

May 2013



NPI#1780614453

Scheduling and Billing **1-800-783-1008** www.theptgroup.com

PHYSICAL THERAPY MANAGED CARE BENEFITS/PRIOR AUTHORIZATION

Outpatient Physical Therapy Centers

Apollo, Blairsville, Derry, Greensburg-Pellis Rd.
Greensburg-Ortho & Sports-Rugh St., Greensburg-W. Newton St.
Harrison City, Irwin/N. Huntingdon, Jeannette, Latrobe
Lower Burrell/New Kensington, Monroeville, Moon Township
Mt. Pleasant, Murrysville, New Alexandria, Penn Hills
Pittsburgh-Downtown, White Oak/McKeesport

Balance Therapy

Blairsville, Derry, Greensburg-Pellis Rd., Harrison City, Irwin/N. Huntingdon, Jeannette
Latrobe, Lower Burrell, Monroeville, Moon Township, Mt. Pleasant, New Alexandria Penn
Hills, Pittsburgh-Downtown, White Oak/McKeesport

Attached is a summary of physical therapy benefits and prior authorization requirements of managed care organizations. If you are aware of changes, or plans that you would like us to participate with, please contact Walt Henry, Dir. of Mkg. and Dev. at 1-800-783-1008.

We participate in the following health plans and networks:

Aetna, Active Care, Align Network, AmeriHealth, Argosy, Beech, ChoiceCare/Humana,
CIGNA Health Care, Commonwealth of PA(KeyScripts), CompAmerica/EOS,
CompServices, CorVel CorCare, Devon Health Services, Dept. of Labor, Coventry/First
Health, FOCUS, Gateway, Health America, Health Assurance, Highmark, InterGroup,
Integrated Health Plan, Managed Medical Assurance, Multiplan, Ohio BWC, OptumHealth
Care Solutions, Physicians Health Services, Preferred Provider Network, Premier Comp
Solutions, Prime Health Private Health Care Systems, Procura, SelectCare Access, Tricare,

TheraMatrix, UnitedHealthcare/Optum Health, UnitedHealthcare Community Plan,
UPMC(HMO,PPO,EPO, Advantage For Life) ,USA MCO, VA, WorkWell

DIRECT ACCESS OFFICES

Direct Access – Physical therapy evaluation and treatment without a physician’s referral for up to 30 days is permitted by PA legislation, regulation, and licensure. Highmark, Health America, and Aetna recognized and reimburse for Direct Access; Medicare and Medicaid managed care programs do not. All other insurance is authorized on a case-by-case basis. The following offices accept Direct Access clients.

Apollo * Greensburg-Pellis Rd. * Greensburg Ortho & Sports * Greensburg West
Harrison City/Penn Township * Irwin/N. Huntingdon * Jeannette * Lower Burrell/New Kensington
Monroeville * Mt. Pleasant * Murrysville

HIGHMARK BLUE CROSS BLUE SHIELD

Phone #: 1-800-847-3627

<p>BC/BS COMP-UCR, KEYSTONE BLUE HMO, SELECT BLUE POS, BLUE CHOICE,</p>	<p>No treatment plan needed. Some contracts have limitations. Check coverage for each patient.</p>
<p>PPO BLUE, DIRECT BLUE. EPO BLUE, SECURITY BLUE (Medicare HMO), SECURITY BLUE CARE (Medicaid HMO), FREEDOM BLUE, KEYSTONE BLUE</p> <p>BC/BS PEBTF</p>	<p>Must check member eligibility and benefit accumulator, then submit Care Registration through Navinet for initial 8 visits. If the therapist feels the patient needs visits after the first 8 visits, you must obtain a Care Authorization through Navinet.</p> <p>Same as above, but will only receive 6 initial visits. Need to get additional authorization beginning with the 7th visit.</p>
<p>FREEDOM BLUE PFFS, PREFERRED BLUE, PREMIER BLUE SHIELD, BLUE SHIELD COMPR., BLUE SHIELD COMPLETE, BLUE CHIP, CLASSIC BLUE</p>	<p>No referral needed.</p>
<p>SPECIAL CARE</p>	<p>They have no outpatient therapy coverage.</p>

EMPIRE BC BS PPO	Precertification needed before first visit.
CAPITAL BLUE CROSS	Need auth after 6 visits. Must use their treatment plan and fax copy of original eval and insurance to 717-540-2440 or 724-540-2440.

PHYSICAL THERAPY MANAGED CARE BENEFITS/PRIOR AUTHORIZATION

HEALTH AMERICA

ADVANTRA-M	This is Health America’s Medicare/Medigap plan. No co-pay.
ADVANTRA, ADVANTRA	These are Health America’s Medicare managed care programs.
EXTRA & ADVANTRA PLUS	THE pt GROUP must obtain prior authorization. Client will have co-pay per visit. (Health America has been giving prior authorization for 15 visits to start)
ADVANTRA FREEDOM	No prior authorization, no referrals. Has co-pay and follows Medicare.
CARELINK	Patient can self-refer for first visit. All other visits must be pre-certified and need prior authorization.
HEALTH AMERICA <i>1-800-669-2202</i> <i>Fax 1-888-247-4791</i>	This is an HMO with a Primary Care Physician. THE pt GROUP gets authorization for treatment. (Health America has been giving prior authorization for 15 visits to start). Benefits may be maximum of 15 consecutive visits or 60 days, whichever is greater, per diagnosis, per contract year. If it is a federal government contract, the benefit is two consecutive months per condition.
HEALTH ASSURANCE	This is a PPO with no Primary Care Physician. No prior authorization required. Maximum benefit is 15 visits (may have deductible, co-pay and or co-insurance) per calendar year.
HEALTH ASSURANCE COORDINATED CARE	Health Assurance Coordinated Care PPO will appear on client’s card. No prior authorization required. (Same as Health America) Maximum benefit is 15 visits per contract year.

