HIGHMARK PHYSICAL MEDICINE MANAGEMENT PROGRAM, EFFECTIVE SEPTEMBER 1, 2012

Attention Providers and Skilled Nursing Facilities

Highmark has contracted with Healthways WholeHealth Networks to administer a Physical Medicine Management Program affecting manipulation services and outpatient physical therapy and occupational therapy services, effective September 1, 2012.

Since skilled nursing facilities (SNFs) are permitted to bill Highmark for outpatient physical therapy and occupational therapy for their Medicare Advantage patients only, the information applies only to Medicare Advantage business – specifically to “Part B” situations in which the member has exhausted benefits or is no longer receiving a Medicare skilled level of care in the skilled nursing facility.

Speech therapy services are not included in the Physical Medicine Management Program. In addition, although manipulation services are included in the Physical Medicine Management Program, they will not be discussed in detail in this bulletin.

To help ensure that physical medicine services (physical therapy, occupational therapy and manipulation services) provided to members are consistent with nationally recognized clinical guidelines, Highmark has contracted with Healthways WholeHealth Networks, Inc., to administer a registration process for physical medicine services and provide medical necessity review and authorization for these services, where applicable, effective with dates of service on and after September 1, 2012.

This program is being implemented in response to increasing demands from employer group customers for products that promote quality, medically appropriate care and value for their employees. In addition, the goal is to ensure that physical medicine services are clinically indicated and medically necessary, follow established treatment protocols and are in accordance with members’ benefit coverage.

Healthways WholeHealth Networks, Inc. (“Healthways”) was founded in 1981 and includes a team of clinical managers, nurse review specialists and clinical peer reviewers. The Healthways Physical Medicine Management Program is accredited by the Utilization Review Accreditation Commission (URAC) and is supported by published, multi-specialty clinical guidelines and more than 20 years of historical claims and authorization data. Its treatment algorithms and protocols are continually reviewed and updated annually by a Clinical Oversight Committee to reflect best-practice clinical outcomes and industry standards.

Products Included in the Physical Medicine Management Program

For SNFs, the Physical Medicine Management Program will apply only to Highmark’s FreedomBlue PPO Product.

For providers, other than SNFs, the Physical Medicine Management Program will apply to most Highmark commercial products, including PPO Blue, Direct Blue® and EPO Blue, as well as to FreedomBlue PPO. The program’s requirements will not apply to Highmark’s indemnity and comprehensive products and for BlueCard® and Federal Employees Health Benefits Program® (FEP) members.

Some employer groups may choose not to participate in the Physical Medicine Management Program. Therefore, beginning September 1, 2012, providers should use the Highmark NaviNet® Eligibility and Benefits function or the HIPAA 270/271 Benefit Eligibility Inquiry and Response transactions to verify member benefits before providing services.
Registration and Authorization Requirements Effective on and after September 1, 2012

The Physical Medicine Management Program effective September 1, 2012 involves two key components: **registration** and **authorization**. Both registrations and authorizations are submitted via NaviNet.

- **Providers** of physical medicine services and **SNFs** that provide physical medicine services must **register** their Highmark Medicare Advantage patients and most members with coverage under commercial products, beginning with their first visit for physical medicine services on or after September 1, 2012. This **annual** requirement applies to members who already received services in 2012 before the effective date of the Physical Medicine Management Program, as well as to members whose services begin after that date. Once the member is registered, the first eight visits – for manipulation services or any combination of physical therapy and/or occupational therapy services – do not require authorization.

- Services beyond the initial eight require **authorization**. The providers and SNFs must submit a treatment plan to Healthways for services beginning with the ninth visit. If the treatment plan is approved through the Healthways medical necessity review, an authorization will be provided. If physical medicine services (after the initial eight visits) are provided without an authorization, they will be denied.

Facility users who request authorizations/submit treatment plans on behalf of physical medicine practices that they own may need to contact their Highmark Facility Relations representative to have the professional practice added to the drop-down menu for the existing NaviNet office.

The information below applies when the Medicare Advantage member is receiving physical or occupational therapy in a “Part B” situation. Note that this may occur when the member has been in a covered Part A stay, then exhausts benefits or ceases to receive a Medicare skilled level of care. At the point at which the services begin to be provided under the Part B component of the member’s Medicare Advantage benefit plan, the provider must register the patient and, as necessary, request authorization of the treatment plan.

**Registration**

Providers of physical medicine services must register all affected Highmark members in their care, starting with their first visit occurring on or after September 1, 2012. This annual requirement applies to members who have already been in treatment as well as to new patients. (In calendar year 2012, the registration requirement includes members who received services prior to the effective date of the Physical Medicine Management Program.)

