

Dean Health Plan Musculoskeletal (MSK) Management Program

Provider Training Presented by:
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Senior Manager, Provider Relations



National Imaging Associates, Inc. (NIA) Program Agenda



Our MSK Program

-  Authorization Process
 - Other Program Components
-  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.
- ✓ 91 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

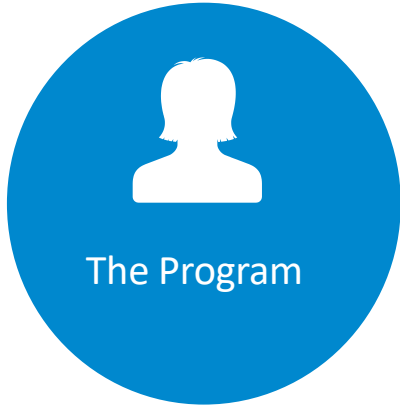
- ✓ 54 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- ✓ 18.65M Medicaid lives – in addition to 2.15M Medicare Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

Intensive Clinical Specialization & Breadth

- ✓ Specialized Physician Teams
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

NIA's MSK Prior Authorization Program



The Program

- Dean Health Plan began a prior authorization program through NIA for the management of MSK Services.



Important Dates

- Updated program start date: July 1, 2021.
- Starting June 25, 2021, **inpatient** total knee arthroplasty and total hip arthroplasty prior authorization requests submitted with dates of service on and after July 1, 2021, will be reviewed for place of service (also referred to as site of care) in addition to the current review for medical necessity.



Procedures & Settings Included

Procedures:

- Non-emergent inpatient and most outpatient hip, knee, shoulder, lumbar and cervical spine surgeries.
- Effective July 1, 2021, prior authorization will no longer be required for **outpatient** total knee arthroplasty and total hip arthroplasty procedures (CPT 27447 and 27130 only).



Membership Included

- All products except for:
- Dean Gold
 - Medicare Select



Network

NIA uses Dean Health Plan's network of physicians, surgeons, hospitals, surgery centers and in-office providers as it's preferred providers for delivering select inpatient and most outpatient surgeries to health plan members.

What is Changing for 2021 THA/TKA: Prior Authorization Effective 7/1/2021



Outpatient Procedures

- In response to provider feedback, effective July 1, 2021, Dean Health Plan **no longer requires prior authorization approval for outpatient Total Knee Arthroplasty (CPT code 27447) and Total Hip Arthroplasty (CPT code 27130) procedures.**
- This includes authorizations for medical necessity and place of service (also referred to as site of care).
- Outpatient includes the following level of care designations:
 - Outpatient observation
 - Outpatient ambulatory (same day) care
 - Hospital outpatient day surgery (HOPD) overnight
- If a patient develops intra-operative or post-operative complications and needs to move to an inpatient setting, the facility must notify Dean Health Plan of the inpatient admission, per the current process for outpatient surgeries. Failure to do so may impact claim payments.



Inpatient Procedures

- Prior authorization requests for **inpatient** total knee arthroplasty and total hip arthroplasty will be **reviewed for place of service** (also referred to as site of care) in addition to the current review for medical necessity of the surgery.
- This prior authorization information applies to CPT codes **27447 and 27130 only**, not all Musculoskeletal Care Management (MSK) procedures.
- NIA will review the place of service on prior authorization requests to determine if an inpatient setting is clinically appropriate.
- NIA will continue to review these requests for medical necessity in addition to the place of service which could result in **partial authorization approval** (e.g., surgery is approved but not the place of service for the surgery).



