Prior Authorization of Therapy, Chiropractic and Acupuncture Services

Health Alliance Medical Plans

Applicable Membership

Authorization for physical therapy, occupational therapy, speech therapy, chiropractic, massage therapy, and acupuncture services is required for Health Alliance Medical Plans members enrolled in the following programs:

- **Commercial**
- **Medicare Advantage**

Program Overview

Starting August 1, 2018 Health Alliance's new and improved prior authorization program will go live.

Prior authorization applies to services that are:

- Outpatient

Prior authorization does NOT apply to services performed in the following:

- Emergency room
- Inpatient
- Home health

It's the responsibility of the performing provider to request prior authorization approval for services.

Prior Authorization Required:

- **Physical Therapy**
- **Occupational Therapy**
- **Speech Therapy**
- **Chiropractic Services**
- **Massage Therapy**
- **Acupuncture**

To find a list of CPT codes that require prior authorization through eviCore, please visit:

www.evicore.com/healthplan/Health_Alliance

What is corePath[SM]?

Focused on the Member
Authorization strategy emphasizes the unique attributes of a specific member's condition and any associated complexities.

Streamlined for Providers
Providers will experience a simplified and consistent prior authorization process that requires only key clinical information.

Condition-Specific Approvals
Visits allocated in accordance with condition severity/complexity, functional loss and confirmation that care is progressing as planned.

corePath[SM]: How it Works…

1

Initial visit allocation
Based on each patient's needs

2

Additional visits authorized
Based on each patient's confirmed progress

Getting to the Right Yes vs the Wrong No

- Collects only key clinical information
- Uses validated measurement tools
- Considers complexities

- Focuses on progress
- Captures lack of progress reasons
- Confirms effectiveness of treatment

Ongoing care requires more detailed review to identify the individual patient's special need

Pathway Comparisons: Initial Requests

Initial Requests:

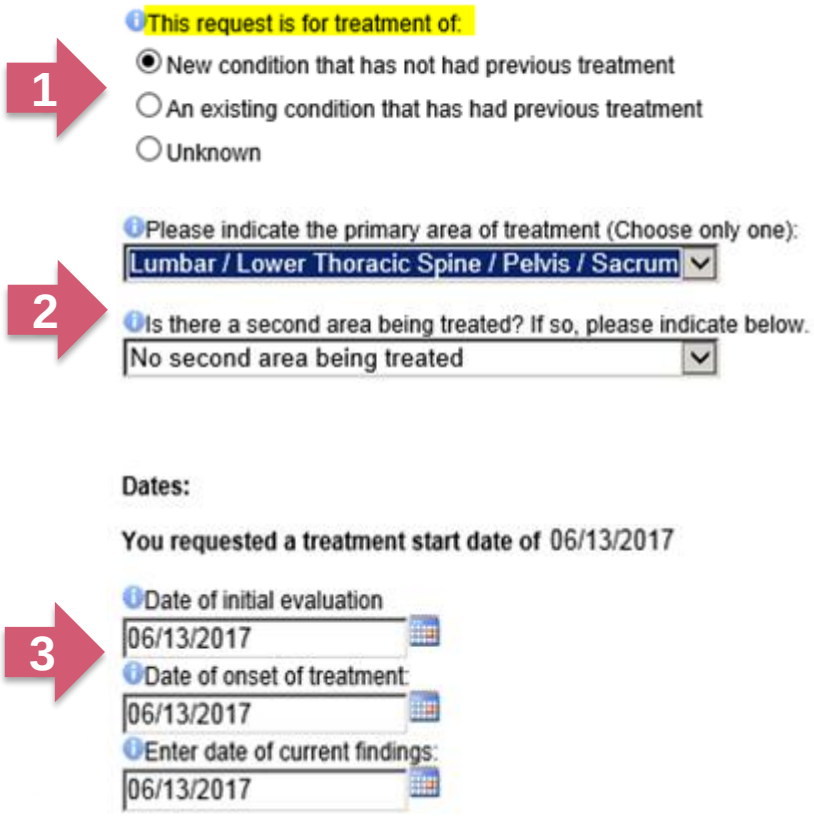
- Function-based – incorporates clinical, social, ADL factors
- Validated assessments – objective comparison
- Clinical factors that identify more complex cases based on key clinicals, chronicity
- Patient severity and complexity established at entry point

Follow-Up Requests:

- Re-statement of functional status
- Focus on progress and effectiveness of treatment – ‘dynamic assessment’
- Identify progress – attestation plus functional scale change
- Identify reasons for lack of progress – compliance, re-injury, exacerbation, etc.

Sample corePath^{SM} Pathway

Initial Requests

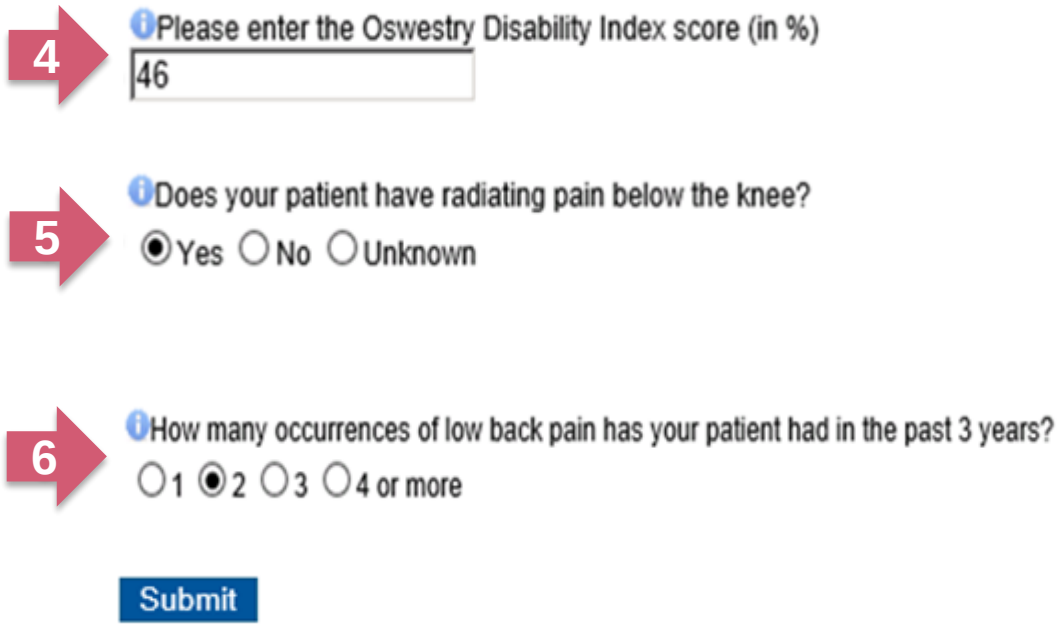


Case Related Questions:

- Identify new care vs. continuing care based on treatment area, not time
- Identify primary area of treatment
- First indicator of complexity – second unrelated treatment area

Sample corePath^{SM} Pathway

Initial Requests, continued….



High Potential for Immediate Approval When Pathway is Completed!

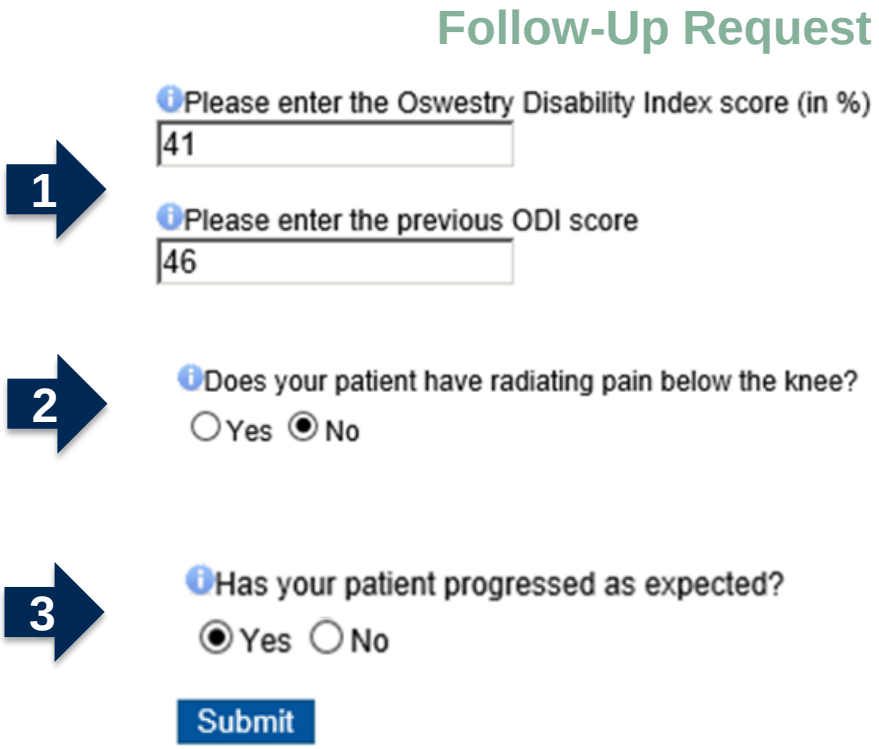
Initial Clinical Questions:

- Enter functional score, if available
  - Oswestry Index
  - Neck Disability Index
  - LEFS
  - Dash / QuickDASH
  - HOOS JR/KOOS JR
- Incorporates ROM, Strength, Pain, etc.
- Complexity:
  - Neural signs
  - Chronicity

Sample corePath^{SM} Pathway

Follow-Up Clinical Questions:

- Current and Previous Functional Score
- Complexity Question – Neural Signs
- Progress
  - Validated scores have MCD (minimal clinical difference) as progress indicator
  - Clinical Assessment



High Potential for Immediate Approval When Pathway is Completed!

Sample corePath^{SM} Pathway

Follow-Up Request – Lack of Progress Identified

You indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

- [x] Patient "overdid" activities or exercise resulting in temporary increase in symptoms
- [ ] New injury resulting in significant change
- [ ] Symptoms progressed despite treatment
- [ ] Patient did not participate in clinical visits or home program

Please indicate the nature of the new injury OR overuse incident.

N/A

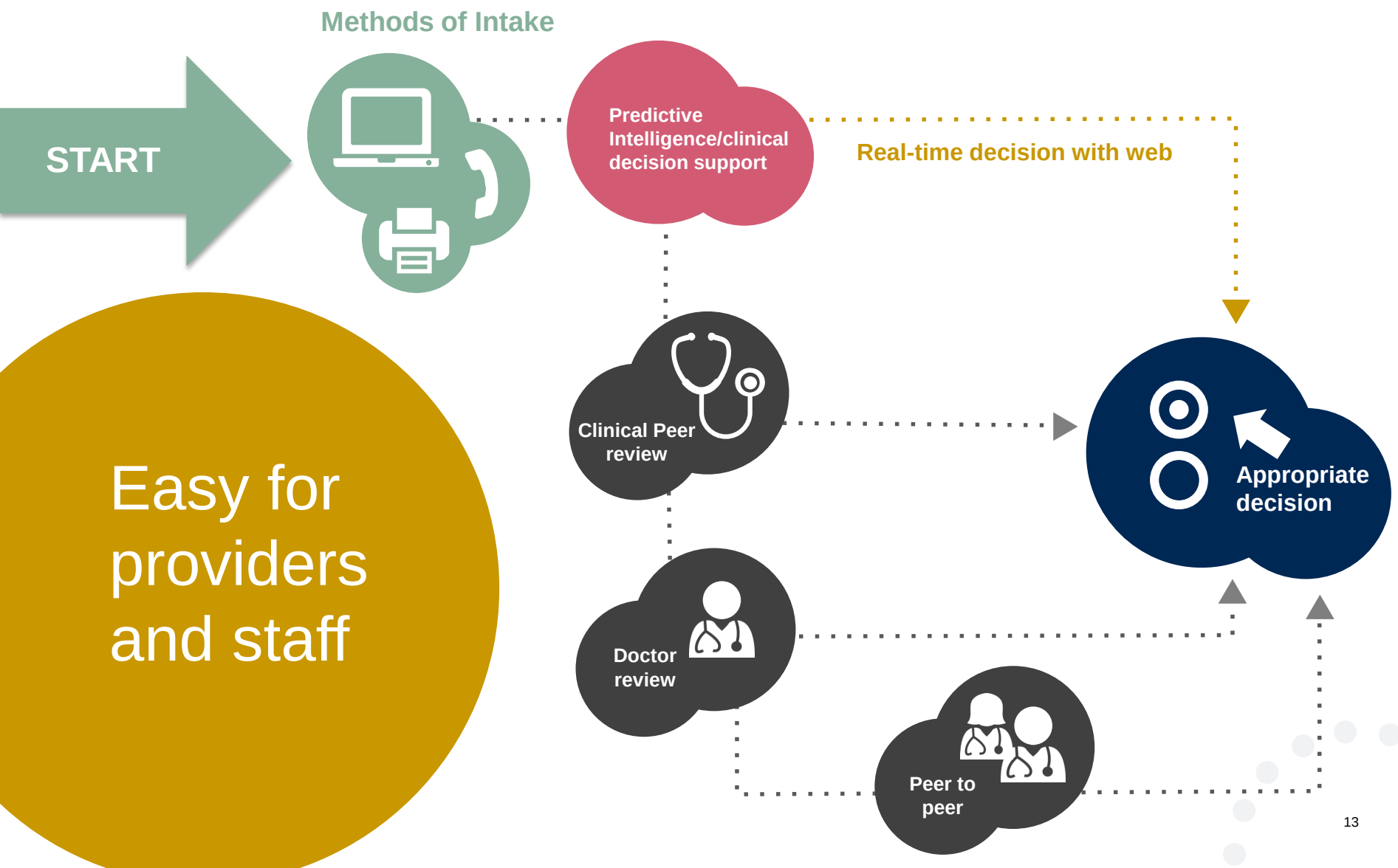
Lack of Progress:

- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details

corePath[SM] Results

- Elimination of pre-set waivers or tiers
- Increased provider satisfaction
- Reduced administrative burden for providers
- Increased opportunity for real-time decisions
- Expanded, member-focused decisions
- Decreased case review turn-around-times
- Patients receive the right amount of care in a timely manner

Clinical Review Process



Clinical Information Worksheets

- The clinical worksheets are specific to PT, OT, speech, chiropractic, massage therapy, and acupuncture, and designed to assist with the submission of patient and provider information for medical necessity review.

