Iowa Total Care
Physical Medicine (Therapy) Program
Provider Training

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NIA Physical Medicine Program Agenda

Our Program

- Prior Authorization Process and Overview
  - Clinical Information Required
  - Subsequent Requests
  - Peer-to-Peer Review
  - Notification of Determination
  - Claims
- Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers

NIA Medical Specialty Solutions
National Footprint / Medicaid Experience

National Footprint

- **Providing Client Solutions since 1995 –** one of the *go-to* care partners in industry.
- **79 health plans/markets –** partnering with NIA for the management of medical specialty solutions.
- **32.78M national lives –** participating in a medical specialty solutions program.
- **Diverse populations –** Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

- **17.65M Medicaid lives –** in addition to 2.18M Medicare Advantage lives participating in a medical specialty solutions program nationally.

Physical Medicine Experience

- **8.3M Physical Medicine lives**

Intensive Clinical Specialization & Breadth

- **Specialized Physician Teams**
  - 160+ actively practicing, licensed, board-certified physicians
  - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

NIA's Physical Medicine (Therapy) Prior Authorization Program

The Program

- Iowa Total Care will begin a prior authorization program through NIA for the management of Physical Medicine (Therapy) Services.
- The program includes both rehabilitative and habilitative care.

Important Dates

- Program start date: April 1, 2022
- Begin obtaining authorizations from NIA on April 1, 2022 for services rendered on or after April 1, 2022

Disciplines & Settings Included

Disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:

- Office
- Outpatient Hospital

Membership Included

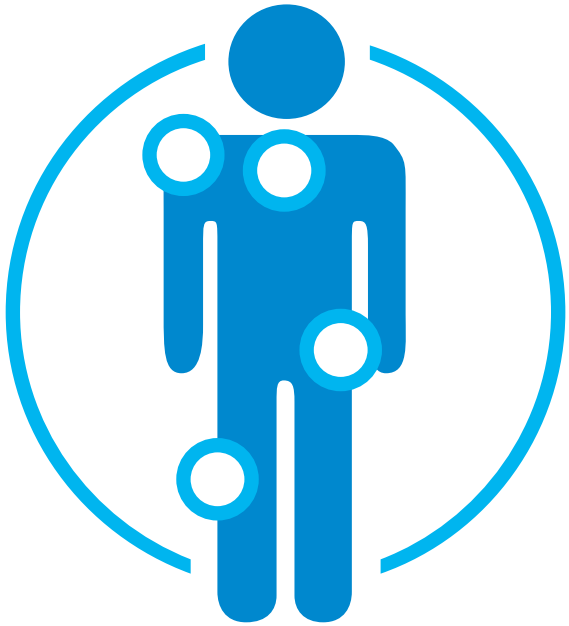
- Medicaid

NIA's Physical Medicine Solution

Procedures Performed on or after April 1, 2022 Require Prior Authorization
NIA's Call Center and RadMD will open April 1, 2022

Targeted Physical Medicine Procedures Performed in an Outpatient/Office Setting:

- Physical Therapy
- Speech Therapy
- Occupational Therapy



Excluded from the Program Physical Medicine Procedures Performed in the following Settings:

- Hospital Emergency Department
- Hospital status inpatient or observation
- Skilled Nursing Facility
- Home Health

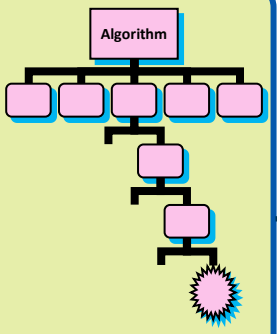
Iowa Total Care's network of Physical Medicine (Therapy) providers including therapists and facilities will be used for the Physical Medicine Program

Initial Authorization Process Overview

Prior Authorization Process

After the evaluation has been completed* and/or a plan of care established, request authorization for the services/codes to be rendered

Log in to www.RadMD.com or call NIA's Call Center



Clinical Algorithm
www.RadMD.com

Treatment may be authorized and/or you may be instructed to submit clinical documentation for validation upon completion of the evaluation.

