

# CHIROPRACTIC PROGRAM

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This chapter contains information about our network and utilization management program for chiropractic services provided to designated members.

## CHIROPRACTIC PROGRAM OVERVIEW

EmblemHealth has partnered with Palladian Muscular Skeletal Health (Palladian), a specialty network and utilization management organization, to arrange chiropractic services for our members in the benefit plans listed below. Through this partnership, Palladian is responsible for the administration of prior approvals, claims payment, credentialing, recredentialing and appeals for denial determinations, as described in this chapter.

- GHI HMO
- GHI HMO - Point of Service
- GHI HMO - Senior Supplement (Commercial)
- GHI PPO
- HIP Access I and HIP Access II
- HIP Prime (HMO)
- HIP Prime (POS)
- EmblemHealth Medicare HMO
- EmblemHealth Medicare PPO
- Vytra HMO

Members and eligible dependents covered by these plans are allowed unlimited visits to a network chiropractor, based on medical necessity and the meeting of prior approval and referral requirements (according to the member's benefit).

All members excluded from the Chiropractic Program are medically managed in the same way as they are for all other services and are subject to consistent utilization review and utilization management standards and protocols.

## PRIOR APPROVALS AND REFERRALS

### HIP and Vytra HMO Plans

The initial visit to a chiropractor does not require prior approval. Chiropractors must obtain prior approval from Palladian for the member's second treatment, and each continued treatment thereafter, by completing and submitting the medical necessity review forms online by signing in to [www.palladianhealth.com](http://www.palladianhealth.com) or by faxing them to **1-716-712-2802** for HIP members or to **1-716-712-2803** for Vytra members.

### GHI HMO Plans

The practitioner providing care or the ordering specialist must provide members with a referral for them to obtain chiropractic services. This initial referral is valid for the first six visits to the participating chiropractor. Within three business days of the initial evaluation, the referred chiropractor must complete and submit the Referral Certification Form online or via fax.

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To complete and submit the form for the first six visits and any additional visits thereafter, referred chiropractors may complete and submit the Referral Certification Form online after logging into [www.palladianhealth.com](http://www.palladianhealth.com). They may also fax the completed form (found at the end of this chapter) to **1-716-712-2817**. Palladian will then register the visits.

## GHI PPO Plans

Members may access chiropractic care without a referral or prior approval for no less than the first eight visits, depending on the member's benefit. Chiropractors must obtain prior approval from Palladian for each continued treatment thereafter by submitting the medical necessity review forms online by logging onto [www.palladianhealth.com](http://www.palladianhealth.com) or by faxing them to **1-716-712-2817**.

**NOTE:** Failure to submit required forms for additional authorization may result in an administrative denial.

## SUBMITTING REQUESTS FOR MEDICAL REVIEW

Medical necessity determinations for future care are based on the completion of three concise clinical intake forms:

- **The Chiropractic Treatment Form** - completed by the participating therapist
- **The Chiropractic Intake Form** - completed by the patient
- **The Chiropractic Outcomes Form** - completed by the patient; or the **Pediatric Outcomes Form** - completed by the parent or guardian of patients under the age of 18

These forms are on [www.emblemhealth.com](http://www.emblemhealth.com) and on [www.palladianhealth.com](http://www.palladianhealth.com). The practitioner is responsible for submitting all forms to Palladian for review. Practitioners may submit the completed forms electronically by logging onto [www.palladianhealth.com](http://www.palladianhealth.com) or they may fax them to Palladian at **1-716-809-8324**.

Following are examples of the forms required for different scenarios:

- For every new patient and when there is a change in the primary diagnosis, the following three forms need to be submitted within five business days of the initial evaluation.
  - **Chiropractic Treatment Form** - completed by the therapist
  - **Chiropractic Intake Form** - completed by the patient
  - **Chiropractic Outcomes Form** - completed by the patient
- For any additional follow-up care after the initial authorization, the following two forms need to be submitted within five business days of the "Requested Start Date."
  - **Chiropractic Treatment Form** - completed by the therapist
  - **Chiropractic Outcomes Form** - completed by the patient

All requests for additional care may be submitted to [www.palladianhealth.com](http://www.palladianhealth.com).