- Worksheets should be used as a guide for questions the provider will be prompted to answer when completing the online requests.

- These worksheets should be completed by the provider during the initial consultation and treatment planning, collecting the clinical information to allow for ease of submission.

- Worksheets are available through the Health Alliance implementation website and are specific to the service request.

https://www.evicore.com/healthplan/health_alliance

Sample MSK corePath[SM] Forms

Worksheets for the following conditions are available for corePath:

- PT/OT MSK Conditions (all joints, the hand and pelvic health)
- Lymphedema
- Vestibular
- PT Neurodevelopmental
- OT Neurodevelopmental
- Speech (adult + pediatric)
- Chiropractic
- Massage Therapy
- Acupuncture

***Neurological conditions will utilize former pathway*

eviCore healthcare

Musculoskeletal Program: PT/OT Therapy Intake Form

Required for all MSK Conditions (Except Hand)

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care): | **Date of Submission:**

Service Type Requested: ☐ Physical Therapy ☐ Occupational Therapy

PATIENT

First Name: | MI: | Last Name:

Member ID: | DOB (mm/dd/yyyy): | Gender: ☐ Male ☐ Female

Street Address: | Apt #:

City: | State: | Zip:

Home Phone: | Cell Phone: | Primary: ☐ Home ☐ Cell

Member Health Plan/Insurer:

PROVIDER

First Name: | Last Name:

Primary Specialty: | TIN: | NPI:

Physician Phone: | Physician Fax:

Address: | Suite #:

City: | State: | Zip:

Office Contact: | Ext: | Email:

ADMINISTRATIVE

Diagnoses:

Code	*Description*	*Code*	*Description*

Start Date for this Request:

This is a (please select the most appropriate response):

☐ New condition not previously treated ☐ Same/previous condition

Date of most recent evaluation: | Start of care for identified condition:

Date of current findings:

Primary Treatment Area:

Spine:	☐ Cervical / Upper Thoracic	☐ Lower Thoracic / Lumbar / Pelvis	
Upper Extremity:	☐ Shoulder / Arm	☐ Elbow / Wrist / Forearm	
Lower Extremity:	☐ Hip / Thigh	☐ Knee	☐ Ankle / Foot

Secondary Treatment Area:

Spine:	☐ Cervical / Upper Thoracic	☐ Lower Thoracic / Lumbar / Pelvis	
Upper Extremity:	☐ Shoulder / Arm	☐ Elbow / Wrist / Forearm	
Lower Extremity:	☐ Hip / Thigh	☐ Knee	☐ Ankle / Foot

Previous Treatment – Leave Blank if N/A:

If the member requires treatment for a new condition, what was the previous condition? ☐ N/A

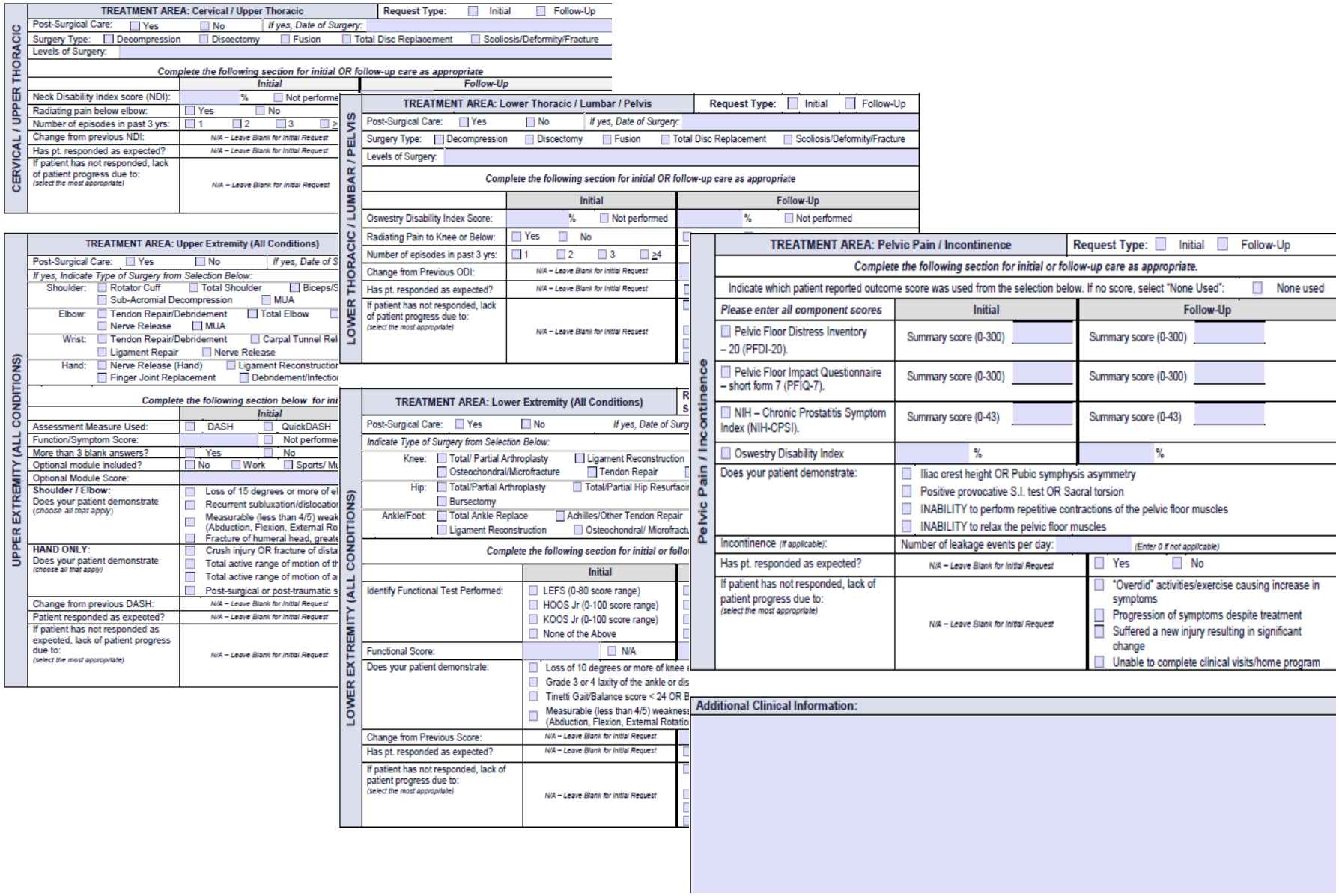
☐ Cervical / Upper Thoracic ☐ Lower Thoracic / Lumbar / Pelvis ☐ UE - Shoulder/Arm

☐ UE - Elbow/Wrist/Forearm ☐ LE – Hip/Thigh ☐ LE – Knee ☐ LE – Ankle/Foot

What is the status of the previous treatment? ☐ Condition Resolved ☐ Ongoing Treatment ☐ N/A

Is this request for fabricating a splint/orthotic or developing a home exercise program only? ☐ Yes ☐ No

Clinical Worksheet Example –



CERVICAL / UPPER THORACIC

TREATMENT AREA: Cervical / Upper Thoracic — Request Type: ☐ Initial ☐ Follow-Up

Post-Surgical Care: ☐ Yes ☐ No — *If yes, Date of Surgery:*

Surgery Type: ☐ Decompression ☐ Discectomy ☐ Fusion ☐ Total Disc Replacement ☐ Scoliosis/Deformity/Fracture

Levels of Surgery:

Complete the following section for initial OR follow-up care as appropriate

	Initial	Follow-Up
Neck Disability Index score (NDI):	% ☐ Not performe	
Radiating pain below elbow:	☐ Yes ☐ No	
Number of episodes in past 3 yrs:	☐ 1 ☐ 2 ☐ 3 ☐ ≥	
Change from previous NDI:	*N/A – Leave Blank for Initial Request*	
Has pt. responded as expected?	*N/A – Leave Blank for Initial Request*	
If patient has not responded, lack of patient progress due to: *(select the most appropriate)*	*N/A – Leave Blank for Initial Request*	

LOWER THORACIC / LUMBAR / PELVIS

TREATMENT AREA: Lower Thoracic / Lumbar / Pelvis — Request Type: ☐ Initial ☐ Follow-Up

Post-Surgical Care: ☐ Yes ☐ No — *If yes, Date of Surgery:*

Surgery Type: ☐ Decompression ☐ Discectomy ☐ Fusion ☐ Total Disc Replacement ☐ Scoliosis/Deformity/Fracture

Levels of Surgery:

Complete the following section for initial OR follow-up care as appropriate

	Initial	Follow-Up
Oswestry Disability Index Score:	% ☐ Not performed	% ☐ Not performed
Radiating Pain to Knee or Below:	☐ Yes ☐ No	
Number of episodes in past 3 yrs:	☐ 1 ☐ 2 ☐ 3 ☐ ≥4	
Change from Previous ODI:	*N/A – Leave Blank for Initial Request*	
Has pt. responded as expected?	*N/A – Leave Blank for Initial Request*	
If patient has not responded, lack of patient progress due to: *(select the most appropriate)*	*N/A – Leave Blank for Initial Request*	

UPPER EXTREMITY (ALL CONDITIONS)

TREATMENT AREA: Upper Extremity (All Conditions)

Post-Surgical Care: ☐ Yes ☐ No — *If yes, Date of S*

If yes, Indicate Type of Surgery from Selection Below:

Shoulder: ☐ Rotator Cuff ☐ Total Shoulder ☐ Biceps/S ☐ Sub-Acromial Decompression ☐ MUA

Elbow: ☐ Tendon Repair/Debridement ☐ Total Elbow ☐ Nerve Release ☐ MUA

Wrist: ☐ Tendon Repair/Debridement ☐ Carpal Tunnel Rel ☐ Ligament Repair ☐ Nerve Release

Hand: ☐ Nerve Release (Hand) ☐ Ligament Reconstructior ☐ Finger Joint Replacement ☐ Debridement/Infectio

Complete the following section below for ini

	Initial
Assessment Measure Used:	☐ DASH ☐ QuickDASH
Function/Symptom Score:	☐ Not performe
More than 3 blank answers?	☐ Yes ☐ No
Optional module included?	☐ No ☐ Work ☐ Sports/ Mu
Optional Module Score:	
Shoulder / Elbow: Does your patient demonstrate *(choose all that apply)*	☐ Loss of 15 degrees or more of el ☐ Recurrent subluxation/dislocatior ☐ Measurable (less than 4/5) weak (Abduction, Flexion, External Rol ☐ Fracture of humeral head, greate
HAND ONLY: Does your patient demonstrate *(choose all that apply)*	☐ Crush injury OR fracture of distal ☐ Total active range of motion of th ☐ Total active range of motion of ai ☐ Post-surgical or post-traumatic s
Change from previous DASH:	*N/A – Leave Blank for Initial Request*
Patient responded as expected?	*N/A – Leave Blank for Initial Request*
If patient has not responded as expected, lack of patient progress due to: *(select the most appropriate)*	*N/A – Leave Blank for Initial Request*

LOWER EXTREMITY (ALL CONDITIONS)

TREATMENT AREA: Lower Extremity (All Conditions)

Post-Surgical Care: ☐ Yes ☐ No — *If yes, Date of Surg*

Indicate Type of Surgery from Selection Below:

Knee: ☐ Total/ Partial Arthroplasty ☐ Ligament Reconstruction ☐ Osteochondral/Microfracture ☐ Tendon Repair

Hip: ☐ Total/Partial Arthroplasty ☐ Total/Partial Hip Resurfacir ☐ Bursectomy

Ankle/Foot: ☐ Total Ankle Replace ☐ Achilles/Other Tendon Repair ☐ Ligament Reconstruction ☐ Osteochondral/ Microfractu

Complete the following section for initial or follo

	Initial
Identify Functional Test Performed:	☐ LEFS (0-80 score range) ☐ HOOS Jr (0-100 score range) ☐ KOOS Jr (0-100 score range) ☐ None of the Above
Functional Score:	☐ N/A
Does your patient demonstrate:	☐ Loss of 10 degrees or more of knee ☐ Grade 3 or 4 laxity of the ankle or dis ☐ Tinetti Gait/Balance score < 24 OR B ☐ Measurable (less than 4/5) weaknes (Abduction, Flexion, External Rotatio
Change from Previous Score:	*N/A – Leave Blank for Initial Request*
Has pt. responded as expected?	*N/A – Leave Blank for Initial Request*
If patient has not responded, lack of patient progress due to: *(select the most appropriate)*	*N/A – Leave Blank for Initial Request*

Pelvic Pain / Incontinence

TREATMENT AREA: Pelvic Pain / Incontinence — Request Type: ☐ Initial ☐ Follow-Up

Complete the following section for initial or follow-up care as appropriate.

