, Radiation Therapy or Physical Medicine Management programs.

# Attention Physical Medicine Services Providers:

## Highmark to Expand Physical Medicine Management Program continued from page 1

### Important Information

- You will be asked to register your Highmark patients starting with their initial visit with you on or after Jan. 1, 2016, regardless of the length of time they have been in treatment with you. You will be able to register members using NaviNet beginning Jan. 1, 2016. Please note that the member's initial eight visits will not require authorization.
- A member must be registered at his/her initial visit each year.
- **Prior to the ninth visit**, you must submit a treatment plan via NaviNet for authorization. The Healthways treatment plan template for care authorization requests is available via NaviNet.
  - Note: Under this program, physical therapy and/or occupational therapy visits can consist of multiple treatment modalities on the same date of service. For more information, please refer to *Medical Policy Y-1 (Physical Medicine)* and *Medical Policy Y-2 (Occupational Therapy)*.
  - The list of procedure codes that apply to the program is available in the *Physical Medicine Program Administrative Guide*.
- The workflow in NaviNet is the same for both registration and authorization submissions. There is no need to try to determine whether registration or authorization is needed. The system will automatically route your submission. If the patient has not yet been registered for the current calendar year, your request will be directed to the Healthways Care Registry. If the patient has already registered for the services in the current calendar year, your request will be routed to Healthways' Rapid Response System (RRS) for Care Authorization.
- The treatment plan is benchmarked against clinical decision support pathways. The member's case history is also assessed for potential clinical contraindications and cross-referenced against treatment protocols for specific conditions.
- The ordering 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 (reconsideration) 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.

### If you are not yet NaviNet-enabled

NaviNet is the preferred method for registration and authorization submissions for the Physical Medicine Management Program. If you are not able to access NaviNet or the NaviNet Authorization Submission transaction, you may call **1-866-731-8080**.

It is extremely important to ensure that your practice is NaviNet-enabled and that members of your staff are trained in its use. Providers who do not currently have NaviNet access should call **Provider Relations** at **1-800-451-4447** to obtain access.

Please listen carefully to the available options to be directed to Healthways:

1. First, select Option 2 from the main menu options ("To request an authorization for an inpatient or outpatient service").
2. Next, you will be asked to select an option based on your provider type:
  - If you are a facility, select Option 1.
  - If you are a professional provider, select Option 2.
3. And then select Option 3 to speak with Healthways.

### Tools and Resources

Comprehensive information that will assist you in the program's authorization process is available on the Physical Medicine Management Program page on the Provider Resource Center. The *Physical Medicine Management Program Administrative Guide* contains complete program information, including detailed instruction on submitting registration and authorization requests.

### Educational Sessions

In the weeks ahead, we will provide more information on the availability of educational opportunities, such as webinars, that can help you learn more about the Physical Medicine Management Program.

### Physical Medicine Management Provider Pathways Program

Provider Pathways was designed to give Highmark's MM&P a formal process and framework for identifying and rewarding high-performing providers. Highmark uses utilization management and claims data to determine which providers qualify for this program. Please note that this program may not apply to you at this time.