



Physical Medicine Provider Manual



The CareIQ Physical Medicine Program is based on the provision of only medically necessary therapy treatments with the focus on work-specific rehabilitation.



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1. CONTACT INFORMATION

To submit a new referral, billing, current referrals of general CareIQ assistance, please contact:

- Toll Free Phone: 866-866-1101
 - Option 1: To schedule new claimant or start a new referral
 - Option 2: For Billing Questions/Concerns/Claim Status
 - Option 3: To follow up with a current or ongoing referral
 - Option 4: Peer to Peer clinical reviewer conversation
 - Option 5: For Spanish
- Fax Number: 844-422-7347

For questions or concerns about the CareIQ Physical Medicine Program, or to request a copy of CareIQ Provider Forms, please contact CareIQ's Provider Relations department:

- Email: CareIQ_Provider_Relations@corvel.com
- Toll Free Phone: 866-866-1101
- Fax: 866-913-1542

2. PROVIDER EXPECTATIONS

Clinician Guidelines

Provider shall be a licensed Physical Therapist, Occupational Therapist, Physical Therapist Assistant, or Certified Occupational Therapist Assistant and practice in accordance with state laws and practice acts. The provider shall use best efforts to assign the patient to the same Physical or Occupational Therapist for each appointment. CareIQ does not allow the use of Massage Therapists or Chiropractors in treatment. Any non-licensed personnel may only participate with patient care as an aide in accordance with each provider's state practice act, including Athletic Trainers.

All progress reports completed by a Physical Therapy Assistant (PTA) or Certified Occupational Therapy Assistant (COTA) must also be signed by a licensed Physical or Occupational Therapist.

Appointment Scheduling

- All patients are to be scheduled for their Initial Evaluation within 48 hours of referral. For the initial appointment, reimbursement includes both the evaluation and the treatment on the first day of therapy.
- The provider is responsible for notifying CareIQ within 24 hours of appointments for which the patient cancels or does not show.
- Provider shall provide future scheduled appointments upon request.
- Treatment sessions must include skilled physical therapy or occupational therapy; therapeutic modalities alone will not be accepted or reimbursed.
- It is CareIQ policy that after any 30-day lapse in therapy services, a discharge summary of the patient's last known status will be requested. If additional MD orders have been received, the facility must submit those to CareIQ for review before additional certification will be sent to the facility as a possible continuation of care.



3. DOCUMENTATION

How to Submit Documents

All therapy documents and requests for additional visits should be sent to:

- Fax: 844-422-7347
- Email: PTdocuments@corvel.com

Submission Requirements

- CareIQ must be notified when the treating therapist plans to continue treatment beyond the current Plan of Care.
- CareIQ will manage all documentation and communication between the adjuster, case manager, and/or employer. If an adjuster, case manager or employer contacts you, please supply a copy of the requested documentation and call 866-866-1101, to report on the additional contact.
- If documentation received from the facility is lacking required documentation, CareIQ may require the provider to use CareIQ forms rather than their own forms.
- Provider shall obtain a prescription from the physician for all visits completed.
- The therapy provider is responsible for all communication and submission of all documentation to the physician
- All Documentation (Initial Evaluation, Progress Note, and Discharge Summary) must be sent to CareIQ within 24 hours of completed service.
- Failure to provide the required documentation in a timely manner may result in a delay in care.
- Provider can request a copy of CareIQ's Provider form by contacting CareIQ's Provider Relations department

Required Documentation

- Initial Evaluation
 - Subjective: Pain Level (0-10) with duration (constant, frequent, intermittent or occasional), Brief subjective job title, description and work status
 - Objective: Range of Motion, Strength, Functional status (ADLs and work tasks)
 - Assessment: Co-morbidities that may contribute to delay in return-to-work objectives, Functional return to work goals (based on Work Requirements Questionnaire)
 - Treatment Plan: Frequency and duration with anticipated time of discharge
- Work Requirements Questionnaire: This form should be completed at the Initial Evaluation. The top portion is to be completed by the patient, and the bottom portion is to be completed by the treating therapist. This questionnaire provides immediate information with the patient's subjective report of his/her job duties and thus assists in the therapy plan of care. Once the patient has provided the information, the treating therapist should make 2-3 long-term, functional goals using the information provided by the patient.



- Progress Reports
 - The Dates of Service Form should be submitted with the 6 visit Progress Note, or sooner if you are notifying CareIQ of a cancellation or no show.
 - Progress Reports MUST be completed every 6 visits (i.e. visits 6, 12, 18, etc.).
 - Reports must include updated objective measurements and functional status.
 - Reports require all information as listed on CareIQ sample progress report. You may use the CareIQ progress report or your own facility form if it contains the same information as the sample form.
- Discharge Report
 - Please include goal status (addressing all therapy goals), return to work status (full, limited, off work) and a reason for discharge.
 - Reasons for discharge include the following: Patient terminated therapy, Patient non-compliance (3 consecutive no-shows/cancellations), Physician terminated therapy, Patient achieved all therapy goals, treatment no longer necessary, Patient reached a plateau in treatment, Patient has met majority of treatment goals and no longer requires skilled intervention to obtain functional restoration, Therapy contraindicated or condition worsened, Patient referred to specialist or is having surgery.

