

Ambetter from Western Sky Community Care Interventional Pain Management (IPM)

Provider Training Presented by:
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Provider Relations Manager



FROM







western sky
community care.





Our IPM Program

-  Prior Authorization Process and Overview
 - Clinical Foundation and Review
 - Clinical Review Process
 - Notification of Determination
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

NIA Specialty Solutions

National Footprint / Medicaid Experience



National Footprint

- ✓ **Since 1995** – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ **86 health plans/markets** – partnering with NIA for management of Medical Specialty Solutions.
- ✓ **33.69M national lives** – **participating** in an NIA Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

- ✓ **54 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **18.65M Medicaid lives** – in addition to 2.15M Medicare Advantage lives participating in an NIA 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



Procedures Performed on or after March 1, 2023, Require Prior Authorization



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)
- Sacroiliac joint injections
- Sympathetic Nerve Block



Excluded from the Program
IPM Procedures Performed in the
following Settings:

- Hospital Inpatient
- Emergency Room/Urgent Care Facility
- Observation

- NIA will use the Ambetter from Western Sky Community Care network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Ambetter from Western Sky Community Care members throughout New Mexico.

List of CPT Procedure Codes Requiring Prior Authorization



Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA.



CPT Codes and their Allowable Billable Groupings.



Located on www.RadMD.com.



Defer to Ambetter from Western Sky Community Care's Policies for Procedures not on Claims/Utilization Review Matrix.



Ambetter from Western Sky Community Care Utilization Review Matrix 2023 Outpatient Interventional Pain Management (IPM)

The matrix below contains all of the CPT 4 codes for which National Imaging Associates Inc. (NIA)¹ authorizes on behalf of Ambetter from Western Sky Community Care.

NIA issues authorizations based on the primary CPT code and its allowable billed groupings. A procedure can be billed under any **one** of the given CPT codes for that allowable billed grouping as long as a valid authorization number has been issued within the validity period.

***Please note: IPM services rendered in an Emergency Room, Intraoperatively, or as a Hospital Inpatient are not managed by NIA.**

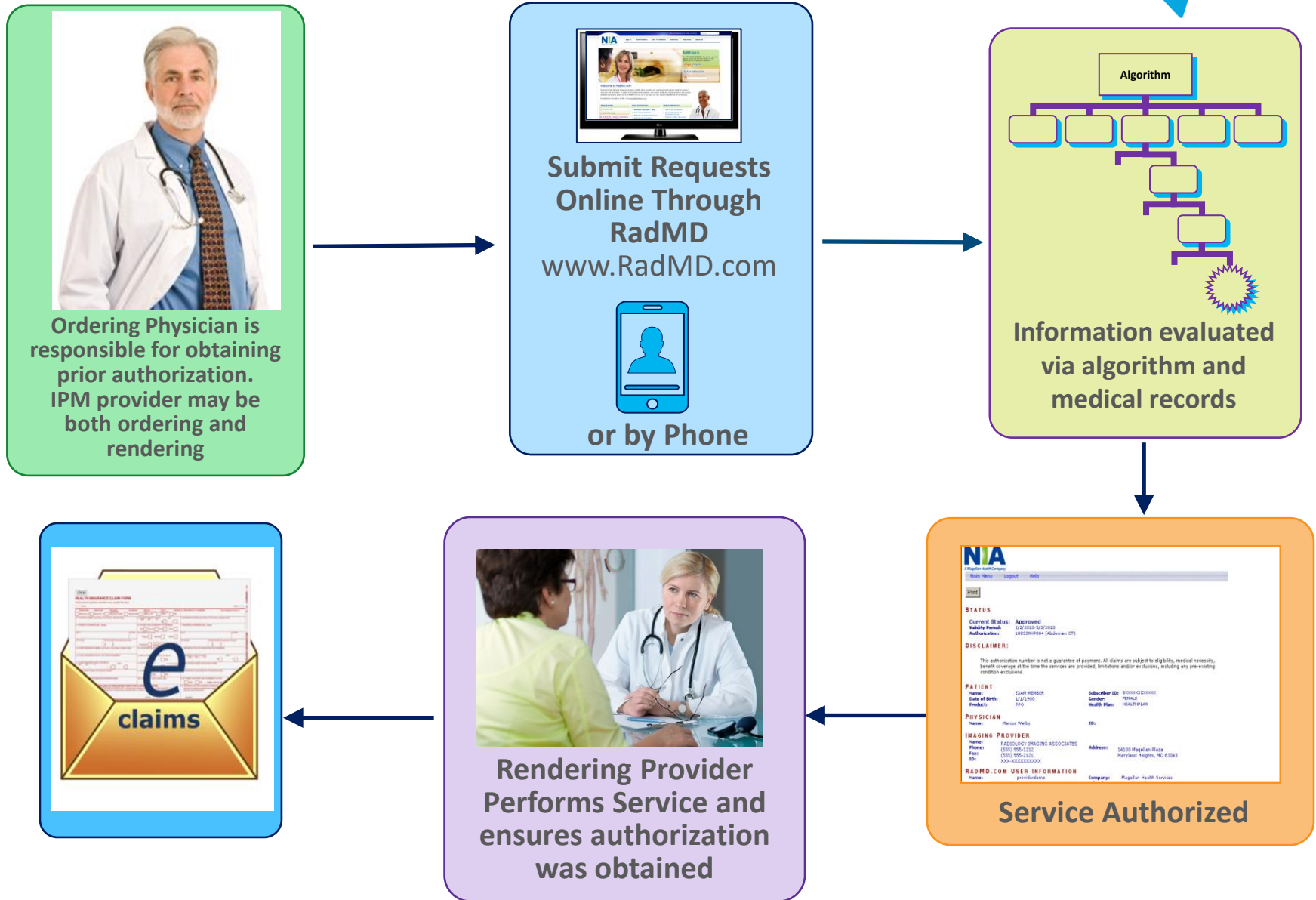
Procedure Name	Primary CPT Code	Allowable Billed Groupings
Sacroiliac Joint Injection	27096	27096, G0260
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T
Cervical/Thoracic Facet Joint	64633	64633, +64634



