BCBSNC Physical Therapy Prior Authorization Summary

(Most recent updates are highlighted)

This BCBSNC Physical Therapy Summary is meant to provide you with a summary of relevant information regarding the new BCBSNC prior authorization (PA) requirement for physical therapy (PT) services effective December 1, 2024, and to provide guidance to help you avoid denials. Importantly, please take time to carefully review all of the information included in this summary, and ensure you follow the directions included in it. Please also make sure your billing CA fully understands the information included herein.

BCBSNC Physical Therapy Prior Authorization Program

Effective December 1, 2024, for all BCBSNC fully insured plans, all PT services, following those performed on the patient's initial visit (*i.e.,* all DOS following the visit where the new patient E/M code is billed) will require PA in order to be reimbursed.

Carelon Medical Benefits Management (Carelon) will manage the PA process on behalf of BCBSNC, utilizing Carelon's Clinical Guidelines for PT. Under these guidelines, the program will consider individual clinical details, and services to be rendered, *to determine the number of visits to authorize (where PT services are to be performed)*.

Please know that HNS *strongly disagrees with this policy,*
and like you, we are extremely frustrated and concerned about its impact.
We maintain our position that HNS providers should be exempt from the program, but despite our repeated efforts, BCBSNC does not intend to exempt any provider, chiropractor or otherwise.

As such, HNS is continuing to work to obtain and provide you with pertinent information needed to best navigate the program.

The following are important details we would like to bring to your attention. We will continue to provide relevant updates to this document as we move forward:

1. Accessing the Carelon Portal and Submitting a PA Request

You may submit PA requests for dates of service on or after 12/1/24 as follows:

- Online: Through the Carelon provider portal available on Blue E, which is available 24/7 and processes requests in real-time based on the Clinical Guidelines linked above and below. *(You will need to register for Blue E, and follow additional registration steps, as described below, to correctly access the portal.)*

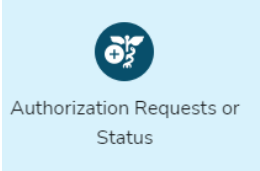
- By Phone: Providers may also call Carelon, M-F (8am-5pm ET) at 1-866-455-8414.

****Important Note*: *For this PA for PT program, the Carelon portal is ONLY accessible via Blue E.****

Registering for Blue E to Gain Carelon Portal Access:
If you do not currently have a Blue E account, you need to register for one as soon as possible to access the Carelon online PA portal. To do that, please complete the following form and fax it to 919-765-7101: **Click Here for Blue E Registration Form**

Accessing the Carelon Portal Through Blue E:
If you do have a Blue E account, you should be able to access the Carelon Portal on Blue E by following these steps:

1. Click here to access the Blue E login page: https://bluee.bcbsnc.com/providers/web/login
2. On the login page, enter your username and password.
3. On the Blue E home page, click on the "Authorization Requests or Status" button/tile that looks like:



