Security Health Plan Therapy Program Quick Reference Guide

Clinical Criteria – available at www.eviCore.com

Implementation Website – https: //www.evicore.com/healthplan/shp

In addition to the main website, implementation websites tailored to a specific health plan are available. The websites include the CPT code list (list of codes that require prior authorization for a specific health plan), Frequently Asked Questions (FAQ), Quick Reference Guides (QRG), links to clinical worksheets, and links to eviCore's evidence-based guidelines.

Clinical Consultation – Visit www.evicore.com and select "Request a Clinical Consult" in the *Provider Shortcuts Menu* in the top right-hand corner of your browser. If you require a call-back at a specific time, please indicate that time and time zone in the message field when making your request. eviCore will contact you if your request cannot be accommodated.

Request for prior authorization- All therapy cases with a date of service after 5/1/2019 need a new authorization from eviCore. eviCore cannot extend authorizations originally provided by SHP.

Date extension
A date extension can be granted for a therapy case in which a provider was authorized visits, but was unable to perform those visits within the amount of time given. You can request a date extension via our Web Portal or telephonically. A one-time date extension will be granted for up to 30 days. The extension must be requested before the authorization expires.

How do I submit documents for review for prior authorization or a medical necessity review?
The preferred method of submission is via the Web Portal. However, you can also call eviCore or fax in your request; the fax number is 888-774-1319. While eviCore discourages submission by fax, if you must fax your request, include a completed eviCore clinical worksheet. If the worksheet is completed, there is no need to include additional clinical notes.

What information is needed to request authorization of Physical and Occupational Therapy services?
eviCore requires clinical information to determine if services are medically necessary. Submitted cases lacking complete clinical information often take longer to process and may result in a reduction of services or a denial. To reduce the time needed to create a case on the web or phone, have the following information available:

- Member information, including Name, Date of Birth, Address, Phone #, Health Plan ID
- Provider information, including Name, NPI #, TIN, Phone #, Fax #, Address, Specialty Type
- Current Clinical information
    - Adult – use eviCore's clinical worksheets to identify the clinical information needed
    - Pediatrics - use eviCore's clinical worksheets to identify the clinical information needed, including:
- Standardized test scores within 1 year
    - Current clinical (typically collected within the prior 20 days)
    - Progress toward goals
- Patient reported functional outcome measures (ODI, NDI, LEFS, HOOS JR, KOOS JR, or DASH/QuickDASH)
- Requested start date – this is the date you would like the authorization to begin.

How soon can I request additional visits? In order to prevent interruption in care, **submit requests for additional visits as early as 7 days prior to the requested start date.**

What will eviCore approve?
The program will include visits not units for use within an approved period.

Visits should be spread over the approved period to prevent a gap in care. If eviCore reduces or denies a request (also known as an adverse determination), the letter will include clinical rationale to explain why. The rationale is written in language a member can understand in order to comply with regulatory standards. If there has been an adverse determination, the letter will include directions for reconsiderations, clinical consultation (Peer to Peer), or the appeal process. Please review your letter for information on next steps.

Will eviCore approve services performed by two providers (different specialties) within the same period of time?
That depends on the conditions being addressed and/or the providers' plans of care. eviCore will approve care by two different specialties during the same period when (1) providers are treating different conditions (for example, Chiropractic for lumbar

condition and Occupational Therapy for a hand condition), or (2) when treating the same conditions but the plan of care and goals are different (for example, PT and OT services following a brain injury). eviCore will not approve care by two specialties for the same condition when the plan of care is similar/overlaps and the care provided is duplicative.

How can I determine if services are medically necessary? To be considered medically necessary, the following conditions must each be met:

- The services shall be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition.
- The services shall be of such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed only by a therapist, or in the case of physical therapy and occupational therapy, by or under the supervision of a therapist.
    - Services that do not require the performance or supervision of a therapist are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.
- For non- Medicare cases, there must be an expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time.
- For Medicare cases, coverage does not turn on the presence or absence of a beneficiary's potential for improvement from the therapy, but rather on the beneficiary's need for skilled care.
- The amount, frequency, and duration of the services must be reasonable under accepted standards of practice.

What services are not considered medically necessary? The following services are generally not considered medically necessary. (Refer to specific health plan policy for specific-coverage policies.)

- Service(s) that can be self-administered or safely and effectively furnished by an unskilled person without the direct or general supervision of a therapist.
- Training in nonessential self-help, recreational tasks, or sport-specific performance.
- Services related to activities for the general good and welfare of the member, e.g., general exercises to promote overall fitness and flexibility and activities to provide diversion or general motivation.
- Passive modalities that extend beyond the acute phase of recovery.
- Non-skilled routine, repetitive and reinforced procedures that do not require one-to-one intervention, such as stationary bike riding, progressive resistive exercise after instruction, and passive range of motion.
- Services not provided under a therapy plan of care.
- Services provided by staff who are not qualified or appropriately supervised. (The unavailability of a competent person to provide a non-skilled service does not mean it becomes a skilled service when the therapist furnishes it.)

Will eviCore review for Home Health services?

The Program will not accept authorization requests for treatments to be performed as part of a comprehensive home health episode. Security Health Plan manages home health services. However, if outpatient therapy is provided in the home, i.e. therapy for a child between 0-3 years of age, eviCore will accept the prior authorization request.

What if I need to change facilities?

eviCore will validate the rendering provider/site. The program will require providers to contact eviCore to change rendering facility location only if claims are delegated to eviCore.

What are generic CPT codes? Why are they listed on the authorizations?
The Program will authorize a generic code for each therapy and will communicate these codes on the authorization file. The generic codes are as follows:

- 97165 = OT
- 97161 = PT
- 92523 = ST

Note: eviCore does not approve specific CPT codes. eviCore will approve visits, units, or visits and units based on the health plan requirement. The CPT code included in the letter is a substitutable code. The substitutable code represents all of the CPT codes included in the list of Therapy CPT codes that require prior authorization.

eviCore web portal: For all Security Health Plan MSK Therapy case reviews the default portal to initiate cases is CareCore National