SNFs must register all Highmark Medicare Advantage members to whom they provide outpatient physical medicine services, starting with their first visit occurring on or after September 1, 2012. This annual requirement applies to members who have already been in treatment on an **outpatient basis** as well as to new patients. (In calendar year 2012, the registration requirement includes members who received services prior to the effective date of the Physical Medicine Management Program.)

**Authorization**

The member’s first eight visits will not require authorization. Note that any previous outpatient therapy services the member may have received in calendar year 2012 before the September 1, 2012 implementation date will be counted toward the eight-visit threshold.
After the member has received eight visits for manipulation services or eight combined physical medicine and/or occupational therapy services, and before the ninth visit, the provider of physical medicine services and SNF must complete and submit a treatment plan for authorization. The Healthways treatment plan template will be available for providers’ use for Highmark members beginning August 20, 2012, for dates of service on and after September 1, 2012. You will be receiving information about training and other options that may be available to you.

Under the Physical Medicine Management Program, patient registrations and authorization requests/treatment plans will be submitted to Healthways via a new option within the Highmark NaviNet Authorization Submission transaction. You will be receiving information about training and other options that may be available to you.

In the Healthways medical necessity review process, treatment plans/authorization requests are benchmarked against established clinical algorithms. The member’s case history is also assessed for potential clinical contraindications and cross-referenced with treatment protocols for specific conditions. As always, facility providers of physical medicine services and SNFs will be notified of updates to existing Highmark commercial and/or Medicare Advantage medical policies that will be included in the medical necessity review of their treatment plans and/or the payment of claims. Please refer to the list of procedure codes that apply to the program.

The requesting provider will receive a prompt notification about the outcome of the authorization review process. If a treatment plan is not authorized, the requesting provider can request a peer-to-peer discussion of the non-certification decision.

Claims for outpatient physical medicine services performed without the Healthways authorization will be rejected; the member will be held harmless and will not be responsible for payment.

The Physical Medicine Management Program will be implemented for services delivered on and after September 1, 2012. Healthways will begin accepting authorization requests/treatment plans on August 20, 2012, for dates of service on or after September 1, 2012.

Providers are encouraged to visit the Physical Medicine Management Program page on the Provider Resource Center (under Clinical Reference Materials) for additional tools and information to assist you in the program’s registration and authorization processes. Providers/SNFs should also watch Plan Central for additional information.

Questions regarding this bulletin may be directed to the appropriate Facility Customer Service Unit, based upon the product under which the member has coverage:

- FreedomBlue PPO 1-866-588-6967
- Commercial products 1-866-803-3708

For inquiries about eligibility, benefits, claim status or authorizations, Highmark encourages providers to use the electronic resources available to them – Highmark NaviNet® and the applicable HIPAA transactions – prior to placing a telephone call to the Provider Service Center.

**Codes to be Included in Highmark's Physical Medicine Management Program, Effective September 1, 2012 (06/04/12).**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Code Description</th>
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<tbody>
<tr>
<td>97001</td>
<td>Physical therapy evaluation</td>
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<tr>
<td>97002</td>
<td>Physical therapy re-evaluation</td>
</tr>
<tr>
<td>97003</td>
<td>Occupational therapy evaluation</td>
</tr>
<tr>
<td>97004</td>
<td>Occupational therapy re-evaluation</td>
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</tbody>
</table>
97010  Application of a modality to 1 or more areas; hot or cold packs
97012  Application of a modality to 1 or more areas; traction, mechanical
97014  Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016  Application of a modality to 1 or more Areas; vasopneumatic devices
97018  Application of a modality to 1 or more areas; paraffin bath
97022  Application of a modality to 1 or more areas; whirlpool
97024  Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026  Application of a modality to 1 or more areas; infrared
97028  Application of a modality to 1 or more areas; ultraviolet
97032  Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033  Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034  Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035  Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036  Application of a modality to 1 or more areas; hubbard tank, each 15 minutes
97110  Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112  Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113  Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with Therapeutic exercises
97116  Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes Stair climbing)
97124  Therapeutic procedure, 1 or more areas, each 15 minutes; massage including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140  Therapeutic procedure(s), group (2 or more individuals)
97530  Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532  Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97533  Sensory integrative techniques to enhance sensory processing and promote adaptive June 2012 responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535  Self-Care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537  Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97542  Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750  Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97755  Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
98925  Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926  Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927  Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928  Osteopathic manipulative treatment (OMT); 7-8 body regions involved
Osteopathic manipulative treatment (OMT); 9-10 body regions involved
Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Chiropractic manipulative treatment (CMT); spinal, 5 regions
Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

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NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc., is an independent company that provides a secure, Web-based portal between providers and health care insurance plans.

Healthways WholeHealth Networks, Inc. is an independent company that provides physical medicine management services. NaviNet, Inc. and Healthways are solely responsible for the products and services they provide and that are referenced in this bulletin.