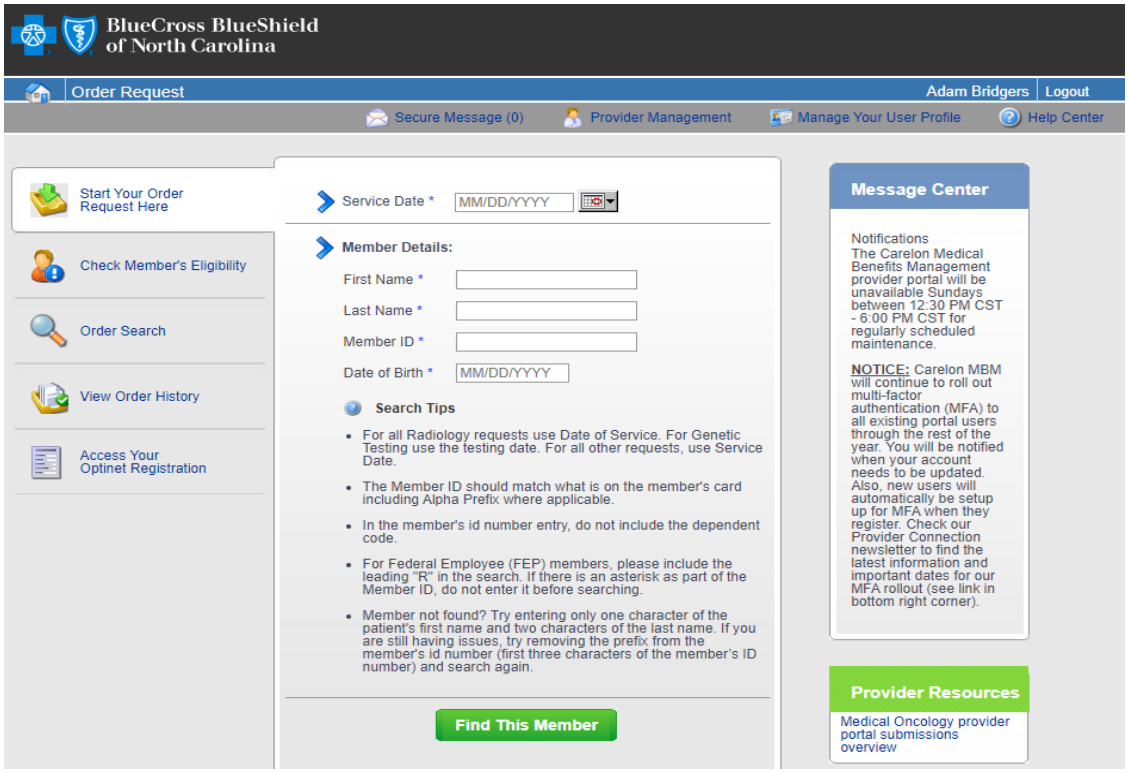
OR, click on the "Health Management" icon located on the left menu of the Blue E Home page that looks like:

4. On the "Authorization Requests or Status" page, enter the prefix of the patient's plan (*e.g.* YPS) in the indicated field.
5. Then, select "Diagnostic and Specialty", which includes the PA program for PT services.
6. Next, click the "Continue" button at the bottom right hand of the screen.

Note About Out-of-State Plans: If upon following Steps 1 – 6 above any portal other than the Carelon portal populates—or attempts to populate (*e.g.* an Availity portal)—you have most likely entered information for an out-of-state plan, which is not subject to this BCBSNC-Carelon PA program. The out-of-state plan *could* have its own PA requirements, but not necessarily. *As is the case currently, to verify out-of-state benefit requirements providers should call the plan and obtain a written verification of benefits*.

7. A new window will then populate with a “HIPAA Disclaimer” and you will click the “I Agree” button.

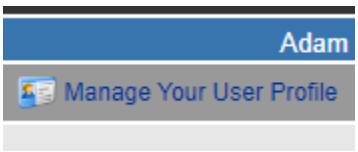
Once you follow these seven (7) steps, the PA portal will appear and the portal Home Screen will look as follows:



IMPORTANT NOTE: Additional Login Steps First Time Using the Portal

When you first login to the PA portal through Blue E using the above steps, you may have to take the following five (5) initial additional steps in order for the PA portal to function properly:

1. Follow the seven (7) steps above to access the PA portal.
2. Once the PA portal populates, click the “Manage Your User Profile” button in the top menu bar to open the user profile screen. It looks as follows:



3. Once on the user profile screen, click the tab titled “User Information.”
4. Once on the “User Information” screen, enter all the required fields including Organization Name, Address, Phone and Fax. ***This should be your individual practice name, address, phone and fax, not HNS’***

information. (Your name and email address fields should already be populated).

5. Once you enter all information in the "Required Fields", click the "save" button at the bottom of the screen.

Following completion of these five (5) initial steps, you will not have to do them again and should be able to proceed with submitting a PA request through the portal without issue.

IF YOU DO NOT COMPLETE THESE FIVE (5) STEPS, YOU MAY RECEIVE AN ERROR MESSAGE AND WILL NOT BE ABLE TO REQUEST PA.

Issues with Accessing the Carelon Portal on Blue E:
If you have a Blue E account and cannot access the Carelon PA portal using the above steps (the 7 regular login steps + the 5 initial additional steps), please *do not call or email HNS*, as HNS does not have the ability to troubleshoot Blue E or portal issues.

For issues with Blue E, or accessing the Carelon portal on Blue E, you must call the Blue E HelpDesk at 1-888-333-8594.