(TKA) and (THA) Ambulatory Level of Care

Medical Policy 9550



Ambulatory Level of Care

- Dean Health Plan does not expect that all unilateral total knee and hip replacements will be performed on an outpatient basis.
- An inpatient setting **may** still be medically appropriate for certain patients who meet medical policy criteria, as detailed in our Medical Policy 9550
- Inpatient level of care may be appropriate for:
 - Member is 70 years of age or older
 - BMI is 50 or greater
 - Member lives alone with no caregiver available after surgery
 - Member has history of anesthesia complications
 - Serious comorbid illness
 - Travel over 2 hours to the surgical facility.
- <https://www.deancare.com/getmedia/2e44ee10-f7af-4de4-9ef9-652b7e2ea5a0/Dean-TKA-and-THA-SiteofCare.pdf?ext=.pdf>



When to Contact NIA



Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">▪ Website, https://www.RadMD.com▪ Toll-free number 1-866-307-9729 - Interactive Voice Response (IVR) System
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">▪ Call 1-866-307-9729
<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">▪ Gina Braswell OTR/L Provider Relations Manager 1-952-225-5726 Gbraswell@evolent.com

Appendix

NIA's Hip and Knee Surgery

*Place of Service Changes



Targeted Hip Surgery

- Revision/Conversion Hip Arthroplasty
- **Inpatient only** - 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 knee)



Targeted Knee Surgery

- Revision Knee Arthroplasty
- **Inpatient only** - 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)



Excluded from the Program

Hip, Knee and Shoulder Surgeries Performed in the following Settings:

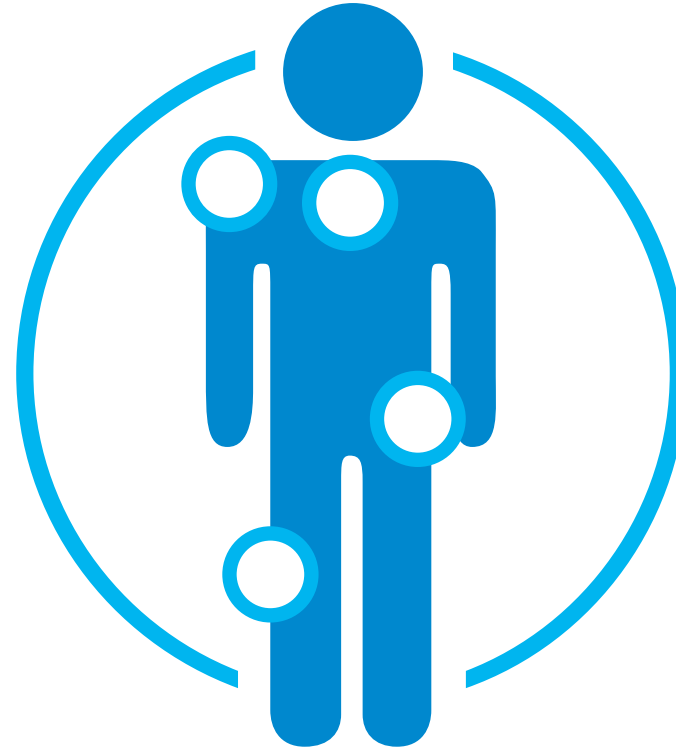
- Emergency Surgery – admitted via the Emergency Room
- Effective July 1, 2021, prior authorization is no longer required for **outpatient** total knee arthroplasty and total hip arthroplasty procedures (CPT 27447 and 27130 only).

NIA'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, 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)
- Cervical Artificial Disc Replacement – Single & Two Levels
- Cervical Anterior Decompression (without fusion)



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 NIA/Dean Health Plan prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required.

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 [RadMD.com](https://www.radmd.com).



Defer to Dean Health Plan's Policies for Procedures not on Claims/Utilization Review Matrix.