Indicate which patient reported outcome score was used from the selection below. If no score, select "None Used": ☐ None used

Please enter all component scores	Initial	Follow-Up
☐ Pelvic Floor Distress Inventory – 20 (PFDI-20).	Summary score (0-300)	Summary score (0-300)
☐ Pelvic Floor Impact Questionnaire – short form 7 (PFIQ-7).	Summary score (0-300)	Summary score (0-300)
☐ NIH – Chronic Prostatitis Symptom Index (NIH-CPSI).	Summary score (0-43)	Summary score (0-43)
☐ Oswestry Disability Index	%	%
Does your patient demonstrate:	☐ Iliac crest height OR Pubic symphysis asymmetry ☐ Positive provocative S.I. test OR Sacral torsion ☐ INABILITY to perform repetitive contractions of the pelvic floor muscles ☐ INABILITY to relax the pelvic floor muscles	
Incontinence *(if applicable)*:	Number of leakage events per day: *(Enter 0 if not applicable)*	
Has pt. responded as expected?	*N/A – Leave Blank for Initial Request*	☐ Yes ☐ No
If patient has not responded, lack of patient progress due to: *(select the most appropriate)*	*N/A – Leave Blank for Initial Request*	☐ "Overdid" activities/exercise causing increase in symptoms ☐ Progression of symptoms despite treatment ☐ Suffered a new injury resulting in significant change ☐ Unable to complete clinical visits/home program

Additional Clinical Information:

Preauthorization Outcomes

Approved Requests:

- corePath may give immediate approval for the 1st and 2nd request (Speech – 1st request only)
- All requests are processed within **2** business days after receipt of all necessary clinical information.
- Authorizations are typically good for **30-90 days** from the requested start of care date.

Delivery:

- Faxed to the provider
- Mailed to Medicare members only (not commercial)
- Information can be printed on demand from the Health Alliance Web Portal: YourHealthAlliance.org

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Mailed to provider
- Mailed to member (both Medicare and commercial)

Preauthorization Outcomes – Commercial

Reconsiderations:

- A reconsideration is a post-denial, pre-appeal process that allows for the medical necessity determination for the treatment to be reconsidered prior to going to appeal.
- Must be requested within **14 calendar days** of the date of determination
- The provider will have the opportunity to discuss the decision with a clinical peer reviewer.

Clinical Consultation:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from providers. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Clinical consultation** can be scheduled at a time convenient to your provider.

Appeals:

- Appeals are managed by the health plan

Preauthorization Outcomes – Medicare Advantage

Pre-Decision Consultation:

- If your case requires further clinical information for authorization, eviCore will reach out to the provider to offer a discussion with a clinical peer reviewer prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.

Appeals:

- Appeals are managed by the health plan

Special Circumstances

Retrospective Services:

- If the first treatment is provided with the evaluation, retro-authorization is permitted for the evaluation/treatment visit only. If treatment is not provided with evaluation, the provider must get prior authorization for subsequent visits (earliest date they can request additional visits is the day of submission).

Urgent Requests:

- Contact eviCore by phone to request an expedited authorization review and provide clinical information
- Urgent cases will be reviewed within 24 hours (not to exceed 72 hours) of the request.

Prior Authorization Requests

Friendly Reminder: Submit Online!

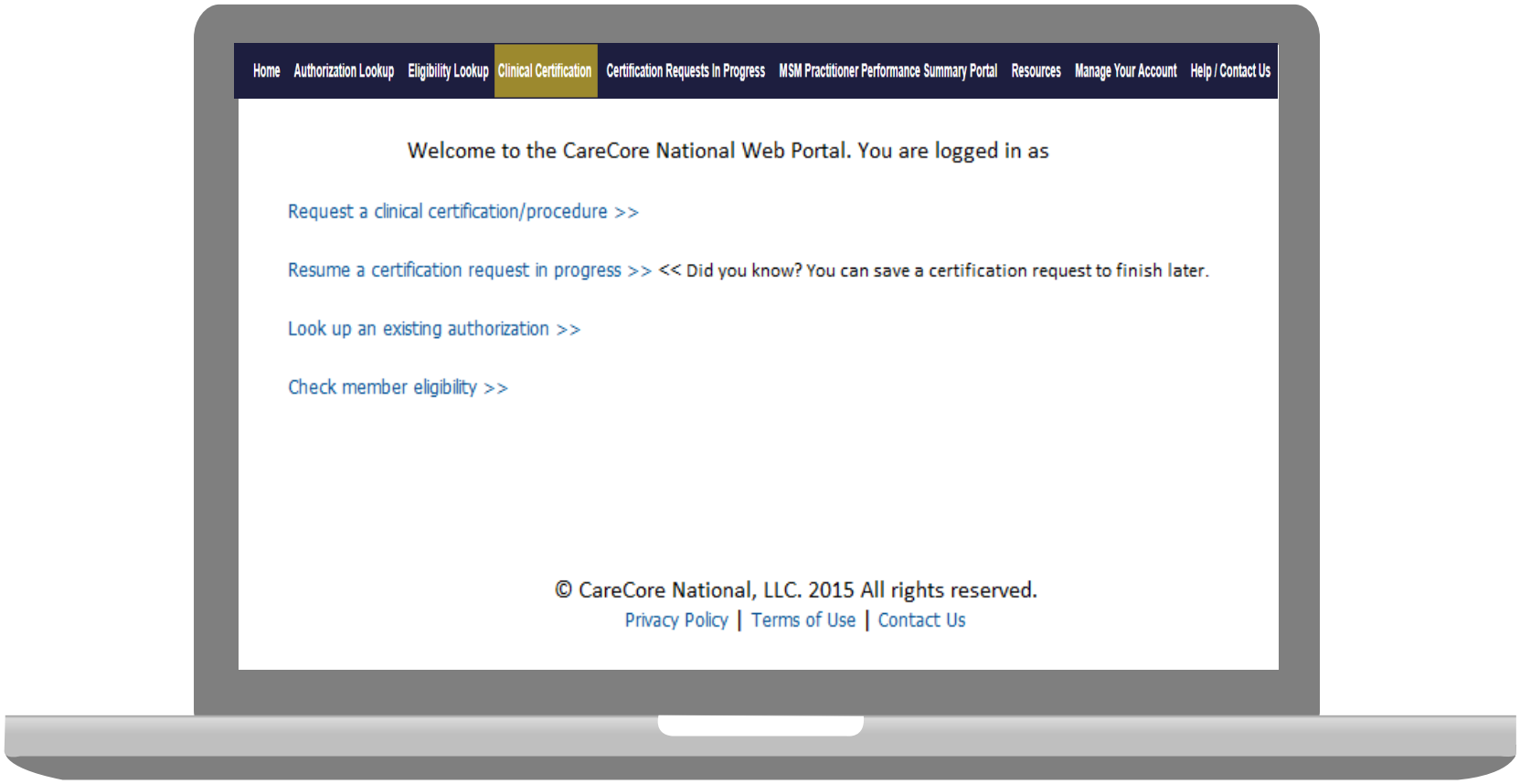
www.YourHealthAlliance.org

Available 24/7 and the **quickest, most efficient** way to create prior authorizations and check existing case status. Web submissions also have a high potential for immediate approval!

