Practitioner Performance Summary and Utilization Management Categories

Updated September 2023 for the
Blue Care Network physical therapy program

Physical Therapy Provider Performance Summary

Your PPS Dashboard

- Insight into your practice patterns and how they compare with your network peers

- Timely access to information to monitor performance over time and by condition

- Patient visits adjusted for factors that account for variation in visit usage

- "Your Value" data points drill down to the claims data used to build your performance summary

Your physical therapy utilization management category

Your risk-adjusted visits per episode (RAVE) establishes your category

Category A providers

- Providers with RAVE up to 90% of the peer average

- Expedited prior authorization - eviCore will issue an immediate approval for PT visits, not to exceed the patient's maximum benefit, for you to provide medically necessary care.

Category B providers

- Providers with RAVE above 90% of the peer average

- Providers that billed fewer than 10 episodes or new providers with fewer than 12 months of claims

- eviCore will approve visits in accordance with condition severity/complexity, functional loss, and confirmation that care is progressing as planned.

Select the correct rendering NPI when requesting authorization

IPTs & Physicians

- Select **your individual NPI as the rendering provider** when requesting authorization.

- Do not select the group's Type 2 organization NPI. Groups are not assigned a category.

Hospital & OPT facilities

- Follow the authorization process for your assigned category (A or B) for both PT and OT.

- When requesting authorization, search for the site by the facility NPI.

Accessing your PPS dashboard & UM Category

1. Select Practitioner Performance Summary in the menu.

2. Select a provider that you have added to your web user account.

3. Choose BCN as the health plan.

4. Click View PPS. Your dashboard will open in a new tab.

5. Click the UM Category tab for your category analysis.
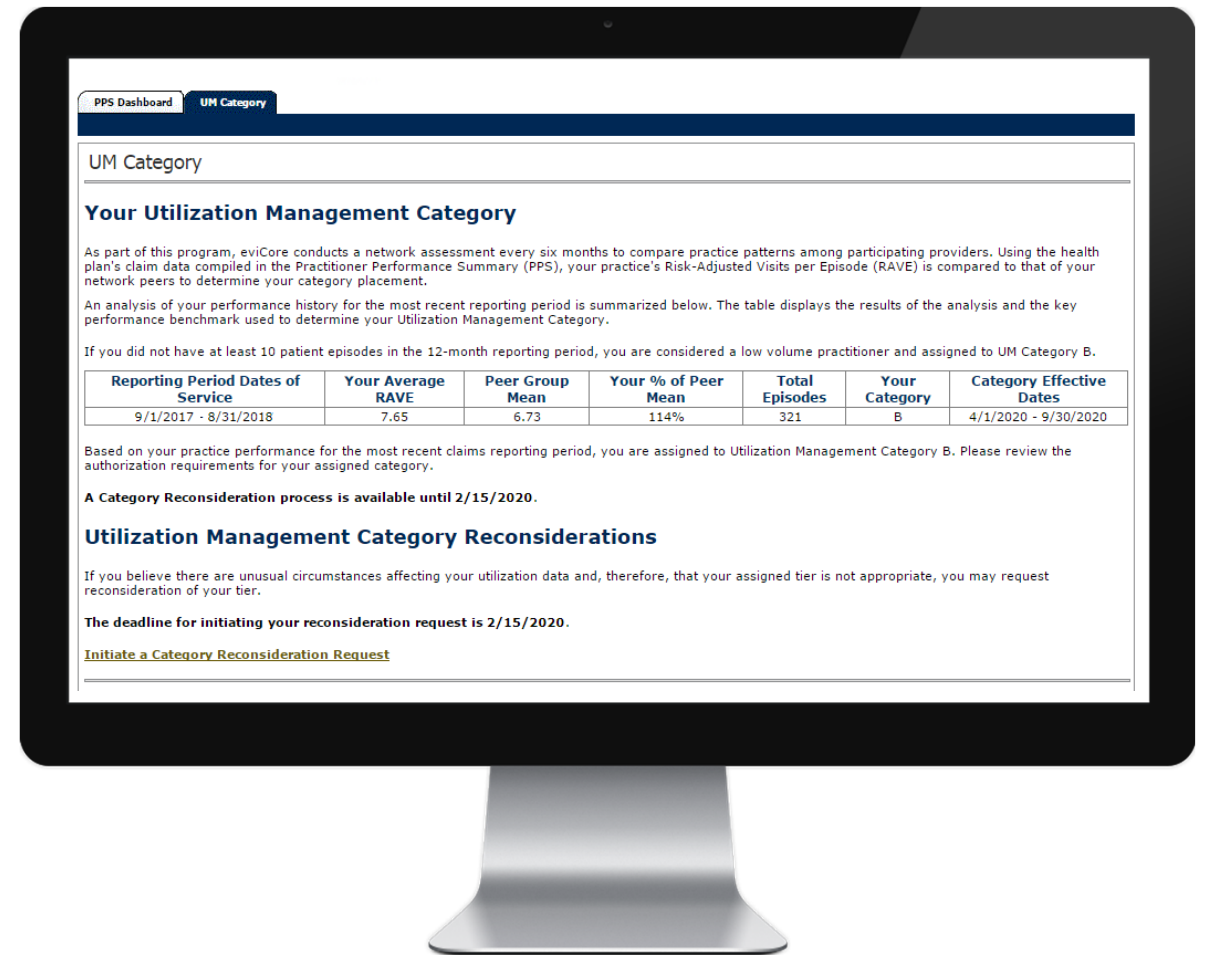
Enable drill down with a PPS security code

