



**National Imaging Associates, Inc. (NIA)
Spinal Conditions Management Program and Joint
Surgery Program
Frequently Asked Questions (FAQ's)
For Tufts Health Public Plans Ordering Physicians**

Question	Answer
GENERAL	
<p>Why did Tufts Health Public Plans implement a Spinal Conditions Management Program and why is it expanding to include joint surgeries?</p> <p>What Spine and Joint Surgery procedures require prior authorization?</p>	<p>The Spinal Conditions Management and Joint Surgery programs are designed to improve quality and manage the utilization of non-emergent* surgeries, occurring in outpatient and inpatient settings.</p> <ul style="list-style-type: none"> • Joint surgeries including diagnostic and surgical hip/knee/shoulder arthroscopy and arthrotomy, hip/knee/shoulder arthroplasty (including total and partial joint replacement/revision and removal) and knee manipulation under anesthesia • Are a leading cost of health care spending trends • Variations in patient care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care) • Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than patient symptoms • Medical device companies marketing directly to consumers • Surgeries are occurring too soon leading to the need for additional or revision surgeries <p><u>The following procedures require prior authorization*** through NIA:</u></p> <p>New Joint Surgery Procedures Requiring Prior Authorization</p> <p>Outpatient and Inpatient Hip Surgery Services: **- Effective January 1, 2018</p> <ul style="list-style-type: none"> • Revision/Conversion Hip Arthroplasty • Total Hip Arthroplasty/Resurfacing • Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher & labral repair) • Hip Surgery – Other (includes synovectomy, loose body

removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)

Outpatient and Inpatient Knee Surgery Services: ** - Effective January 1, 2018

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

Outpatient and Inpatient Shoulder Surgery Services: ** - Effective January 1, 2018

- Revision Shoulder Arthroplasty
- Total/Reverse Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

Current Procedures Requiring Prior Authorization (under the Spinal Condition Management Program)

Outpatient and Inpatient Spine Surgery Services:

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetomy & 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)

	<ul style="list-style-type: none"> • Cervical Artificial Disc Replacement • Cervical Anterior Decompression (without fusion) <p>Outpatient Interventional Spine Pain Management Services*:</p> <ul style="list-style-type: none"> • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) <p>*A separate prior authorization number is required for each procedure ordered.</p> <p>**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.</p> <p>***NIA does not manage prior authorization for emergency spinal conditions management or joint surgery cases that are admitted through the emergency room or for spine or joint surgery procedures outside of those procedures listed.</p>
<p>Why did Tufts Health Public Plans select NIA to manage its Joint Surgery program?</p>	<p>NIA was selected to partner with us because of its clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for Tufts Health Public Plans membership.</p>
<p>Which Tufts Health Public Plans members are covered under this relationship and what networks will be used?</p>	<p>Effective for dates of service on or after January 1, 2018, joint surgery procedures will be included in the Tufts Health Public Plans prior authorization program through NIA. These changes will apply to Tufts Health Public Plans, with the exception of Tufts Medicare Complement, Tufts Medicare Supplement Plan, USFHP, commercial PPO plans with the PHCS network, and CareLinkSM. Tufts Health Unify, Tufts Medicare Preferred HMO, and Tufts Health Public Plans SCO plans are also excluded.</p> <p>NIA will use the Tufts Health Plan network of Pain Management Physicians, Surgeons, Hospitals, Surgery Centers and In-Office Providers as its preferred providers for delivering Outpatient Interventional Spine Pain Management Services and select Inpatient and Outpatient Surgeries to Tufts Health Plan members.</p>
<p>IMPLEMENTATION</p>	
<p>What is the implementation date for the Joint Surgery program?</p>	<p>The start date for the spinal conditions management program was December 1, 2015.</p> <p>Implementation for the joint surgery program will be January 1, 2018.</p>
<p>PRIOR AUTHORIZATION</p>	

When is prior authorization required?	Prior authorization is required through NIA for inpatient and outpatient non-emergent spine and joint surgery procedures listed above.
Is a prior authorization required for patients who already have a spine or joint surgery scheduled?	Yes. Any spine or joint surgery requires a prior authorization through NIA. Any non-emergent joint surgery performed on or after January 1, 2018 requires a prior authorization through NIA.
Who can order a spine or joint surgery?	Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties: <ul style="list-style-type: none"> • Orthopedic Surgeons • Neurosurgeons
Are pain management procedures included in this program?	Yes. All non-emergent outpatient Interventional Pain Management (IPM) procedures are required to have a prior authorization through NIA. Please refer to IPM Frequently Asked Questions.
Who is reviewing the surgery requests and medical information provided?	As a part of the NIA clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee and shoulder) or neurosurgeons (spine) will conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.
Does the NIA's prior authorization process change the requirements for facility-related prior authorization?	No. NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. NIA will provide Tufts Health Public Plans with the surgery type requested and authorization determination. Facilities and providers must continue to follow Tufts Health Public Plans' inpatient admission notification processes for hospital admissions and elective surgery. Note: Any Tufts Health Public Plans inpatient admission notification requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA's medical necessity criteria.
How do ordering physicians obtain a prior authorization from NIA?	Ordering Physicians are able to request prior authorization via the NIA website or by calling the NIA toll-free number 1-800-207-4209.
What information does NIA require in order to receive prior authorization?	To expedite the process, please have the following information ready before logging on to the web site or calling the NIA Call Center at 1-800-207-4209 for prior authorization of non-emergent inpatient and outpatient spine or joint surgeries: (*denotes required information) <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*