Or by phone:
1-844-303-8452
7 a.m. to 7 p.m. (local time) Monday through Friday

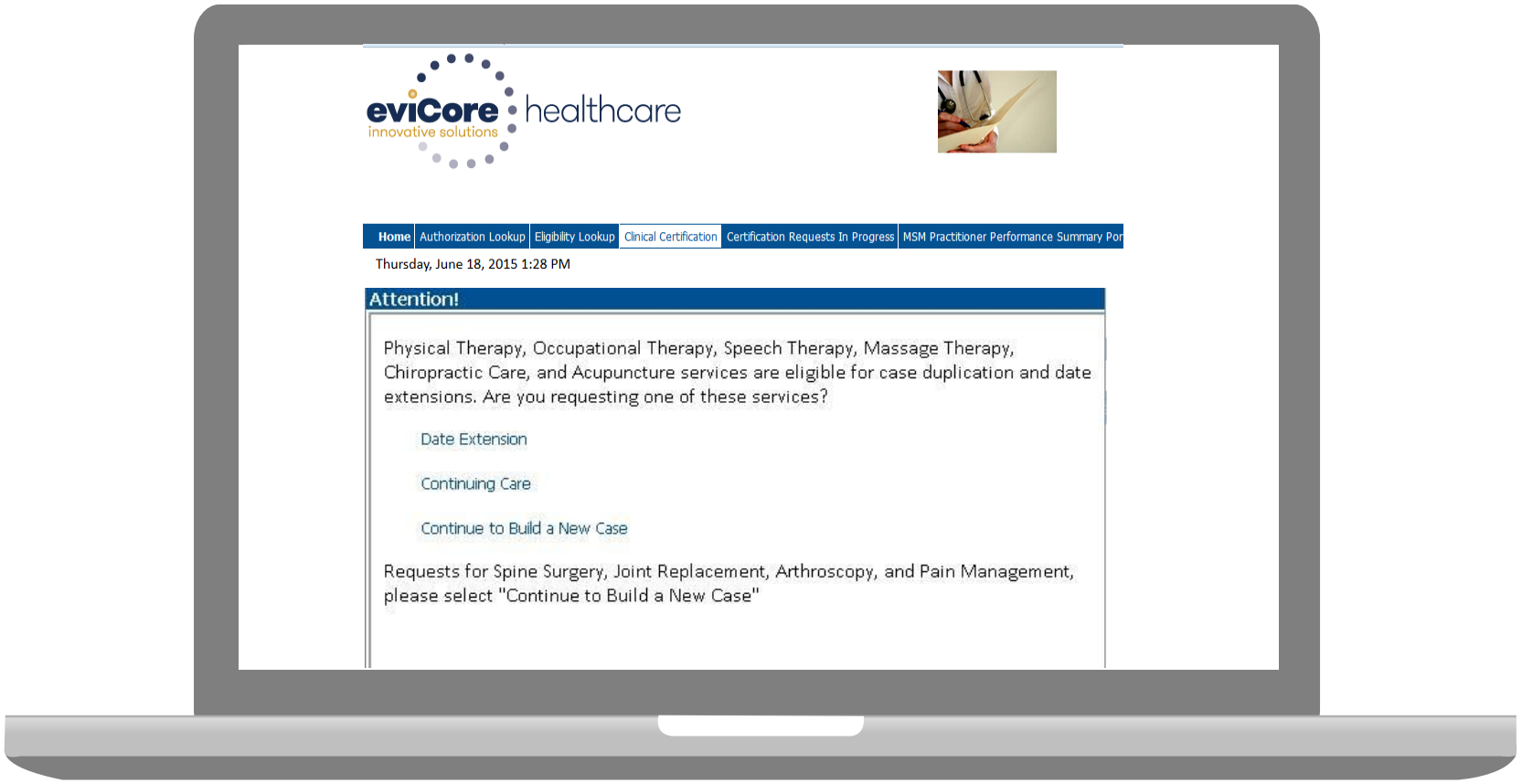
Fax: 1-800-540-2416

Initiating a Case



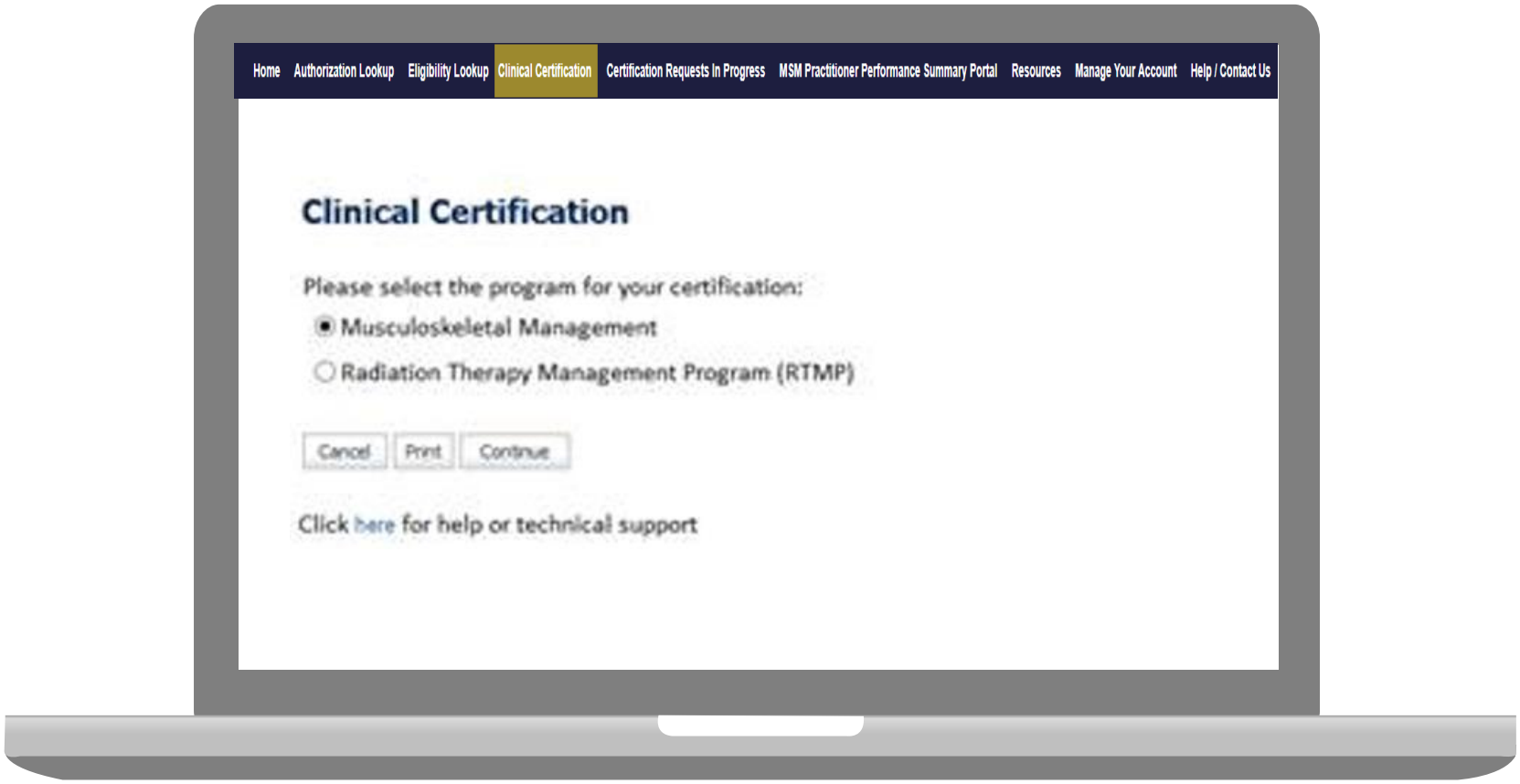
- **Choose “request a clinical certification/procedure” to begin a new case request.**

Service Options



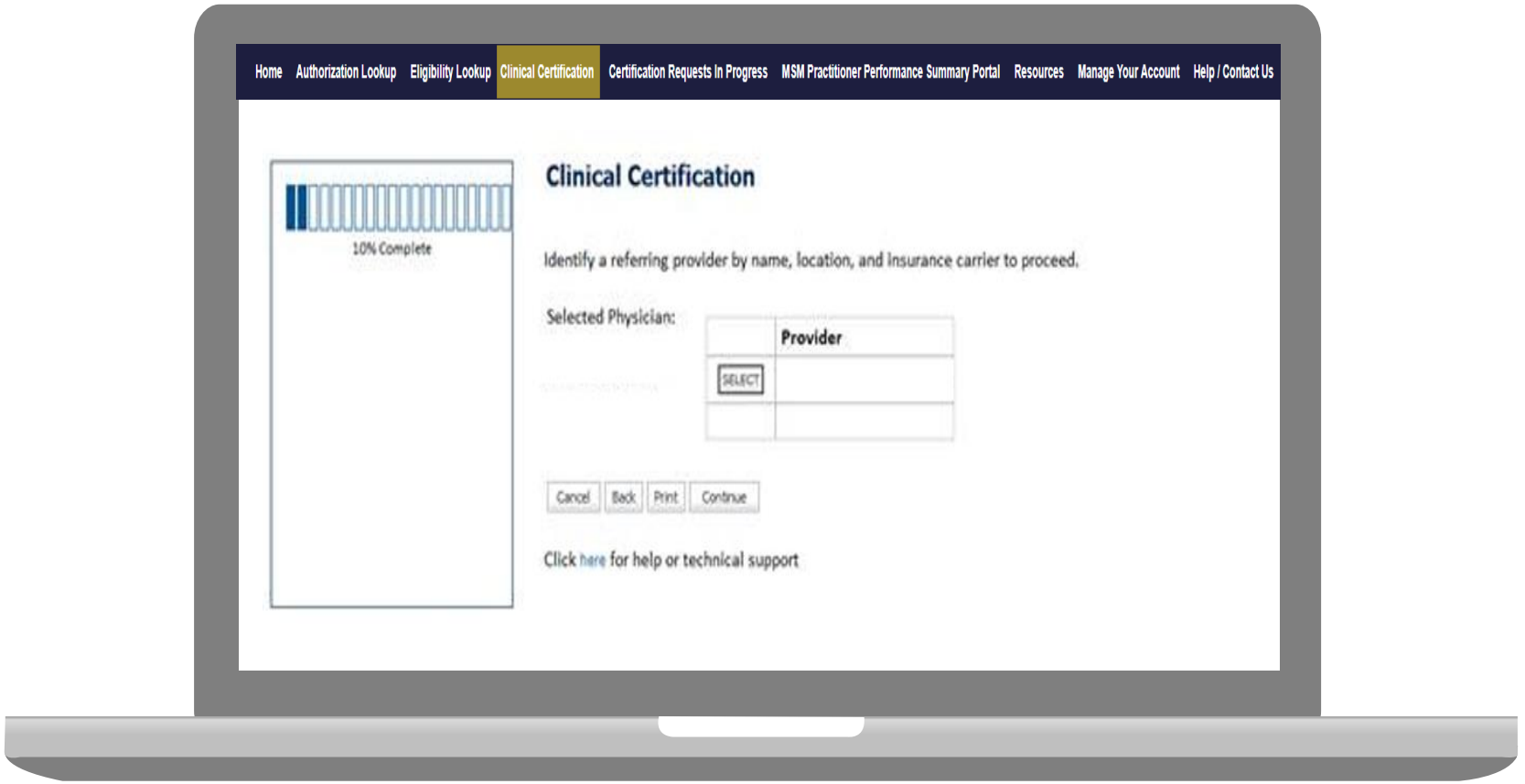
Select Date Extension, Continuing Care, or Build a New Case. The Date Extension and Continuing Care options do not apply to Spine/Joint and Pain Management requests.

Select Program



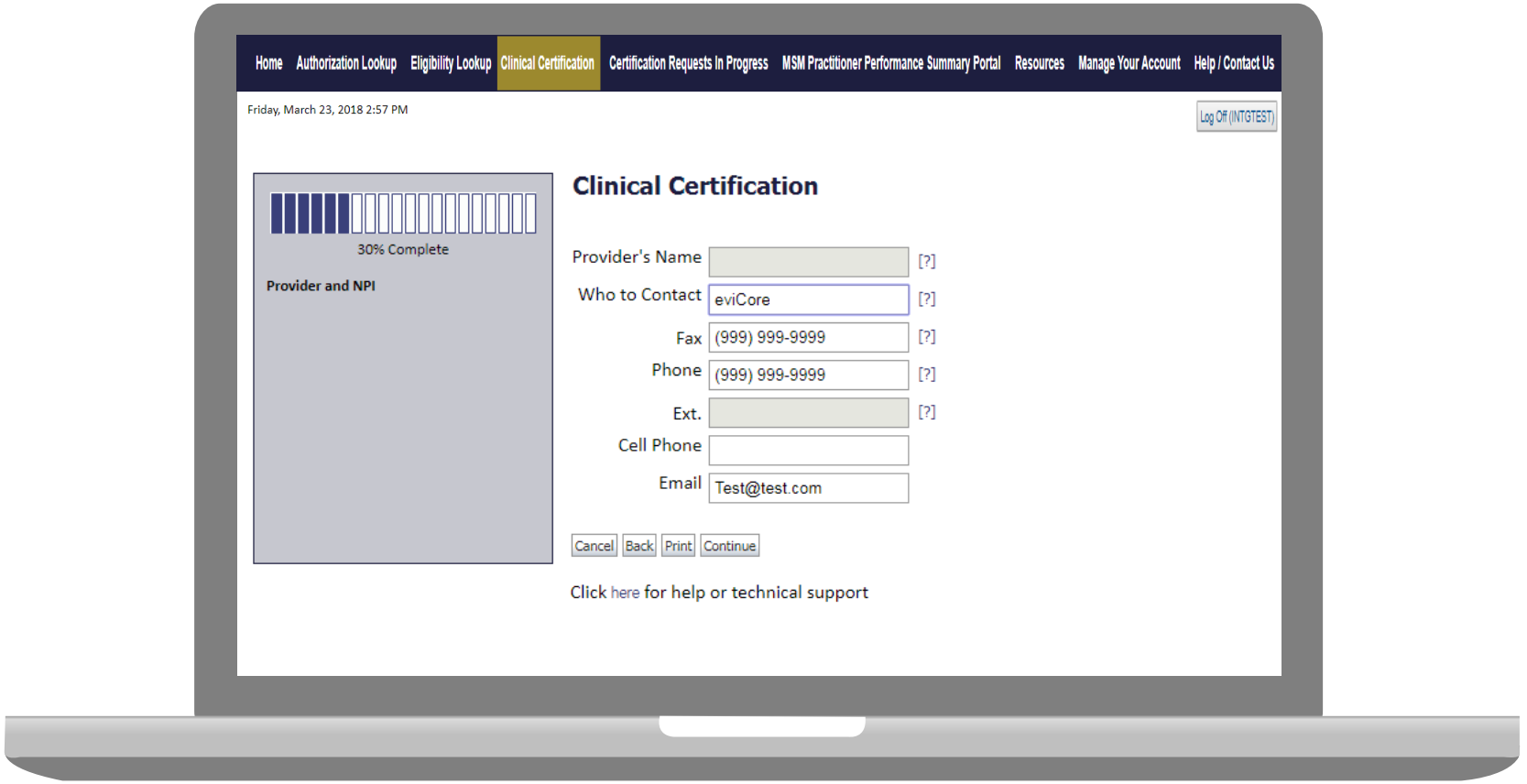
Select the Musculoskeletal Management program for your certification.