AETNA

AETNA	PCP offices should select THE pt GROUP as their capitated (network) physical therapy provider prior to treatment. The PCP should obtain prior authorization through the Envoy or Navinet system for the prescribed treatment. When properly authorized, these services are fully covered, less any applicable co-payment. Current completed prescription required by THE pt GROUP. In rare instances, the PCP may want to refer a patient/client to a non-participating (non-capitated) provider for services that are not available within the network. Coverage for services from non-participating (non-capitated) providers requires prior out of capitation referral by Aetna, in
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addition to the out of capitation referral from the PCP to avoid the deductible, coinsurance, and to maximize benefits. Benefit period is 60 consecutive days from date of first treatment per diagnosis per lifetime, or contract year, depending on agreement. Request for extension beyond 60 days must have authorization by Aetna.

AETNA

Same as above except referral form for patients over 65 should specify number of treatments per week and/or length of treatment, per Medicare guidelines.

MEDICARE

Listed as “THE pt GROUP”

1-800-624-0756

AETNA EPO & PPO

Current physician prescription, no referral needed for most contracts, some do.

UPMC HEALTH PLAN

POS PLAN

THE pt GROUP can treat out of network. No prior authorization required. Limitations on visits.

HMO PLAN

Physical therapists are to evaluate each individual patient and the billing office will verify if coverage is available.

MEDICARE

UPMC For Life. If co-pay applies, we do treat.

MEDICAID

UPMC For You. We do not treat unless Medicare is primary.

TRICARE

This is the insurance for members of the armed forces. THE pt GROUP participates in TriCare and Tricare Prime (as long as patient is on active duty). Must get an authorization for therapy from referring physician first before treating. Sometimes the physician’s office or patient obtains it, if not, THE pt GROUP has a form that can be filled out and faxed to HealthNet in every office.

UNITED HEALTHCARE/ACN GROUP/OPTUM HEALTH

THE pt GROUP office should have an exclusions list for the group numbers that do not have to get an authorization for physical therapy.

U.S. DEPT. OF LABOR

Visits must be authorized before treating. Look for the form that has an “ACS” logo on the upper right hand corner and is titled “Physical Therapy/Occupational Therapy Authorization Form”. THE pt GROUP office has its own “ACS Provider” number.

VETERANS ADMINISTRATION BENEFITS

Anyone who has VA benefits can be seen at our office as long as the referring MD has an authorization from the VA, or by calling 412-822-1227. You must have the auth before the patient can start PT. They can be seen at THE

pt GROUP as long as they live more than 25 miles from the VA on Highland Avenue, or get an exception for difficulty in accessing VA.

MEDICARE SUPPLEMENT

CAREMARK (UMWA) UNITED HEALTH & RETIREMENT FUNDS – is a supplement to Medicare. Authorization for evaluation is not needed. After evaluation, call 800-292-2288 option #3; if there is not an authorization obtained, there is a 20% penalty. Additional visits (beyond original auth) require a plan of care and evaluation faxed to 800-382-7792.

MEDICARE MANAGED CARE

Highmark	See individual section for description.
UPMC	See individual section for description.
Health America	See individual section for description.
Aetna	See individual section for description.
United HealthCare Medicare Dual Complete/Medicare Complete/Medicare Essential	This is a Medicare HMO- Client must be Medicare-eligible to purchase. Prior authorization is obtained by THE pt GROUP.
1-800-366-7304	
FAX # 1-866-839-4066	
Gateway Medicare Assured	Prior authorization required by THE pt GROUP with script, ICD-9 codes, frequency and duration. Annual deductible and 20% co-insurance applies.
1-800-392-1146	
Humana Medicare	You do not need an authorization for the initial evaluation. After the evaluation, you MUST get an authorization for continued treatment. They will <u>not</u> backdate! It takes two days for confirmation of the authorization. Send in the treatment plan provided by Humana along with initial evaluation letter, notes, and prescription to Orthonet.
1-800-863-4061 (fax)	

MEDICAID PROGRAMS

ACCESS	Call EVS, listen to complete message to find which managed care plan (Gateway, UPMC For You, or United Healthcare). ACCESS card is temporary. Clients
EVS # 1-800-766-5387	

may have an ACCESS card until one of the plans below is chosen. We treat only if under 21 and over 65. There may be a minimal copayment.

GATEWAY

Practice # 1002665

Before faxing you must call

1-800-392-1146

FAX # 412-255-5617

Same as Gateway Medicare Assured above, except Gateway pays at 100% of Gateway fee schedule.

SECURITY BLUE CARE

(Medicaid HMO)

Has a deductible, authorization requirements same as Security Blue.

UPMC FOR YOU

We do not participate unless Medicare is primary.

UNITED HEALTHCARE

All of THE pt GROUP offices participate. Authorization is required after 12 visits. There is

COMMUNITY PLAN FOR FAMILIES

FAX # 877-310-3826

an 18 visit limit inclusive for all therapies.

UNITED HEALTHCARE

COMMUNITY PLAN FOR KIDS

1-800-600-9007

All of THE pt GROUP offices participate. Authorization is required after 12 visits. There is a 60 visit limit per calendar year for PT.