Documentation Submitted, Reviewed and Decision Rendered

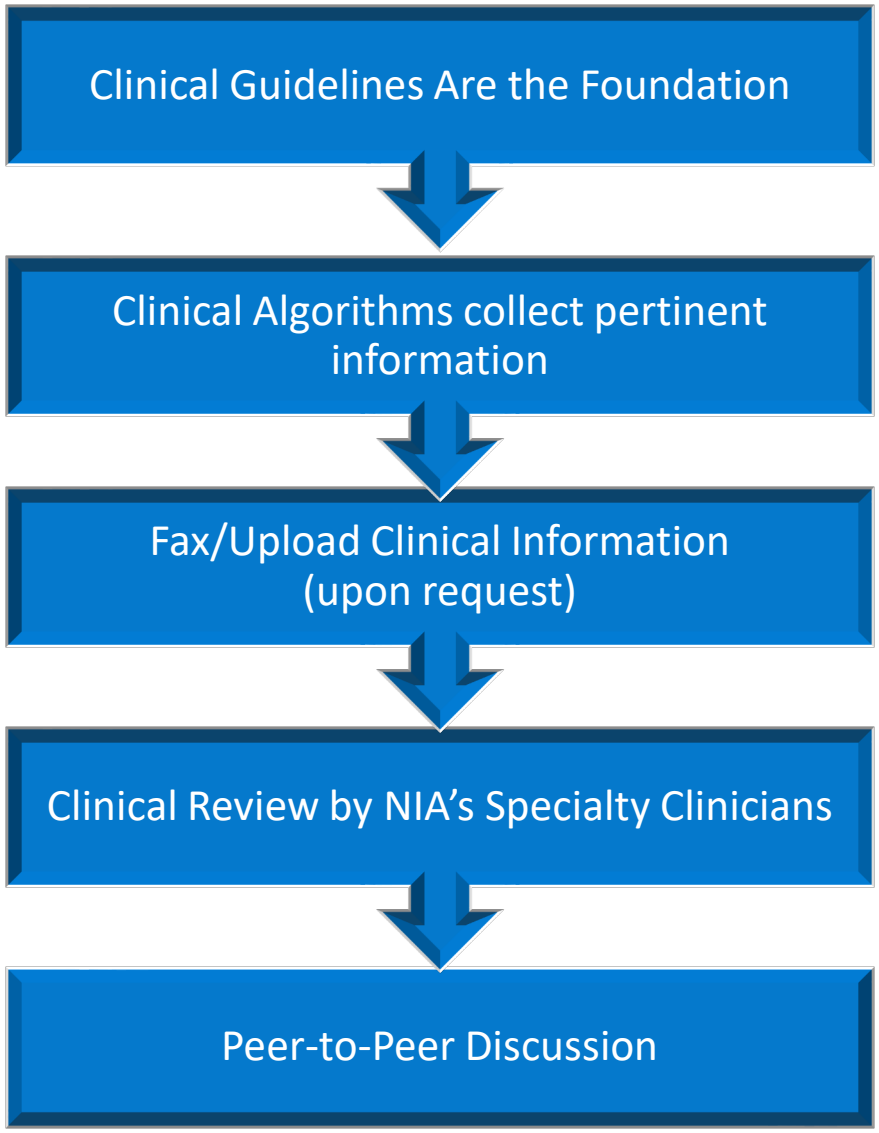
Services Rendered

Claims submitted, match to authorization & pay accordingly

**PT, OT and ST Initial evaluation codes do not require authorization.*

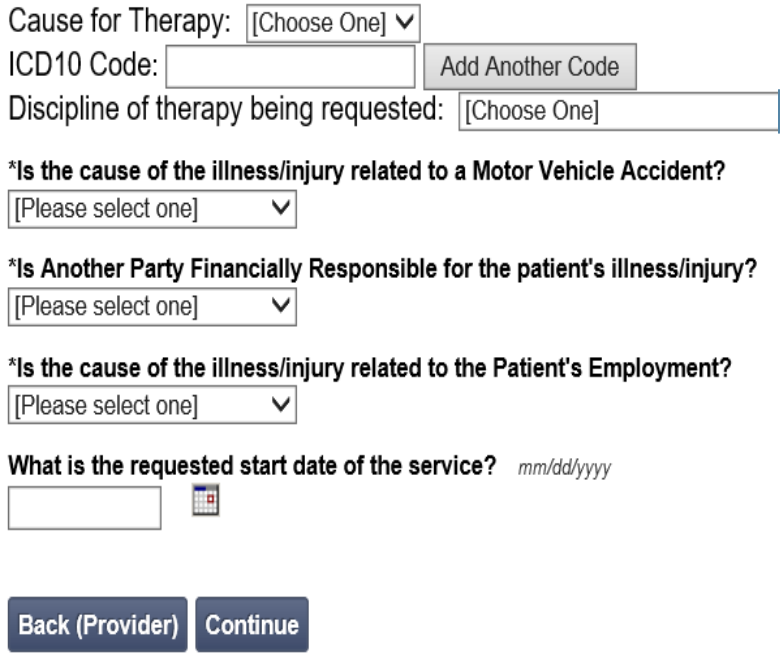
**All members are eligible for four (4) visits per *rolling benefit year, per discipline without authorization All other visits and CPT codes following the four (4) visits will require authorization prior to services being rendered and billed. The initial evaluation date entered will be the start of the rolling/floating benefit year for that discipline, including four unmanaged visits. Other billed codes performed on the same date as the initial evaluation date will be considered a visit. These services require authorization after the initial evaluation has been completed and three (3) additional visits for the members benefit year have been exhausted. Providers should submit for an authorization prior to billing additional services.*

NIA's Clinical Foundation & Review



- NIA clinical guidelines are reviewed and mutually approved by Iowa Total Care and NIA's Chief Medical Officers and senior clinical leadership
- Milliman Care Guidelines (MCG) Licensed Guidelines for Physical Medicine (Therapy) services
- NIA's Clinical Guidelines are available on www.RadMD.com
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical records will be required for validation of clinical criteria before an approval can be made.
- NIA has a specialized clinical team focused on Physical Medicine.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**

Understanding the Goal of the Physical Medicine (Therapy) Intake Questions (Algorithm)



Benefit of the algorithm

- No delay in treatment for member
- No delay in submitting claims

Once you submit your initial request for authorization, you will receive visits to get you started

- While the majority of the authorizations may be approved at the time of submission, a portion of them may pend for documentation submission at the time of entry.
- You will have the option to accept or decline approved visits.

Additional visits may be approved once clinical documentation has been submitted with subsequent requests process

Member and Clinical Information Required for Authorization

General Information: Member, clinician, and facility information.

Clinical Information at Intake: Requested start date of service, initial evaluation date, and date of injury.

Clinical Record Content: Therapy initial evaluation, diagnosis, functional status (prior & current), functional deficits, objective tests and measures, standardized outcome tools (at your clinician's discretion), plan of care (including frequency, duration, interventions planned & goals*), assessment (prognosis & limitations).

** Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits. Refer to the "Provider Tip Sheet/Checklist" on www.RadMD.com for more specific information.*

