

**NIA Magellan¹ Spine Care Program
 Interventional Pain Management
 Frequently Asked Questions (FAQ's)
 For *Tufts Health Together* and *Tufts Health Direct***

Question	Answer
GENERAL	
Why is Tufts Health Public Plans changing its Spine Management program focused on interventional pain management procedures?	<p>To manage the utilization of non-emergent spine care, including Interventional Pain Management (IPM) procedures for our members. NIA Magellan is the vendor manager for Tufts Health Public Plans' advanced imaging program and these new spine modalities are an extension of that management program and an enhancement to the already existing Spine Management Program. Tufts Health Public Plans providers will utilize the provider tools to request these studies as they do today for advanced imaging.</p> <p>Interventional Pain Procedures include:</p> <ul style="list-style-type: none"> ▪ Spinal Epidural Injections ▪ Paravertebral Facet Joint Injections or Blocks ▪ Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
Why did Tufts Health Public Plans select NIA Magellan?	<p>An affiliate of Magellan Health Services, NIA Magellan was selected to partner with us because of its clinically driven program designed to effectively manage quality, patient safety and ensure appropriate utilization of resources for Tufts Health Public Plans membership.</p>
Which Tufts Health Public Plans members will be covered under this relationship and what networks will be used?	<p>Effective for dates of service on or after December 1, 2015. Tufts Health Public Plans will implement changes to its prior authorization program for management of spinal conditions, including interventional pain management. Effective December 1, 2015, NIA Magellan will manage non-emergent outpatient interventional pain management spine procedures. These changes will apply to Tufts Health Public Plans (<i>Tufts Health Together</i> and <i>Tufts Health Direct</i>), Commercial and Medicaid plans.</p>
Program Start Date	
What is the effective date for this Spine management program?	<p>. The effective date will be December 1, 2015.</p>

¹ NIA Magellan refers to National Imaging Associates, Inc.

PRIOR AUTHORIZATION	
What Spine Management services will require a provider to obtain a prior authorization?	<p>The following procedures require prior authorization through NIA Magellan:</p> <ul style="list-style-type: none"> • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
When is prior authorization required?	<p>Prior authorization is required for outpatient, non-emergent interventional pain procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed.</p> <p><u>Note:</u> Only outpatient procedures are within the program scope. All interventional pain management procedures performed in the Emergency Room or as part of inpatient care do not require prior authorization.</p>
Is a prior authorization required for patients who already have a spine surgery scheduled that was not previously authorized?	<p>Yes. Any non-emergent spine surgery performed on or after, December 1, 2015, requires a prior authorization through NIA Magellan.</p>
Who do we expect to order Spine interventional pain management procedures	<p>Interventional pain procedures requiring medical necessity review are usually ordered by one of the following specialties.</p> <ul style="list-style-type: none"> • Anesthesiologists • Neurologists • Pain Specialist • Orthopedic Spine Surgeon • Neurosurgeon • Other physicians with appropriate pain procedure training and certification
Are inpatient Interventional Pain Management (IPM) procedures included in this program?	<p>Inpatient interventional pain management procedures are not included in this program.</p>
Does the setting of the service affect the required prior authorization?	<p>No, this medical necessity review and determination are for the authorization of the professional services. Any prior authorization requirements for the facility must still be obtained separately.</p>
How does the ordering provider obtain a prior authorization from NIA Magellan for an outpatient interventional	<p>Providers will be able to request prior authorization via the NIA Magellan website www.RadMD.com or by calling the NIA Magellan toll-free number 1-800-207-4209.</p>

<p>pain management procedure?</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 staff (*denotes required information):</p> <p>Interventional Pain Management Procedures:</p> <ul style="list-style-type: none"> • Name and office phone number of ordering physician* • Member name and ID number* • Requested procedure* • Name of provider office or facility where the service will be performed* • Anticipated date of service* • Details justifying the pain procedure*: <ul style="list-style-type: none"> ○ Date of onset of pain or exacerbation ○ Physician exam findings and patient symptoms (including findings applicable to the requested services) ○ Clinical Diagnosis ○ Date and results of prior interventional pain management procedures. ○ Diagnostic imaging results, <i>where available</i>. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p>Please be prepared to fax the following information, if requested:</p> <ul style="list-style-type: none"> • Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam findings • Date and results of prior interventional pain management procedures • Effectiveness of prior procedures on reducing pain • Diagnostic Imaging results • Specialist reports/evaluation
<p>Can a provider request more than one procedure at a time for a member (i.e., a series of epidural injections)?</p>	<p>No. NIA Magellan requires prior authorization for each pain procedure being requested and will not authorize more than one procedure at a time.</p>
<p>What kind of response time can ordering providers expect for prior authorization?</p>	<p>The best way to maximize the efficiency turnaround time of an authorization request on line through www.RadMD.com or through the toll-free number, 1-800-207-4209 is to have knowledge of the case</p>