Select a Provider

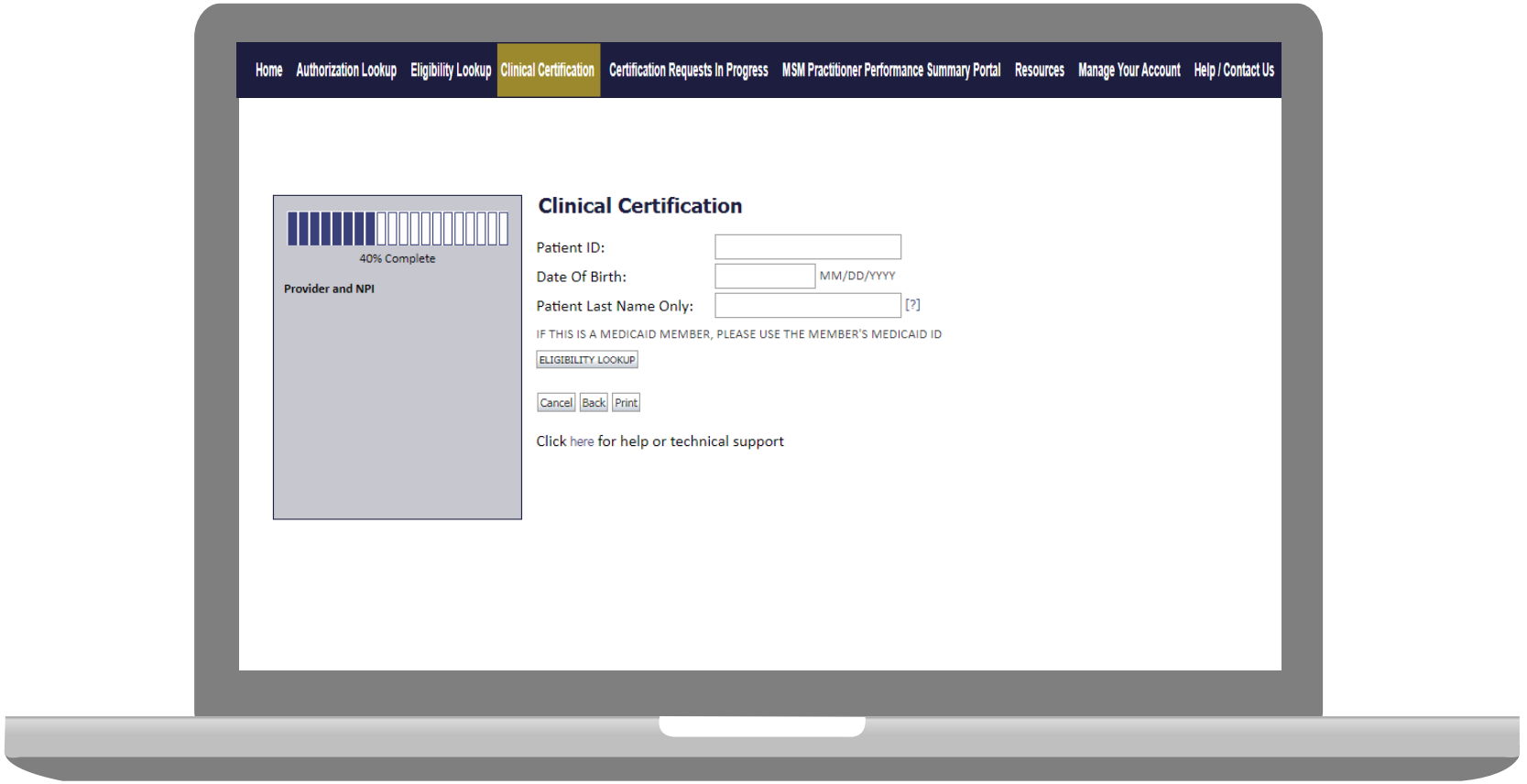


Select the practitioner or group for whom you want to build a case.

Contact Information

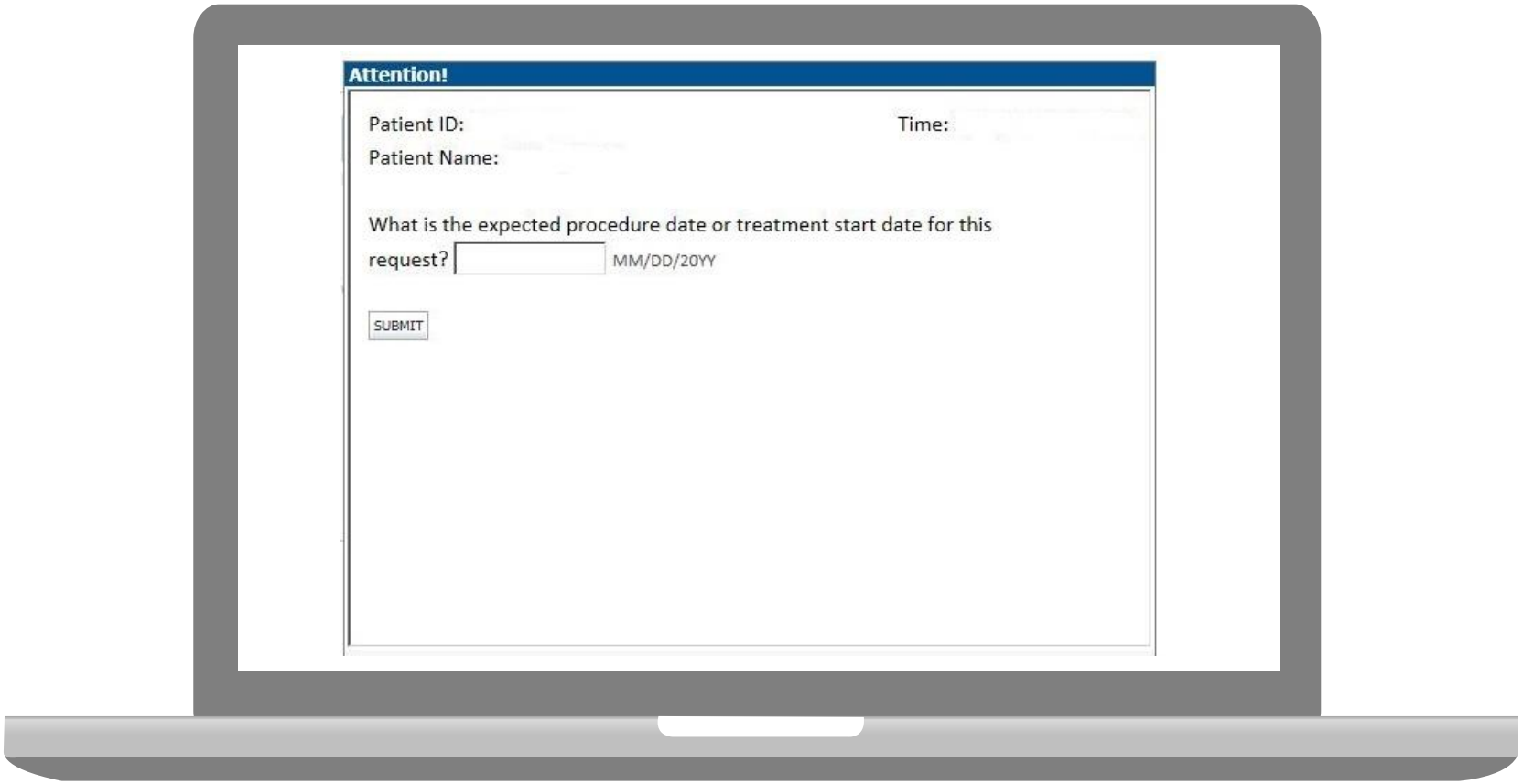


Member Information

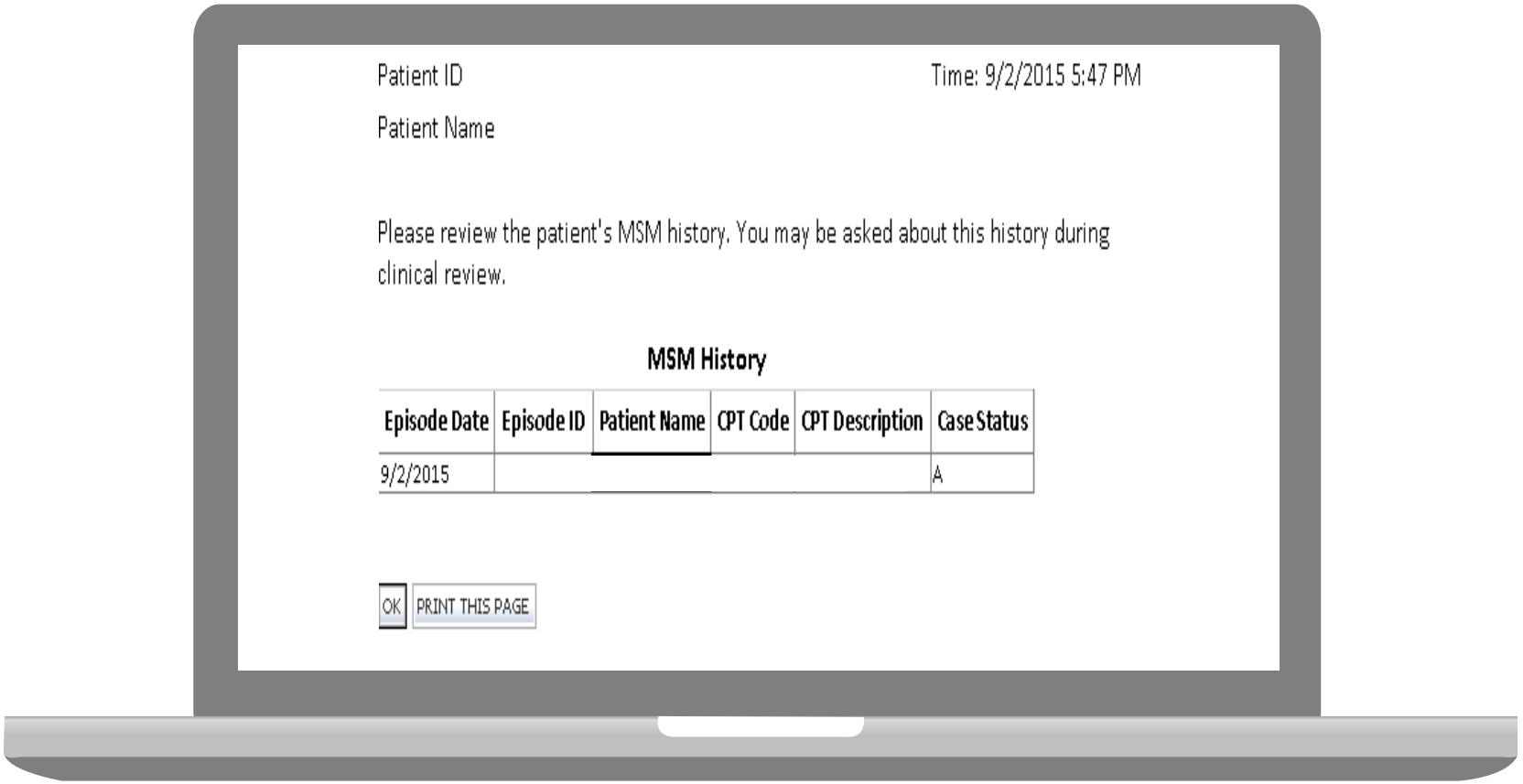


Enter the member information, including the Patient ID, Date Of Birth, and Patient Last Name Only. Click *ELIGIBILITY LOOKUP*.