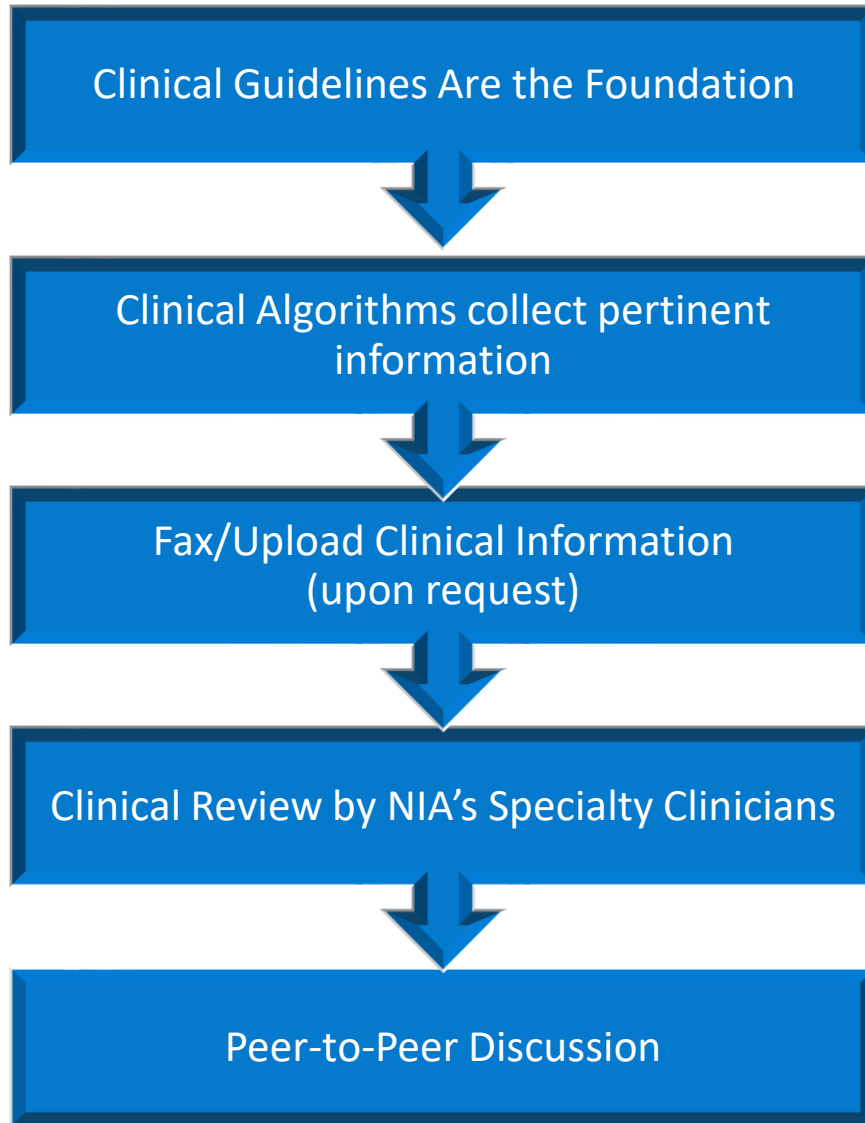
Special Information

- Every IPM procedure performed requires a prior authorization; NIA 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.

