Florida Blue: *Musculoskeletal Care Program*

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Magellan Healthcare¹  
*Medical Specialty Solutions*

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.
Magellan Healthcare Training Program
Magellan Healthcare Program

Agenda

• Our Program
  1. Musculoskeletal (MSK) Authorization Process
  2. Provider Tools and Contact Information

• RadMD Demo

• Questions and Answers
## Magellan Healthcare Highlights

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

### Industry Presence
- 79 Health Plan Clients serving 26M National Lives
- 16M Commercial; 1M Medicare
- 9M Medicaid
- 35 states
- Doing business in Florida since 2002 serving over 4 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 (MSK)
- Sleep Management
- Emergency Department, Provider Profiling & Practice Management Analysis

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**URAC Certified & NCQA Accreditation**
MSK Prior Authorization Program

MSK Procedures Requiring Prior Authorization – Commercial Start Dates:
Phase I: July 1, 2015 – BlueCare® HMO Products, BlueOptions and BlueSelect
Phase III: April 1, 2016 - Fully Insured, ACA-Compliant Blue Choice (PPO)

**Procedures Requiring Prior Authorization**

**Outpatient/In-Office Spine Intervventional Pain Management**
- Spinal Epidural Injections
- Facet Joint Injections
- Facet Joint Denervation/Neurolysis

**Inpatient and Outpatient Lumbar & Cervical Spine Surgery***
- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Cervical Anterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement
- Cervical Anterior Decompression (without fusion)

**Place of Service Exclusions**

Managed Procedures Performed in the Following Place of Service Are Excluded:

**Interventional Pain Management:**
- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility

**Lumbar & Cervical 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 Magellan Healthcare/Florida Blue prior authorization. Magellan Healthcare 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 Magellan Healthcare/Florida Blue prior authorization list, the case will process in Florida Blue claims accordingly.
# MSK Prior Authorization Program

**MSK Procedures Requiring Prior Authorization – Medicare Start Dates:**

**Phase II:** Medicare Advantage HMO and PPO: Effective January 1, 2016

## Spine Surgery & Interventional Pain Management Procedures

<table>
<thead>
<tr>
<th>Outpatient/Office Interventional Pain Management-Spine</th>
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<tr>
<td>Spinal Epidural Injections</td>
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*NOTE: Spinal Deformity: CPT Codes 22800-22819 for deformity surgery do not require Magellan Healthcare/ Florida Blue prior authorization.*

## Hip & Knee Surgeries

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<td>Revision Knee Arthroplasty</td>
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<td>Total Knee Arthroplasty (TKA)</td>
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<td>Partial-Unicompartmental Knee Arthroplasty (UKA)</td>
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<td>Knee Manipulation under Anesthesia (MUA)</td>
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<td>Knee Ligament Reconstruction/Repair</td>
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<td>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</td>
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<td>Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)</td>
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<td>Revision/Conversion Hip Arthroplasty</td>
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<tr>
<td>Total Hip Arthroplasty/Resurfacing</td>
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<tr>
<td>Femoroacetabular Impingement Hip Surgery</td>
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<tr>
<td>Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)</td>
</tr>
</tbody>
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## Place of Service Exclusions:

**Interventional Pain Management:** Hospital Inpatient, Observation Room, & Emergency Room/Urgent Care Facility

**Spine, Hip and Knee Surgery:** Emergency Surgery – admitted via the Emergency Room
List of CPT Procedure Codes Requiring Prior Authorization

- There are two Utilization Review Matrices to determine CPT codes managed by Magellan Healthcare
  - FL Blue Commercial and Medicare Advantage HMO and PPO
- CPT Codes and their Allowable Billable Groupings
- Located on RadMD
- Defer to Florida Blue Policies for Procedures not on Claims/Utilization Review Matrices.
Responsibility for Authorization

Ordering Providers
Responsible for obtaining prior authorization

Facility/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
Required Information for Authorization:
Patient and Clinical Information

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

SPECIAL INFORMATION
Only one authorization request per hip, knee and spine surgery. A Lumbar fusion authorization includes decompression procedures.

Every interventional pain management procedure performed requires a prior authorization; Magellan Healthcare does not pre-approve a series of epidural injections.

Date of Service is required

Bilateral hip or knee surgeries require two separate authorizations.

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 spine interventional pain management or joint injection procedures, where applicable.

• Diagnostic imaging results, where applicable.

• Preliminary procedures already completed (e.g., lab work, scoped procedures, referrals to specialist, specialist evaluation)
Magellan Healthcare’s Clinical Foundation & Review

Clinical Guidelines Are the Foundation

Clinical Algorithms collect pertinent information

Fax/Upload Clinical Information (upon request)

Clinical Review by Magellan Healthcare’s Specialty Clinicians

Peer-to-Peer Discussion

**Clinical guidelines** were developed by practicing specialty physicians, literature reviews, and evidence base. Guidelines are reviewed and mutually approved by Florida Blue and Magellan Healthcare Chief Medical Officers and Specialized Clinical Experts.