Enter the PPS security code that eviCore sends you to enable the drill down to your PPS data
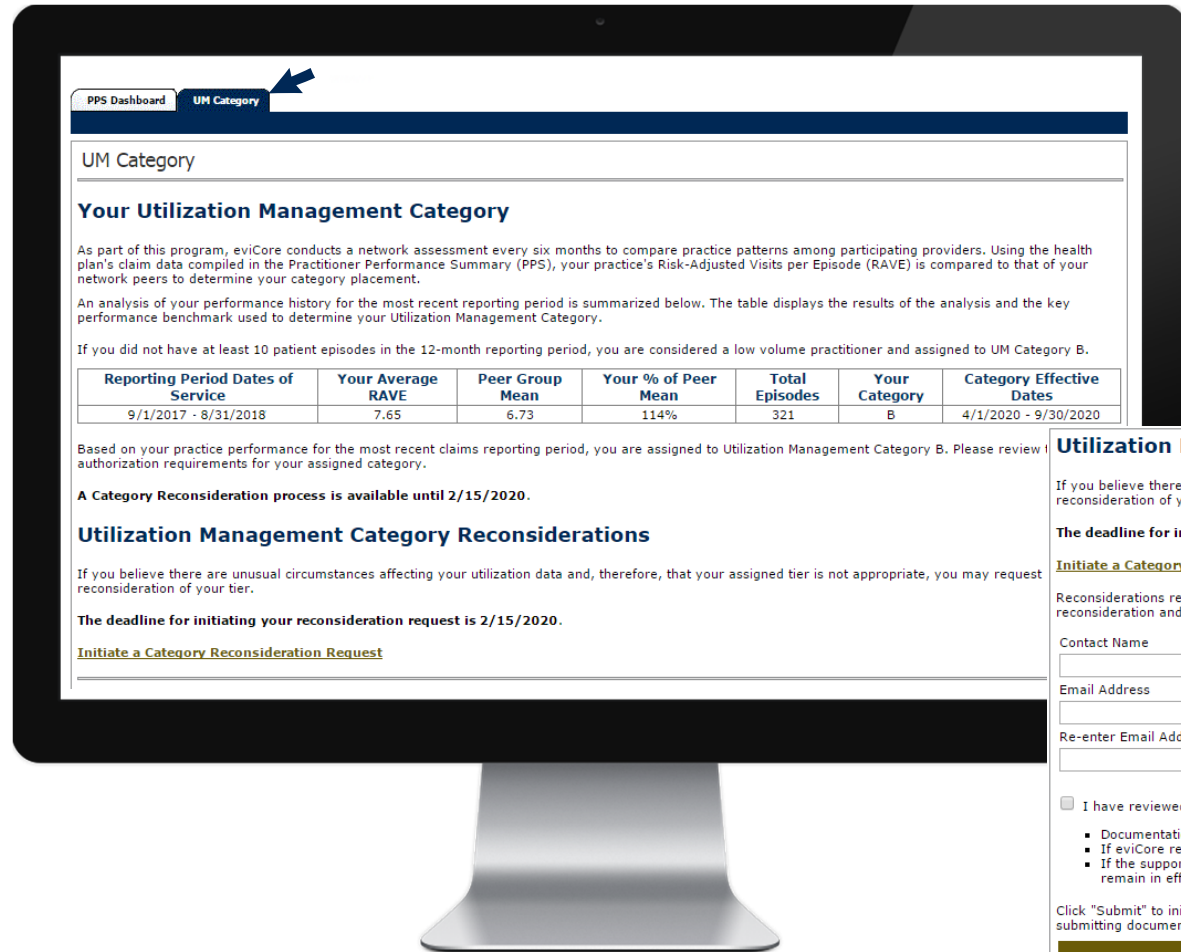
Requesting a PPS Security Code

