



Iowa Total Care Physical Medicine (Therapy) Prior Authorization Quick Reference Guide for Providers

Effective April 1, 2022

Beginning April 1, 2022, Iowa Total Care will expand its partnership with National Imaging Associates, Inc. (NIA) to provide Utilization Management for outpatient rehabilitative and habilitative Physical Medicine (Therapy) services (Physical, Occupational, and Speech Therapy) on behalf of Iowa Total Care.

Clinical review helps determine whether such services are both medically necessary and eligible for coverage. ITC and NIA will not require authorization for the first four (4) therapy visits per member per year – allowing time for evaluation, formulation of a plan of care, and authorization submission and review.

Additional services for any ongoing care require authorization through NIA. NIA will contact the provider via phone and fax if additional clinical information is needed to complete the request. If the clinical documentation fails to establish that care is medically necessary, is not received, or is not received in an appropriate amount of time, it may result in non-certification of the authorization request.

The NIA Call Center will be available beginning April 1, 2022, for prior authorization for dates of service April 1, 2022, and beyond.

The NIA program is managed through Iowa Total Care’s contractual relationships with providers who deliver outpatient therapy services. NIA conducts medical necessity reviews of requested services only.

Prior 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.

* Initial evaluation date entered will be the start of the rolling/floating benefit year for that discipline, including four unmanaged visits.

Services Requiring Authorization:	Outpatient Therapy Services for: <ul style="list-style-type: none"> • Physical Therapy • Speech Therapy • Occupational Therapy
--	--

The review is focused on therapy services performed in the following settings:	<ul style="list-style-type: none">• Outpatient Office• Outpatient Hospital
---	---

Therapy provided in Hospital ER, Inpatient Hospital, Home Health, Observation, and Inpatient Skilled Nursing Facility 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. 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.

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 1-866-493-9441.

Information Needed to Submit Prior Authorization Requests

To expedite the prior authorization process, please have the appropriate information ready before logging into NIA's Website, www.RadMD.com or calling NIA's 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 NIA 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.
- **Authorization 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 NIA, 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, 7 a.m. to 7 p.m. CST. You may obtain a prior authorization request by calling NIA at 1-866-493-9441.
- If you have questions or need more information about this physical medicine prior authorization program, you may contact the NIA Provider Service Line at: 1-800-327-0641.

Submitting Claims

- Please continue to submit claims to Iowa Total Care as you currently do today.
- We strongly encourage EDI claims submission.

Important Notes

- **The authorization number or request ID** consists of alpha-numeric characters (i.e., 12345ABC123). 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 (Therapy) Requests:** NIA can accept multiple requests on RadMD or during one phone call.
- **Clinical Guidelines:** NIA issues authorizations in accordance with the NIA 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”. NIA Guidelines for Physical Medicine (Therapy) 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 (Therapy) 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 NIA procedures and to assist you with any provider issues or concerns, contact your Iowa Total Care or NIA Provider Relations Representative.