## Fidelis Care Interventional Pain Management (IPM)

Provider Training Presented by: Name

Date:

National Imaging Associates, Inc. (NIA) Program Agenda 🔶

### **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



Since 1995 – delivering Medical Specialty Solutions; one of the *goto* 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.

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**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

## NIA's IPM Solution

### Procedures Performed on or after August 1, 2021 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 Blocks
- Spinal Cord Stimulators (Effective July 1, 2023)



Expansion of the Interventional Pain Management Program to include Procedures Performed in an Outpatient Facility

- Spinal Cord Stimulator Trial
- Spinal Cord Stimulator Insertion, Revision, or Removal



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

- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility
- NIA will use the Fidelis Care network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Fidelis Care members throughout New Jersey.

## List of CPT Procedure Codes Requiring Prior Authorization



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



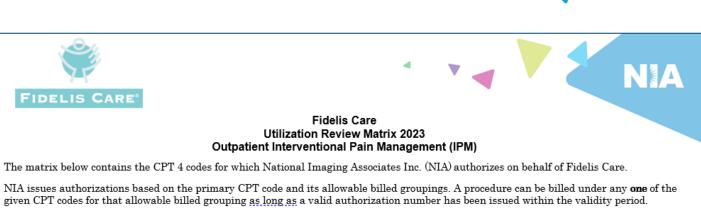
CPT Codes and their Allowable Billable Groupings.



Located on <u>RadMD.com</u>.



Defer to Fidelis Care Policies for Procedures not on Claims/Utilization Review Matrix.



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

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
Authorization is provided at the <u>procedure</u> l procedure. These are assumed to be part of separate authorization.	These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan. *Please note: This is not an all-inclusive list of every possible ancillary code		
Sacroiliac Joint Injection	27096	27096, G0260	
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321	
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323	
Spinal Cord Stimulator Trial	63650	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002
Spinal Cord Stimulator Insertion, Revision, or Removal	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688	L8679, L8680, L8682, L8683, L8685, L8686, L8687, L8688, L8689, C1820, C1822, 95970, 95971, 95972, 77002