Algorithms are a branching structure that change depending upon the answer to each question.

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

**Magellan Healthcare has a specialized clinical team focused on MSK.** Magellan Healthcare reviews key clinical information to ensure Florida Blue members are receiving appropriate care prior based on their clinical condition.

Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. **Our goal – ensure that Florida Blue members are receiving appropriate MSK care.**
Magellan Healthcare 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
Submitting Clinical Information/Medical Records to Magellan Healthcare

- Two ways to submit clinical information to Magellan Healthcare;
  - 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 Magellan Healthcare Coversheet for all transmissions of clinical information including uploads through RadMD!
Clinical Specialty Team

IPM Reviews
- Initial Clinical Review Performed by Magellan Healthcare Neurology Team Nurses
- The clinical specialties supporting our IPM program include anesthesiology, orthopedic surgeon, neurology, neurosurgeon, and pain specialists

Surgery Reviews
Hip/Knee/Spine
- Our Surgery review 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 Surgeons or Neurosurgeons conduct clinical reviews and peer-to-peer discussion on surgery requests.
### Notification of Determination

**Authorizations**

**Interventional Pain Management**
- Validity Period - Authorizations for IPM are valid for 90 days from DOS* (will default to date of request if DOS* not available)

**Spine/Hip/Knee Surgery**
- Validity Period
  - Inpatient Surgeries – 5 days from DOS*
  - Outpatient Surgeries - 90 day from DOS*

*The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the DOS changes please contact Magellan Healthcare to update.

**Denials**

**Interventional Pain Management**
- You may also follow the appeal process through Florida Blue defined in the notice of denial provided to you.

**Spine/Hip/Knee Surgery**
- You may also follow the appeal process through Florida Blue defined in the notice of denial provided to you.
Magellan Healthcare’s Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

• If an urgent clinical situation exists (outside of a hospital emergency room), please call Magellan Healthcare immediately. The number to call to obtain a prior authorization is 1-866-326-6302.
Program Components

Provider Network

Claims and Appeals
Provider Network:

• Magellan Healthcare will use the Florida Blue network of Hospitals, Surgery Centers and In Office Providers as it’s preferred providers for delivering Outpatient Interventional Spine Pain Management Services and Inpatient and Outpatient Lumbar and Cervical Spine, Hip and Knee Surgeries to Florida Blue members throughout Florida.
## Claims

### How Claims Should be Submitted

- Providers should continue to send their claims directly to Florida Blue.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to either:
  - [www.Availity.com](http://www.Availity.com)
  - [www.floridablue.com](http://www.floridablue.com)

### Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Florida Blue.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
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 of spine

**Lumbar/Cervical Spine, Hip and Knee Surgery**
Inpatient and outpatient non-emergent surgeries
- Only one authorization per surgery (most complex performed).
- For example, prior authorization for fusion includes decompression procedures.
- Date of service is required. Magellan Healthcare must be notified of any changes to the date of service.
- Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests,
- Spine Surgery is primarily focused on lumbar or cervical spine surgeries.
- Bilateral hip or knee surgeries require two separate authorizations.

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require Magellan Healthcare/Florida Blue prior authorization. Magellan Healthcare 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 Magellan Healthcare/Florida Blue prior authorization list, the case will process in Florida Blue claims accordingly.
Provider Tools

Provider Tools that Make it Easy for Providers to Partner with Magellan Healthcare

- **Toll free authorization and information number**  1-866-326-6302
  - Available 8am – 8pm EST
    - Interactive Voice Response (IVR) System

- **RadMD Website** – Available 24/7 (except during maintenance)
  - Different functionality for ordering and facility/place of service providers
  - Request authorization and view authorization status
  - Upload additional clinical information
  - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents
RadMD Functionality varies by user:
Facility/Place of Service – Views approved authorizations for their facility.
Ordering Provider’s Office – View and submit requests for authorization.

Online Tools Accessed through www.RadMD.com:
Magellan Healthcare’s Clinical Guidelines
Frequently Asked Questions
Quick Reference Guides
RadMD Quick Start Guide
Claims/Utilization Matrices
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

**STEPS:**
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”.
3. Fill out the application and click the “Submit” button.
   - You must include your e-mail address in order for our Webmaster to respond to you with your Magellan Healthcare-approved user name and password.

**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.
Facility/Place of Service: Getting Started on RadMD.com

**IMPORTANT**
- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

**STEPS:**
1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are preformed”.
3. Fill out the application and click the “Submit” button.
   - You must include your e-mail address in order for our Webmaster to respond to you with your Magellan Healthcare-approved user name and password.

**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.
Dedicated Provider Relations Contact Information

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RadMD Demo
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