For access or technical issues within the Carelon portal itself, you must call Carelon provider portal support team at 1-800-252-2021.

Peer-to-Peer PA Review
At anytime during the PA process, you may request a peer-to-peer review of your authorization request by a chiropractor by calling Carelon at 1-866-455-8414 and asking to have a chiropractor review your request. If you do not specifically ask for a chiropractor, your review may be assigned to another provider type.

When May I Submit a Request?
PA requests can be submitted up to (but, not more than) 30 days in advance of the first treatment date of service requiring PA.

Retroactive Request:
You should always strive to request PA in advance of performing any PT service as soon as possible following a patient's initial visit. If you do not, you only have two (2) days from the DOS where the applicable PT service is rendered to retroactively request approval.

Newly Credentialed HNS Providers:
Once a provider is credentialed by HNS, he or she may immediately begin seeing patients of HNS contacted plans as an "in-network" provider. However, because it takes additional time for BCBSNC to load a provider into its systems following that initial credentialing date, newly credentialed providers must hold claims until HNS notifies them that BCBSNC has completed the process of entering their data into its systems.

Importantly, newly credentialed providers seeing patients of BCBSNC fully insured commercial plans during this time period (*i.e.* from initial HNS credentialing until notification of being loaded into BCBSNC's systems), must still comply with the PA for PT program requirements. *However, their information will not yet be loaded into Carelon's systems. As such, for those providers, please adhere to the following instructions from BCBSNC when PA for PT is required:*

(1) For Newly Credentialed Providers entering *existing HNS practices* – Enter the PA request using the information of another HNS provider in the practice as the "Ordering Provider" in the Carelon portal. (See Section 4 below for more details about entering Ordering Provider information.)

(2) For Newly Credentialed Providers in New HNS Practices (*i.e.* practices that do not already have an HNS provider working there) – Call Carelon, M-F (8am-5pm ET) at 1-866-455-8414, obtain PA as an *"out-of-network" provider*, and record the PA *tracking number and order number*. Once you are cleared to submit claims, HNS will request those PA tracking and order numbers from you, along with the applicable patient names, dates of birth, and subscriber ID numbers. We will then provide that information to BCBSNC to ensure your claims are appropriately processed.

2. What plans require PA and how do I tell?

This new PA requirement only applies to *Fully Insured Commercial BCBSNC Plans*. At this time, it will not apply to FEP, SHP, out-of-state plans, or self-funded employer plans.

To determine whether a patient's plan is subject to this PA requirement, you may either:

Option #1: Enter the patient's details on Carelon's provider portal, and if the requirement does not apply either:

a. The onscreen button you must click to start the PA process will not appear and you will see a message stating that PA is not required for that patient; or,

b. *Assuming you accurately and completely enter the required patient details in accordance with Carelon's instructions on the Carelon portal,* you may receive a message stating, *"A member was not found based on the search criteria. Review the Member Details to search again."* (This often occurs when a member's self-funded plan does not participate in ANY Carelon PA program, including the PT program.)

IMPORTANT: The above message may also appear if you enter a patient's details incorrectly or if a patient has

not been properly loaded by Carelon. As such, in this situation, unless you know for certain that a patient's plan is not subject to the program, *e.g.* is a self-funded plan, then we recommend proceeding with Option #2 below.

Option #2: If you choose to do so, when calling to verify benefits, BCBSNC representatives can also tell you whether the patient is subject to the PA requirement at that time.

Note About Out of State Plans: If upon entering a patient's subscriber prefix on Blue E any portal other than the Carelon portal populates—or attempts to populate (*e.g.* an Availity portal)—you have most likely entered information for an out-of-state plan, which is not subject to this BCBSNC-Carelon PA program. The out-of-state plan *could* have its own PA requirements, but not necessarily. As is the case currently, to verify out-of-state benefit requirements providers should call the plan and obtain a written verification of benefits.

HELPFUL TIP: FEP subscriber IDs begin with single letter **R** prefix, followed by numbers, and SHP begins with YPY, followed by numbers. ***Because these plans are not part of this new program,*** there is no need to follow the above steps to determine whether members of these plans are subject to this program; you just need to check the patient's subscriber ID number.