## APPEALS

For **Commercial members**, appeals for denial determinations made by Palladian must be

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submitted to:

Palladian Muscular Skeletal Health  
Attn: UM Department  
2732 Transit Road  
West Seneca, NY 14224

For **Medicare members**, appeals for denial determinations made by Palladian must be submitted to:

EmblemHealth  
Grievance and Appeals Department  
P.O. Box 2807  
New York, NY 10116-2807

## CUSTOMER SERVICE

Eligible members may call the following numbers for customer service and more information:

- HIP: **1-877-774-7693**
- GHI PPO: **1-212-501-4444** (in New York City) or **1-315-432-0826** (in all other areas)
- Medicare PPO: **1-866-557-7300**
- GHI HMO: **1-866-284-2901**
- Vytra: **1-866-883-0643**

## CREDENTIALING

Palladian is responsible for the credentialing and recredentialing of participating chiropractors for GHI HMO and HIP. EmblemHealth EPO/PPO and GHI PPO providers contract directly with the plan. Please refer to the chart below:

BENEFIT PLAN	PALLADIAN	EMBLEMHEALTH
GHI HMO	Yes	
HIP	Yes	
Vytra	Yes	
EmblemHealth EPO/PPO		Yes
GHI PPO (Commercial)		Yes
Medicare Choice PPO		Yes

## CLAIMS



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Claims must be submitted in the following manner:

BENEFIT PLAN	ADDRESS	FORM REQUIRED
HIP and Vytra HMO	Palladian Muscular Skeletal Health P.O. Box 368 Lancaster, NY 14086-0368  For electronic claims submission, Palladian's Payor ID is 37268.	CMS-1500
GHI HMO	Palladian Muscular Skeletal Health P.O. Box 307 Lancaster, NY 14086  For electronic claims submission, Palladian's Payor ID is 37268.	CMS-1500
GHI PPO (Commercial)	GHI Claims P.O. Box 2832 New York, NY 10116	CMS-1500
Medicare Choice PPO	EmblemHealth Medicare PPO P.O. Box 2830 New York, NY 10116-2830	CMS-1500

## FORMS

See the following pages for our Chiropractic Program forms:

- **Chiropractic Intake Form**
- **Chiropractic Outcomes Form**
- **Chiropractic Pediatric Outcomes Form**
- **Chiropractic Treatment Form**



**DC Patient Intake Form  
(version 1.1)**

www.palladianhealth.com/members



Last name	First name
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PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ● )

1. Why are you here today? If there are many reasons, please choose only the most important or most severe one.

- |  |                                |                             |                                |
|--|--------------------------------|-----------------------------|--------------------------------|
| <input type="radio"/> Neck               | <input type="radio"/> Shoulder | <input type="radio"/> Hip   | <input type="radio"/> Headache |
| <input type="radio"/> Upper/<br>mid back | <input type="radio"/> Elbow    | <input type="radio"/> Knee  | <input type="radio"/> Other    |
| <input type="radio"/> Lower back         | <input type="radio"/> Wrist    | <input type="radio"/> Ankle |                                |
|  | <input type="radio"/> Hand     | <input type="radio"/> Foot  |                                |

2. When did this problem first begin?

- Less than 1 month ago  
  1-3 months ago  
  4-6 months ago  
  7-12 months ago  
  More than 1 year ago