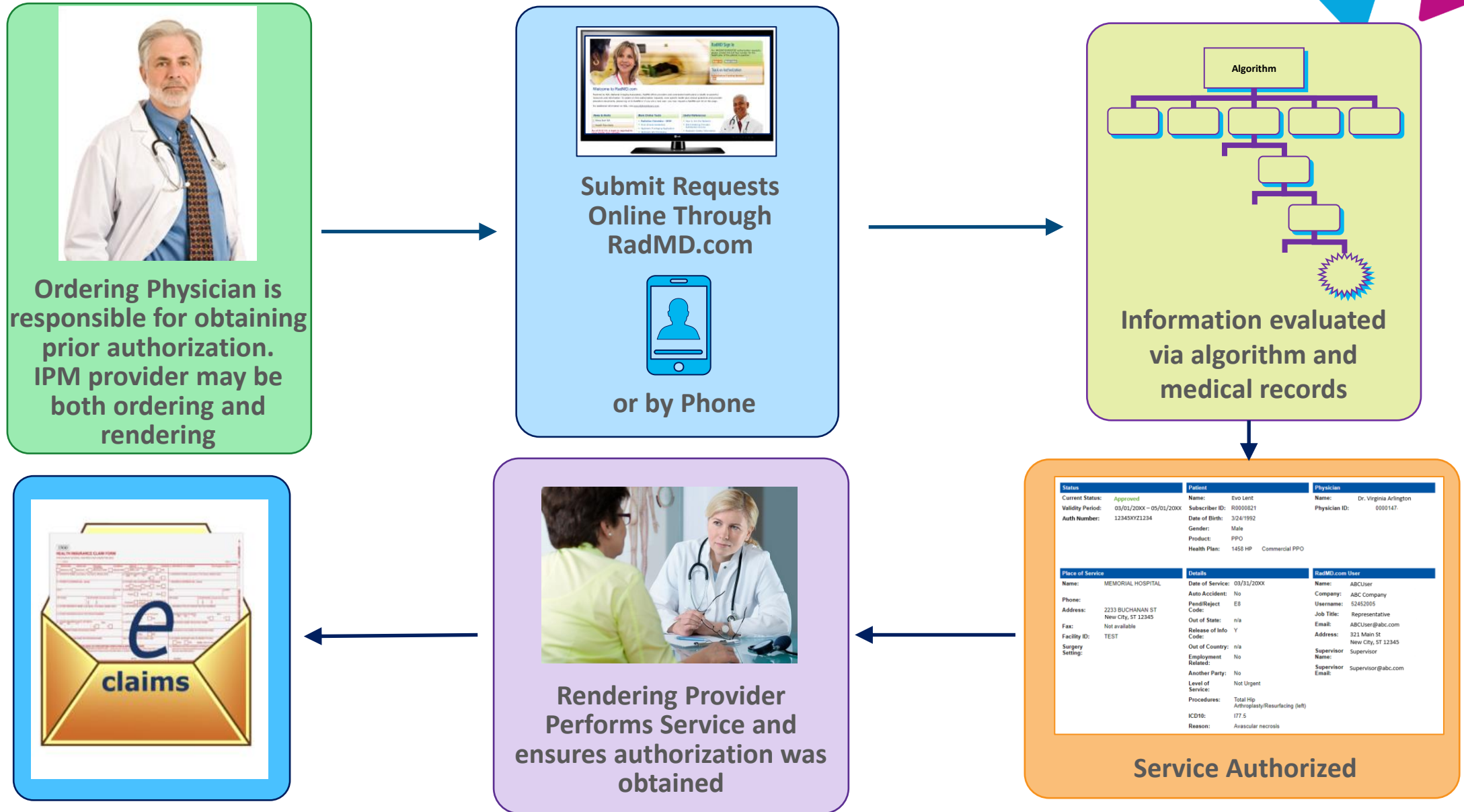


Dean Health Plan
Utilization Review Matrix 2023
Musculoskeletal Surgery (Hip, Knee, and Shoulder)



HIP SURGERY			
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i>			
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing Inpatient ONLY ¹	27130	27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863