Prior Authorization Process Overview



NIA'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 NIA Medical Officers and clinical experts. **Clinical Guidelines are available on 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.
- NIA has a specialized clinical team focused on IPM.
- 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.**


IPM Clinical Checklist Reminders



IPM Documentation:

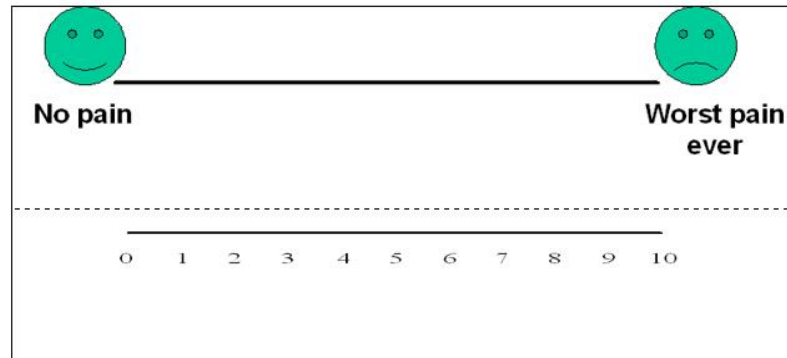
-  **Conservative Treatment**
 - Frequently, specifics of conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records 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).

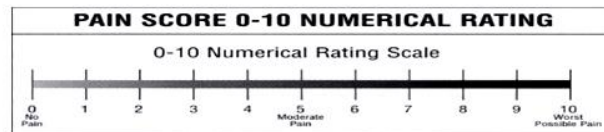
-  **Follow Up To Prior Pain Management Procedures**
 - For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office 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)



Numerical rating scale (NRS)



Faces rating scale (FRS)



NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER		FAXC
NIA <small>NATIONAL IMAGING ASSOCIATES, INC.</small> <small>PO Box 2273</small> <small>Meriden, CT 06450-0273</small>		
DO NOT WRITE ABOVE THIS LINE THIS COVER SHEET MUST BE THE FIRST PAGE OF YOUR FAX SEND ONLY ONE PATIENT PER FAX PLEASE FAX THIS FORM TO: 1-800-784-6864		
		Date: TODAY
ORDERING PHYSICIAN:	REQ_PROVIDER	
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER: CC_TRACKING_NUMBER
RE: Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME	
HEALTH PLAN:	CLIENT_BRAND_NAME	
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION). We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.		
<input type="checkbox"/> I attest this fax contains all relevant clinical documentation which exists for this authorization request. No additional information will be submitted for National Imaging Associates Inc. (NIA) review.		
URGENT: REPLY REQUIRED FOR CASE REVIEW Request for Additional Clinical Information		
Study Requested was: PROC_DESC Please PROVIDE: REQ_CLINICAL_DOCS For initial procedure request to NIA: <ol style="list-style-type: none"> Notes and exam findings related to pain: <ol style="list-style-type: none"> Location; intensity; provocative maneuvers; and any nerve problems. Notes that say the date the back or neck pain started. Notes of non-operative therapy tried for at least six weeks in the last six months: <ol style="list-style-type: none"> Formal physical therapy; a directed home exercise program; chiropractic care; or a combination of these. Notes of any prior treatments to manage pain. <ol style="list-style-type: none"> Notes should include: <ol style="list-style-type: none"> the date of the spinal procedure; the spinal region; how much the therapy reduced pain and improved function; and ongoing therapy since the prior treatment (formal physical therapy; a directed home exercise program; chiropractic care; or a combination of these). 		
For repeat procedure request to NIA: <ol style="list-style-type: none"> Date of the prior procedure and spinal region Documentation of the effectiveness in reducing the patient's pain and improving functional ability Office visit note and physical exam findings related to patient's current pain, intensity, and any neurological deficits Conservative therapy measures being done in conjunction with the interventional pain procedure requested 		
REQ_CLINICAL_DOCSREQUESTED_CLINICAL_DOCS		
<i>The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above.</i>		
FAXC	CC_TRACKING_NUMBER	
<small>CONFIDENTIAL NOTICE:</small> <small>If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.</small>		



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
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from www.RadMD.com
 - Call:
1-800-642-2809 (Ambetter)
- Use the case specific fax coversheets when faxing clinical information to NIA

Request Verification Details

Exam Request Verification: Detail

Print Fax Coversheet Upload Clinical Document

Member	Provider
Name:	Name:
Gender:	Address:
Date of Birth:	Phone:
Member ID:	Tax ID:
Health Plan:	UPIN:
	Specialty:

Case

Case Description:	Request ID:
Request Date:	Status:
Entry Method:	ity Dates:
ICD10:	act Name:
Final Determination Date:	



IPM Reviews

Initial clinical review
performed by NIA
IPM team nurses

The clinical specialties
supporting our IPM
program include
anesthesiology and pain
specialists

IPM Clinical Review Process



Physicians' Office Contacts NIA for Prior Authorization

✓ RadMD ✓ Telephone



1

2

3

4

NIA 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 IPM 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

NIA Specialty Physician Reviewers

- NIA Physician approves case *without* peer-to-peer

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

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

✓
**Key NIA
Differentiators**

Generally, the turnaround time for completion of these requests is within two to three business days upon receipt of sufficient clinical information.



Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please contact NIA immediately via www.RadMD.com or the call center with the appropriate clinical information for an expedited review.
 - 1-800-642-2809
- Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.

Notification of Determination



Authorization Notification

- Validity Period - Authorizations are valid for 30 days from date of request.

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review/reconsideration is available with new or additional information.
- Timeframe for Ambetter from WSCC reconsideration is 5 business days from date of denial
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

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



RadMD Website
www.RadMD.com

Available

24/7 (except during
maintenance, performed
every third Thursday of the
month from 9 pm –
midnight PST)



Toll Free Number
1-800-642-2809 (Ambetter)



**Call Center
Available**

- 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

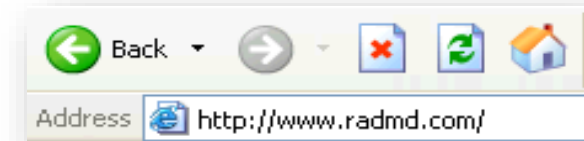


RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility.
- IPM providers are typically both the ordering and the rendering provider.

Online Tools Accessed through www.RadMD.com:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- IPM Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices



Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

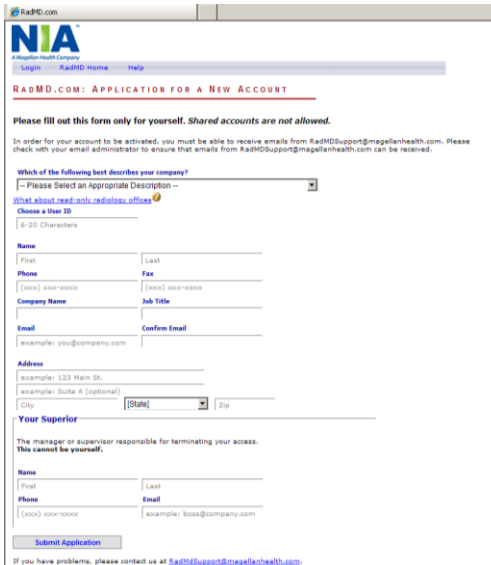
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and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



- 2 -- Please Select an Appropriate Description --
- Physician's office that orders procedures
- Facility/office where procedures are performed
- Health Insurance company
- Cancer Treatment Facility or Hospital that performs radiation oncology procedures
- Physicians office that prescribes radiation oncology procedures
- Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)



3

RadMD.com

NIA
A Magellan Health Company

Log In RadMD Home Help

RADMD.COM: APPLICATION FOR A NEW ACCOUNT

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDsupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDsupport@magellanhealth.com can be received.

Which of the following best describes your company?
-- Please Select an Appropriate Description --

What about read only radology offices?

Choose a User ID
4-20 Characters

Name
First Last

Phone Fax
[xxx] xxx-xxxx [xxx] xxx-xxxx

Company Name Job Title

Email Confirm Email
example: you@company.com

Address
example: 123 Main St.
example: Suite A (optional)
City [State] Zip

Your Superior
The manager or superior responsible for terminating your access.
This cannot be yourself.

Name
First Last
Phone Email
[xxx] xxx-xxxx example: boss@company.com

Submit Application

If you have problems, please contact us at RadMDsupport@magellanhealth.com.

RadMD Enhancements



NIA offers a **Shared Access** feature on our www.RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

Forgot your tracking number and need to check the status of your request? No problem! Just click on the **Forgot Tracking Number** link under the search box below and follow the prompts to search by the patient's PHI.