- Scroll down to the end of your dashboard to select **Click here to have your PPS Security Code sent to you.**

- Choose to have your code sent securely by fax or mail.

- Enter a contact name and select the office fax number or address.

- Upon receiving your 5-digit code, enter it at the bottom of the screen to enable the drill down.

Your utilization management category

Do you want to request a category reconsideration review? Click *UM Category* and start the request online for the quickest process

Tips for category reconsideration reviews

Code the diagnoses on your claims carefully

- Accurate ICD-10 coding on your claims is important so that eviCore can validate when your patients are treated for multiple episodes or have a surgical procedure during their course of care.

- eviCore does not accept category reconsideration requests based on claims missing ICD-10 codes for a patient's change in condition or for aftercare following surgery.

Initiate your reconsideration request & send supporting documents within required time frames

- Initiate the request within 15 days from the category notice in eviCore's PPS portal. eviCore typically posts category notices in **February and August** – 60 days prior to the UM category effective dates of April 1st and October 1st.

- Request a PPS Security Code to enable the drill down into your claims data and to download the list of patients that eviCore analyzed for your category assignment.

- After you initiate a category review, check for an email from eviCore that will provide you detailed instructions and time frames to send back information on your PPS patient list.

- Follow the instructions in eviCore's email to upload the required documentation through eviCore's PPS portal.

Tips for category reconsideration reviews

Identify additional episodes

- An additional episode will be considered when a patient had surgery for the involved condition after treatment was started, or if a patient had a significant event such as - stroke, amputation etc.

- If there was a surgery after treatment was started, indicate the type and date of surgery (MM/YY).

- Only add notes when the patient had multiple episodes *during the category reporting period* noted at the top of the list.

Identify outlier patients

- An outlier is a patient who requires more therapy than the typical patient because of the complexity of care required or the patient's medical condition.

- Provide a detailed explanation as to why the case is an outlier. You may be asked to provide your medical records to support the medical necessity for each of the visits delivered.

- List the dates and body parts or diagnoses involved with each episode. Use descriptions; do NOT use ICD-10 codes.

- We look at frequency of care, duration, and the skills needed to provide the care. If the care appears to be something that could have been done independently by the patient or with some help from a family member, we will consider that care not medically necessary.