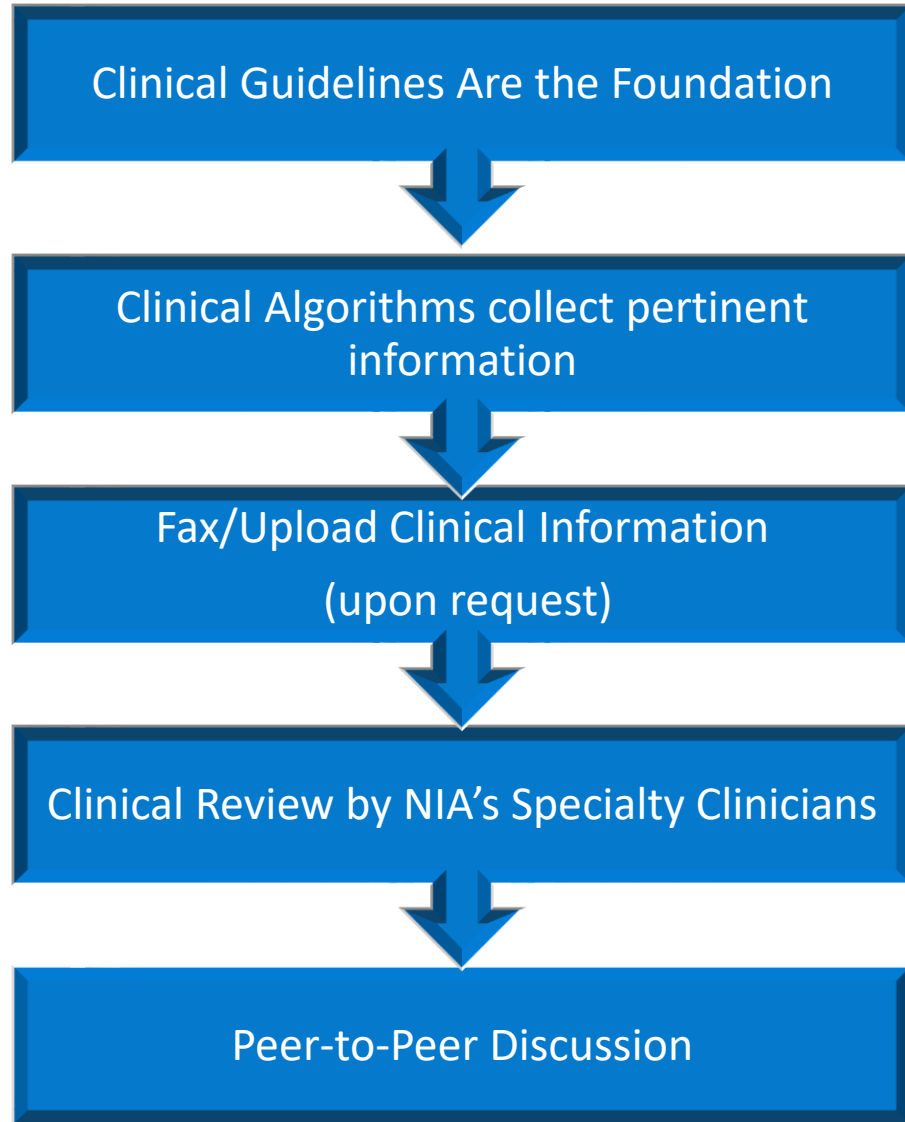
Prior Authorization Process Overview



Status	Patient	Physician
Current Status: Approved	Name: Evo Lert	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000821	Physician ID: 000147
Auth Number: 12345XY21234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone: 2233 BUCHANAN ST New City, ST 12345	Auto Accident: No	Company: ABC Company
Fax: Not available	Pend/Reject Code: EB	Username: 52452005
Facility ID: TEST	Out of State: n/a	Job Title: Representative
Surgery Setting:	Release of Info Code: Y	Email: ABCUser@abc.com
	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

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 [RadMD.com](https://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 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.**

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)

NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER FAXC

NIA

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	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:	CAR NAME:		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # _____) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call _____.