3. Important Prerequisite to Obtaining and Maintaining PA: *Proper Functional Goals*

To obtain and maintain PA for PT services, the PA program *requires* t**he establishment of appropriate functional goals in the initial treatment plan** (documented in the healthcare record), which must be:

(1) Specific

(2) Measurable

(3) Likely to be attained in a reasonable time (*i.e.* there must be a listed time period within which progress towards the goal is expected.)

(4) Based on clinically significant improvement *in the functional impairment(s) identified at the initial exam*.

Importantly, if your goal does not contain (1) a statement about improvement of an ADL OR (2) a specific and reasonable timeframe within which you would like to see improvement, it will not be considered appropriate and you are at risk of not obtaining PA for that patient.

The following are some examples of appropriate/inappropriate goals:

Examples of appropriate functional goals:

- Able to return to work in the standing position for 8 hours per day within 10 treatments (or, 4 weeks of treatment)
- Regain the ability to lift/care for 20-pound child, improve lumbar ROM and outcome assessment scores by 50% within 4 weeks.
- Able to lift 20lbs with neutral C-spine and 0/10 VAS to improve ability to lift warehouse boxes at work within 4 weeks.

Examples of inappropriate functional goals:

- Treatment goals are less pain and improved function
- Increase knee ROM to 100 degrees
- Patient to go up/down stairs within 8 weeks
- Patient to lift heavy load without discomfort

Warning: Following your initial PA request and visit allocation, all subsequent requests will require that you enter details about the patient's functional goals and progress towards those goals. If appropriate functional goals are not established and properly documented in the healthcare record during the patient's initial exam, PA will be denied.

4. Impacted Services and Important Billing Requirements

The PT services triggering the PA requirement, include, but are not limited to, services represented by the following codes:

Primary PT Codes: 97026, 97032, 97034, 97035, 97110, 97112, 97124, 97140, 97530, 97535, 97750, 97760, 97763

Adjunctive PT Codes: 97010, 97016, 97024,

****Importantly, under this new policy, you will not be required to obtain PA for any service that is not a PT service (e.g. E/M, x-ray, and CMT services will not require PA.)****

Primary and Adjunct PT Codes:

As indicated above, this new PA program breaks PT codes into two categories: Primary PT Codes and Adjunctive PT Codes.

Primary PT Codes: When requesting PA, you will be required to choose one of the Primary PT treatment codes as the "primary" service to be rendered (you cannot and will not enter a CMT code as your primary treatment—even if it is—since this program only relates to PT services).

Importantly, the "Primary PT" codes operate on what Carelon calls a "grouper" concept, meaning that once you are approved for visits based on one Primary PT code, you may perform and bill for any PT

code/service from the "group" of Primary PT codes on any of those approved visits without needing to separately request PA for that specific code.

Adjunctive PT Codes: *Any* service represented by the above "Adjunctive PT Codes" do not follow the "grouper" concept. These CPT codes must be individually entered during a PA request *and* require further review before PA can be rendered **on the request as a whole**. In other words, the decision on any PA request, which includes one of these codes, will require more steps.

97012 and 97014 are not covered services under the program:
Unfortunately, the Clinical Guidelines governing this PA program conclude that Traction (97012) and Unattended Electrical Stim (97014) are never considered medically necessary. PA will never be granted for these services and they will not be covered for patients of plans subject to this program effective 12/1/2024.

As such, for patients of plans subject to this PA requirement (effective 12/1/24):

- You may collect appropriate signed non-covered services waivers from the patients prior to performing these services and bill the patients directly *without having to first request PA*. (If you choose this option, please first consult the HNS Non-Covered Services Policy found here: https://healthnetworksolutions.net/index.php/non-covered-services).

- *You may also c*onsider alternative services such as attended Electrical Stim (97032). (More about the requirements for this service may be found here: https://www.healthnetworksolutions.net/index.php/cpt-97032

Ordering Provider, Servicing Provider, and Treating Therapist:
During the PA request process on the Carelon PA portal, after entering the patient's condition & services, the Portal will *require* you to enter "Ordering Provider" and "Servicing Facility" details. You will enter your provider and/or practice information on these screens per the following instructions:

- **Ordering Provider:** For "Ordering Provider" information, please search for and enter your individual provider information. (*Do not check the box for "The Member is requesting treatment without referral from a physician (Direct Access)*."

