NIA Training Program
NIA Program Agenda

• Our Program
  1. Authorization Process
  2. Other Program Components
  3. Provider Tools and Contact Information

• RadMD Demo

• Questions and Answers
NIA Highlights

NIA Facts
• Providing Client Solutions since 1995
• Magellan Acquisition (2006)
• Columbia, MD with 500 National NIA Employees
• Business supported by two National Call Operational Centers

Industry Presence
• 55 Health Plan Clients serving 19.5M National Lives
• 10M Commercial; 1M Medicare; 6M Medicaid
• 29 states
• Doing business in Massachusetts since 2004 serving 1.3 million lives

Clinical Leadership
• Strong panel of internal Clinical leaders – client consultation; clinical framework
• Supplemented by broad panel of external clinical experts as consultants (for guidelines)

Product Portfolio
• Advanced Diagnostic Imaging
• Cardiac Solutions
• Radiation Oncology
• OB Ultrasound
• Musculoskeletal Management (Spine Surgery/IPM)
• Sleep Management
• Emergency Department, Provider Profiling & Practice Management Analysis

URAC Certified & NCQA Accredited
NIA’s Prior Authorization Program
Procedures Performed on or after July 1, 2014 Require Prior Authorization
(NIA’s Call Center & RadMD will open June 23, 2014)

<table>
<thead>
<tr>
<th>Procedures Requiring Prior Authorization</th>
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</table>
| **Outpatient Interventional Pain Management-Spine**  
(Spinal Epidural Injections, Facet Joint Injections, Facet Joint Denervation/Neurolysis) |
| **Inpatient and Outpatient Lumbar Spine Surgery**  
(Lumbar Microdiscectomy, Lumbar Decompression, Lumbar Spine Fusion (Arthrodesis)) |

<table>
<thead>
<tr>
<th>Excluded from Program:</th>
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<tbody>
<tr>
<td><strong>Procedures Performed in the Following Settings:</strong></td>
</tr>
</tbody>
</table>
| Interventional Pain Management  
Hospital Inpatient Observation Room |
| Emergency Room/Urgent Care Facility |
| Lumbar Spine Surgery  
Emergency Surgery – admitted via the Emergency Room |

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require NIA/HPHC’s prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required. As long as, the deformity surgery coded does not include CPT codes on NIA/HPHC’s prior authorization list, the case will process in HPHC claims accordingly.
List of CPT Procedure Codes Requiring Prior Authorization

- Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA
- CPT Codes and their Allowable Billable Groupings
- Located on RadMD
- Defer to Harvard Pilgrim Plan Policies for Procedures not on Claims/Utilization Review Matrix

<table>
<thead>
<tr>
<th>Authorized CPT Code</th>
<th>Description</th>
<th>Allowable Billed Groupings</th>
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<tbody>
<tr>
<td>62570</td>
<td>Cervical/Thoracic Interlaminar Epidural</td>
<td>62570, +77003, 64479, +64490</td>
</tr>
<tr>
<td>64479</td>
<td>Cervical/Thoracic Transforaminal Epidural</td>
<td>64479, +77003, 64479, +64490</td>
</tr>
<tr>
<td>62711</td>
<td>Lumbar/Sacral Interlaminar Epidural</td>
<td>62711, +77003, 64483, +64494</td>
</tr>
<tr>
<td>64485</td>
<td>Lumbar/Sacral Transforaminal Epidural</td>
<td>64485, +77003, 64485, +64494</td>
</tr>
<tr>
<td>64490</td>
<td>Cervical/Thoracic Facet Joint Block</td>
<td>64490, +64491, +64492</td>
</tr>
<tr>
<td>64493</td>
<td>Lumbar/Sacral Facet Joint Block</td>
<td>64493, +64494, +64495</td>
</tr>
<tr>
<td>64633</td>
<td>Cervical/Thoracic Facet Joint Radiofrequency Neurolysis</td>
<td></td>
</tr>
<tr>
<td>64635</td>
<td>Lumbar/Sacral Facet Joint Radiofrequency Neurolysis</td>
<td></td>
</tr>
</tbody>
</table>
Responsibility for Authorization