	<p>including:</p> <ul style="list-style-type: none"> ▪ The patient’s history and diagnosis ▪ Onset of pain ▪ Findings on physical examination ▪ Response and type of non-operative management the patient has undergone ▪ History of medical or surgical treatment ▪ Rationale for the procedure <p>Generally, within 2 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 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA Magellan tracking number (not the same as an authorization number) if the provider’s authorization request is not approved at the time of initial contact. Providers will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting an 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 request?	No, those requests will need to be called into NIA Magellan’s Call Center through the toll free number, 1-800-207-4209. for processing.
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of service.
If a provider obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits on the date of the service. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does NIA Magellan allow retro-authorizations?	It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for interventional pain management procedures, as outlined above, that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians administering these procedures <u>should not</u> schedule or perform procedures without prior authorization. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether

	there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met.
What happens if I have a service scheduled for December 1, 2015?	The program start date is December 1, 2015 . Tufts Health Public Plans and NIA Magellan will be collaborating on provider related activities prior to the start date including provider announcements and provider education. The NIA Magellan Call Center will be available beginning November 23, 2015 for prior authorization for dates of service December 1, 2015 and beyond.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the website at www.RadMD.com .
How can providers access the NIA Magellan authorization number?	Providers will be able to access the NIA Magellan authorization number via the NIA Magellan website www.RadMD.com or by calling the NIA Magellan toll-free number 1-800-207-4209. The authorization number will also be available via the Tufts Health Public Plans provider portal, via <i>Tufts Health Provider Connect</i> (please note that the authorization number is different in Connect).
What if I disagree with NIA Magellan's determination?	In the event of a prior authorization denial, providers may appeal the decision. Providers should follow the instructions on their denial letter, as all appeal rights will be included.
SCHEDULING PROCEDURES	
Will NIA Magellan make a final determination based on the Anticipated Date of Service?	<p>NIA Magellan does not guarantee final determination of the request by the anticipated date of service.</p> <p>The anticipated date of service (provided during request for authorization) is used to determine timing between procedures.</p> <p>Please be advised that NIA Magellan needs 2 business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved authorization.</p>
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the Spine Management Program?	<p>Specialized Providers who perform Interventional Pain Management (IPM) spine procedures in an outpatient setting.</p> <p>Tufts Health Public Plans providers will need to request a prior authorization from NIA Magellan in order to bill the service. Providers who perform IPM procedures are generally located at:</p> <ul style="list-style-type: none"> ▪ Ambulatory Surgical Centers ▪ Hospital outpatient facilities

	<ul style="list-style-type: none"> ▪ Provider offices
CLAIMS RELATED	
Where do providers send their claims for outpatient, non-emergent pain management services?	<p>Tufts Health Public Plans network providers should continue to send claims directly to Tufts Health Public Plans.</p> <p>Providers are encouraged to use EDI claims submission</p>
How can providers check claims status?	<p>Providers should continue to check claims status with Tufts Health Public Plans through our provider portal Tufts Health Connect located on our website http://tuftshealthplan.com.</p>
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter</p>
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; be 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; • Are 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; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider.
How will referring/ordering providers know who NIA Magellan is?	<p>Tufts Health Public Plans will notify providers via the 11/1/2015 provider update. Tufts Health Public Plans and NIA Magellan are also conducting educational trainings for providers.</p>
Will provider trainings be offered closer to the December 1, 2015 effective date?	<p>NIA Magellan will conduct provider training sessions during the month of November.</p>
Where can a provider find NIA Magellan's	<p>NIA Magellan's Interventional Pain Management Procedures Guidelines can be found on the website at www.RadMD.com.</p>

Guidelines for Clinical Use of Pain Management Procedures?	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 and Tufts Health Public Plans information on it? Or will there be two cards?	The Tufts Health Public Plans Member ID card will not change and will not contain any NIA Magellan identifying information on it. There will not be two cards
CONTACT INFORMATION	
Who can a provider contact at NIA Magellan for more information?	Providers can contact April Sabino, Provider Relations Manager, at 1-800-450-7281 ext. 31078.