Molina Complete Care (Molina) Musculoskeletal (MSK) Management Program
Our MSK Program

- Authorization Process
- Other Program Components
- Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers

1National Imaging Associates, Inc. is an affiliate of Magellan Healthcare, Inc.
Magellan Healthcare
Medical Specialty Solutions
National Footprint

**National Footprint**

- **Since 1995** – delivering radiology benefits management solutions; one of the go-to care partners in industry.

- **77 health plans/markets** – partnering with Magellan Healthcare for management of Medical Specialty Solutions program.

- **31.85M national lives** – participating in a Magellan Healthcare Medical Specialty Solutions program nationally.

- **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

**Medicaid/Medicare Expertise/Insights**

- **57 Medicaid plans/markets** with Medical Specialty Solutions in place.

- **16.90M Medicaid lives** – in addition to 2.10M Medicare Advantage lives participating in a Magellan Healthcare Medical Specialty Solutions program nationally.

**Intensive Clinical Specialization & Breadth**

**Specialized Physician Teams**

- 160+ actively practicing, licensed, board-certified physicians
- 28 specialties and sub-specialties

**URAC Accreditation & NCQA Certified**
Molina has partnered with Magellan Healthcare in a prior authorization program for the management of MSK Services.

Procedures:
- Outpatient, interventional spine pain management services (IPM)
- Inpatient and outpatient lumbar and cervical spine surgeries

Magellan Healthcare will use the Molina network IPM Physicians, Surgeons, Hospitals, Surgery Centers and In-Office Providers as its preferred providers for delivering Outpatient IPM Services and select Inpatient and Outpatient Surgeries to Molina members throughout Virginia.
Targeted IPM Procedures Performed in an Outpatient Facility or office:
- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)

Excluded from the Program IPM Procedures Performed in the following Settings:
- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility
Magellan Healthcare’s Lumbar and Cervical Spine Surgery

Targeted Lumbar and Cervical Spine Surgery
Procedures Performed in an Inpatient and Outpatient Facility

- 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 – Single & Two Levels

Excluded from the Program Surgeries Performed in the following Settings:

- Emergency Surgery – admitted via the Emergency Room

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require Magellan Healthcare/Molina prior authorization. Magellan Healthcare will monitor the use of these CPT codes, but prior authorization is not currently required.
Review Claims/Utilization Review Matrix to determine CPT codes managed by Magellan Healthcare.

CPT Codes and their Allowable Billable Groupings.


Defer to Molina’s Policies for Procedures not on Claims/Utilization Review Matrix.
Prior Authorization Process Overview

Ordering Physician is responsible for obtaining prior authorization. IPM provider may be both ordering and rendering.

Submit Requests Online Through RadMD
www.RadMD.com
or by Phone

Information evaluated via algorithm and medical records

Rendering Provider Performs Service and ensures authorization was obtained

Service Authorized
Magellan Healthcare’s Clinical Foundation & Review

- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Plan and Magellan Healthcare Medical Officers and clinical experts. **Clinical Guidelines are available on** [www.RadMD.com](http://www.RadMD.com)

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

- The member’s clinical information/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.

- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

- **Our goal** – ensure that members are receiving appropriate care.
Information for Authorization for IPM Injections

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

- Bi-lateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bi-lateral as well as multiple levels on the same date of service.

- Add on codes do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.
IPM Clinical Checklist Reminders

IPM Documentation:

Conservative Treatment

- Frequently, specifics of conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.

Visual Analog Scale (VAS) Score and/or Functional Disability

- A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).

Follow Up To Prior Pain Management Procedures

- For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.
Sample Pain Rating Scales

Visual analogue scale (VAS)

No pain

Worst pain ever

Numerical rating scale (NRS)

PAIN SCORE 0-10 NUMERICAL RATING

Faces rating scale (FRS)

Wong Baker Face Scale

NO HURT
HURTS LITTLE BIT
HURTS LITTLE MORE
HURTS EVEN MORE
HURTS WHOLE LOT
HURTS WORST
Most surgeries will require only one authorization request. Magellan Healthcare will provide a list of surgery categories to choose from. The surgeon’s office must select the most complex and invasive surgery being performed as the **primary** surgery.

- Example 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
- Example 2: A knee ligament reconstruction includes meniscectomy, debridement, etc.

Bilateral hip or knee surgeries require authorization for both the left and right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.

- Inpatient admissions will continue to be subject to concurrent review by Molina.
- Date of Service is required.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that a Magellan Healthcare prior authorization has been obtained prior to scheduling the surgery.
Surgery Clinical Checklist Reminders

**Surgery Documentation:**

- Details regarding the member’s symptoms and their onset/duration
- Physical exam findings
- Conservative treatment modalities with dates and duration (e.g. physical therapy, home exercise plan, injections, medications, activity modification)
- Diagnostic imaging results
- Ordering physician’s surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI, smoking history, mental status for some surgeries)
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 Additional Clinical Information

- Records may be submitted:
  - Upload to [www.RadMD.com](http://www.RadMD.com)
  - Fax using that Magellan Healthcare coversheet

- Location of Fax Coversheets:
  - Can be printed from [www.RadMD.com](http://www.RadMD.com)
  - CCC Plus: 1-800-424-4524
  - Medallion 4.0: 1-800-424-4518

- Use the case specific fax coversheets when faxing clinical information to Magellan Healthcare
Clinical Specialty Team: Focused on IPM and MSK

**IPM Reviews**

- Initial clinical review performed by specially trained IPM nurses
- Clinical review team will proactively reach out for additional clinical information
- Anesthesiologists and pain management specialists conduct clinical reviews and peer-to-peer discussions on IPM requests

**MSK Surgery Reviews**

- Initial clinical review performed by specialty trained surgery nurses
- Surgery concierge team will proactively reach out for additional clinical information
- Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests
MSK Clinical Review Process

Physicians’ Office Contacts Magellan Healthcare for Prior Authorization

- RadMD
- Telephone

Magellan Healthcare Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

- Designated & Specialized Clinical MSK Team interacts with Provider Community.

