Physical Medicine, Sleep Medicine and radiology program guide

Our Physical Medicine, Sleep Medicine and radiology programs apply to Regence members receiving services in Idaho, Oregon, Utah and Washington. This guide provides a helpful overview to each of our programs.

Requesting an authorization or an order number

Codes that require authorization or notification are listed on our pre-authorization lists. Failure to pre-authorize services subject to pre-authorization requirements will result in an administrative denial, claim non-payment and provider and facility write-off. Members may not be balance billed. To pre-authorize these services:

1. Sign in to the Availity Provider Portal
2. Verify member benefits and eligibility for services
3. Use the electronic authorization tool to determine whether pre-authorization is required
4. Submit your pre-authorization request through the AIM or eviCore online portal

Physical Medicine

Our Physical Medicine program is conducted by eviCore healthcare (eviCore) and includes the following components:

- Spinal surgeries
- Pain and joint management
- Physical medicine and therapies (physical [PT], occupational [OT], speech [ST] and massage therapies; acupuncture and chiropractic/manipulation treatments)

Notes:

- eviCore may indicate that prior authorization is not required for an episode of care until an initial evaluation and management visit and up to six treatments have been performed. This only applies to:
  - Regence BlueShield group and Individual members
  - Regence BlueCross BlueShield of Oregon group and Individual members on one of our Clark County, Washington products
  - Regence BlueShield of Idaho group and Individual members on one of our Asotin and Garfield County, Washington, products
- If additional care is necessary beyond the six treatment visits, please contact eviCore for pre-authorization.
- There may be other pre-authorization requirements through Regence for spinal surgery, pain or joint management. Please review our complete pre-authorization lists for details or use the electronic authorization tool on Availity. For questions, please call the number on the back of the member card.

Members 17 and younger

Select pediatric diagnoses are excluded from authorization requirements for therapy and complementary care services for enrolled dependents age 17 and younger. Services are still subject to benefit limitations. Please review our complete pre-authorization lists for other pre-authorization requirements. These diagnosis codes (PDF) do not require an authorization from eviCore Healthcare for:
• Acupuncture
• Physical, occupational, speech and massage therapies
• Chiropractic/manipulation treatments codes

**Sleep Medicine**

Our Sleep Medicine program is conducted by [AIM Specialty Health® (AIM)]. Physicians and other health care professionals ordering the services listed below must contact AIM to request an order number prior to the services being rendered:

• Titration studies
• Home sleep testing (HST)
• Oral appliances for sleep therapy
• In-lab sleep studies (Polysomnography [PSG])
• Initial treatment order (automatic positive airway pressure [APAP], continuous positive airway pressure [CPAP], bilevel positive airway pressure [BiPAP])
• An ongoing treatment order (APAP, CPAP, BiPAP)

The Sleep Medicine program applies to procedures performed in:

• Free-standing sleep centers
• Home-based sleep testing
• Outpatient hospital settings
• Outpatient basis in a physician office

Providers should contact AIM to obtain an order number before scheduling or performing any elective outpatient home-based (unattended) diagnostic study or a facility-based diagnostic or titration study (free-standing or hospital), as well as for sleep treatment equipment and related supplies. Authorization for ongoing sleep therapy will depend on member compliance data provided to AIM by the durable medical equipment (DME) vendor.

**Notes:**

• Supplies for APAP, CPAP, BiPAP do not require pre-authorization.
• Compliance information for APAP, CPAP, BiPAP must only be submitted during the rent-to-purchase time period. Once the equipment has been purchased, we do not require compliance information.

Services performed in conjunction with any of the following are excluded from the program:

• Urgent care facilities
• Inpatient hospitalization
• Emergency room services
Radiology
Our radiology program is conducted by AIM and has two components:

1. **Radiology Quality Initiative (RQI)** – Ordering or referring non-radiological physicians and other health care professionals must contact AIM to obtain an order number before scheduling an elective outpatient diagnostic imaging procedure. If an order number is not obtained from AIM prior to the imaging procedure being performed, the procedure will be considered a provider write-off and cannot be billed to the member.