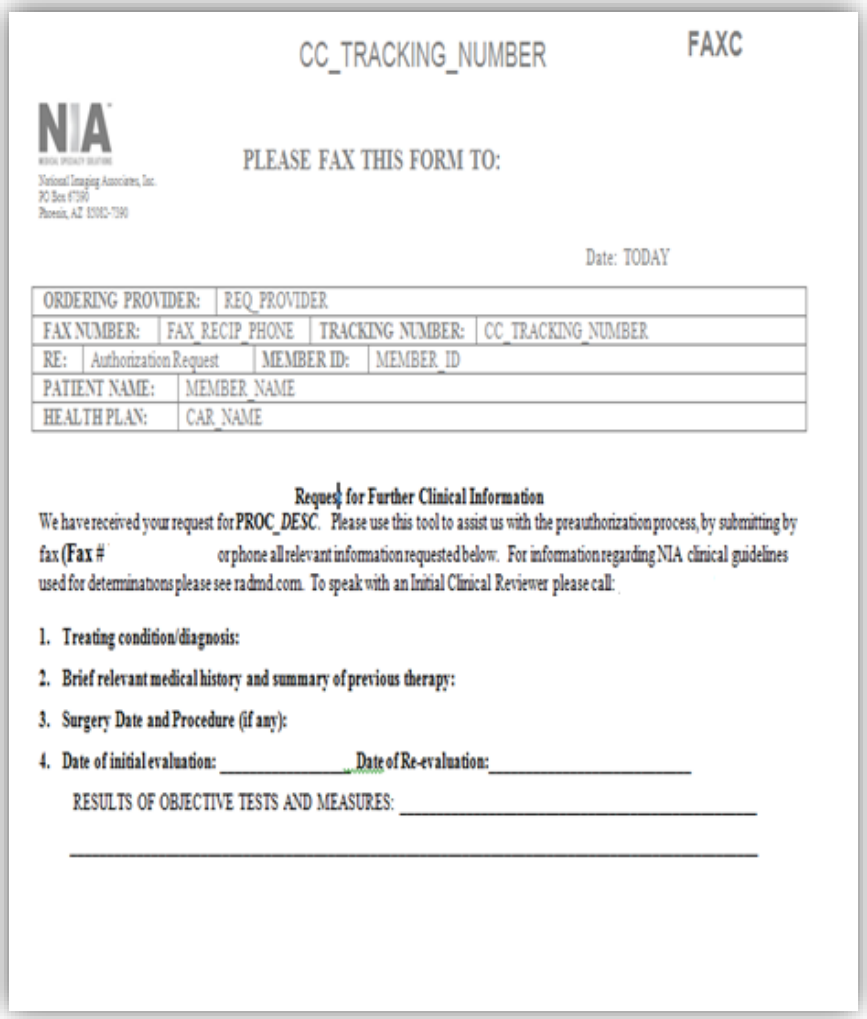
Clinical Records Checklist

The Following Documentation is Required for Authorization Requests

Rehabilitative Cases			
	0 - 9 Visits	**10 Visits or greater than 30 Days**	**Comments**
Initial Evaluation	X	X	Include if not part of initial submission
Outcome Measure	X	X	Please send updated outcome measures with the progress note and/or at appropriate times
Daily Notes	X	X	After Initial Evaluation, please send 2 most recent
Progress Note		X	

Habilitative Cases					
	0 - 30 Days	**30 - 90 Days**	**3 - 11 Months**	**12 Months or Greater**	**Comments**
Initial Evaluation	X	X	X	X	Include if not part of initial submission
Standardized Testing	X			X	Updated at least once yearly Consider a different test if deficits not shown on original test
Daily Notes	X	X	X	X	After Initial Evaluation, please send 2 most recent
Progress Notes		X	X	X	
Re-evaluation				X	

NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER FAXC

NIA

National Imaging Associates, Inc.
PO Box 67590
Phoenix, AZ 85082-7590

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	CAR_NAME		

Request for Further Clinical Information

We have received your request for **PROC_DESC**. Please use this tool to assist us with the preauthorization process, by submitting by fax (**Fax #** or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radmd.com. To speak with an Initial Clinical Reviewer please call:

1. **Treating condition/diagnosis:**
2. **Brief relevant medical history and summary of previous therapy:**
3. **Surgery Date and Procedure (if any):**
4. **Date of initial evaluation:** _____ **Date of Re-evaluation:** _____

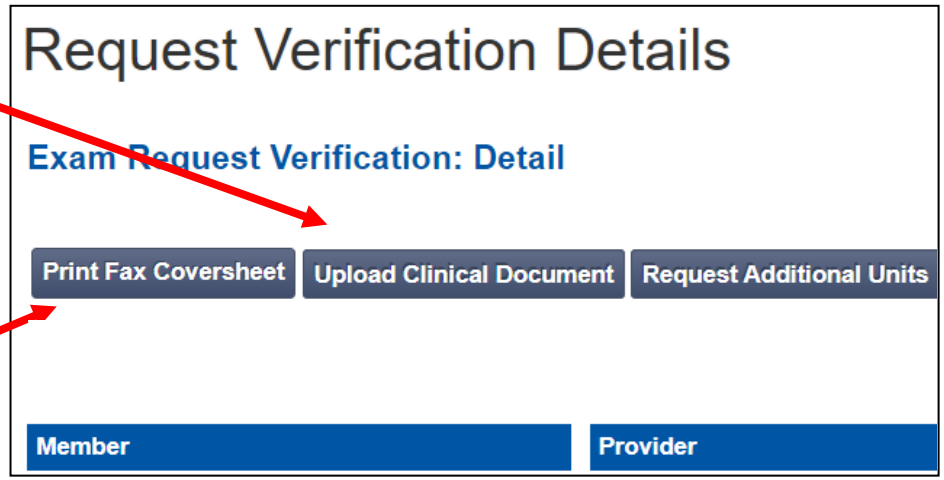
RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

