Physical Medicine Prior Authorization
Quick Reference Guide for Providers

Effective: October 1, 2019
Revised: January 1, 2021

Magellan Healthcare provides Utilization Management for outpatient rehabilitative and habilitative physical medicine services Physical, Occupational, and Speech Therapy on behalf of Highmark Wholecare membership in Pennsylvania. This program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care. All providers are required to obtain prior authorizations for physical medicine services.

The Magellan Healthcare outpatient rehabilitative and habilitative Physical Medicine Service Prior Authorization program will began on October 1, 2019.

The Magellan Healthcare program is managed through our contractual relationships with providers who deliver outpatient therapy services. Magellan Healthcare conducts medical necessity reviews of requested services only.

Prior Authorization
Providers must obtain prior authorization for the Physical Medicine procedures listed within 5 business days from rendering these services.

Services Requiring Authorization:	**Outpatient Therapy Services for:** • **Physical Therapy** • **Speech Therapy** • **Occupational Therapy**
The review is focused on therapy services performed in the following settings:	• **Outpatient Office** • **Outpatient Hospital** • **Home Health**

Therapy provided in Hospital ER, Inpatient and Observation status, Inpatient Acute Rehab Hospital, and Inpatient Skilled Nursing Facility (POS 31 and 32) settings are excluded from this program.

- CPT codes billed for Physical, Occupational, and Speech Therapy for initial evaluations do not require an authorization for participating providers. However, all other billed codes even if performed on the same date as the initial evaluation date will require authorization prior to billing.

[1]National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

Submitting Prior Authorization Requests

- Providers are encouraged to utilize www.RadMD.com to request prior authorization for Physical Medicine services. If a provider is unable to use RadMD, they may call
    - Medicare: 1-800-424-1728
    - Medicaid: 1-800-424-4890

Information Needed to Submit Prior Authorization Requests

To expedite the prior authorization process, please have the appropriate information ready before logging into Magellan Healthcare's Website, www.RadMD.com or calling the Highmark Wholecare or Magellan Healthcare Call Center.

- Name, address, and TIN of the facility that will be used for billing the service.
- Member name, ID number, and date of birth
- Requesting/Rendering Provider Type - PT, OT, ST
- Name of office or facility where the service will be performed
- Date of initial evaluation
- ICD-10 code(s)
- Details justifying therapy
    - Initial Evaluation or Re-evaluation findings
        - Past medical history
        - Patient symptoms
        - Prior treatment received for the same condition
        - Functional Outcome/Standardized Test Scores
        - Baseline functional status and Impairments
        - Objective tests and measures
        - Specific functional goals
        - Interventions to be utilized
    - Plan of Care/Treatment Plan

Website Access

- **To get started**, go to www.RadMD.com, click the New User button and submit a RadMD Application for New Account by selecting "**Physical Medicine Practitioner**."
- You can request prior authorization at www.RadMD.com by clicking the "**Request Physical Medicine**" link which is a part of your main menu options.
- Additional services on an existing authorization can be requested using the "**Initiate a Subsequent Request**" link using RadMD
- RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
- **Pended requests**: If you are requesting prior authorizations through the Magellan Healthcare website and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorizations status**: You can check on the status of prior authorizations quickly and easily by using the "View Request Status" link on RadMD's main menu. In addition to the ability to view clinical documentation received by Magellan Healthcare, users can

view links to case-specific communication to include requests for additional information and determination letters.
- **The "Track an Authorization"** feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the "Search by Tracking Number" feature. A tracking number is required with this feature.

Telephone Access

- Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization request by calling Magellan Healthcare at:
  - Medicare 1-800-424-1728
  - Medicaid: 1-800-424-4890
- If you have questions or need more information about this physical medicine prior authorization program, you may contact the Magellan Healthcare Provider Service Line at: 1-800-327-0641.

Submitting Claims

- Please continue to submit claims to Highmark Wholecare as you currently do today.
- We strongly encourage EDI claims submission.

Important Notes

- **The authorization number or request ID** consists of at least 11 alpha-numeric characters (i.e., 12345GWY123). In some cases, the ordering provider may instead receive a tracking number (i.e. 123456789) if the provider's authorization request is not approved at the time of initial contact.
- **Multiple Physical Medicine Requests:** Magellan Healthcare can accept multiple requests on RadMD or during one phone call.
- **Clinical Guidelines:** Magellan Healthcare issues authorizations in accordance with the Magellan Healthcare Clinical Guidelines and Milliman Care Guidelines for physical medicine. A link to these clinical guidelines can be found on www.RadMD.com under "Online Tools/Clinical Guidelines". Magellan Healthcare Guidelines for physical medicine services are based on evidence-based research, generally accepted industry standards and best practice guidelines established by the corresponding national organizations.
- **Complaints/Appeals:** For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).
- **Member Eligibility:** To verify member eligibility, including benefit information, please call the Provider/Customer Service line on the back of the member's ID card.
- **A prior authorization number is not a guarantee of payment.** Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.

- **Balance Billing:** Payment will be denied for Physical Medicine procedures performed without a necessary prior authorization, and the member cannot be balance-billed for such services.
- **Provider Relations Assistance:** To educate your staff on Magellan Healthcare procedures and to assist you with any provider issues or concerns, contact your Highmark Wholecare or Magellan Healthcare Provider Relations Representative.