## Information for Authorization for IPM Injections

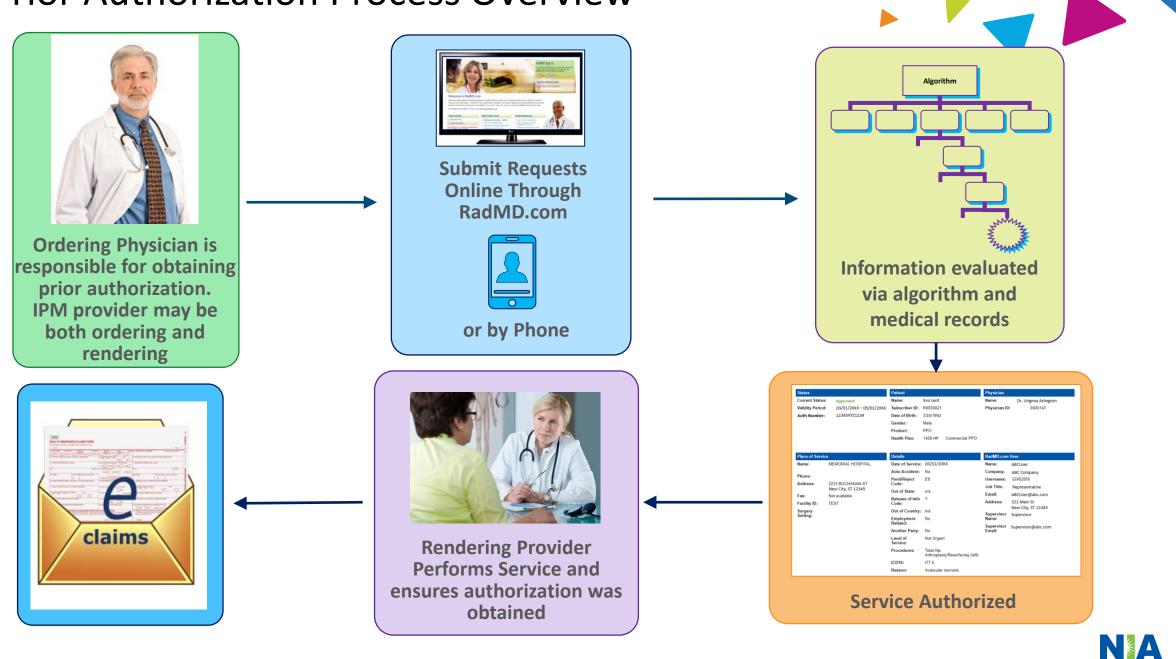


- Every IPM procedure performed requires a prior authorization; NIA does not pre-approve a series of epidural injections.
- Bi-lateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bi-lateral as well as multiple levels on the same date of service. (Please refer to guidelines for potential restrictions)
- Add on codes do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

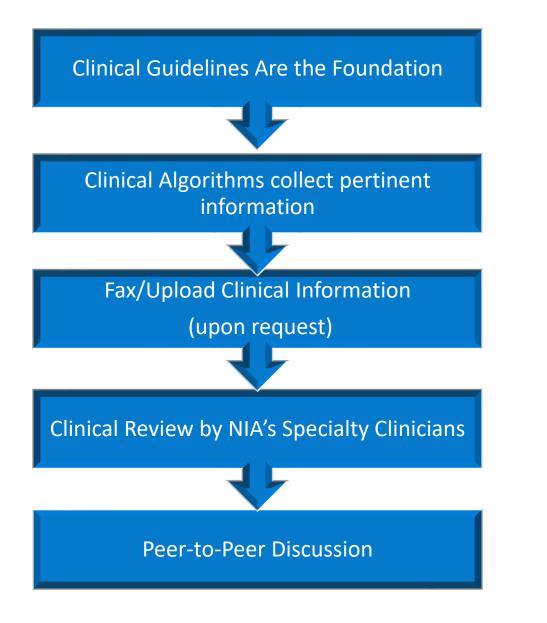


Special Information

## **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 <u>RadMD.com</u>
- 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 active 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 active 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).

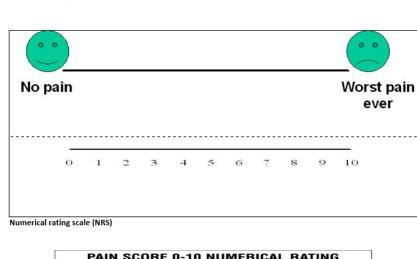


### **Follow Up To Prior Pain Management Procedures**

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



		0	-10 N	lume	erical R	ating	Scale	3		
-	1	1		1		1	1	1	1	
	1	1			1				1	

#### Faces rating scale (FRS)

Visual analogue scale (VAS)





## NIA to Physician: Request for Clinical Information



Date: TODAY           DATE:         TODAY           ORDERING PROVIDER:         REQ_PLOVIDER:           FAX_NOMBER:         FAX_RECIP_PHONE           TRACKING NUMBER:         CC_TRACKING_NUMBER:           RE:         Authorization Request           MEMBER ID:         MEMBER ID:           PATIENT NAME:         MEMBER NAME
ORDERENG PROVIDER:   REQ_PROVIDER. FAX NUMBER:   FAX_RECIP_PROVE    TRACKING_NUMBER:   CC_TRACKING_NUMBER RE:   Authorization.Report    MEMBER.ID:    MEMBER_ID
FAX NUMBER:   FAX_RECUP_PHONE    TRACKING_NUMBER:   CC_TRACKING_NUMBER RE:   Authorization Depart    MEMBER ID:    MEMBER_ID
RE: Authorization Request MEMBER ID: MEMBER_ID
PATIENT NAME- MEMORE NAME
HEALTH PLAX CA2_XAME
III ALTH PLAN: CAR_NAME  Requed for Further Clinical Information  Re have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by subm int (Fax # orphone all relevant information requested below. For information regarding NLA clinical ga

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.