**Ordering Providers**
Responsible for obtaining prior authorization

**Rendering Providers/Place of Service**
Ensuring that prior authorization has been obtained prior to providing service
Prior Authorization Process Overview

Ordering Provider Initiates Request with NIA

Online via RadMD
www.RadMD.com

Or NIA’s Call Center

Key Information & Clinical Algorithm

Fax/Upload Clinical Records (upon request)

NIA’s Clinical Team Reviews

Submit Claims

Procedure Performed

Service Authorized
Patient and Clinical Information Required Information for Authorization

**GENERAL**
Includes things like ordering physician information, member information, place of service, clinical information, requested procedure, etc.

NOTE: The anticipated date of service is required for making medical necessity determinations on interventional pain management procedures.

**SPECIAL INFORMATION**
Every interventional pain management procedure performed requires a prior authorization; NIA does not pre-approve a series of epidural injections.

Only one authorization request per spine surgery. Surgeon selects from one of four surgical procedure options. A Lumbar fusion authorization includes decompression procedures.

**CLINICAL INFORMATION**
- Clinical Diagnosis
- Physical exam findings and patient symptoms (including findings applicable to the requested procedure)
- Date of onset of pain or exacerbation. Duration of patient’s symptoms.
- Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and/or medication)
- Date and results of prior interventional pain management procedures, *where applicable*.
- Diagnostic imaging results, *where applicable*.
- Preliminary procedures already completed (e.g., lab work, scoped procedures, referrals to specialist, specialist evaluation)
Clinical guidelines and algorithms were developed by practicing specialty physicians, literature reviews, and evidence base. Guidelines are reviewed and mutually approved by Harvard Pilgrim and NIA Chief Medical Officers and Clinical Spine Experts.

NIA reviews key clinical information to ensure that Harvard Pilgrim members are receiving appropriate care prior to more invasive procedures being performed.

When requested, validation of clinical criteria within the patient’s medical record is required before an approval can be made.

Ensures that all clinical criteria that supports the requested procedure are clearly documented in medical records.

NIA has a specialized clinical team focused on spine care. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

Reconsiderations can be initiated when new or additional clinical information is available. No change in current appeals process.

Our goal – ensure that Harvard Pilgrim members are receiving appropriate spine care.

Clinical Guidelines available on [www.RadMD.com](http://www.RadMD.com)
NIA to Physician: Request for Clinical Information

A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet.

We stress the need to provide the clinical information as quickly as possible so we can make a determination.

Determination timeframe begins after receipt of clinical information.

Failure to receive requested clinical information may result in non-certification.

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**URGENT REPLY REQUIRED FOR CASE REVIEW**

Study Requested was: PROC_DESC
For documentation ALWAYS PROVIDE:

1. Office visit note and physical exam findings related to back pain, intensity, and any neurological deficits
2. Office visit note indicating the date of onset of back related pain
3. Supporting documentation of conservative therapy tried within the most recent 3 months
4. Supporting documentation on any interventional pain management procedure(s) including the date of the procedure, spinal region, and the effectiveness in reducing pain and improving functional ability

Important Note: Clinical information must be documented in Office Visit Notes or other documents, such as x-ray or diagnostic testing reports. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such, “handwritten note on cover sheet (telephone call, etc.) without confirmation in Office Visit note”- but will not constitute actionable information for clinical decision making.
Submitting Clinical Information/Medical Records to NIA

- Two ways to submit clinical information to NIA
- Via Fax
- Via RadMD Upload
- Coversheets are sent with all requests for clinical information
- Coversheets can also be printed from RadMD or requested via the Call Center

Be sure to use the NIA Coversheet for all transmissions of clinical information including uploads through RadMD!
Clinical Specialty Team: Focused on Spine

Clinical Specialty Team

- Specialized Nurses will initially review IPM requests and approve if medical necessity is met.
- Specialized Physician Reviewers will review IPM requests and conduct peer-to-peer discussions. Only Physician Reviewers can deny a request.