2. **Advanced Imaging Authorization** – Advanced imaging services/procedures are reviewed by AIM for medical necessity.
   - If AIM determines that the service does not meet medical necessity criteria, the requested service/procedure will be denied and an order number will not be provided. If an authorization number is not obtained from AIM prior to the imaging procedure being performed, the procedure will be considered a provider write-off and cannot be billed to the member.

ASO/self-funded groups
Regence administers medical benefits for self-funded group plans, also known as administrative services only (ASO). ASO groups establish their own benefits, and Regence is the third party that administers their benefit plans. ASO groups can customize their plans.

An [ASO group](#) may decide to purchase some or all of our radiology, Sleep or Physical Medicine programs during their annual renewal period. Renewal periods can vary by month, depending upon the group. It is therefore important to use the electronic authorization tool on the Availity Portal to verify if pre-authorization is required. Some fully-insured plans may not require authorization through AIM or eviCore.

Spinal surgery: ASO groups that do not participate in our medical management programs may have separate pre-authorization requirements with Regence. If you contact eviCore to pre-authorize a spinal surgery and you receive the message below, please review our pre-authorization lists for spinal surgery codes that require pre-authorization, or use the electronic authorization tool on Availity:

*No pre-authorization required at this time. Please note if this is for a spinal surgery, there may be additional pre-authorization requirements with your Health Plan. Please check the Health Plan's pre-authorization list on their provider website.*

Joint administration
[Joint administration](#) describes a partnership between Regence and a third-party administrator (TPA). The TPA receives pre-authorization requests, supports members and manages member benefits. Questions about pre-authorization and requests should be directed to the TPA, as indicated on the member card.
Participation in our programs varies by group
This list is not exhaustive. Use the electronic authorization tool on the Availity Provider Portal to verify program participation.

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<thead>
<tr>
<th>Vendor</th>
<th>AIM</th>
<th>eviCore</th>
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<tbody>
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<td></td>
<td>Use the ProviderPortal or call 1 (877) 291-0509</td>
<td>Use the online tool, call 1 (855) 252-1115 or fax 1 (855) 774-1319</td>
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<td>Group number or product</td>
<td>RQI</td>
<td>Advanced Imaging</td>
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<td>BlueCard (Blue Cross Blue Shield members from other Plans who are not Regence members): Refer to the member’s plan for pre-authorization requirements.</td>
<td>NA</td>
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<td>Commercial products (including ASO)</td>
<td>Effective 1/1/2020, some Commercial products will not require authorization from AIM or eviCore. Please use the electronic authorization tool on the Availity Portal to verify program participation. For some Washington-issued products, eviCore may indicate that prior authorization is not required until after the sixth consecutive treatment visit. If additional care is necessary beyond the six treatment visits, please contact eviCore.</td>
<td>Yes</td>
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<tr>
<td>Group and Individual members receiving care outside our service area</td>
<td>Encouraged, not required. There is no out-of-area coverage for Individual plans in Oregon, Utah or Washington.</td>
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<td>Federal Employee Program® (FEP)</td>
<td>Yes</td>
<td>No</td>
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<td>Medicare Advantage products</td>
<td>No</td>
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<tr>
<td>Medicare Advantage members receiving care outside our service area</td>
<td>Encouraged, not required. Claims will be reviewed for medical necessity once received.</td>
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<td>NA. Contact Innovitive Care Management for pre-authorization requirements at 1 (800) 862-3338</td>
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<td>70000005</td>
<td>NA. Contact AmeriBen for pre-authorization requirements at 1 (800) 786-7930</td>
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Yes = Order number/authorization is required; contact the vendor. 
No = Order number/authorization is not required. Review our pre-authorization lists for other codes that require authorization or notification.

Note: FEP is not part of the claims compliance portion of this program. Please continue to obtain your order number for advance radiology services through AIM. If you encounter any eligibility issues, please contact FEP Customer Service.