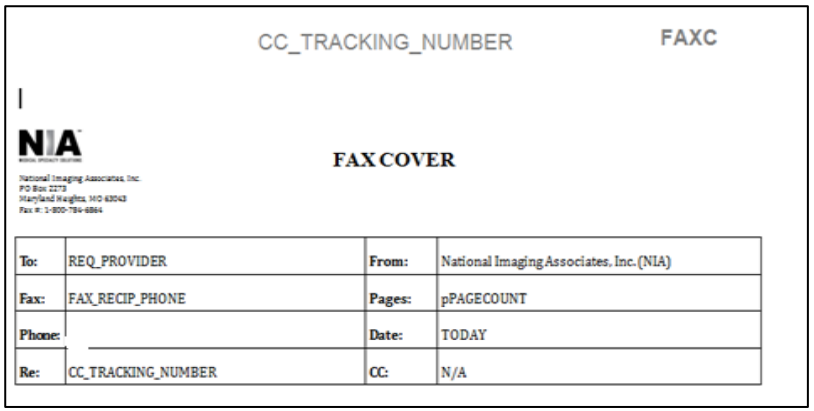
_____

- A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet
- We stress the need to provide the clinical information as quickly as possible so we can make a determination
- Determination timeframe begins after receipt of clinical information
- Failure to receive requested clinical information may result in non-certification

Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to www.RadMD.com
  - Fax using that NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from www.RadMD.com
  - Call 1-866-493-9441
- Use the case-specific fax coversheets when faxing clinical information to NIA





CC_TRACKING_NUMBER FAXC

NIA

National Imaging Associates, Inc.
PO Box 2273
Maryland Heights, MO 63043
Fax #: 1-800-784-6864

FAX COVER

To:	REQ_PROVIDER	**From:**	National Imaging Associates, Inc. (NIA)
Fax:	FAX_RECIP_PHONE	**Pages:**	pPAGECOUNT
Phone:		**Date:**	TODAY
Re:	CC_TRACKING_NUMBER	**CC:**	N/A

NIA Physical Medicine (Therapy) Program: UM/Prior Auth Process

RadMD

Telephone

Provider contacts NIA for prior authorization following the initial evaluation.

Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

- Clinical information complete = **Services Approved**
- Additional clinical information required
  - Case is pended for clinical records. Outreach to provider for necessary clinical information.
    - You will receive a Tracking Number: 123456789

NIA Peer Clinical Review. If information captured in intake algorithm is insufficient to support automatic approval of services, clinical records must be submitted for review.

- Services appear appropriate = **Approved**
  - You will receive an approved Authorization Number/Case ID Number: 12345ABC1234
- Services not supported as medically necessary = **Adverse Determination**

Determination and Notification

- Authorization of a set of **visits** and a validity period. Notifications sent to member, provider, and ordering physician when mandated by state.
- Clinical information does not support the requested services as medically necessary.

A peer-to-peer review is always available

Notification of final determination is sent to member, provider and ordering physician when mandated by state.

Generally the turnaround time for completion of these requests is within two to three business days upon receipt of sufficient clinical information.

Initiating a Subsequent Request

When is a subsequent request appropriate?

- When you have an active authorization
- A need for continued care
- A change in the treatment plan or plan of care
- The addition of a new diagnosis

How are subsequent requests initiated?

- Through the link on RadMD and
- Uploading or faxing updated clinical documentation

When can it be initiated?

- Can be initiated at any time after receiving notification about the previous authorization
- Visits build on the original authorization

Will I lose visits?

- Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization
- All unused visits for the rolling year can be updated via RadMD with an attestation

Treating an Additional Body Part

If a provider is in the middle of treatment and gets a new therapy prescription for a different body part, the provider will perform a new evaluation on that body part and develop goals for treatment. See below for processes associated with the possible next treatment plans:

Treating body parts concurrently:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests.
- NIA will add additional ICD 10 code(s) and visits to the existing authorization.

Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area. A new authorization will be processed to begin care on the new body part and the previous will be ended.

Validity Period and Notification of Determination

Authorization Notification

- The approval notification will include a fax coversheet that can be used for any subsequent requests.

Validity Period

- Authorizations will include the number of approved visits with a validity period. It is important that the service is performed within the validity period.
- If you have an active authorization, a 30-day extension of the validity period can be obtained by contacting NIA.