1. Treating condition/diagnosis: _____
2. Brief relevant medical history and summary of previous therapy: _____
3. Surgery Date and Procedure (if any): _____
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____



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 <https://www.RadMD.com>
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call 1-866-307-9729
- Use the case specific fax coversheets when faxing clinical information to NIA

Exam Request Verification: Detail

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

Cases in this Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female	Address:	123 Main St, New City, ST 12345
Date of Birth:	5/24/1971	Phone:	123-456-7890
Member ID:	AB123456	Tax ID:	987654321
Health Plan:	ABC Health Plan HMO	UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

Clinical Specialty Team: Focused on MSK



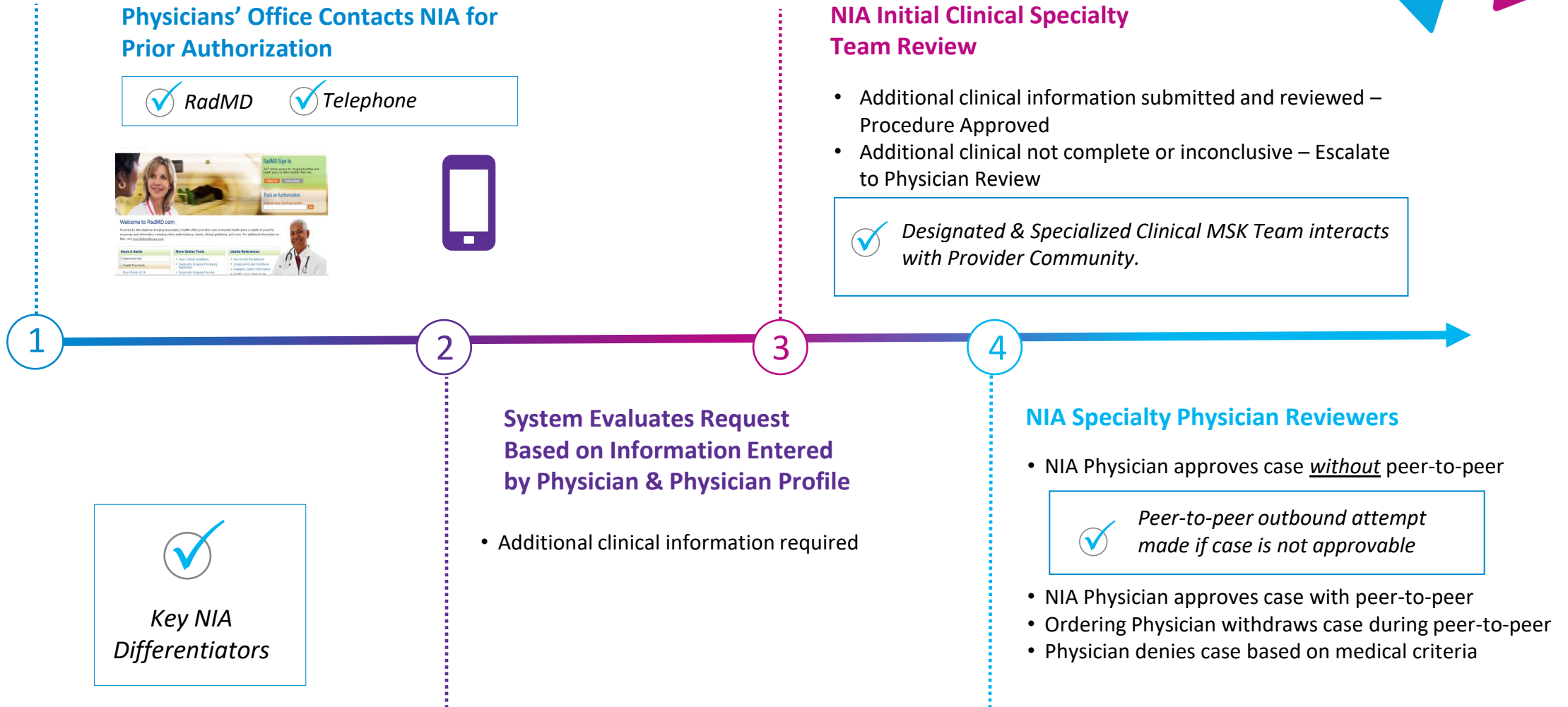
MSK Surgery Reviews

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



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

NIA Urgent/Expedited MSK Authorization Process



Urgent/Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website <https://www.RadMD.com> cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the NIA call center at 1-866-307-9729.
- Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.