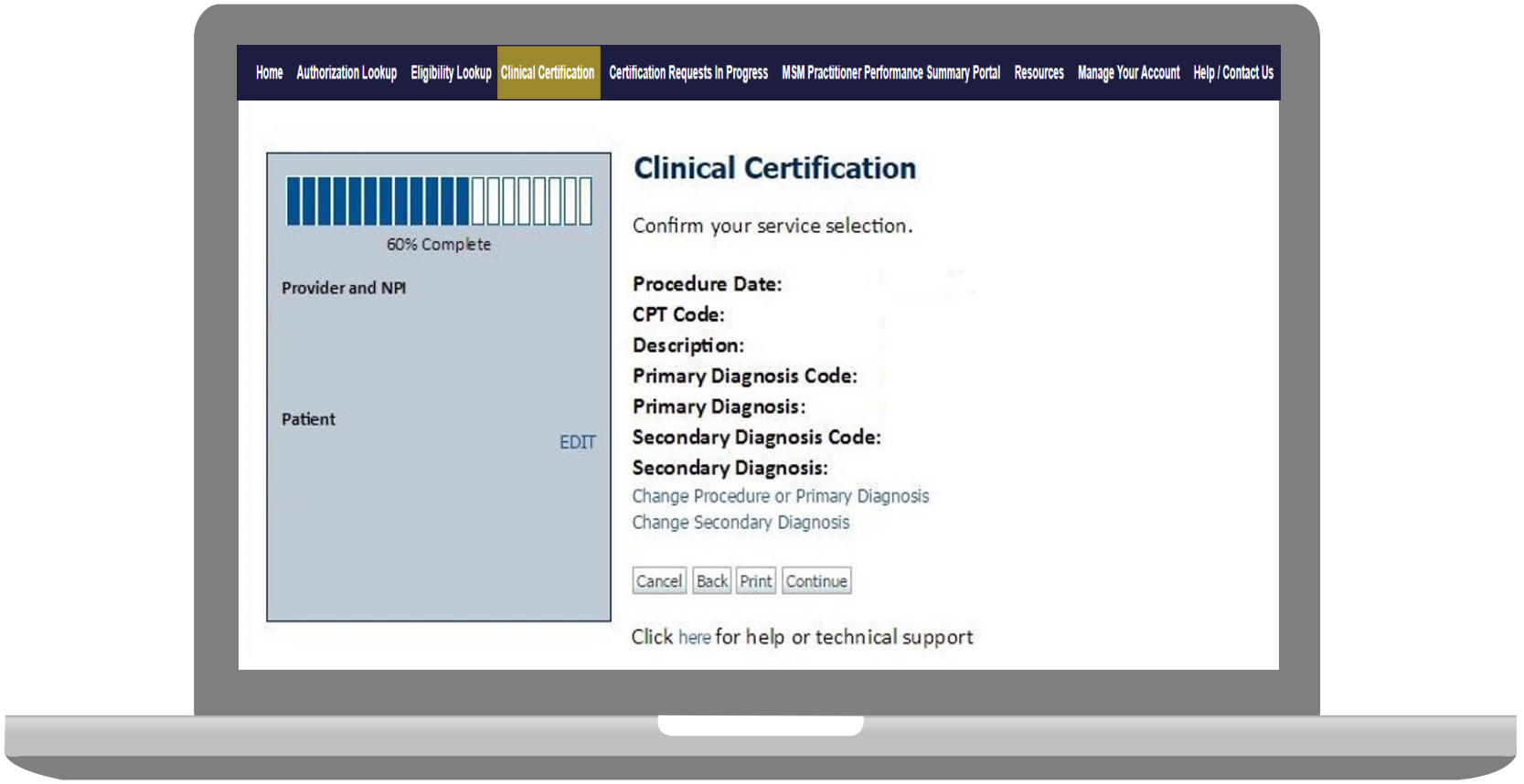
Member History



Member History

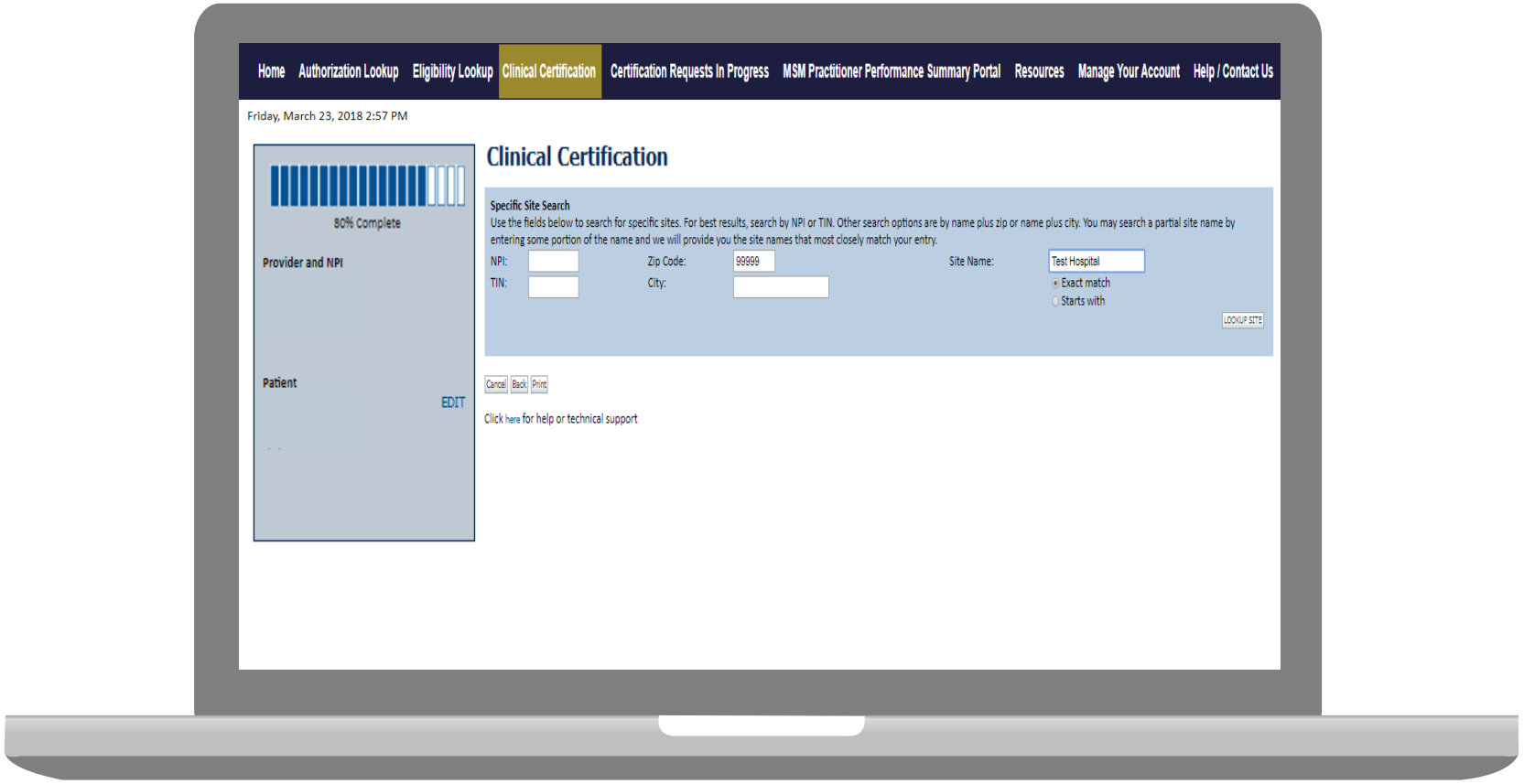


Verify Service Selection

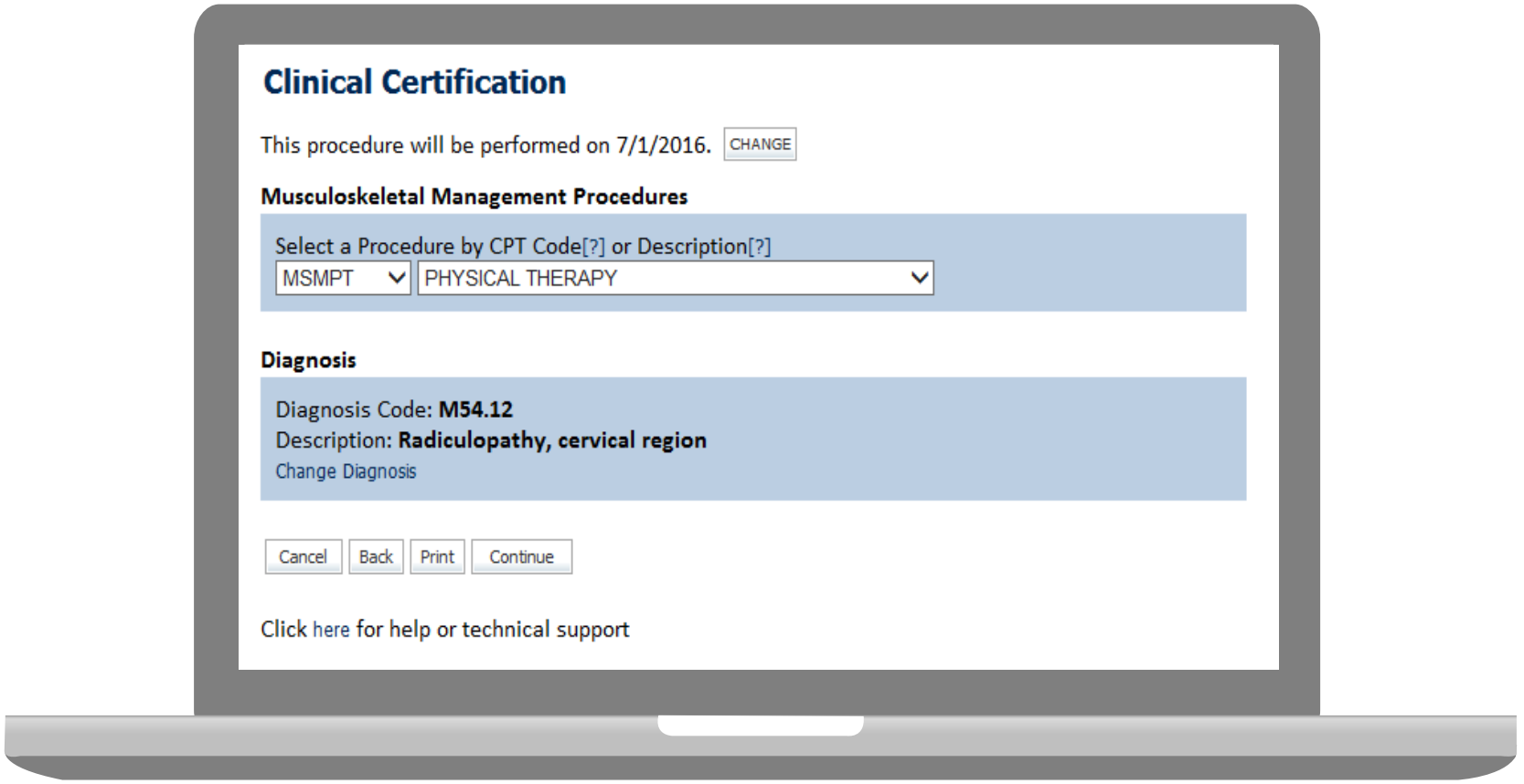


Click continue to confirm your selection.

