

August 2016



THE pt GROUP PHYSICAL THERAPY

The Physical Therapy Institute

1-800-783-1008 • www.theptgroup.com

NPI#1780614453

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

PHYSICAL THERAPY MANAGED CARE BENEFITS/PRIOR AUTHORIZATION

Outpatient Physical Therapy Centers

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

Balance Therapy

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

We participate in the following health plans and networks:

Aetna, Active Care, Align Network, Allsavers, AmeriHealth, Argosy, Aultcare, Beech, ChoiceCare/Humana, CIGNA Health Care, Cigna Open Access Plus, 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, WorkWell, WPEE

Note: We have self-pay rates for those that have no insurance, exhausted their benefits, or financial hardships.

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, Cigna, UPMC, and Aetna recognize 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 * Harrison City/Penn Township * Irwin/N. Huntingdon
Johnstown/Richland * Lower Burrell/New Kensington * Monroeville * Mt. Pleasant * Murrysville

HIGHMARK BLUE CROSS BLUE SHIELD

Provider #001818711
Phone # 1-800-847-3627
Healthways phone #: 866-656-6072

BC/BS COMP-UCR, KEYSTONE BLUE HMO, SELECT BLUE POS, BLUE CHOICE,	No treatment plan needed. Some contracts have limitations. Check coverage for each patient.
PPO BLUE, DIRECT BLUE. EPO BLUE, SECURITY BLUE (Medicare replacement plan), SECURITY BLUE CARE (Medicaid HMO), FREEDOM BLUE, KEYSTONE BLUE BC/BS PEBTF	Must check member eligibility and benefit accumulator, then submit Care Registration through Navinet for initial 8 visits, if applicable. If the therapist feels the patient needs visits after the first 8 visits, you must obtain a Care Authorization through Navinet. Must check member eligibility and benefit accumulator, then submit care registration through Navinet or call Healthways at 1-866-656-6072 to register for initial 6 visits. Need to get additional authorization beginning with the 7 th visit.
FREEDOM BLUE PFFS, PREFERRED BLUE, PREMIER BLUE SHIELD, BLUE SHIELD COMPR., BLUE SHIELD COMPL., BLUE CHIP, CLASSIC BLUE	No referral needed.

SPECIAL CARE	They have no outpatient therapy coverage.
EMPIRE BC BS PPO	Precertification needed before first visit.
CAPITAL BLUE CROSS	Need auth for initial 6 visits. Must use their treatment plan and fax copy of original eval and insurance to 717-540-2440 or 724-540-2440.
ANTHEM BC/BS	<p>Need to check each patient to see if auth is required. Either check with Billing or call the number on the back of the card.</p> <p>If an authorization is required it is administered through Ortho Net</p> <p>Go online to: www.orthonet-online.com</p> <ul style="list-style-type: none"> ● click provider ● click the + by Anthem ● click the 2nd + Anthem BC/BS ● then select the state, see back of card ● click on therapy request form....fill out and fax to number at the top of the form ● then click PT/OT INITIAL EVALUATION REPORT fill out and fax to number at the top of the form
Blue Cross Blue Shield Smithfield	Call Smithfield at 1-800-809-5916 to obtain the authorization, if needed

HEALTH AMERICA

ADVANTRA-M	This is Health America's Medicare/Medigap plan. No co-pay. Medicare replacement plan.
ADVANTRA, ADVANTRA EXTRA & ADVANTRA PLUS	These are Health America's Medicare managed care programs. It is best to call to verify if auth is needed. Client will have co-pay per visit.
ADVANTRA FREEDOM	No prior authorization, no referrals. Has co-pay and follows Medicare.
CARELINE	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. It is best to call to verify if auth is needed. Benefits may be a 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.

UPMC HEALTH PLAN

(Call on all plans to see if they have a co-pay in network)

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.
UPMC FOR LIFE	If co-pay is listed on card, we do treat. Medicare replacement plan.
UPMC FOR YOU	If co-pay is listed on card, we do treat. Medicaid plan.

***** **If unsure, it is best to contact the billing department to have insurance pre-verified.** *****

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 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 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 HMO	Referral from the PCP must show the code 99499 for eval & treat. They do not want to backdate referrals.
AETNA MEDICARE	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.
AETNA EPO & PPO	Current physician prescription, no referral needed for most contracts, some do.
AETNA BETTER HEALTH 866-638-1232 Fax # 877-363-8120	Medicaid program. There are several different plans, such as Children's Plan, Low Risk Plan, High Risk Plan, and Healthy PA Plan. There may or may not be a copay or an auth needed. These plans are for clients 21 years and older. It is best to call and verify as to whether you need an authorization on each plan. They will not backdate an auth. Website is : www.aetnabetterhealth.com. When requesting an authorization remember to add code 97799 along with all other CPT codes. They WILL NOT back date authorizations.
AETNA BETTER HEALTH KIDS CHIP	For clients 18 years old and under. Check for co-pay and auth. Website is www.aetnabetterhealth.com or call the numbers listed under the above.