Notification of Determination



Authorization Notification

- Validity Period - Authorizations are valid for:
Surgical
 - Inpatient – 14 days from date of service.
 - Outpatient- SDC/Ambulatory – 90 days from date of service (with exception of CPT 27447 and 27130)
- The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of service changes, please contact NIA to update.

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 reconsideration/re-review may be available with new or additional information.
- Timeframe for reconsideration/re-review is 10 calendar days from denial determination.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.
- Medicare re-opens are available.

MSK Surgery Points – Hip and Knee Surgery



Effective July 1, 2021, the following two procedures when done in an outpatient setting do not require prior authorization. If the procedure is performed in an inpatient setting the request will be reviewed for place of service (also referred to as site of care) in addition to the current review for medical necessity.



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.



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.



If additional services, beyond those authorized, are rendered due to a finding during the surgery or a change in condition following the surgery, the surgeon is required to contact NIA's Call Center at 1-866-307-9729 within 7 business days of the date of the surgery. At that time, clinical information to support the medical necessity of the additional services will be required.

MSK Surgery Points – Lumbar/Cervical Spine Surgery



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. NIA will monitor the use of these CPT codes.

MSK Surgery Points – For all Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Dean Health Plan.



Dean Health Plan 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. Inpatient admissions will continue to be subject to concurrent review by the health plan.



If an urgent/emergent admission is required during an outpatient procedure, contact Dean Health Plan directly at 1-800-279-1301/Medicare 1-888-422-3326 to notify of the change in status.



Inpatient authorizations are valid for 14 days from the date of service. Outpatient (with the exception of CPT 27447 and 27130) – SDC/Ambulatory authorizations are valid 90 days from the date of service. NIA must be notified of any changes to the date of service.

Provider Tools



RadMD Website

RadMD.com

Available



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



Toll-Free Number

866-307-9729

Available



Monday - Friday
7:00 AM – 7:00 PM CST

- 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

NIA's Website

<https://www.RadMD.com>

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

<https://www.RadMD.com>:

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

The screenshot shows the RadMD Sign In page. At the top, it says "RadMD Sign In" in blue text. Below that, it states "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." There are two buttons: "Sign In" in orange and "New User" in grey. Below this is a section titled "Track an Authorization" in blue text. It features a text input field labeled "Authorization Tracking Number" and a "Go" button in orange. The entire interface is reflected below it.

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.

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.

1



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

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 --

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>		Confirm Email: <input type="text"/>	
Company Name: <input type="text"/>		Job Title: <input type="text"/>	
Address Line 1: <input type="text"/>		Address Line 2: <input type="text"/>	
City: <input type="text"/>	State: [(State)] <input type="text"/>		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			

Allows Users the ability to view all approved, pended 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 NIA-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, pended 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, pended 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

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?
Facility/office/lab where procedures are performed What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>	Affiliated Facilities	
Company Name: <input type="text"/>	Job Title: <input type="text"/>	Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>	Your Tax IDs: [none]	
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

RadMD Enhancements

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

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this, the page is organized into several sections:

- Request**: Includes links for "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", and "Genetic Testing".
- Resources and Tools**: Includes links for "Shared Access", "Clinical Guidelines", and "Request access to Tax ID".
- News and Updates**: A section header with no visible links.
- Login**: A "Login As Username:" field with a "Login" button.
- Request Status**: Includes links for "Search for Request" and "View All My Requests".
- Tracking**: A "Tracking Number:" field with a "Search" button and a link for "Forgot Tracking Number?".

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 [RadMD.com](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

RadMD Demonstration



Confidentiality Statement



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Thanks