Spine Surgery Review

- Surgery concierge team will proactively outreach for additional information, reconsiderations and to schedule peer-to-peer session.
- Nurses will assemble surgery cases and reach out for clinical information as needed prior to sending to Surgeon Reviewers.
- Only Orthopedic Spine Surgeons or Neurosurgeons conduct clinical reviews and peer-to-peer discussion on surgery requests.
## Notification of Determination

<table>
<thead>
<tr>
<th>Authorization Notification</th>
<th>Denial Notification</th>
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<tbody>
<tr>
<td><strong>Authorizations</strong></td>
<td><strong>Denials</strong></td>
</tr>
<tr>
<td><strong>Validity Period</strong></td>
<td></td>
</tr>
<tr>
<td>• Authorizations for IPM are valid for 30 days from the scheduled date of service.</td>
<td>• You may ask NIA for a reconsideration of our decision with additional information. You may also follow the appeal process through Harvard Pilgrim defined in the notice of denial provided to you.</td>
</tr>
<tr>
<td>• Authorizations for Spine Surgery are valid for:</td>
<td></td>
</tr>
<tr>
<td>◆ Inpatient – 4 days from DOS</td>
<td></td>
</tr>
<tr>
<td>◆ SDC/Ambulatory Surgical Setting - 1 day DOS</td>
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## Claims

### How Claims Should be Submitted

- Rendering providers should continue to send their claims directly to Harvard Pilgrim Health Care.
- Providers are strongly encouraged to use EDI claims submission.

### Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Harvard Pilgrim Health Care.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
NIA’s Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

• If an urgent clinical situation exists (outside of a hospital emergency room), please call NIA immediately. The number to call to obtain a prior authorization is 1-800-642-7543.
Summary Points

- **Interventional Pain Management (IPM)**
  - Date of Service is required
  - No series of epidural injections
  - Each procedure must be prior authorized
  - Specialty Nurses & Physicians will review IPM requests
  - All regions

- **Lumbar Spine Surgery**
  - Inpatient and outpatient non-emergent spine surgeries
  - Only one authorization per surgery (most complex performed). For example, prior authorization for fusion includes decompression procedures.
  - Date of service is required. NIA must be notified of any changes to the date of service.
  - Spine Surgeons will review surgery requests
  - Lumbar spine surgery only

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require NIA/HPHC’s prior authorization. NIA will monitor the use of these CPT codes in claims, but prior authorization is not currently required. As long as the deformity surgery coded does not include any CPT codes on NIA’s utilization review matrix, the case will process in claims accordingly.
Lumbar Spine Surgery Selection via RadMD

There will be a cheat sheet of definitions and codes available on RadMD

- Only one authorization per surgery
- Select the most complex procedure being performed
- Fusion procedures include decompression, instrumentation and bone grafting
- Summary of Surgery CPT codes available online
Provider Tools

Provider Tools that Make it Easy for Providers to Partner with NIA

- **Toll free authorization and information number**  1-800-642-7543
- **Available 8am – 8pm EST**
  - Interactive Voice Response (IVR) System
- **RadMD Website** – Available 24/7 (except during maintenance)
  - Different functionality for ordering and rendering providers
  - Request authorization and view authorization status
  - Upload additional clinical information
  - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents
NIA Website www.RadMD.com

RadMD Functionality varies by user:

Rendering Provider – Views approved authorizations for their facility.

Ordering Provider’s Office – View and submit requests for authorization.

Online Tools Accessed through www.RadMD.com:

NIA’s Clinical Guidelines
Frequently Asked Questions
Quick Reference Guides
RadMD Quick Start Guide
Claims/Utilization Matrices
Dedicated Provider Relations Contact Information

NIA Dedicated Sr. Clinical Provider Relations Manager
Name: Vanessa Caballero
Phone: 1-800-450-7281 ext. 32636
Email: vccaballero@magellanhealth.com

NIA Provider Relations Manager
Name: Leta Genasci
Phone: 1-800-450-7281 ext. 75518
Email: ljgenasci@magellanhealth.com
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