



NIA Magellan¹ and Blue Cross and Blue Shield of Nebraska (BCBSNE) Spine Surgery Program Frequently Asked Questions

Question	Answer
GENERAL	
<p>Why is BCBSNE implementing a pain management program focused on spine surgery?</p>	<p>BCBSNE is implementing this program to improve quality and manage the utilization of non-emergent lumbar and cervical spine surgery (both outpatient and inpatient) procedures for our members. <u>The following spine surgery procedures require prior authorization* through NIA Magellan:</u></p> <ul style="list-style-type: none"> • Lumbar microdiscectomy • Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy) • Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels • Cervical anterior decompression with fusion – single and multiple levels • Cervical posterior decompression with fusion – single and multiple levels • Cervical posterior decompression (without fusion) • Cervical artificial disc replacement • Cervical anterior decompression (without fusion) <p><i>*NIA Magellan does not <u>manage</u> prior authorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery procedures outside of the procedures listed above.</i></p>
<p>Why did BCBSNE select NIA Magellan to manage its pain management program for spine surgeries?</p>	<p>We selected NIA Magellan to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and appropriate utilization of resources for BCBSNE members.</p>

¹ NIA Magellan refers to National Imaging Associates, Inc.

<p>Which BCBSNE members will be covered under this relationship and what networks will be used?</p>	<p>Effective Sept. 1, 2015, NIA Magellan will manage the prior authorization process for non-emergent, outpatient interventional pain management spine procedures through BCBSNE's provider relationships.</p> <p>This program will apply to all BCBSNE members, excluding those covered by the following groups or products:</p> <ul style="list-style-type: none"> • Federal Employee Program <ul style="list-style-type: none"> ○ Basic plan with no out-of-network coverage ○ Standard plan with out-of-network coverage • Medicare Supplemental and Medicare Primary • Nebraska Department of Correctional Services • Nebraska Department of Health and Human Services • University of Nebraska student athletes 								
<p>IMPLEMENTATION</p>									
<p>What is the implementation date for this pain management program for spine surgeries?</p>	<p>The implementation date for the program is Sept. 1, 2015.</p>								
<p>PRIOR AUTHORIZATION</p>									
<p>What surgeries require prior authorization ahead of the procedure being performed?</p>	<p>The following procedures, performed in an inpatient and outpatient setting, require prior authorization through NIA Magellan:</p> <table border="1" data-bbox="574 1255 1419 1845"> <tr> <td data-bbox="574 1255 1002 1367"> <p>Lumbar Fusion – Single Level</p> </td> <td data-bbox="1002 1255 1419 1367"> <p>22533, 22558, 22612, 22630, 22633</p> </td> </tr> <tr> <td data-bbox="574 1367 1002 1551"> <p>Lumbar Fusion – Multiple Levels</p> </td> <td data-bbox="1002 1367 1419 1551"> <p>22533, +22534, 22558, +22585, 22612, +22614, 22630, +22632, 22633, +22634</p> </td> </tr> <tr> <td data-bbox="574 1551 1002 1736"> <p>Lumbar Decompression</p> </td> <td data-bbox="1002 1551 1419 1736"> <p>63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p> </td> </tr> <tr> <td data-bbox="574 1736 1002 1845"> <p>Lumbar Microdiscectomy Only</p> </td> <td data-bbox="1002 1736 1419 1845"> <p>63030, +63035</p> </td> </tr> </table>	<p>Lumbar Fusion – Single Level</p>	<p>22533, 22558, 22612, 22630, 22633</p>	<p>Lumbar Fusion – Multiple Levels</p>	<p>22533, +22534, 22558, +22585, 22612, +22614, 22630, +22632, 22633, +22634</p>	<p>Lumbar Decompression</p>	<p>63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p>	<p>Lumbar Microdiscectomy Only</p>	<p>63030, +63035</p>
<p>Lumbar Fusion – Single Level</p>	<p>22533, 22558, 22612, 22630, 22633</p>								
<p>Lumbar Fusion – Multiple Levels</p>	<p>22533, +22534, 22558, +22585, 22612, +22614, 22630, +22632, 22633, +22634</p>								
<p>Lumbar Decompression</p>	<p>63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p>								
<p>Lumbar Microdiscectomy Only</p>	<p>63030, +63035</p>								