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review is available with new or additional information.
- Timeframe for re-review is 4 business days from determination.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

Processing of Claims

How Claims Should be Submitted

- Providers will continue to submit their claims to Iowa Total Care
- Providers are strongly encouraged to use EDI claims submission

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Iowa Total Care
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification

Physical Medicine (Therapy) Points

If multiple provider types are requesting services, they will each need their own authorization (i.e. PT, ST, and OT services).

All members are eligible for four (4) visits per rolling benefit year, per discipline without authorization (rolling benefit year will begin from the date of the initial evaluation). All other visits and CPT codes following the four (4) visits will require authorization prior to services being rendered and billed.

CPT codes billed for Physical, Occupational, and Speech Therapy initial evaluations do not require an authorization for participating providers. Other billed codes performed on the same date as the initial evaluation date will be considered a visit. These services require authorization after the initial evaluation has been completed and three (3) additional visits for the members benefit year have been exhausted. Providers should submit for an authorization prior to billing additional services.

Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to www.RadMD.com or faxed to NIA at 1-800-784-6864.

An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.

30-day extensions to the end date of current authorizations can be added by utilizing the “Request Validity Date Extension” option on RadMD.

Provider Tools

RadMD Website
www.RadMD.com

Available
24/7 (except during maintenance)

Toll Free Number
1-866-493-9441

Available
7:00 AM – 7:00 PM CST

- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for Additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents

- Interactive Voice Response (IVR) System for authorization tracking

Registering on RadMD.com
To Initiate Authorizations

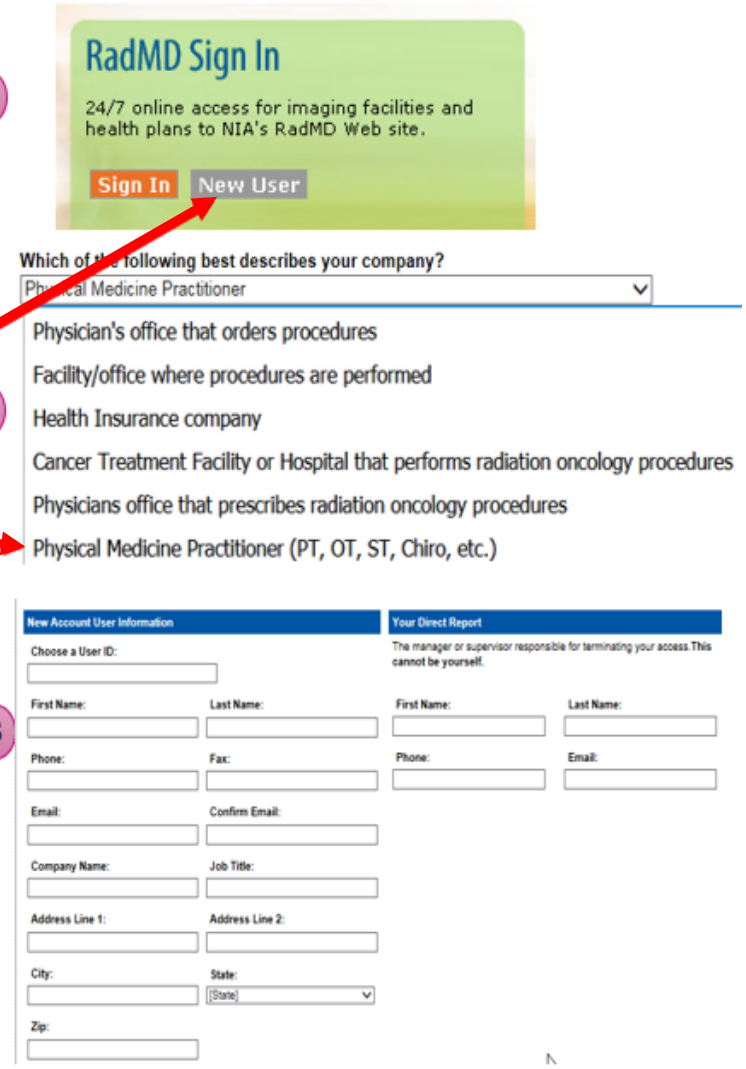
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physical Medicine Practitioner”
3. Fill out the application and click the “Submit” button.
   - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