Has this problem...	No	Yes
3. ... resulted from a work injury (i.e. workers' compensation insurance claim)?	<input type="radio"/>	<input type="radio"/>
4. ... resulted from a motor vehicle accident (i.e. no fault insurance claim)?	<input type="radio"/>	<input type="radio"/>
5. ... recently been evaluated by a medical doctor?	<input type="radio"/>	<input type="radio"/>
Since this problem began, have you noticed...	No	Yes
6. ... so much weakness in both your arms that you are unable to lift them?	<input type="radio"/>	<input type="radio"/>
7. ... so much weakness in both your legs that you are unable to walk without help?	<input type="radio"/>	<input type="radio"/>
8. ... difficulty controlling your bowel or bladder, or have you been unable to urinate?	<input type="radio"/>	<input type="radio"/>
9. ... pain in your chest, shortness of breath, or coughing up blood?	<input type="radio"/>	<input type="radio"/>
10. ... that one leg felt more warm, more swollen, more red, or more tender than the other?	<input type="radio"/>	<input type="radio"/>
Have you recently...	No	Yes
11. ... had blurred vision, double vision, dizziness, or fainting?	<input type="radio"/>	<input type="radio"/>
12. ... had any type of infection, fever, or chills?	<input type="radio"/>	<input type="radio"/>
13. ... had any type of surgery, surgical procedure, or medical procedure?	<input type="radio"/>	<input type="radio"/>
14. ... lost a lot of weight without really trying to (i.e. without being on a diet)?	<input type="radio"/>	<input type="radio"/>
15. ... had any type of accident, fall, or trauma?	<input type="radio"/>	<input type="radio"/>
Have you ever...	No	Yes
16. ... been diagnosed with cancer?	<input type="radio"/>	<input type="radio"/>
17. ... been diagnosed with osteoporosis (i.e. weak, soft, or brittle bones)?	<input type="radio"/>	<input type="radio"/>
18. ... been diagnosed with a weakened immune system?	<input type="radio"/>	<input type="radio"/>
19. ... used any injected drugs (i.e. non-prescription drugs)?	<input type="radio"/>	<input type="radio"/>
20. ... used steroids such as prednisone for more than 4 weeks?	<input type="radio"/>	<input type="radio"/>
Is this problem something that ...	No	Yes
21. ... you've had before?	<input type="radio"/>	<input type="radio"/>
22. ... generally gets worse (i.e. more severe or frequent) with movement, activity, or exercise?	<input type="radio"/>	<input type="radio"/>
23. ... generally gets better (i.e. less severe or frequent) with rest?	<input type="radio"/>	<input type="radio"/>
24. ... was recently examined with diagnostic imaging tests such as x-rays, MRI scan, or CT scan?	<input type="radio"/>	<input type="radio"/>
25. ... is also being treated by a health professional other than a chiropractor?	<input type="radio"/>	<input type="radio"/>

Service Date:  /  /

M M / D D / Y Y Y Y

Draft





DC Pediatric Outcomes Form  
(version 1.1)

www.palladianhealth.com/members



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Last Name	First Name
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PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ● )

<b>1. In general, would you say your child's health is</b>														
Excellent <input type="radio"/>	Very good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>										
<b>2. During the <u>past week</u>, has your child been limited in any of the following activities due to HEALTH problems? 2. Doing things that take some energy such as riding a bike or skating?</b>														
Yes, limited a lot <input type="radio"/>	Yes, limited some <input type="radio"/>	Yes, limited a little <input type="radio"/>	No, not limited <input type="radio"/>											
<b>3. Bending, lifting, or stooping?</b>														
Yes, limited a lot <input type="radio"/>	Yes, limited some <input type="radio"/>	Yes, limited a little <input type="radio"/>	No, not limited <input type="radio"/>											
<b>4. During the <u>past week</u>, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of PHYSICAL health problems?</b>														
Yes, limited a lot <input type="radio"/>	Yes, limited some <input type="radio"/>	Yes, limited a little <input type="radio"/>	No, not limited <input type="radio"/>											
<b>5. During the <u>past week</u>, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of EMOTIONAL or BEHAVIORAL problems?</b>														
Yes, limited a lot <input type="radio"/>	Yes, limited some <input type="radio"/>	Yes, limited a little <input type="radio"/>	No, not limited <input type="radio"/>											
<b>6. During the <u>past week</u>, how much bodily pain or discomfort has your child had?</b>														
None <input type="radio"/>	Very mild <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Very Severe <input type="radio"/>									
<b>7. During the <u>past week</u>, how satisfied do you think your child has felt about his/her friendships?</b>														
Very satisfied <input type="radio"/>	Somewhat satisfied <input type="radio"/>	Neither satisfied nor dissatisfied <input type="radio"/>	Somewhat dissatisfied <input type="radio"/>	Very dissatisfied <input type="radio"/>										
<b>8. During the <u>past week</u>, how satisfied do you think your child has felt about his/her life overall?</b>														
Very satisfied <input type="radio"/>	Somewhat satisfied <input type="radio"/>	Neither satisfied nor dissatisfied <input type="radio"/>	Somewhat dissatisfied <input type="radio"/>	Very dissatisfied <input type="radio"/>										
<b>9. During the <u>past week</u>, how much of the time do you think your child acted bothered or upset?</b>														
All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Some of the time <input type="radio"/>	A little of the time <input type="radio"/>	None of the time <input type="radio"/>										
<b>10. Compared to other children your child's age, in general would you say his/her behavior is:</b>														
Excellent <input type="radio"/>	Very good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>										
<b>How would you rate the severity of your child's main health problem on a scale from 0 to 10?</b>														
		Not severe	0	1	2	3	4	5	6	7	8	9	10	Worst imaginable
11. Right now		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. On average		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. At its best		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. At its worst		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Service Date:  /  /

M M / D D / Y Y Y Y

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