	<table border="1"> <tr> <td data-bbox="576 226 932 373">Anterior Cervical Decompression with Fusion – Single Level</td> <td data-bbox="932 226 1419 373">22548, 22551, 22554</td> </tr> <tr> <td data-bbox="576 373 932 562">Anterior Cervical Decompression with Fusion – Multiple Level</td> <td data-bbox="932 373 1419 562">22548, 22551, 22554, +22552, +22585</td> </tr> <tr> <td data-bbox="576 562 932 741">Cervical Posterior Decompression with Fusion – Multiple Levels</td> <td data-bbox="932 562 1419 741">22590, 22595, 22600, +22614</td> </tr> <tr> <td data-bbox="576 741 932 888">Cervical Posterior Decompression with Fusion – Single Level</td> <td data-bbox="932 741 1419 888">22590, 22595, 22600</td> </tr> <tr> <td data-bbox="576 888 932 1003">Cervical Artificial Disc – Single Level</td> <td data-bbox="932 888 1419 1003">22856, 22861, 22864</td> </tr> <tr> <td data-bbox="576 1003 932 1150">Cervical Posterior Decompression (without fusion)</td> <td data-bbox="932 1003 1419 1150">63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048</td> </tr> <tr> <td data-bbox="576 1150 932 1297">Cervical Anterior Decompression (without fusion)</td> <td data-bbox="932 1150 1419 1297">63075, +63076</td> </tr> </table> <p data-bbox="576 1339 1419 1434"><i>+codes (add-on codes) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.</i></p>	Anterior Cervical Decompression with Fusion – Single Level	22548, 22551, 22554	Anterior Cervical Decompression with Fusion – Multiple Level	22548, 22551, 22554, +22552, +22585	Cervical Posterior Decompression with Fusion – Multiple Levels	22590, 22595, 22600, +22614	Cervical Posterior Decompression with Fusion – Single Level	22590, 22595, 22600	Cervical Artificial Disc – Single Level	22856, 22861, 22864	Cervical Posterior Decompression (without fusion)	63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048	Cervical Anterior Decompression (without fusion)	63075, +63076
Anterior Cervical Decompression with Fusion – Single Level	22548, 22551, 22554														
Anterior Cervical Decompression with Fusion – Multiple Level	22548, 22551, 22554, +22552, +22585														
Cervical Posterior Decompression with Fusion – Multiple Levels	22590, 22595, 22600, +22614														
Cervical Posterior Decompression with Fusion – Single Level	22590, 22595, 22600														
Cervical Artificial Disc – Single Level	22856, 22861, 22864														
Cervical Posterior Decompression (without fusion)	63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048														
Cervical Anterior Decompression (without fusion)	63075, +63076														
When is prior authorization required?	<p data-bbox="576 1476 1419 1644">The ordering physician must obtain prior authorization with NIA Magellan prior to performing inpatient and outpatient non-emergent spine surgeries, and prior to obtaining the prior authorization with BCBSNE for the facility or hospital admission.</p> <p data-bbox="576 1686 1419 1833">Note: Any BCBSNE prior authorization requirements for the facility or hospital admission must be obtained separately and initiated only after the surgery has met NIA Magellan’s medical necessity criteria.</p>														
Is a prior authorization	Yes. Any non-emergent spine surgery performed on or														

required for patients who already have a spine surgery scheduled?	after, Sept. 1, 2015, requires a prior authorization through NIA Magellan.
What if a prior authorization was approved before the Sept. 1, 2015 program start date?	BCBSNE will honor these authorizations.
Who can order a lumbar or cervical spine surgery?	A majority of the spine surgeries requiring medical necessity are expected to be ordered by one of the following specialties: <ul style="list-style-type: none"> • Neurosurgeons • Orthopedic spine surgeons
Are pain management procedures included in this program?	Yes. All non-emergent outpatient and inpatient spine surgeries outlined above are required to have a prior authorization through NIA Magellan.
Who will review the spine surgery requests and medical information provided?	Practicing neurosurgeons will conduct the medical necessity reviews and determinations.
Does NIA Magellan's prior authorization process change the requirements for facility-related prior authorization?	No. NIA Magellan's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. NIA Magellan will provide the BCBSNE with the surgery type requested and authorization determination. Facilities must continue to follow BCBSNE's prior authorization processes for hospital admissions and elective surgery. Note: Any BCBSNE prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA Magellan's medical necessity criteria.
How does the ordering physician obtain a	Ordering Physicians will be able to request prior authorization via the NIA Magellan website or by calling the

