

Untitled

Marc,

It was good to meet with your group 2 weeks ago and I wanted to follow up with the questions I left with that I was unable to answer at the time of the meeting. Of note I checked with our group and the monitoring of turnaround has remained 24-36 hours once information is complete.

1. Post Op visits-

Anthem/Orthonet will approve visits based on the first post -op visit which will include an initial visit for splinting or wound care. Once the Evaluation is done and sent to Orthonet the approval will include the visits as designated in the evaluation as post op. Providers should indicate on the Fax Request the date the initial visit occurred to ensure the validity period encompasses that visit.

2. Orthonet approval of subsequent services if provider only requests evaluation.

Orthonet will approve subsequent services after the evaluation based on clinical medical necessity. If the provider has only requested an evaluation it is the PT providers' responsibility to obtain the appropriate referrals from the PCP as indicated.

3. Referral by specialists

Specialists can "refer" patients to PT for evaluation and services especially in situations where there has been surgery. PCPs typically will send the referral to the specialist for care to include treatment, surgery and follow-up which may include PT referrals. However it is ultimately up to the PT to validate that the PCP has sent a referral for PT services and bills that information as applicable on the claim form. (Similar to the issue as noted in #2)

4. Separate auth for separate Dx

It is best to complete a separate auth for separate dx. Of note primary dx should be the dx as identified in the initial evaluation for which services are approved by Orthonet. If diagnosis or condition changes during the treatment then a separate authorization would need to be issued as well as the appropriate referrals from the PCP.

5. Separate claim for separate auth

Providers may bill separately for separate authorizations as these are set in the system according to dx as noted in #4.

6. In the case of a member being sent with multiple conditions but none is primary

Orthonet will review each condition/dx based on the evaluation and request by the provider. If the provider feels no dx is clearly primary, the providers may submit for authorization for the multiple dx by selecting one as the primary and then request authorizations for the other conditions.

Hope this helps and I will plan to meet with you in the next couple of months. We are certainly interested in hearing from you on issues of metrics to evaluate quality of providers which may include number of units/visit, number of visits, outcome etc.

Again, I want to reiterate that if specific examples come up please have the provider contact their respective provider reps so they can work through the issue quickly and catalog these issues.

Let me know if you have any thoughts

Richard P. Lafleur M.D., FACP
Medical Director
Anthem Blue Cross in New Hampshire
603-695-7778
Fax: 603-695-7081