

## **Spine Surgery and Interventional Pain Management Program: Resource for Ordering Physicians**

On Oct. 1, 2015, ConnectiCare will introduce a spine surgery and interventional pain management program that NIA Magellan will manage. Under this program, ConnectiCare will require preauthorization for the following non-emergency inpatient and outpatient procedures for **all our members with commercial plans** (including plans purchased through the Connecticut health insurance exchange, Access Health CT):

- **Lumbar, cervical and thoracic spine surgery (open, closed or minimally invasive)**
- **Adult deformity surgery**
- **Implantable infusion pump insertion**

Please note:

- **Pediatric deformity spine surgery** for patients under 18 will not be subject to medical review or submission of documentation, but **pre-registration must be done through NIA Magellan** in order to be considered for claims payment.
- Ordering physicians or surgeons and facilities must first obtain preauthorization through NIA Magellan. Doctors providing the services are responsible for verifying all necessary authorizations have been obtained before performing the procedures. Failure to do so may result in nonpayment of claims.
- Facilities must continue to follow ConnectiCare's current notification requirements for urgent/emergent hospital admissions and elective surgery based on a member's benefit and coverage requirements. Inpatient admissions, including emergency admissions for spine surgery, will continue to be subject to concurrent review by ConnectiCare.
- Preauthorization from ConnectiCare is necessary even if ConnectiCare is not the patient's primary insurance. Medical necessity review requirements apply when ConnectiCare is the primary or secondary insurer.
- No preauthorization will be required for Epidural, Facet or Trigger Point Injections.

NIA Magellan will manage the preauthorization request-and-approval process under your existing contract with ConnectiCare. NIA Magellan will not manage the preauthorization process for emergency spine surgery cases when the patients are admitted through the emergency room or for spine surgery procedures not listed above. These cases may be subject to retrospective review. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact NIA Magellan immediately with the appropriate clinical information for an expedited review.

Physicians can start calling NIA Magellan's telephone line, 1-877-607-2363, on Sept. 21, 2015, for surgeries and procedures scheduled on or after Oct. 1, when the program and preauthorization

### **Quick Contacts**

- Submit preauthorization requests to NIA Magellan:

[www.RadMD.com](http://www.RadMD.com)

or

1-877-607-2363  
(after Sept. 21, 2015)

- ConnectiCare:

[www.connecticare.com](http://www.connecticare.com)

or

1-800-828-3407

requirements go into effect. This is to accommodate doctors who schedule the above surgeries and procedures in advance.

**Submitting Preauthorization/Pre-registration Requests:**

- Submit preauthorization/pre-registration requests through NIA Magellan’s website, [www.RadMD.com](http://www.RadMD.com) or by calling 1-877-607-2363 after Sept. 21, 2015 for procedures scheduled on or after Oct. 1. Our current process will remain in place until Sept. 21; you will not have to contact NIA Magellan for additional authorization.
- The information NIA Magellan will require for preauthorization requests are:
  - 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:
    - 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)
- The following information may also be requested:
  - 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
- The ordering physician does not need a separate request for all spine procedures being performed during the same surgery on the same date of service. 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.
  - Example: Lumbar Fusion  
If the surgeon is planning a single level Lumbar Spine Fusion with decompression, then the Surgeon will select the single level fusion procedure. The surgeon **does not need** to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request.

- Example: Laminectomy  
If the surgeon is planning a Laminectomy with a Microdiscectomy, then the surgeon will select the Lumbar decompression procedure. The Surgeon **does not need** to request a separate authorization for the Microdiscectomy procedure. If the ConnectiCare Surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.
- The ordering physician will not have to enter each CPT procedure code being performed for spine surgery. 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.
- Refer to [www.RadMD.com](http://www.RadMD.com) for the ConnectiCare/NIA Magellan's Spine Surgery Billable CPT<sup>®</sup> Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that NIA authorizes on behalf of ConnectiCare.
- The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level spine fusions are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.
- If the preauthorization request is submitted through [www.RadMD.com](http://www.RadMD.com) and the request pends, the ordering physician will receive a tracking number and NIA Magellan will contact you to complete the process.

#### **Review and Determination of Preauthorization Requests:**

- All preauthorization requests will be reviewed by the appropriate practicing, board-certified orthopedic spine surgeons, neurosurgeons and interventional pain management specialists familiar with these types of surgeries and services.
- NIA Magellan's medical necessity review and determination are specific to the authorization of the surgeon's professional services and type of surgery being performed. NIA Magellan will provide ConnectiCare with the surgery type requested and authorization determination.
- NIA Magellan's clinical guidelines for the spine procedures are available through [www.RadMD.com](http://www.RadMD.com). The guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
- Generally, a determination on a preauthorization request will be made within two business days after the request is received with full clinical documentation. In certain cases, the review process can take longer if additional clinical information is required.
- The physician can check the status of a patient's authorization through [www.RadMD.com](http://www.RadMD.com). ConnectiCare's website, [www.connecticare.com](http://www.connecticare.com), will not display the NIA Magellan

authorization number.

- Once the review of the preauthorization request is done, NIA Magellan will send a determination letter to the physician or facility. If the surgery is approved, the letter will contain an NIA Magellan authorization number. If preauthorization is denied, the letter will include the details of the decision. If the physician wants to appeal a denial, please follow the instructions included in the determination letter.
- The NIA Magellan authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering physician may instead receive an NIA Magellan tracking number (not the same as an authorization number) if the physician'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 at [www.RadMD.com](http://www.RadMD.com) or through an Interactive Voice Response (IVR) telephone system.
- A preauthorization number does not guarantee payment. Authorizations are based on medical necessity and are contingent upon the patient's eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
- The preauthorization number is valid for
  - 60 days from date of service for outpatient authorizations
  - One day from the date of service for inpatient authorizations
- RadMD cannot be used to request retrospective or expedited authorization request. Those requests should be called into NIA at 1-877-607-2363.

**Claims:**

- Payment will be denied for procedures that have not been properly preauthorized, including the spine surgery hospital admission. The member also cannot be balance-billed for such procedures.
- The claim submission process will not be affected by the program. Continue to submit your claims to ConnectiCare as you have done in the past.
- Claims are to be submitted to:  
ConnectiCare  
P.O. Box 546  
Farmington, CT 06034-0546
- Go to [connecticare.com/providers](http://connecticare.com/providers) to check the status of claims submitted to ConnectiCare.
- For claim denials, please follow the appeal instructions included with the Explanation of Payment for the service.

**Contact for questions, complaints and appeals:**

- Please use the following contacts:
  - To educate your staff on NIA Magellan procedures and to assist you with any provider issues or concerns, contact NIA Magellan Provider Relations Manager Charmaine Gaymon-Everett at (800) 450-7281 Ext: 32615.
  - For preauthorization and claims payment complaints or appeals, follow the instructions included in the determination letter or Explanation of Payment statement.
  - General provider inquiries call ConnectiCare Provider Services at 1-800-828-3407.