



Interventional Pain Management (IPM) Frequently Asked Questions

| Question | Answer |
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| GENERAL | |
| <p>Why did HMSA implement a process to review pain management?</p> | <p>To improve quality and manage the utilization of non-emergent spine surgery procedures, occurring in outpatient and inpatient settings, for our members. <u>The following spine surgery procedures require prior authorization*</u> through Magellan:</p> <p>Interventional Pain Management (IPM) procedures include:</p> <ul style="list-style-type: none"> • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) • Sacroiliac Joint Injections <p>*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 those procedures listed above.</p> |
| <p>Why did HMSA select Magellan Health Services?</p> | <p>Magellan was selected to partner with HMSA because of our clinically driven program designed to effectively manage quality, patient safety and ensure appropriate utilization of resources for HMSA membership. HMSA has had a relationship with Magellan since 2009 when Magellan began managing advanced imaging benefits for HMSA members.</p> |
| <p>Which HMSA members are covered under this relationship and what networks will be used?</p> | <p>Magellan manages non-emergent outpatient interventional pain management spine procedures for all lines of business (HMO, PPO, QUEST and Akamai</p> |

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| | Advantage) as of January 1, 2014 through HMSA’s provider network. |
| PRIOR AUTHORIZATION | |
| What pain management services will require a provider to obtain precertification? | The following procedures require precertification through Magellan: <ul style="list-style-type: none"> • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) • Sacroiliac Joint Injections |
| When is precertification required? | Precertification is required for outpatient/office, non-emergent IPM procedures. Providers must obtain precertification for these procedures prior to the service being performed. <u>Note:</u> Only outpatient procedures are within the program scope. All IPM procedures performed in the Emergency Room or as part of inpatient care do not require precertification. |
| Who do we expect to order IPM procedures | IPM procedures are usually ordered/performed by one of the following specialties. <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 pain management procedures included in this program? | No, inpatient procedures are not included in this program. |
| Does the setting of the service affect the required prior authorization? | No, this medical necessity review and determination is for the authorization for professional services. |
| How does the ordering provider obtain a precertification from Magellan for an | Providers will be able to request prior authorization via the Magellan website www.RadMD.com or by calling the Magellan toll-free number 1-866-306-9729. |

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| <p>outpatient IPM procedure?</p> | |
| <p>What information will Magellan require in order to process a precertification?</p> | <p>To expedite the process, please have the following information ready before logging on to the website or calling the 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 examination* • 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 • Diagnostic imaging results • Specialist reports/evaluation |
| <p>Can a provider request more than one procedure at a time for</p> | <p>No. A prior authorization is required for each procedure being requested. Magellan will not authorize more than one procedure at a time. This allows for evaluation of the</p> |

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| <p>a member (i.e., a series of epidural injections)?</p> | <p>effectiveness of the intervention prior to authorizing additional treatment.</p> <p>Please review the Magellan utilization matrix for listing of the procedures requiring prior authorization.</p> |
| <p>What kind of response time can ordering providers expect for a precertification request?</p> | <p>The best way to maximize the efficiency turnaround time for authorization request is on-line through www.RadMD.com or through the toll-free number, 1-866-306-9729 is to have knowledge of the case 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>Determinations must be completed within 14 days of the request. However, a determination may be made within 2 business days after receipt of a request that contains complete clinical documentation. Requests for surgeries require specialty review, which may add an additional 2-3 business days before a determination is made.</p> <p>In certain cases, the review process can take longer if additional clinical information is required to make a determination.</p> |
| <p>What will the Magellan authorization number look like?</p> | <p>The Magellan authorization number consists of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive a 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.</p> |
| <p>If requesting authorization through RadMD and the request pends, what happens next?</p> | <p>You will receive a tracking number and Magellan will contact you to complete the process.</p> |

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| Can RadMD be used to request retrospective or expedited authorization requests? | No, those requests must be called into Magellan’s Call Center through the toll free number, 1-866-306-9729 for processing. |
| How long is the prior authorization number valid? | The authorization number is valid for 90 days from final determination. |
| If a provider obtains an 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. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. |
| Are retro- authorizations allowed? | It is important that key physicians and office staff be trained on the prior authorization requirements. Claims for IPM 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. |
| 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 . |
| Will the Magellan authorization number be displayed on the HMSA Web site? | No. |
| What if I disagree with Magellan’s determination? | In the event of a prior authorization or claims payment denial, providers may appeal the decision through HMSA. Providers should follow the instructions on their denial letter or Report to Provider (RTP). A peer-to-peer consultation may be requested upon receipt of a denial notice for a prior authorization request. |
| SCHEDULING PROCEDURES | |
| Why does Magellan ask for a date of service when authorizing a procedure? Do physicians have to | Magellan asks where the procedure is being performed and the anticipated date of service. The anticipated date of service is required. Physicians should obtain authorization before scheduling the patient. |

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| obtain an authorization before they call to schedule an appointment? | |
| WHICH MEDICAL PROVIDERS ARE AFFECTED? | |
| Which providers are affected by the pain management program? | <p>Specialized providers who perform IPM procedures in an outpatient setting (e.g., anesthesiologists, neurologists and pain management specialists). These providers should request a precertification prior to performing the service.</p> <ul style="list-style-type: none"> • Providers who perform IPM procedures at the following: <ul style="list-style-type: none"> ○ Ambulatory Surgical Centers ○ Hospital outpatient facilities ○ Provider offices |
| CLAIMS RELATED | |
| Where do providers send their claims for outpatient, non-emergent pain management services? | <p>Providers should continue to send claims directly to HMSA.</p> <p>Providers are encouraged to use EDI claims submission</p> |
| How can providers check claims status? | Providers should continue to check claims status with HMSA. |
| Who should a provider contact if they want to appeal a precertification or claim payment denial? | Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification. |
| MISCELLANEOUS | |
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| Where can a provider find Magellan’s Guidelines for Clinical Use of Pain Management Procedures? | <p>Magellan’s Interventional Pain Management Guidelines can be found at www.RadMD.com or through HMSA’s provider portal. They are presented in a PDF file format that can easily be printed for future reference.</p> <p>Magellan’s clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.</p> |
| What will the Member ID card look like? Will the ID card have both Magellan and HMSA | The HMSA Member ID card will not change and will not contain any Magellan identifying information on it. |

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| <p>information on it? Or will there be two cards?</p> | |
| <p>CONTACT INFORMATION</p> | |
| <p>Who can a provider contact at Magellan for more information?</p> | <p>Contact your Magellan area provider relations: Laurie Kim, 626-5704 on Oahu or 1 (800) 450-7281, ext. 65704, toll-free on the Neighbor Islands.</p> |