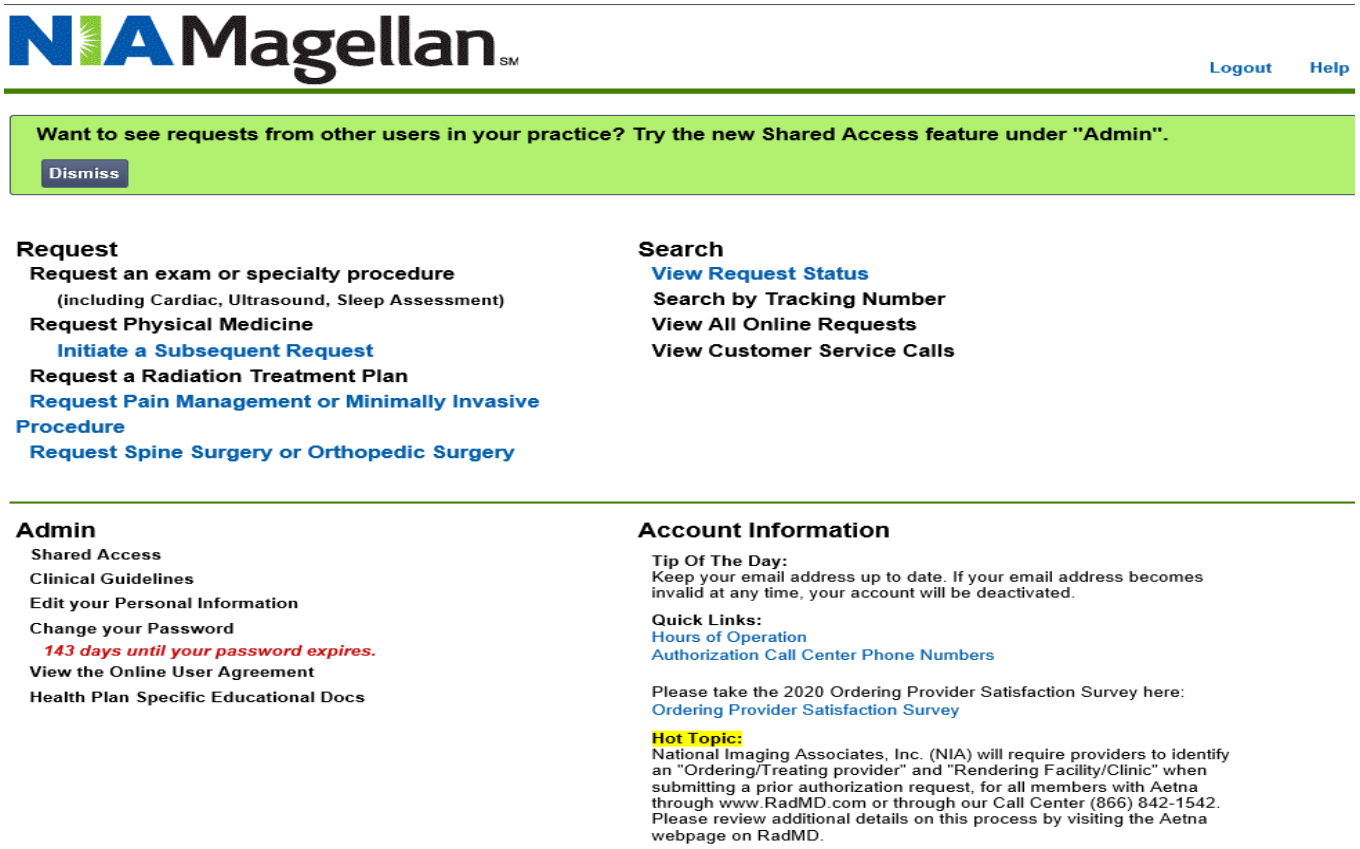
   NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



RadMD Enhancements

NIA offers a **Shared Access** feature on our www.RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.



If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on www.RadMD.com, allowing them to communicate with members and facilitate treatment.

When to Contact NIA

Providers:

Initiating or checking the status of an authorization request	▪ Website, www.RadMD.com ▪ Toll-free number 1-866-493-9441- Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	▪ Call 1-866-493-9441
Technical Issues Provider Service Line	▪ RadMDSupport@magellanhealth.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Meghan Murphy Provider Relations Manager 1-800-450-7281 Ext. 31042 mamurphy@magellanhealth.com

Rad MD Demonstration

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