	<ul style="list-style-type: none"> • 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>Please 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 will provide a list of surgery categories to choose from and the Tufts Health Public Plans surgeon <u>must</u> select the most complex and invasive surgery being performed as the primary surgery.</p> <p>Example: Lumbar Fusion</p> <ul style="list-style-type: none"> • If the Tufts Health Public Plans 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 separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request. <p>Example: Laminectomy</p> <ul style="list-style-type: none"> • If the Tufts Health Public Plans 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 Tufts Health Public Plans surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.

Does the ordering physician need to enter each CPT procedure code being performed for spine or joint surgery?	No. NIA provides 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.
Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?	Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with musculoskeletal surgeries are included in the authorization; however, the amount of instrumentation must align with the procedure authorized.
What kind of response time can ordering physician expect for prior authorization?	<p>Having the following information available prior to calling NIA at 1-800-207-4209 or online through www.RadMD.com will create the most efficient turnaround 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 • 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 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 does the NIA authorization number look like?	The NIA authorization number consists of 8 or 9 alpha-numeric characters. In some cases, the ordering surgeon may instead receive a NIA 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 are able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and NIA will contact you to complete the process.
Can RadMD be used to request retrospective	No, those requests will need to be called into NIA's Call Center for processing at 1-800-207-4209.

or expedited authorization request?	
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of service.
Is prior authorization necessary for lumbar, cervical, joint surgery if Tufts Health Public Plans is NOT the member's primary insurance?	Yes.
If an ordering physician obtains a prior authorization number does that guarantee payment?	<p>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.</p> <p>NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Any Tufts Health Public Plans prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA's medical necessity criteria.</p>
Does NIA allow retro-authorizations?	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for joint or spine surgeries, as outlined above that have <u>not</u> been properly authorized will <u>not</u> be reimbursed.</p> <p>Physicians performing spine or joint surgeries <u>should not</u> schedule or perform these surgeries without prior authorization.</p>
What happens if I have a service scheduled for January 1, 2018?	<p>NIA's call center and RadMD will be available starting on December 22, 2017 for joint surgery requests.</p> <p>NIA and Tufts Health Public Plans will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required</p>
Can an ordering physician verify an authorization number online?	Yes. Ordering physicians can check the status of member authorizations quickly and easily by going to the Web site at www.RadMD.com .
Will the NIA authorization number be displayed on the Tufts Health Public	No.

Plans web site?	
What if I disagree with NIA's determination?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Tufts Health Public Plans. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
SCHEDULING PROCEDURES	
Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	NIA 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.
WHICH MEDICAL SURGEONS ARE AFFECTED?	
Which physicians are impacted by the Spinal Condition Management and Joint Surgery Programs?	Neurosurgeons and Orthopedic Surgeons are the key physicians impacted by this program. All procedures performed in any setting are included in this program: <ul style="list-style-type: none"> • Hospital (Inpatient & Outpatient Settings) • Ambulatory Surgical Centers
CLAIMS RELATED	
Where do rendering providers/surgeons send their claims for outpatient, non-emergent joint surgery services?	Tufts Health Public Plans rendering providers/surgeons should continue to send claims directly to Tufts Health Public Plans. Rendering providers/surgeons are encouraged to use EDI claims submission.
How can claims status be checked?	Rendering providers/surgeons should check claims status via Tufts Health Public Plans Website, http://www.networkhealthproviderconnect.org
Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?	Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
MISCELLANEOUS	
How is medical necessity defined?	NIA defines medical necessity as services that: <ul style="list-style-type: none"> • Meets 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; • Be 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;

	<ul style="list-style-type: none"> • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be 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 surgeon.
How do referring/ordering surgeons know who NIA is?	Tufts Health Public Plans sends notification letters and educational materials to plan physicians/surgeons. Tufts Health Public Plans and NIA also conduct educational webinars prior to the implementation date for ordering physicians/surgeons.
Will ordering physician trainings be offered closer to the January 1, 2018 implementation date?	NIA will conduct provider training sessions during November 2017.
Where can an ordering physician find NIA's Guidelines for Clinical Use of Spine or Joint Surgery Procedures?	NIA's Clinical Guidelines can be found on the Web site at www.RadMD.com . They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
What does the Member ID card look like? Does the ID card have both NIA and Tufts Health Public Plans information on it? Or is there two cards?	The Tufts Health Public Plans Member ID card will not change and will not contain any NIA identifying information on it.
CONTACT INFORMATION	
Who can a surgeon contact at NIA for more information?	Ordering Physicians can contact April J. Sabino, Provider Relations Manager, at 1-800-450-7281 ext. 31078 or ajsabino@magellanhealth.com .