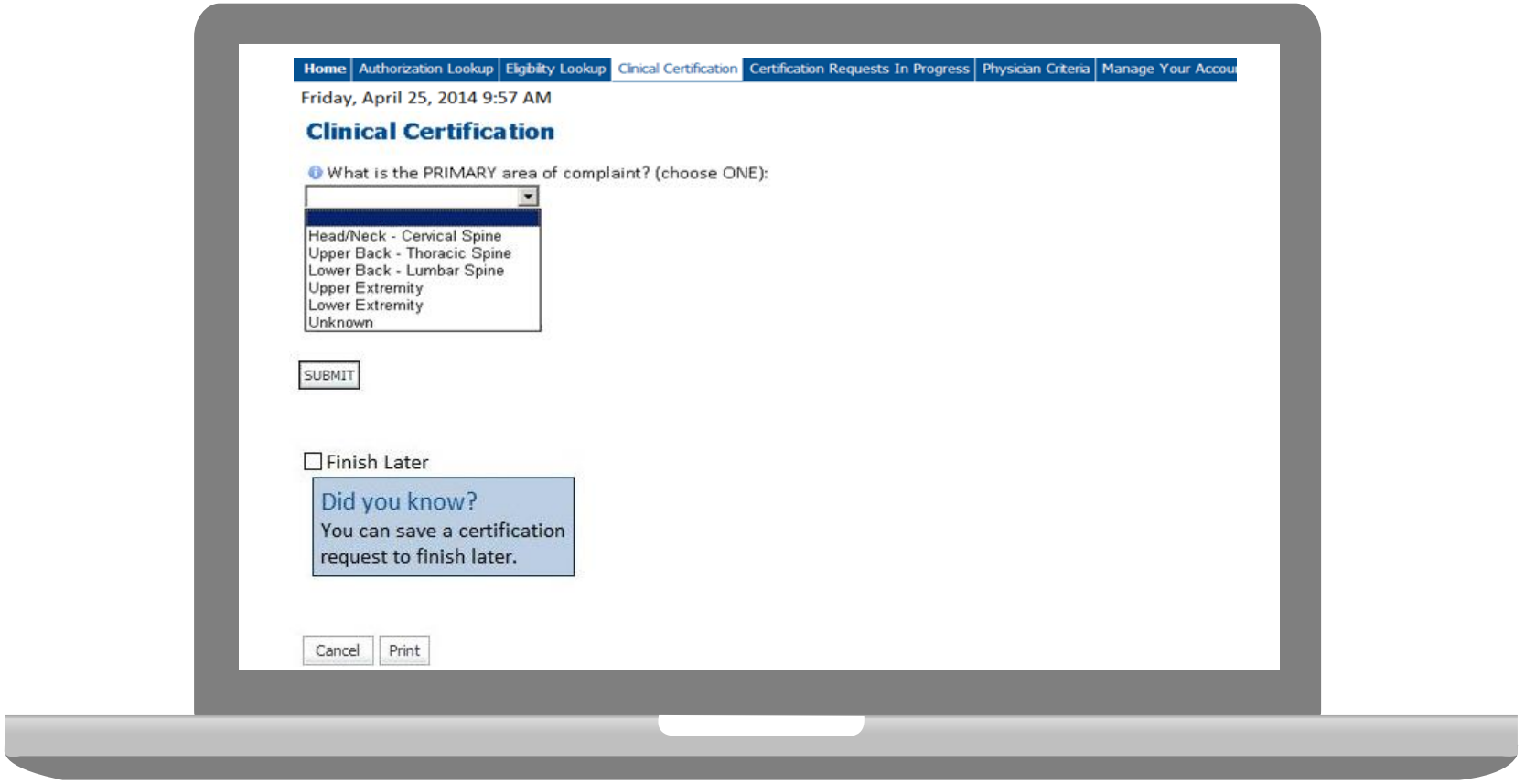
Site Selection



Clinical Details



Pause/Save Option

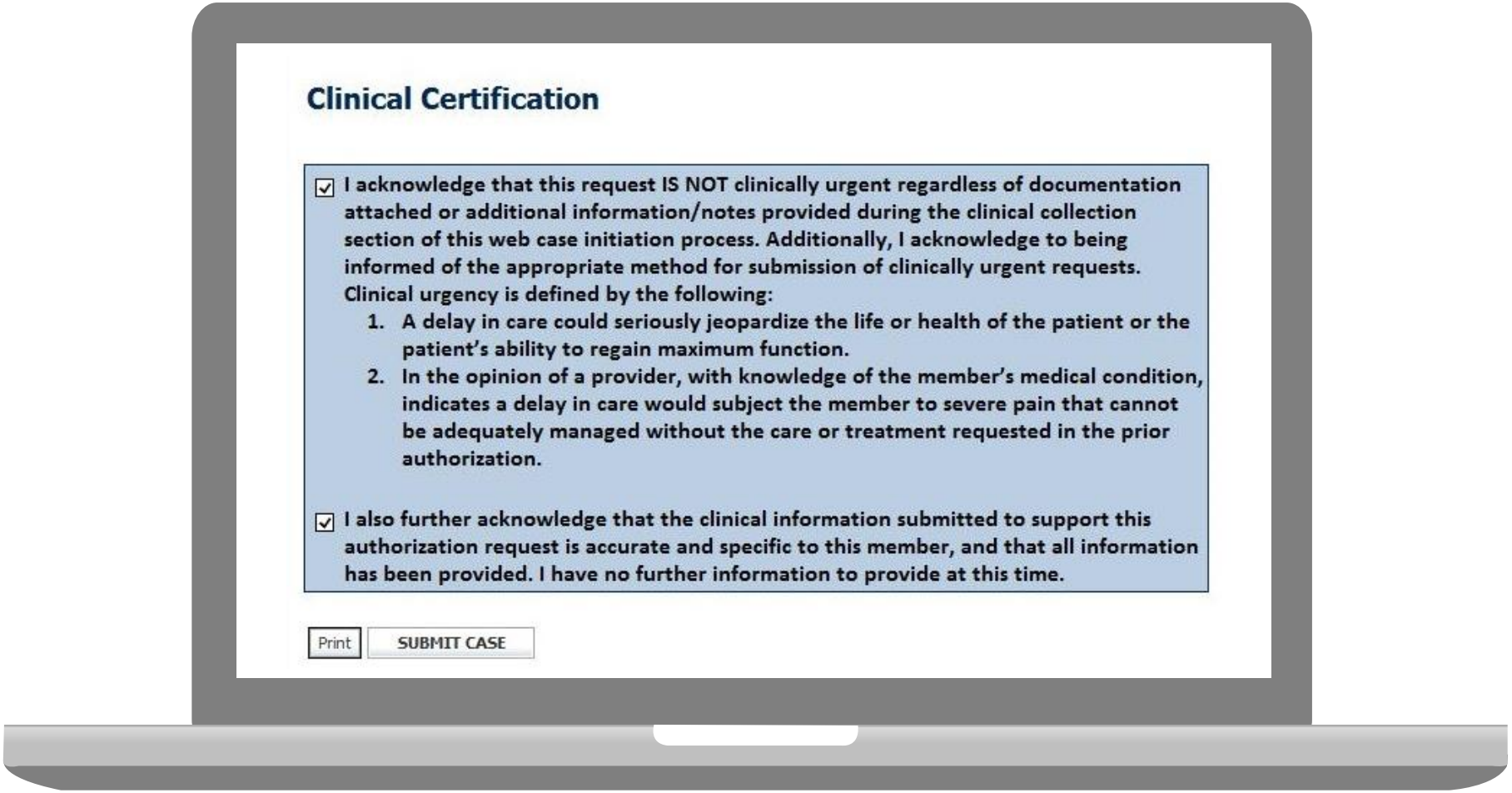


Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.

Medical Review

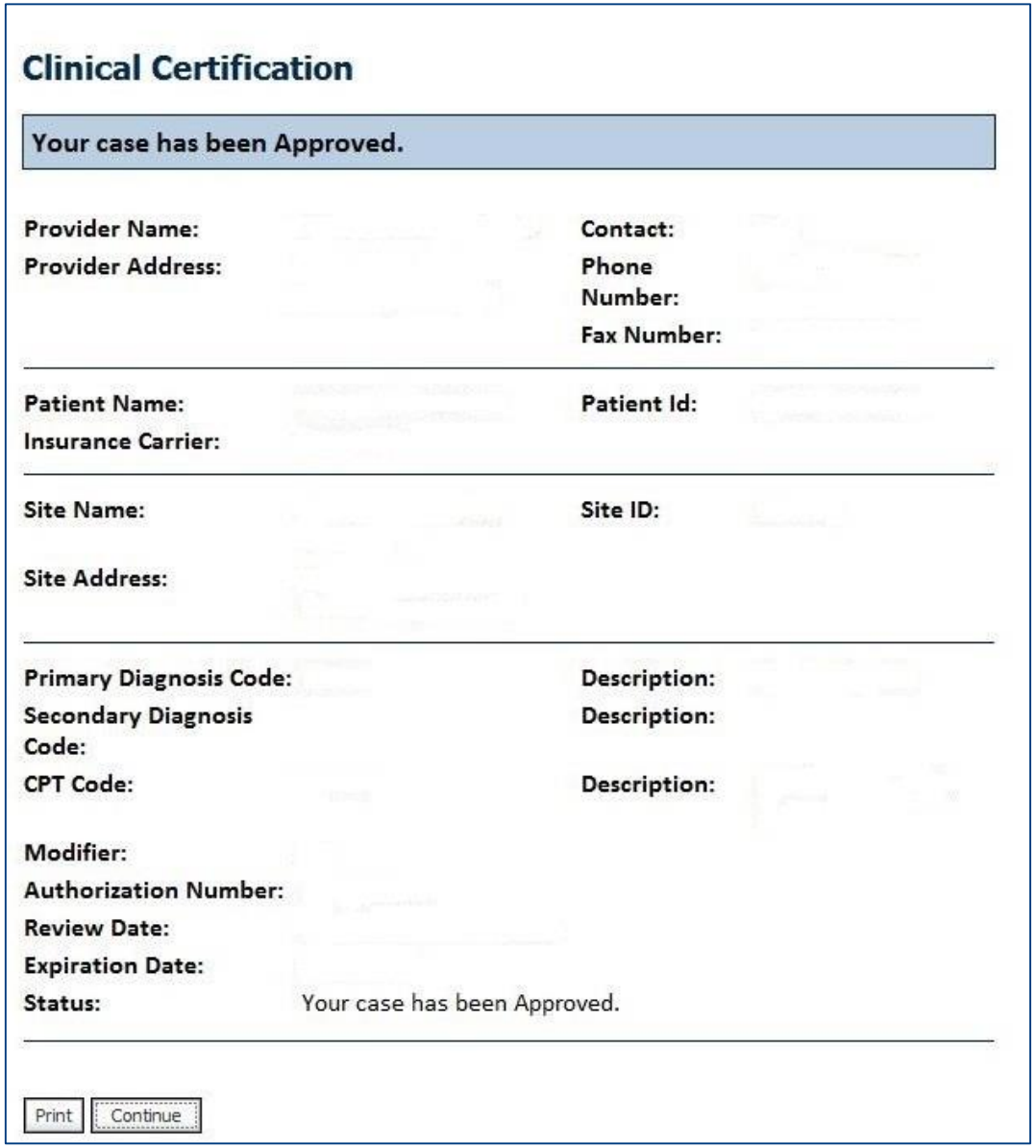
If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone. Providing clinical information via the web is the quickest, most efficient method.

Medical Review



Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval



Clinical Certification

Your case has been Approved.

Provider Name: **Contact:**
Provider Address: **Phone Number:**
Fax Number:

Patient Name: **Patient Id:**
Insurance Carrier:

Site Name: **Site ID:**

Site Address:

Primary Diagnosis Code: **Description:**
Secondary Diagnosis Code: **Description:**
CPT Code: **Description:**

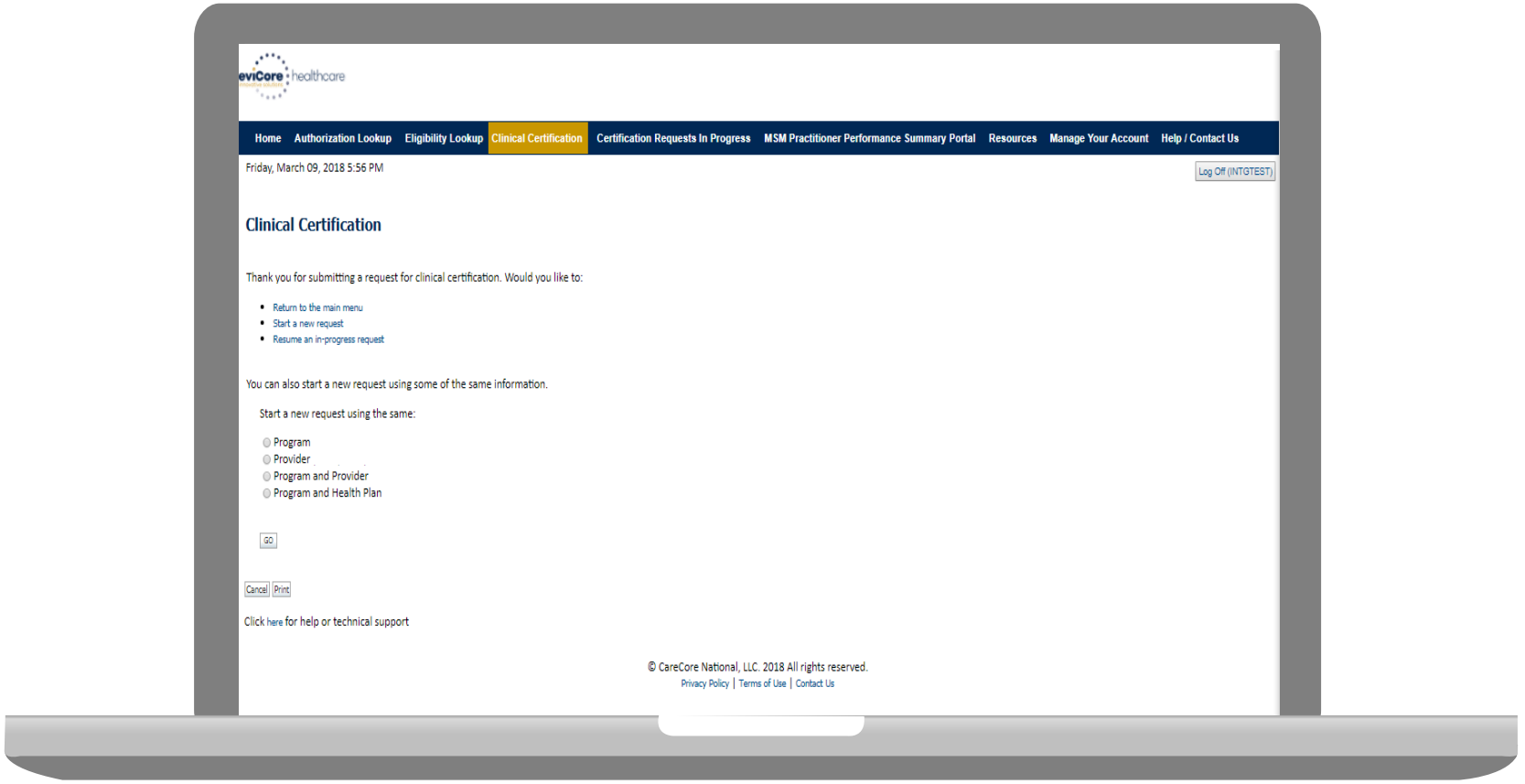
Modifier:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

