Fidelis Care Physical Medicine Prior Authorization
Quick Reference Guide for Providers

Effective October 1, 2019

National Imaging Associates, Inc. (NIA) is contracted to provide Utilization Management for outpatient rehabilitative and habilitative physical medicine services (physical therapy, occupational therapy and speech therapy) on behalf of Fidelis Care. This program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care. All providers will be required to obtain prior authorization for Physical Medicine services.

The NIA outpatient rehabilitative and habilitative physical medicine service prior authorization program will begin on October 1, 2019. The NIA Call Center will be available beginning September 23, 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.

NIA conducts medical necessity review of requested services only.

Prior Authorization
Providers must obtain prior authorization for the Physical Medicine procedures within one business day of initiating care for outpatient office and outpatient hospital, two business days for Home Health from rendering these services.

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<th>Services Requiring Authorization*</th>
<th>Outpatient Therapy Services for:</th>
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<td></td>
<td>• Physical Therapy</td>
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<td></td>
<td>• Speech Therapy</td>
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<td>• Occupational Therapy</td>
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The review is focused on therapy services performed in the following settings**:

- Outpatient Office
- Outpatient Hospital
- Home Health

* Therapy services provided by non-therapy providers (MD, DO, DPM, DC, etc.) will continue to be managed by Fidelis Care.
** Therapy provided in Hospital (ER, Inpatient and Observation status), Inpatient Acute Rehabilitation Hospital, 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

- The preferred method to submit prior authorization is through NIA’s Website at [www.RadMD.com](http://www.RadMD.com) or by calling NIA at 1-800-424-4952.
- 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 NIA’s Website, [www.RadMD.com](http://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
- 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 note(s)
  - Previous Discharge summary if recent therapy
  - Plan of Care

Website Access

- It is the provider’s responsibility to access NIA’s Website, [www.RadMD.com](http://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](http://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.
▪ **24/7 access**: You can request prior authorization at [www.RadMD.com](http://www.RadMD.com). 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 is pended, you will receive a tracking number and you will be required to submit additional clinical information to complete the process.

▪ **Authorizations status**: You can check on the status of all outstanding prior authorization requests quickly and easily by going to the “View my Requests” tab to view all outstanding prior authorizations.

▪ **Medically urgent / expedited**: All medically urgent or expedited prior authorization requests must be processed by calling NIA at 1-800-424-4952.

### 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 NIA at 1-800-424-4952.
- 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.
- NIA can accept multiple requests during one phone call.

### Submitting Claims

- Please continue to submit claims to Fidelis Care as you do today.
- For claims inquiries contact Fidelis Care provider services at 1-888-FIDELIS (1-888-343-3547), or utilize the Fidelis portal [https://providers.fideliscare.org/Login](https://providers.fideliscare.org/Login)

### Important Notes

- **NIA 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 NIA 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.

- **View Request Status**: 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 NIA’s clinical guidelines and the Milliman Care Guidelines (MCG) guidelines. For more information on the clinical guidelines, please visit the NIA Website, [www.RadMD.com](http://www.RadMD.com) under “Online Tools/Clinical Guidelines.” NIA’s guidelines for Physical Medicine Services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.

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- **Complaints/Appeals**: For prior authorization complaints/appeals, please follow the instructions on your denial letter or Remittance Advice (RA).
- **Member Eligibility**: To verify member eligibility, including benefit information, please call Fidelis Care’s Provider/Customer Service line on the back of the member’s ID card. Details can be found through Fidelis Portal [https://providers.fideliscare.org/Login](https://providers.fideliscare.org/Login)
- **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. Details can be found through Fidelis Portal [https://providers.fideliscare.org/Login](https://providers.fideliscare.org/Login)
- **Provider Relations Assistance**: To educate your staff on NIA’s procedures and to assist you with any provider issues or concerns, contact your Fidelis Care or NIA Provider Relations Representative.