



Utilization Review Guideline: Out of Network (OON) Therapies

Read First

**IMPORTANT INFORMATION CONCERNING
WELLFLEET UTILIZATION REVIEW GUIDELINES**

This Utilization Review Guideline serves as notice to health care members and providers of Wellfleet's Prior Authorization practices. Health providers and members are advised to consult the member's specific benefit coverage document for determining specific Plan benefits and coverage.

Wellfleet may use reasonable discretion in applying these Utilization Review Guidelines to health care services provided to its enrollees. This Utilization Review Guideline does not address all the issues related to coverage and medical necessity for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Utilization Review Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Utilization Review Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this Utilization Review Guideline. Should this Utilization Review Guideline be revised, Wellfleet shall publish a new version of this Utilization Review Guideline. Wellfleet encourages members and providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Utilization Review Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

UTILIZATION REVIEW GUIDELINE

Guideline No: UR-007

**Applicable
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
 - Fully Insured
 - Excluding policies issued in the following states:
N/A
 - Excluding ISO
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
- Student Sports
 - Fully Insured; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance

Purpose

The purpose of this document is to clarify Wellfleet's Medical Necessity of Out of Network (OON) Therapies when prior authorization (also referred to as "preauthorization" or "pre-certification") applies per plan language.

Scope

All OON Therapies that have the Cigna Network. Services requiring prior authorization delivered by in-network providers will be reviewed by the applicable utilization review organization delegated by Wellfleet and are exempt from this process.

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Definitions

- Medical Necessity: Refer to plan language.
 - Out of Network (OON) Therapies: Physical Therapy, Occupational Therapy, Speech Therapy, and Chiropractic Care delivered by an out of network provider as defined per plan language.
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Guidelines

All OON Therapies requiring prior authorization will undergo Medical Necessity review by Wellfleet's Clinical Team after the member's defined visits specified per plan language. The review will be initiated once all of the following documentation is received:

1. Initial Examination/Evaluation/Diagnosis/Prognosis

The therapist performs an initial examination and evaluation to establish a therapy diagnosis, prognosis, and plan of care prior to intervention. An initial evaluation for a new condition by a therapist is defined as the evaluation of a patient for which this is their first encounter with the practitioner or practitioner group who presents with a new injury or new condition or the same or similar complaint after discharge from previous care.

- Applicable CPT Codes: CPT 97161, 97162, 97163, 92521, 92522, 92523, 92524, 97161, 97162, 97163, 97165, 97166, 97167

2. Treatment Sessions

Documentation of treatment sessions must include:

- Date of treatment
- Specific treatment(s) provided that match the procedure codes billed
- Total treatment time
- Response to treatment
- Skilled ongoing reassessment of the individual's progress toward the goals; including objective data that can be compared across time
- Any challenges or changes to the plan of care
- Name and credentials of the treating clinician

3. Progress Reports

In order to reflect that continued services are medically necessary, intermittent progress reports must demonstrate that the individual is making functional progress. Progress reports should include at a minimum:

- Start date of therapy
- Time period covered by the report
- All diagnoses
- Statement of the patient's functional level at the beginning of the progress report period and current status relative to baseline data at evaluation or previous progress report; objective measures related to goals should be included
- Changes in prognosis, plan of care, and goals; and why

4. Reexamination/Reevaluation

Re-evaluations are distinct from therapy assessments. There are several routine reassessments that are not considered re-evaluations. These include ongoing reassessments that are part of each skilled treatment session, progress reports, and discharge summaries. Re-evaluation provides additional objective information not included in documentation of ongoing assessments, treatment or progress notes.

Assessments are considered a routine aspect of intervention and are not billed separately from the intervention.

Continuous assessment of the patient's progress is a component of the ongoing therapy services and is not payable as a re-evaluation. Re-evaluation services are considered medically necessary when all of the following conditions are met:

- Re-evaluation is not a recurring routine assessment of patient status
- The documentation of the re-evaluation includes all of the following elements:
 - An evaluation of progress toward current goals;
 - Making a professional judgment about continued care and/or treatment or terminating services

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- AND the following indication is documented: An exacerbation or significant change in patient/client status or condition.
- Applicable codes 97164 and 97168

If the Clinical Team determines ALL requested visits after the member's 12th visit per diagnosis to be medically necessary based upon clinical guidelines noted above, then the visits may be approved.

If the Clinical Team determines that any of the requested visits after the member's 12th visit may not be Medically Necessary, then the clinical reviewer shall send the case to an Independent Review Organization (IRO) for review/determination after all medical records received. The determination of the IRO shall be binding on Wellfleet.

**Change
History**

Version	Effective Date	Next Review Date
1.0	3/1/2023	1/1/2024
2.0	4/18/2024	3/1/2025
3.0		