

**National Imaging Associates, Inc. (NIA) Musculoskeletal Care
 Management (MSK) Program
 Interventional Pain Management (IPM)
 Frequently Asked Questions (FAQ's)
 For Maryland Physicians Care Providers**

Question	Answer
GENERAL	
Why is Maryland Physicians Care implementing an MSK Program focused on IPM procedures?	<p>To improve quality and manage the utilization of non-emergent MSK, including IPM procedures for our members. NIA is the vendor manager for Maryland Physicians Care's advanced imaging program and these new spine modalities are an extension of that management program. Maryland Physicians Care 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) ▪ Sacroiliac Joint Injections
Why did Maryland Physicians Care select NIA?	<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 Maryland Physicians Care membership.</p>
Which Maryland Physicians Care members will be covered under this relationship and what networks will be used?	<p>NIA will manage non-emergent outpatient IPM procedures for all Maryland Physicians Care members effective October 5, 2018, through Maryland Physicians Care's contractual relationships.</p>
PROGRAM START DATE	
What is the implementation date for this MSK Program?	<p>The program start date is October 5, 2018. Maryland Physicians Care and NIA will be collaborating on a provider related activities prior to the start date including provider announcements, and provider education.</p>

PRIOR AUTHORIZATION	
What MSK services will require a provider to obtain a prior authorization?	<p>The following procedures require prior authorization through NIA:</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
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 IPM procedures performed in the Emergency Room or as part of inpatient care do not require prior authorization.</p>
Is prior authorization required for members currently undergoing treatment?	<p>Yes, authorization is required for dates of service on or beyond October 5, 2018 even if the member is continuing treatment.</p>
Who do we expect to order IPM 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 <p>Other physicians with appropriate pain procedure training and certification</p>
Are inpatient IPM procedures included in this program?	<p>Inpatient IPM 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 for an outpatient IPM procedure?	<p>Providers will be able to request prior authorization via the NIA website www.RadMD.com or by calling the NIA toll-free number 1-800-424-4836.</p>

<p>What information will NIA 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 call center staff</p> <p>(*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 IPM 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 IPM 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 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, 1-800-424-4836 and have the following information available:</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>
<p>What will the NIA authorization number look like?</p>	<p>The NIA authorization number consists of 11 alpha-numeric characters. In some cases, the ordering provider may instead receive a NIA 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 an authorization through RadMD and the request pends, what happens next?</p>	<p>You will receive a tracking number and NIA will contact you to complete the process.</p>
<p>Can RadMD be used to request retrospective or expedited authorization request?</p>	<p>No, those requests will need to be called into NIA’s Call Center through the toll free number, 1-800-424-4836 for processing.</p>
<p>How long is the prior authorization number valid?</p>	<p>The authorization number is valid for 60 days from the date of request.</p>
<p>Is prior authorization necessary for non-emergent MSK, including IPM</p>	<p>No. Authorization is not required if Maryland Physicians Care is secondary to another plan.</p>



procedures if Maryland Physicians Care is NOT the member's primary insurance?	
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. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does NIA allow retro- authorizations?	It is important that key physicians and office staff be educated 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.
What happens if I have a service scheduled for October 5, 2018?	An authorization can be obtained for all pain management procedures for dates of service October 5, 2018 and beyond, beginning October 5, 2018. NIA and Maryland Physicians Care will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
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 NIA authorization number be displayed on the Maryland Physicians Care Web site?	No.
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 Maryland Physicians Care. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
SCHEDULING PROCEDURES	
Will NIA make a final determination based	NIA does not guarantee final determination of the request by the anticipated date of service.



<p>on 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 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>
<p>Do ordering physicians have to obtain an authorization before they call to schedule an appointment?</p>	<p>NIA asks where the non-emergent MSK, including IPM procedures is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the patient.</p>
<p>WHICH MEDICAL PROVIDERS ARE AFFECTED?</p>	
<p>Which medical providers are affected by the MSK Program?</p>	<p>Specialized Providers who perform IPM procedures in an outpatient setting.</p> <p>Maryland Physicians Care providers will need to request a prior authorization from NIA 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 ▪ Provider offices
<p>CLAIMS RELATED</p>	
<p>Where do providers send their claims for outpatient, non-emergent pain management services?</p>	<p>Maryland Physicians Care network providers should continue to send claims directly to Maryland Physicians Care.</p> <p>Providers are encouraged to use EDI claims submission</p>
<p>How can providers check claims status?</p>	<p>Providers should continue to check claims status with Maryland Physicians Care.</p>
<p>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</p>	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.</p>
<p>MISCELLANEOUS</p>	
<p>How is medical necessity defined?</p>	<p>NIA defines medical necessity as services that:</p> <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;



	<ul style="list-style-type: none"> • 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; • 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 provider.
How will referring/ordering providers know who NIA is?	Maryland Physicians Care will send notification letters and educational materials to providers. Maryland Physicians Care and NIA are also conducting educational trainings for providers.
Will provider trainings be offered closer to the October 5, 2018 implementation date?	NIA will conduct provider training sessions.
Where can a provider find NIA's Guidelines for Clinical Use of Pain Management Procedures?	NIA's Interventional Pain Management Procedures Guidelines can be found on the website 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 will the Member ID card look like? Will the ID card have both NIA and Maryland Physicians Care information on it? Or will there be two cards?	The Maryland Physicians Care Member ID card will not change and will not contain any NIA identifying information on it.
CONTACT INFORMATION	
Who can a provider contact at NIA for more information?	Providers can contact Charmaine S. Everett, Provider Relations Manager, at 1-800-450-7281, ext. 32615 or 1-410-953-2615 or cseverett@magellanhealth.com .

