

**PPO Network – Physical Medicine UM Program – Frequently Asked Questions
(Updated March 2020)**

1. What is the Blue Cross and Blue Shield of Illinois (BCBSIL) Physical Medicine Utilization Management Program?

BCBSIL has contracted with a benefit management company named OrthoNet to provide utilization management (UM) for physical medicine, which includes physical therapy, occupational therapy and chiropractic services for PPO members. OrthoNet is URAC accredited in Health Utilization Management and licensed in Illinois as a Utilization Review Organization.

2. Why has BCBSIL implemented this UM program?

BCBSIL implemented the program due to an increasing number of employer groups requesting heightened management of escalating physical medicine costs, and to support quality, while helping our members maximize benefits under their plans.

3. When did the program become effective?

The program became effective on Jan.1, 2014, for City of Chicago PPO members and was expanded to include Indian Prairie School District PPO members on Jan. 1, 2017, for chiropractic services. Effective April 1, 2020, the following **revised** group numbers are included in the program:

<u>City of Chicago Group Numbers</u>	<u>Indian Prairie School District Group Numbers (for Chiropractic Services)</u>
189421, 189422, P68263, P68265, P68266	P20174, P40339, OMC644, OMC645

4. Which services are included in the program?

All independently contracted professional PPO providers providing the following outpatient physical medicine services, regardless of specialty, may be included in the program:

- Chiropractic services
- Occupational therapy (OT)*
- Physical therapy (PT)

**Please note: Occupational therapy for City of Chicago will continue to be managed by Telligen.*

5. What impact, if any, will this have on providers?

BCBSIL contracted providers have been assigned one of three tier levels based on a review of PPO providers' utilization patterns using one year of historical claims data. The tiering protocol for the outpatient rehabilitation management program is designed to identify the providers who have previously demonstrated, and those who continue to demonstrate, practice patterns that are generally within the norm for the same and similar provider types.

Providers are tiered based upon their practice patterns as compared to the norm. Providers are notified of the findings and given an opportunity to submit information if they disagree with their classification. Provider benefit preauthorization responsibilities vary, based upon practice patterns, with greater responsibilities required of providers who appear to fall outside the norm. Newly contracted providers are placed in Tier 2.

6. How will providers know which tier level they are in?

Providers are notified in writing of their tier assignment. The responsibilities for their tier are set forth in the notification letters.

7. How were tiers determined for group practices?

Tiering occurs at the group practice level. All providers who bill under the same group practice contract with BCBSIL are in the same tier level and the assignment is based on the practice's performance as a whole.

8. Will providers be re-tiered?

Provider tiering levels will be assessed periodically, but no less than annually.

9. What if some providers serve a population with greater service needs and therefore have higher utilization?

A number of factors are used to evaluate utilization patterns. Tier assignments are risk adjusted to account for a number of factors.

10. Will OrthoNet manage member benefits?

No. Member benefits will continue to be managed by BCBSIL and continue to be subject to the terms of their existing health benefit plans.

11. Will provider contracting and reimbursement for the PT, OT, and/or Chiropractic services be through OrthoNet?

No. Providers will continue to be contracted through BCBSIL and continue to receive reimbursement through BCBSIL according to the terms of the Participating Provider Agreement. The Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) or paper Provider Claim Summary (PCS) will continue to be issued by BCBSIL.

12. Will claims for the PT, OT, and/or Chiropractic services be processed through OrthoNet?

No. Claims will continue to be processed by BCBSIL. Continue to submit electronic claims to BCBSIL through the Availity® Provider Portal or your preferred web vendor.

13. What type of communication will the provider of service receive if they have not submitted the medically necessary documentation?

The provider will receive an ERA/EPS or PCS, and a letter that indicates additional information is required. The ERA/EPS or PCS will reflect Provider Liability; the PCS will display the following message: **The claim has been denied. A clinical review to determine medical necessity is required.**

14. What if members have questions about this program?

Benefit preauthorization will strictly be the responsibility of the provider. Patients with questions should be directed to call the number printed on the back of their BCBSIL member ID card after the effective date of the program.

15. Where can providers obtain additional information?

Several resources are available on [our Provider website](#) to assist you.

- For more information on the PPO UM program for physical medicine, refer to [Prior Authorization section](#) for our [Quick Reference Guide – Chiropractic Care](#).
- Also refer to the [Education and Reference Center](#) for the following UM forms: [Chiropractic Request Form](#) and [Therapy Request Form](#).
- If you have questions, [contact your assigned Provider Network Consultant \(PNC\)](#).

[URAC](#) is an independent third party nonprofit organization that accredits health care organizations, including medical management organizations.

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Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based on, among other things, the member's eligibility and the terms of the member's certificate coverage applicable on the date services were rendered. If you have any questions, contact the number on the member's ID card.

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