Dismiss

Request

[Exam or specialty procedure](#)

(including Cardiac, Ultrasound, Sleep Assessment)

[Physical Medicine](#)

[Initiate a Subsequent Request](#)

[Radiation Treatment Plan](#)

[Pain Management](#)

or Minimally Invasive Procedure

[Spine Surgery or Orthopedic Surgery](#)

Search

[View Request Status](#)

[View All Online Requests](#)

[View Customer Service Calls](#)

Tracking Number: [Search](#)

[Forgot Tracking Number?](#)

Resources and Tools

[Shared Access](#)

[Clinical Guidelines](#)

[Request access to Tax ID](#)

[Medicaid Disclosure Form](#)

[Edit your Personal Information](#)

[Change your Password](#)

102 days until your password expires.

[View the Online User Agreement](#)

[Health Plan Specific Educational Documents](#)

Account Information

Tip Of The Day:

No account sharing is allowed; every person needs their own login and password.

Quick Links:

[Hours of Operation](#)

[Authorization Call Center Phone Numbers](#)

Hot Topic:

Effective, January 1, 2022, Magellan Healthcare (NIA) will be AvMed's contracted vendor for Radiation Oncology Services only. NIA will no longer be accepting outpatient imaging services for AvMed members. Please call 800-792-8790 to initiate high technology procedures.

Effective Dec. 19, 2021, Magellan Healthcare no longer manages preservice review requests for Florida Blue commercial hip and knee surgery UM programs. On or after Dec. 19, 2021 you will submit preservice review requests for hip and knee surgeries to Florida Blue through Availity@1 at avallity.com.

Login As Username: [Login](#)

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, allowing them to communicate with members and facilitate treatment.

Allows Users the ability to view all approved, pending and in review authorizations for facility

IMPORTANT

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

STEPS:

- Click the “New User” button on the right side of the home page.
- Select “Facility/office where procedures are performed”
- 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 username and password.
- New users will be granted immediate access

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, pending and in review 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, pending and in review authorizations under your organization.

1



RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In New User

Track an Authorization

Authorization Tracking Number Go

2

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

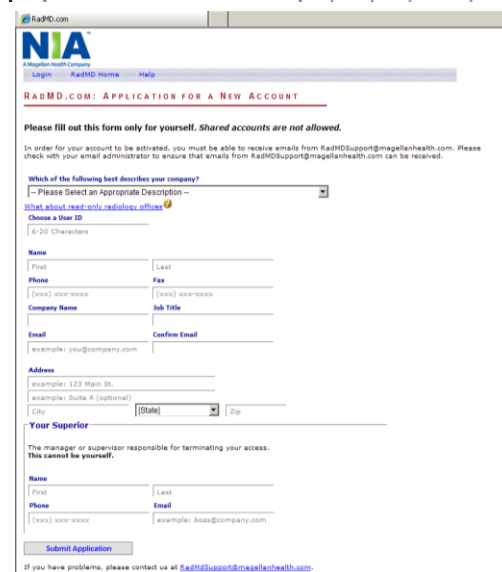
Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3



RadMD.com

NIA
Magellan Group
Login RadMD Home Help

RADMD.COM: APPLICATION FOR A NEW ACCOUNT

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
-- Please Select an Appropriate Description --
[What about rad/md only radiation office?](#)

Choose a User ID
0-30 Characters

Name
First Last

Phone Fax
[xxx] xxx-xxxx [xxx] xxx-xxxx

Company Name Job Title

Email Confirm Email
example: you@company.com

Address
example: 123 Main St.
example: Suite A (optional)
City [State] Zip

Your Superior
The manager or supervisor responsible for terminating your access. This cannot be yourself.

Name
First Last
Phone Email
[xxx] xxx-xxxx example: boss@company.com

Submit Application

If you have problems, please contact us at RadMDSupport@magellanhealth.com

When to Contact NIA



Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">▪ Website, www.RadMD.com▪ Toll-free numbers - Interactive Voice Response (IVR) System 1-800-642-2809 (Ambetter)
<p>Initiating a Peer-to-Peer Consultation</p>	<p>Call</p> <ul style="list-style-type: none">▪ 1-800-642-2809 (Ambetter)
<p>Provider Service Line</p>	<ul style="list-style-type: none">▪ RadMDSupport@Evolent.com▪ Call 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<ul style="list-style-type: none">▪ Debbie Patterson Provider Relations Manager 1-800-450-7281 Ext. 74799 dpatterson@Evolent.com

RadMD Demonstration



Confidentiality Statement



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to the Ambetter from Western Sky Community Care members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of the Ambetter from Western Sky Community Care and Evolent Health, LLC.

A large blue triangle occupies the left and bottom portions of the slide. Several smaller, colorful triangles are scattered around it: a large orange triangle on the left, a lime green triangle above it, a purple triangle in the upper right, a cyan triangle to its right, and a magenta triangle below the purple one.

Thanks