Print Continue

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

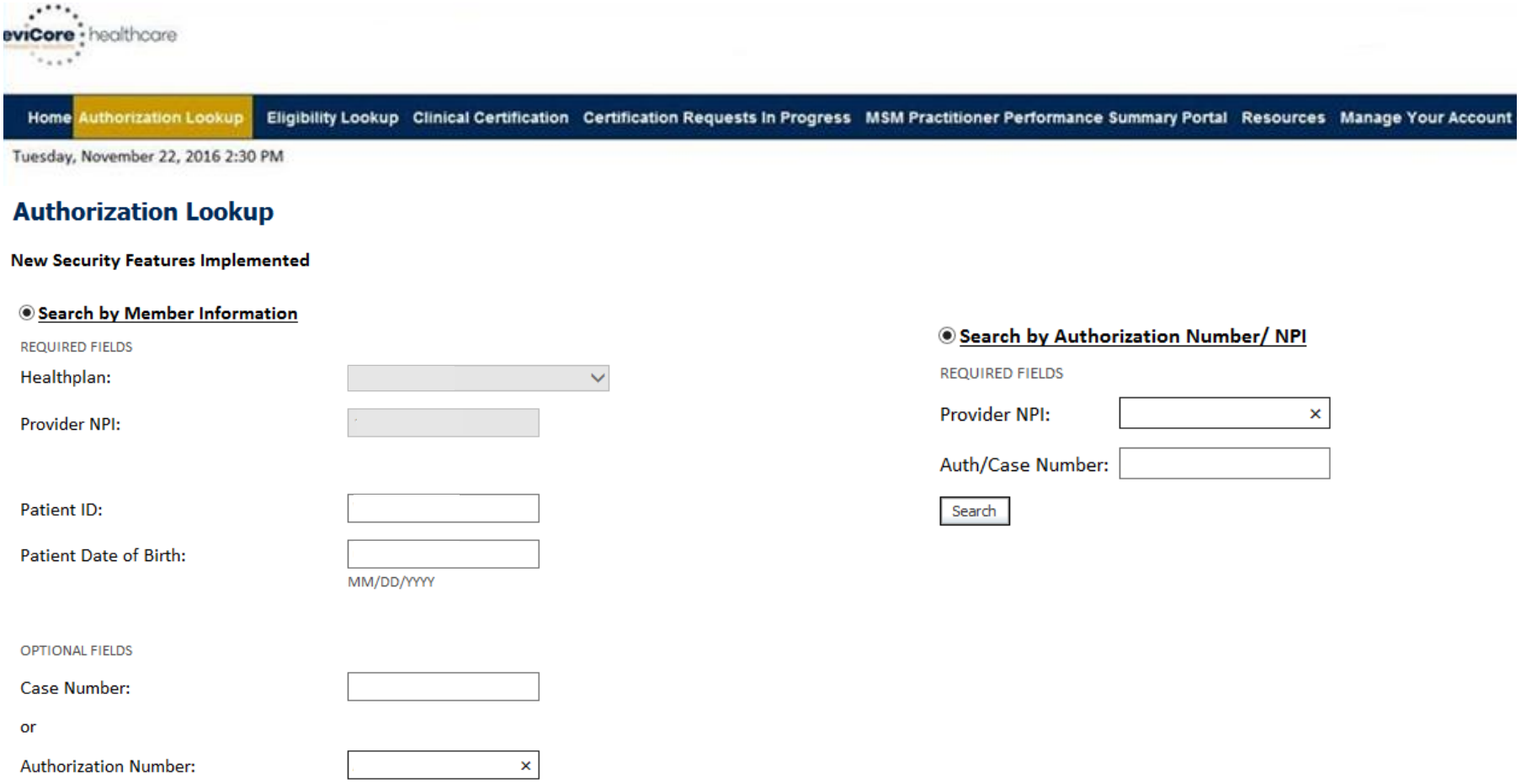
Print the screen and store in the patient's file.

Building Additional Cases



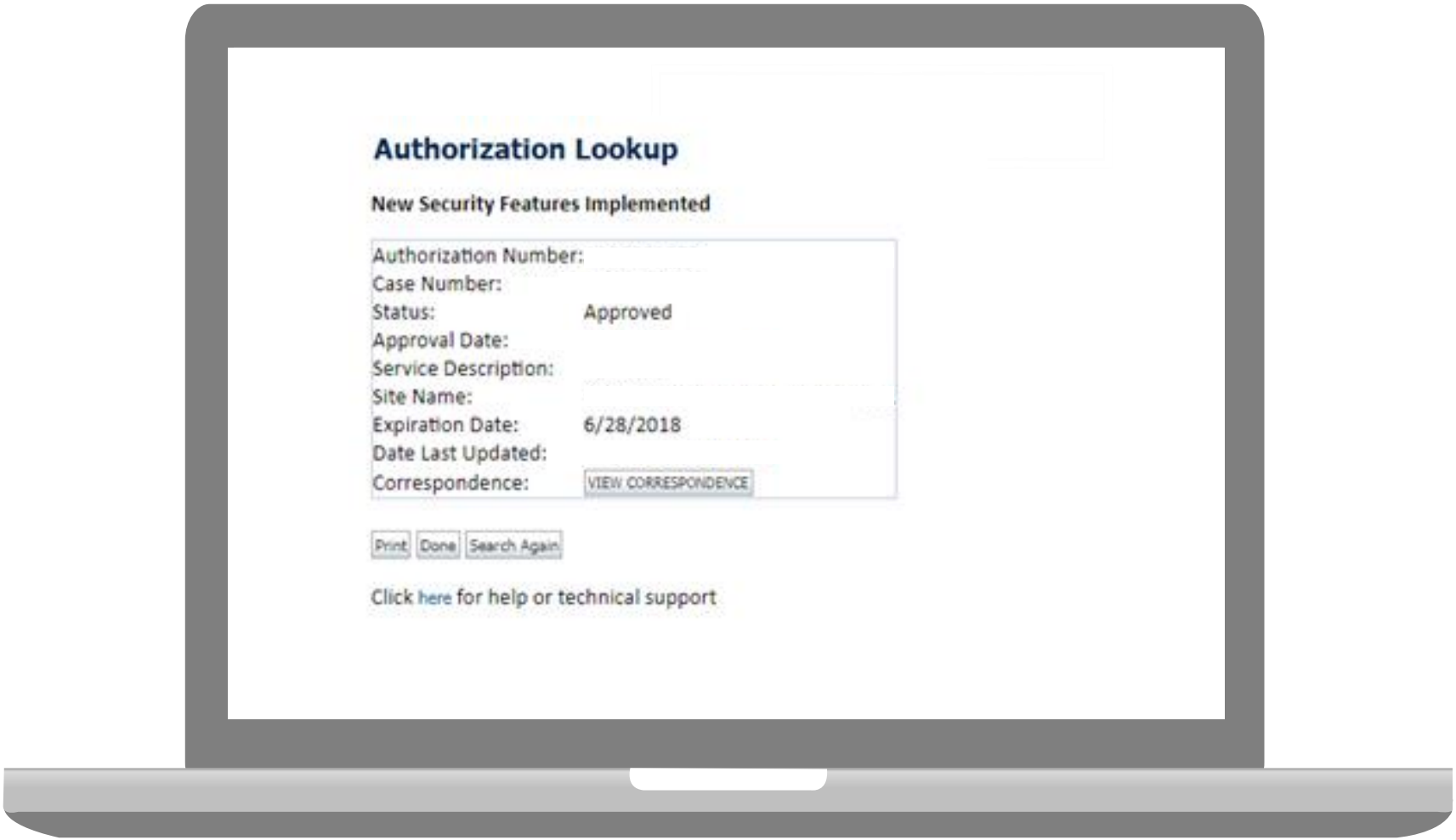
Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization Look Up



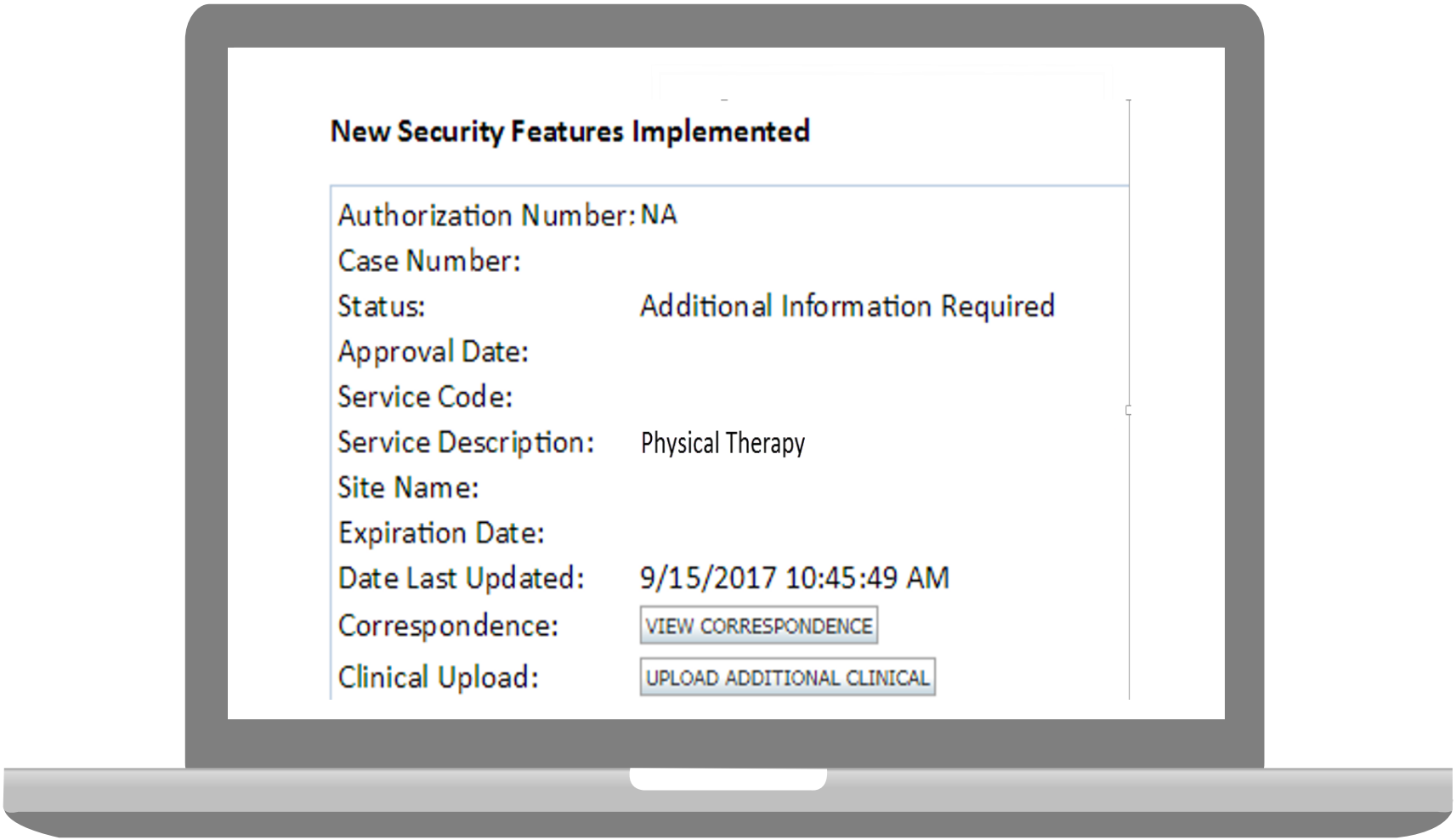
- Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.
- You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

Authorization Status



Eligibility Look Up

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Medical necessity determination required.**

Print | Done | Search Again

Click here for help or technical support

You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.

Important Tips

- The provider should always complete the initial evaluation BEFORE submitting a request for prior authorization.

- Submission by web increases the chance of a real time approval for the initial and second request.
  - Requests that report lack of progress will be reviewed by a clinical peer reviewer.
  - A clinical peer reviewer will review all requests after the second request – from the 3rd request on there will be no real time approval available (2nd request on for Speech).

- In order to receive an appropriate decision to best treat the member's condition, it is important that all questions are answered.

Important Tips

- Currently, this approach is not available for neurological conditions. However, an updated clinical collection process/pathway is being developed.
- You may request additional visits as early as 7 days prior to the requested start date.
- Requests should include current outcomes measures and clinical information.
- Worksheets are available to assist.

Important Tips

- Spread the visits/units over the approved period

- Medicare only: Requests for additional visits prior to the end date of partially approved authorization require an appeal to the health plan
  - Case will be expired and you will be advised to follow the appeal process

- Cases with no information or incomplete clinical information may take up to 14 days to process as allowable by CMS
  - eviCore will reach out to the provider in multiple ways to obtain the necessary clinical information
  - When we receive the information, the case will be reviewed
  - If clinical has not been received by the 12th day, the case may be denied.

Provider Resources




Provider Resources: Pre-Certification Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

7:00 AM - 7:00 PM (Local Time): 844-303-8452

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: 800-540-2406

Provider resources: Web-based services

Pre-certification call center

Web-based services

Provider Relations Department

Documents

portal.support@evicore.com

To speak with a web specialist, call 1-800-646-0418, select option 2

- Request authorizations and check case status online – 24/7
- Web portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF and Word clinical documents

Provider Resources: Client Services Department

Pre-certification call center

Web-based services

Provider Relations Department

Documents

clientservices@evicore.com

To speak with a client services representative, call 1-800-646-0418, select option 3

- Eligibility issues (member, rendering facility or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan
- Request for education and training on program processes

Provider Resources: Implementation Document

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Implementation site for Health Alliance Medical Plans

https://www.evicore.com/healthplan/Health Alliance

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

Coding guidelines and program criteria:
https://www.evicore.com/solution/pages/musculoskeletal.aspx

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank you!