<p>prior authorization from NIA Magellan?</p>	<p>NIA Magellan toll-free number at (866) 972-9642. Faxes to NIA Magellan or BCBSNE will not be accepted.</p>
<p>What information will NIA Magellan require in order to receive prior authorization?</p>	<p>To expedite the process, please have the following information ready before logging on to the website or calling the NIA Magellan call center for prior authorization of non-emergent inpatient and outpatient spine surgeries:</p> <ul style="list-style-type: none"> • Name and office phone number of ordering physician* • Member name and ID number* • Requested surgery type* • Name of facility where the surgery will be performed* • Anticipated date of surgery* • Details justifying the surgical procedure*: <ul style="list-style-type: none"> ○ Clinical diagnosis* ○ Date of onset of back pain or symptoms/length of time patient has had episode of pain* ○ Physician exam findings (including findings applicable to the requested services) ○ Diagnostic imaging results ○ Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p style="text-align: right;">* denotes required information</p> <p>Also be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> • Clinical notes outlining type and onset of symptoms • Length of time with pain/symptoms • Non-operative care modalities to treat pain and amount of pain relief • Physical exam findings • Diagnostic imaging results • Specialist reports/evaluation
<p>Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?</p>	<p>No. NIA Magellan will provide a list of surgery categories to choose from and the surgeon must select the most complex and invasive surgery being performed as the primary surgery.</p> <p>Example: lumbar fusion If the surgeon is planning a single-level lumbar spine fusion with decompression, the surgeon will select the single-level fusion procedure. The surgeon <u>does not need</u> to request a</p>

	<p>separate authorization for the decompression procedure being performed as part of the lumbar fusion surgery. This is included in the lumbar fusion request.</p> <p>Example: laminectomy</p> <ul style="list-style-type: none"> • If the surgeon is planning a laminectomy with a microdiscectomy, the surgeon will select the lumbar decompression procedure. The surgeon <u>does not need</u> to request a separate authorization for the microdiscectomy procedure. • If the surgeon is only performing a microdiscectomy (CPT 63030 or 63035), the surgeon should select the microdiscectomy only procedure.
<p>What if the physician is performing a discectomy without a spinal fusion?</p>	<p>BCBSNE currently has a medical policy for discectomy that is not managed by NIA Magellan. If a discectomy is being performed without a spinal fusion, please fax a preauthorization request to BCBSNE at (402) 392-4141 or (800) 255-2838.</p>
<p>Will the ordering physician need to enter each CPT procedure code being performed for spine surgery?</p>	<p>No. NIA Magellan will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.</p>
<p>Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?</p>	<p>Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spine fusion are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.</p>
<p>What kind of response time can ordering physician expect for prior authorization?</p>	<p>Having the following information available prior to calling NIA Magellan at (866) 972-9642 or online through www.RadMD.com will create the most efficient turn around time of a medically necessity decision.</p> <ul style="list-style-type: none"> • Clinical diagnosis • Date of onset of back pain or symptoms/length of time patient has had episode of pain • Physician exam findings (including findings applicable to the requested services) • Pain/patient symptoms • Diagnostic imaging results