4. CERTIFICATION PROCESS

Requesting Additional Approval

Upon approval, the therapy facility will receive notification in the form of a certification letter which will state the number of visits that have been approved. If facility has not heard from CareIQ within 48 hours of providing documentation, please contact CareIQ at 866-866-1101 to check the status of the certification.

To request certification for additional visits, please submit the following documentation:

- Progress Report
- Prescription to cover additional visits requested (if not already submitted)
- Updated Dates of Service: include cancelled or no-show appointments.

5. CLINICAL REVIEW

Upon receipt of appropriate documentation, the file will be clinically reviewed to assess progress and the plan of care. CareIQ utilizes clinical reviews performed by licensed therapists. If the clinical review identifies clinical concerns, a therapist will be contacting the therapy office to discuss the case with the treating therapist. In the same manner, a licensed Physical Therapist is available to assist with any clinical concerns that the treating therapist may have with a case.



6. DURABLE MEDICAL EQUIPMENT

All DME requests over \$50.00 require Prior Authorization. Please send prescription to 844-422-7347.

If the DME is under \$50.00, it can be given directly to the patient. To be reimbursed for the DME/medical supplies, please refer to the billing process.

7. FUNCTIONAL CAPACITY EVALUATIONS

A sample FCE with HIPPA identifying information redacted must be submitted and pre-approved before your facility can be contracted to perform FCE's for CareIQ.

8. WORK CONDITIONING / WORK HARDENING

An Initial Evaluation needs to contain functional and work-related baseline measurements, not just skilled PT measurements.

The goals need to be functional and work related. The patient needs to perform general strengthening and conditioning activities as well as specific work-related activities in the facility for 2-4 hours per day, 3-5x/week, unless otherwise prescribed by the treating MD. A Progress Report is required every 6 visits for all frequencies of treatment during Work Conditioning/Work Hardening.

9. BILLING PROCESS

The following is a summary of CareIQ billing process:

- Bills are to be sent to CareIQ regularly by the provider
- Bills should be submitted to CareIQ within 30 days of the service rendered.
- Bills not received within 60 days of rendered services may be rejected at CareIQ's discretion.
- Payment is typically received within 30 days from the time the bill is received by CareIQ.

Below is a list of suggestions to avoid claim denials or a delay in payment:

- Provider must notify CareIQ immediately of any changes in name, ownership, address, phone numbers, tax ID number (including W-9 form) or billing office address. Failure to do so may result in delays or incorrect reimbursement.
- Providers must also notify CareIQ of any suspension, revocation, condition, limitation, qualifications or other restrictions on providers' licenses, certifications and permits by any government under which the provider is authorized to provide health care services. Changes/Updates can be emailed to CareIQ_Provider_Relations@corvel.com or faxed to 866-913-1542.



- Submit bills on a standard medical claim form (such as CMS-1500, UB-04, UB-92) using customary CPT codes. List the therapist's name and therapist license number in appropriate boxes. In addition, the service facility location must also be filled out in its entirety to identify the site where services were delivered. On a standard CMS-1500 form, these are in Boxes 31-33.
- Bills must be submitted along with daily notes for each single visit. These notes must be marked with a handwritten or digital signature. If preferring a digital signature on daily notes, the name must clearly and unmistakably authenticate that the typed name is a "digital" or "electronic" signature. Example: "Digitally signed by", "Electronic Signature".
- Work conditioning /hardening must include time in and time out on clinical documentation for each date of service. Your contracted Work Conditioning/Hardening Codes are:
 - 97545: Initial 2 hours (includes Initial Evaluation)
 - 97546: Each additional hour
- Supplies and equipment are to be billed on separate forms from therapy services and are reimbursed independently from therapy care.
 - Misc. Supply Code: 99070 can be used to submit claims for medical supplies.
 - Any supply billed over \$50.00 requires prior authorization from CareIQ.
 - Custom made or off the shelf Orthotics must be pre-certified then billed for professional fitting and supplies separately.
 - Original Invoice, or copies of original invoice, must accompany all supply codes where possible.
 - If an invoice is unavailable or not present at the time of billing, reimbursement will be according to CareIQ's reimbursement policies.
 - Supplies should be documented in daily notes, so that when a supply is billed there is supporting documentation of application.
- Bill authorized Initial Evaluations (IE) with appropriate and valid CPT codes. If the service being billed is an IE, the "note" must contain actual documentation from the IE.
- Bill each injury on separate HCFA forms with the ICD9 diagnosis codes corresponding with the daily notes.
- **Important: Please do not bill the employer or adjuster directly.**

10. HOW TO SUBMIT BILLS TO CAREIQ

- Fax: 866-402-1165
- Email: careiq_bill_submit@documentreceiving.com
- Mail to: CareIQ
PO BOX 3686
Portland, OR 97208-3686