Highmark Wholecare Medicare Assured℠ and Physical Medicine Prior Authorization Quick Reference Guide for Providers

Effective: October 1, 2019

Beginning October 1, 2019, we were pleased to announce that we are expandied our partnership with Magellan Healthcare[1] to provide utilization management for outpatient rehabilitative and habilitative physical medicine services on behalf of Highmark Wholecare Medicare Assured membership and Highmark Wholecare membership in Pennsylvania. This program is consistent with industry-wide efforts ensuring that physical medicine services provided to our members are consistent with nationally recognized clinical guidelines.

The Magellan Healthcare outpatient rehabilitative and habilitative physical medicine service prior authorization program will begin on October 1, 2019. The Magellan Healthcare Call Center will be available beginning September 20, 2019 for prior authorization for dates of service October 1, 2019 and beyond. Any services rendered on and after October 1, 2019 will require authorization.

The Magellan Healthcare program is managed through our contractual relationships with providers who deliver outpatient therapy services. Magellan Healthcare conducts medical necessity review 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**

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

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

- The CPT codes for PT, OT, and ST initial evaluations do not require an authorization. However, all other billed CPT codes even if performed on the same date as the initial evaluation date will require authorization prior to billing.

Payment will be denied for services performed without a necessary prior authorization, and the member cannot be balance-billed for such services.

Submitting Prior Authorization Requests

- There are two ways to submit prior authorization -- either through Magellan Healthcare's Website at www.RadMD.com or by calling Magellan Healthcare at:
  - Medicare:1-800-424-1728
  - Medicaid: 1-800-424-4890
- When requesting an authorization please provide the name, address and TIN of the facility that will be used for billing the services.

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 Magellan Healthcare's Call Center at:

Medicare: 1-800-424-1728
Medicaid: 1-800-424-4890

- Name, address and TIN of the facility that will be used for billing the service.
- Member name, ID number and date of birth
- Rendering provider discipline (PT, OT, ST, etc.)
- 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
  - 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
- Please be prepared to provide the following information, if requested
  - Initial Evaluation/Re-evaluation
  - Progress note(s)
  - Treatment notes
  - Previous Discharge summary if recent therapy
  - Plan of Care

Website Access

- It is the provider's responsibility to access Magellan Healthcare's Website, www.RadMD.com or call for prior authorization. Patient symptoms, past clinical history and prior treatment information will be required and should be available at the time of the contact.
- 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**." Your RadMD login information should not be shared.
- You can request prior authorization at www.RadMD.com. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
- If you are requesting prior authorizations through the Magellan Healthcare Website, www.RadMD.com and your request is pended, you will receive a tracking number and you will be required to submit additional clinical information to complete the process.
- You can check on the status of patient prior authorizations quickly and easily by going to the "View my Requests" tab to view all outstanding prior authorizations.
- The Magellan Healthcare Website, www.RadMD.com cannot be used for medically urgent or expedited prior authorization requests that occur during business hours. Those requests must be processed by calling Magellan Healthcare at:
  - Medicare: 1-800-424-1728
  - Medicaid: 1-800-424-4890

Access Provider Self-service at: www.RadMD.com

Magellan Healthcare Provider Service Line: 1-800-327-0641

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.
- Magellan Healthcare can accept multiple requests during one phone call.

Submitting Claims

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

Important Notes

- Magellan Healthcare prior authorization numbers or request ID numbers for physical medicine services consist of 10 or more alpha and numeric characters. In some cases, you may instead receive a Magellan Healthcare tracking number (not the

same as a prior authorization/request ID number), if the prior authorization request is not approved at the time of initial contact and additional information is needed.

- The user that entered the authorization on RadMD can use the tracking number to track the status of a request using the "View Request Status" after log in. All other users will have the ability to track the status of a request before logging into RadMD using the "Track an Authorization" feature on the home page of RadMD. Users can track the status via our Interactive Voice Response telephone system.
- Clinical Guidelines: Authorizations are issued in accordance with Magellan Healthcare's clinical guidelines and the Milliman Care Guidelines (MCG) guidelines. For more information on the clinical guidelines, please visit the Magellan Healthcare Website, www.RadMD.com under "Online Tools/Clinical Guidelines." Magellan Healthcare's guidelines for Physical Medicine Services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).
- 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 of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- 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.