	<ul style="list-style-type: none"> • Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p>Generally, within two business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.</p>
What will the NIA Magellan authorization number look like?	The NIA Magellan authorization number will consist of eight or nine alpha-numeric characters. In some cases, the ordering surgeon may instead receive an NIA Magellan tracking number (not the same as an authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an interactive voice response telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and NIA Magellan will contact you to complete the process.
Can RadMD be used to request retrospective or expedited authorization requests?	Retrospective requests are not allowed. Expedited requests should be called into NIA Magellan's Call Center at (866) 972-9642 .
How long is the prior authorization number valid²?	The authorization number is valid for 60 days from the date of service if provided, or from the date of request.
Is prior authorization necessary for lumbar or cervical spine surgery if BCBSNE is NOT the member's primary insurance?	Yes, prior authorization is still necessary, even if BCBSNE is not the member's primary insurance. If Medicare coverage is primary, however, prior authorization is not necessary.
Is payment guaranteed if an ordering physician obtains a prior authorization	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be

number?	<p>determined when the claim is received for processing.</p> <p>NIA Magellan’s medical necessity review and determination is for the authorization of the surgeon’s professional services and type of surgery being performed. Any BCBSNE prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA Magellan’s medical necessity criteria.</p>
Does NIA Magellan allow retro- authorizations?	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for spine surgery, as outlined above, that have not been properly authorized will not be reimbursed.</p> <p>Physicians performing spine surgery should not schedule or perform surgery without prior authorization.</p>
Can an ordering physician verify an authorization number online?	<p>Yes. Ordering physicians can check the status of a member’s authorization quickly and easily by going to www.RadMD.com.</p>
Will the NIA Magellan authorization number be displayed on the BCBSNE website?	<p>No. The authorization number will not be displayed on BCBSNE’s website.</p>
What if I disagree with NIA Magellan’s determination?	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through BCBSNE. Providers should follow the instructions on their non-authorization letter or explanation of payment notification</p>
SCHEDULING PROCEDURES	
Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	<p>NIA Magellan asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the patient and the facility or hospital admission.</p>
SURGEON IMPACT	
Which physicians are impacted by the pain spine management program?	<p>Neurosurgeons and orthopedic spine surgeons are the key physicians impacted by this program.</p> <p>Procedures performed in the following settings are included in this program:</p>

	<ul style="list-style-type: none"> • Hospital (inpatient and outpatient settings) • Ambulatory surgical centers
CLAIMS	
Where do rendering providers/surgeons send their claims for outpatient, non-emergent spine management services?	Rendering providers/surgeons should continue to send claims directly to BCBSNE and are encouraged to use the electronic data interchange process for claims submission.
How can claims status be checked?	Providers/surgeons should continue to check claims status by calling (800) 284-4640 or logging into www.navinet.net .
Who should a surgeon contact if he or she wants to appeal a prior authorization or claims payment denial?	Rendering providers/surgeons are asked to follow the appeal instructions given on their non-authorization letter or explanation of benefits notification.
MISCELLANEOUS	
How is medical necessity defined?	<p>NIA Magellan defines medical necessity as services that:</p> <ul style="list-style-type: none"> • Meet generally accepted standards of medical practice; are appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards • Are appropriate to the illness or injury for which it is performed as to type of service and expected outcome • Be appropriate to the intensity of service and level of setting • Provide unique, essential, and appropriate information when used for diagnostic purposes • Are the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness • Not furnished primarily for the convenience of the member, the attending physician, or other surgeon
How will referring/ordering surgeons know who NIA Magellan is?	BCBSNE will mail notification letters and educational materials to its in-network surgeons. BCBSNE and NIA Magellan will also conduct educational training sessions for surgeons.
Will training for ordering physicians be offered closer to the	Yes. BCBSNE and NIA Magellan will host informational webinars at 7 a.m. and 12 p.m. (both times CST) on Aug. 18, 19, 20, 25, and 26. Additional information will be

Sept. 1, 2015 implementation date?	provided in late July.
Where can an ordering physician find NIA Magellan's guidelines for clinical use of pain spine management procedures?	NIA Magellan's clinical guidelines can be found online at www.RadMD.com . They are presented in a PDF file format that can easily be printed for future reference. NIA Magellan's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
What will the member ID card look like? Will the ID card have both NIA Magellan's and BCBSNE's information on it? Or will there be two cards?	The BCBSNE member ID card will not change and will not include any NIA Magellan identifying information.
CONTACT INFORMATION	
Who can a surgeon contact at NIA Magellan for more information?	Ordering physicians can contact Leta Genasci, provider relations manager, at 1-800-450-7281 ext. 75518 or lgenasci@magellanhealth.com .