UNITED HEALTHCARE COMMUNITY PLAN

COMMUNITY PLAN FOR FAMILIES 1-800-366-7304 FAX # 877-310-3826	This is a Medicaid plan. All of THE pt GROUP offices participate. Authorization is usually required after 12 visits. There may be an 18 visit limit inclusive for all therapies. It is better to call when you have a patient who has this insurance to verify whether they need an authorization from the first visit. The plan year runs from July 1st through June 30th.
COMMUNITY PLAN FOR KIDS 1-800-600-9007	This is a Medicaid plan. There is a 60 visit limit per calendar year for PT. Based on calendar year.
UNITED HEALTHCARE MEDICARE	This is a Medicare HMO- Client must be Medicare eligible to purchase.
COMPLETE/MEDICARE ESSENTIAL 1-800-366-7304 FAX # 1-866-839-4066	Prior authorization is obtained by THE pt GROUP. Plan is based on a calendar year.

THERAMATRIX PHYSICAL THERAPY NETWORK

888-638-8786 Fax: 248-333-7957	Initial authorization <u>must</u> be obtained within 24 hours of initial evaluation. Pre-authorization for additional visits must be obtained by calling or faxing TPTN. Will take up to 48 hours to receive authorization via fax. Prescription is required. Failure to get preauthorization will result in denial of claims. (UAW Retirees) ** All offices participate except for McKeesport/White Oak and Johnstown/Richland**
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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. The fax # is 888-299-4181. You should receive the authorization within 2-5 business days. If you do not, you can call 877-874-2273 to check on it. Follow the prompts as you are advised. You must have the social security number, date of birth, and name. They will NOT backdate authorizations. This insurance cannot be billed without the sponsor/member's social security number.

UNITED HEALTHCARE/ACN GROUP/OPTUM HEALTH

There is no longer an exclusions list. You need to either call the Quick Group Check at 888-329-5182 or go to the website of www.myoptumhealthphysicalhealth.com to check as to whether an authorization is needed. **Quick group check can only be used if patient ID is 6 digits or has a letter and 4 numbers.** The ID# is 685966, password 662DPTM. **You can no longer fax the forms in to UHC; the auth must be done online.**

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". **Each pt GROUP office has its own "ACS Provider" number. If you do not know your number, call Billing for your individual office number.**

VETERANS ADMINISTRATION BENEFITS

Anyone who has VA benefits can be seen at our office as long as you have an authorization from HealthNet. You MUST have the auth before the patient can start PT. They will give you between 12 to 18 visits. MAKE SURE YOU CHECK THE LETTER YOU RECEIVE FROM HEALTHNET TO SEE HOW MANY VISITS WERE ACTUALLY AUTHORIZED. If the patient gets a new prescription for visits more than their original auth, you must fax a "Request for Additional Services" to HealthNet and WAIT for the visits to be authorized before continuing treatment.

UMWA

Requires authorization.

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

Aetna	See individual section for description.
Cigna Health Spring (Bravo)	We are not in network for this Medicare product.
Gateway Medicare Assured 1-800-392-1146	Prior authorization required by THE pt GROUP with script, ICD-10 codes, frequency and duration. Annual deductible and 20% coinsurance applies. Can request authorization either via Navinet or phone. Medicare replacement plan.
Health America	See individual section for description
Highmark	See individual section for description.
Humana Medicare 1-800-863-4061 (fax)	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.
UPMC	See individual section for description.

MEDICAID PROGRAMS

ACCESS EVS # 1-800-766-5387	Call EVS, listen to complete message to find which managed care plan (Gateway, UPMC For You, or United Healthcare). ACCESS card is temporary. Clients 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.
AETNA BETTER HEALTH KIDS CHIP	See individual section for description.
GATEWAY Practice # 1002665 1-800-392-1146 FAX # 1-888-245-2063	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	If co-pay is listed on card, we do treat. It may be necessary to have insurance pre-verified to determine if coverage is available.

SELF-PAY

If a prospective patient indicates that they do not have health insurance, we can offer them the self-pay rate which is \$90 for the initial evaluation, and \$50 for any future visits.