  Helpful Tip: Search for your "Ordering Provider" information using only provider name, city and state. This seems to return more accurate results vs. searching with more detailed information *e.g.* NPIs, full addresses, etc.

- **Servicing Provider(s)/Facility**: For "Servicing Provider(s)/Facility" information, you will:

- Check “Yes” to the question “Will the Servicing Facility be billing for the request?”
- Then, if your practice is a “Group practice” (*i.e.* has a Type 2 NPI), then search for and enter your practice information using practice name, city, and zip code. If you are a sole proprietor (*i.e.* you do not have a Type 2 NPI), search for and select yourself under your name, city, and zip code.
- Then, select “Office” as the Place of Service in the dropdown box.

Helpful Tips:

(1) Search for your “Servicing Provider/Facility” information using only practice name, city and state. This seems to return more accurate results vs. searching with more detailed information *e.g.* NPIs, full addresses, etc.

(2) Your search may return several search results for your practice name and address and some of those may contain HNS’ EIN/NPI (with or without your EIN/NPI). Per BCBSNC, you may select and proceed with any of those search results.

(3) For “narrow network” BCBSNC plans (*e.g.* plans beginning with prefixes HPO, Y2K, Y2L, Y2P, Y2Q, Y2Y, Y2Z, Y2U, Y2V), **IF** you cannot find your practice information when searching for “Servicing Provider/Facility”, then do the following:

a. Search using “Health Network Solutions” as the provider name, along with your City, and you should then see a search result with HNS as the provider name, with your physical address and HNS’ NPI/EIN.

b. If you do, per BCBSNC, you should select this option as the Servicing Provider/Facility information until further notice.

NOTE - Treating Therapist Section: If the servicing facility is selected as the billing entity as you should per the above instructions, select “unknown treating therapist” when prompted to enter “Treating Therapist” details. *If you do not do this, then the portal will make you enter this information, and if required to do so, you should enter your individual physician information as the treating therapist.*

Services Performed on Initial Visit DO NOT Require PA

Services performed on the initial visit do not require PA and providers should not request PA for the initial visit. Only PT services performed following those performed on the patient's initial visit (*i.e.,* all DOS following the visit where the new patient E/M code is billed) require PA.

E/M, Imaging, and CMT Codes DO NOT Require PA
E/M (99202-05; 99212-15), imaging, and CMT codes (98940-98943) **do not** require PA per this program at any time.

Therapy Modifier:
Importantly, to process claims correctly, *Modifier GP* is required on all physical therapy treatment code lines starting with the initial visit. (However, Modifier GP should not be appended to any CMT, imaging, or E/M code, as it will result in these services being incorrectly denied.)

CMS 1500 Claim Form Box 23 (Prior Authorization Number):
The Carelon order number should be included in box 23 of applicable claim forms.

Billing of PT Services Denied as Not Medically Necessary:
If the PA program ultimately determines that a PT service or a visit with PT services is *medically unnecessary* and no further PA will be authorized, those impacted services would be considered non-covered *and may be billed to the patient if an appropriate non-covered services waiver is obtained prior to the treatment being performed*. For more information on the proper procedure for billing patients for non-covered services, please consult HNS Non-Covered Services Policy found here: https://healthnetworksolutions.net/index.php/non-covered-services.

5. Where may I find more detailed information from Carelon about the PA program?

HNS has reviewed and collated what we believe to be the most helpful resources from Carelon. They are linked below:

(1) Carelon Program FAQs
(2) Carelon PA Program Checklist for PT
(3) Carelon PA for PT Clinical Guidelines
(4) Carelon PT Code List (Primary and Adjunct PT Codes)
(5) Carelon Training Slide Deck

You may find copies of all these documents in the BCBSNC/Carelon section of the HNS Website here: https://healthnetworksolutions.net/index.php/bcbsnc-corporate-medical-policy-cmp/bcbs-carelon-pa-for-pt-program.

HNS will continue our efforts to educate you about this new PA program, and we will promptly notify you of any updates or changes.

In the interim,
to help avoid denials,
please be sure you and your billing CA understand this new program and carefully review the information, and follow the directions, included in this document.