System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Clinical information complete – Procedure Approved
- Additional clinical information required

Magellan Healthcare Specialty Physician Reviewers

- Magellan Healthcare Physician approves case without peer-to-peer

- Peer-to-peer outbound attempt made if case is not approvable

- Magellan Healthcare Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Generally, the turnaround time for completion of these requests is within two business days upon receipt of sufficient clinical information
Magellan Healthcare Urgent/Expedited MSK Authorization Process

<table>
<thead>
<tr>
<th>Urgent/Expedited MSK Authorization Process</th>
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<tbody>
<tr>
<td>▪ If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Magellan Healthcare immediately.</td>
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<tr>
<td>▪ The Magellan Healthcare Website <a href="http://www.RadMD.com">www.RadMD.com</a> cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Molina Complete Care call center at:</td>
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<tr>
<td>• CCC Plus: 1-800-424-4524</td>
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<tr>
<td>• Medallion 4.0: 1-800-424-4518</td>
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<tr>
<td>▪ Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.</td>
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## Notification of Determination

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<tr>
<th><strong>Authorization Notification</strong></th>
<th><strong>Denial Notification</strong></th>
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<tr>
<td>• Validity Period - Authorizations are valid for:</td>
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<tr>
<td><strong>IPM</strong></td>
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<tr>
<td>• 90 days from date of request</td>
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<tr>
<td><strong>Surgical</strong></td>
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<tr>
<td>• Inpatient – 90 days from date of request</td>
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<tr>
<td>• Outpatient- SDC/Ambulatory – 90 days from date of request</td>
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<tr>
<td>• Notifications will include an explanation of what services have been denied and the clinical rationale for the denial</td>
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<tr>
<td>• A peer-to-peer discussion can be initiated once the adverse determination has been made.</td>
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<td>• A re-review is available with new or additional information.</td>
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<tr>
<td>• Timeframe for re-review is 5 business days.</td>
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<td>• In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.</td>
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IPM Points

- Injections in all regions of spine are managed
- Date of Service is required for all requests
- Each IPM procedure must be prior authorized
- No series of epidural injections
- Specialty Nurses and Physicians will review IPM requests
Inpatient and outpatient non-emergent surgeries

Spine Surgery is focused on lumbar and/or cervical spine surgeries

For spinal surgeries, only one authorization request per surgery. For example, a Lumbar fusion authorization includes decompression, instrumentation, etc.

CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require prior authorization. Magellan Healthcare will monitor the use of these CPT codes.
Bilateral hip or knee surgeries require authorization for both the left and right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.

Surgeries addressing the following are not included in the musculoskeletal management program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), hardware removal, & foreign body.
Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Molina.

Facility admissions do not require a separate prior authorization. However, the facility should ensure that a Magellan Healthcare prior authorization has been obtained prior to scheduling the surgery.

Authorizations are valid for 90 days from the date of request. Magellan Healthcare must be notified of any changes to the date of service.
Provider Tools

RadMD Website
www.RadMD.com

Available
24/7 (except during maintenance)

Toll Free Number
CCC Plus:  1-800-424-4524
Medallion 4.0:  1-800-424-4518

Available
8:00 AM – 8:00 PM EST

- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents

- Interactive Voice Response (IVR) System for authorization tracking
Magellan Healthcare’s Website
www.RadMD.com

RadMD Functionality varies by user:

- **Ordering Provider’s Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved authorizations for their facility.
- MSK providers are typically both the ordering and the rendering provider.

Online Tools Accessed through www.RadMD.com:

- Magellan Healthcare’s Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- IPM Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices
RadMD Enhancements

Magellan Healthcare offers a **Shared Access** feature on our [www.RadMD.com](http://www.RadMD.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on [www.RadMD.com](http://www.RadMD.com), allowing them to communicate with members and facilitate treatment.
Registering on RadMD.com  
To Initiate Authorizations

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.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.
Allows Users the ability to view all approved authorizations for facility.

**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 performed”
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.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.
## When to Contact Magellan Healthcare

### Providers:

<table>
<thead>
<tr>
<th>Initiating or checking the status of an authorization request</th>
<th>Website, <a href="http://www.RadMD.com">www.RadMD.com</a></th>
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<tr>
<td></td>
<td>Toll-free number Interactive Voice Response (IVR) System</td>
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<tr>
<td></td>
<td>CCC Plus: 1-800-424-4524</td>
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<td></td>
<td>Medallion 4.0: 1-800-424-4518</td>
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<tr>
<th>Initiating a Peer-to-Peer Consultation</th>
<th>CCC Plus: 1-800-424-4524</th>
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<tr>
<th>Technical Issues Provider Service Line</th>
<th><a href="mailto:RadMDSupport@magellanhealth.com">RadMDSupport@magellanhealth.com</a></th>
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<td>Call 1-800-327-0641</td>
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<tr>
<th>Provider Education requests or questions specific to Magellan Healthcare</th>
<th>Lori Fink</th>
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<tr>
<td></td>
<td>Provider Relations Manager</td>
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<td></td>
<td>1-800-450-7281 Ext. 32621</td>
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<td></td>
<td><a href="mailto:lafink@magellanhealth.com">lafink@magellanhealth.com</a></td>
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RadMD Demonstration
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Thanks