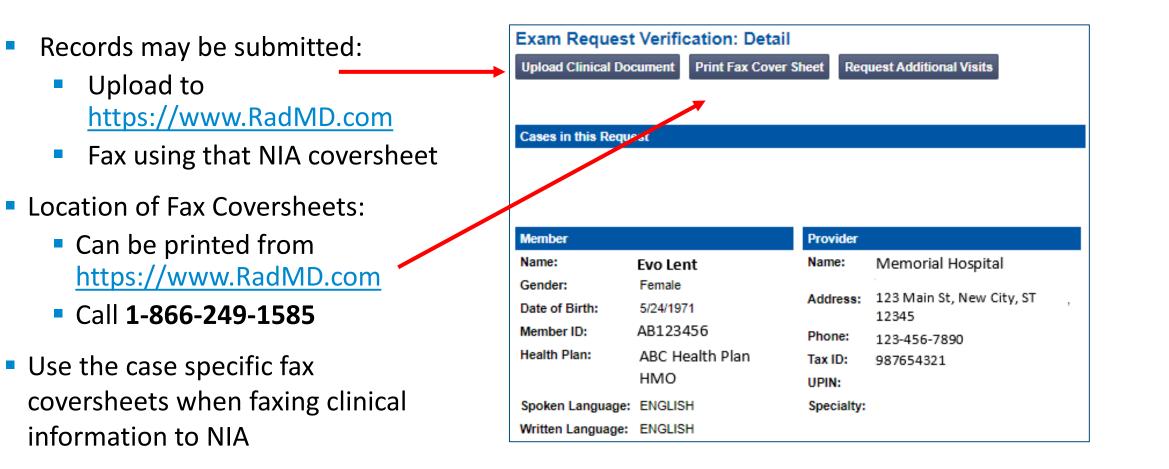


Failure to receive requested clinical information may result in non certification.



## Submitting Additional Clinical Information





## Clinical Specialty Team: Focused on IPM

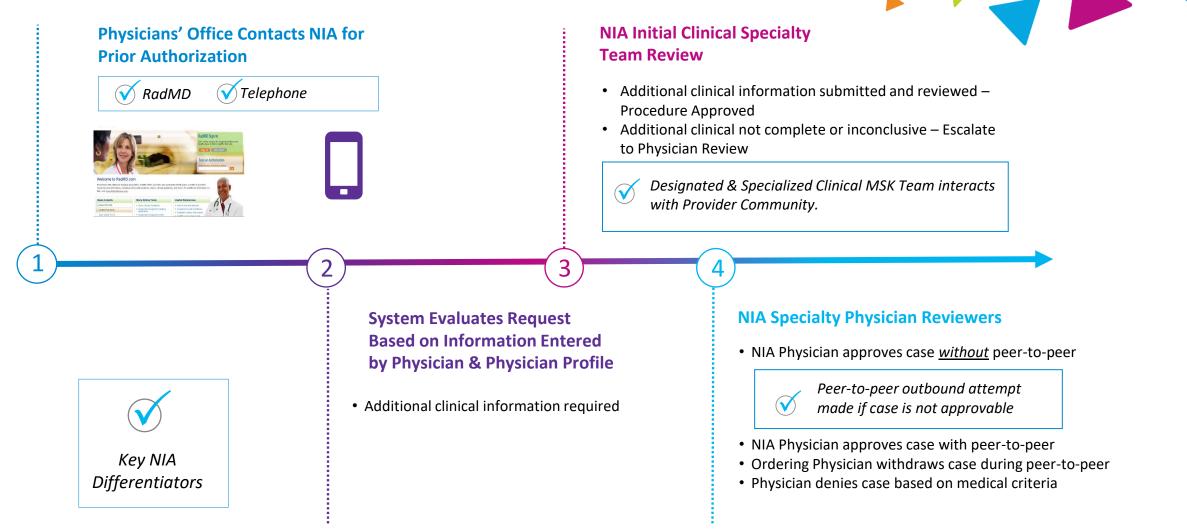




Initial clinical review performed by NIA IPM team nurses The clinical specialties supporting our IPM program include anesthesiology and pain specialists



## **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 <u>https://www.RadMD.com</u> 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 1-866-249-1585
- Turnaround time is within 1 Business day not to exceed 72 Business
   Calendar Hours

## Notification of Determination

### **Authorization Notification**

 Validity Period - Authorizations are valid for:

#### IPM

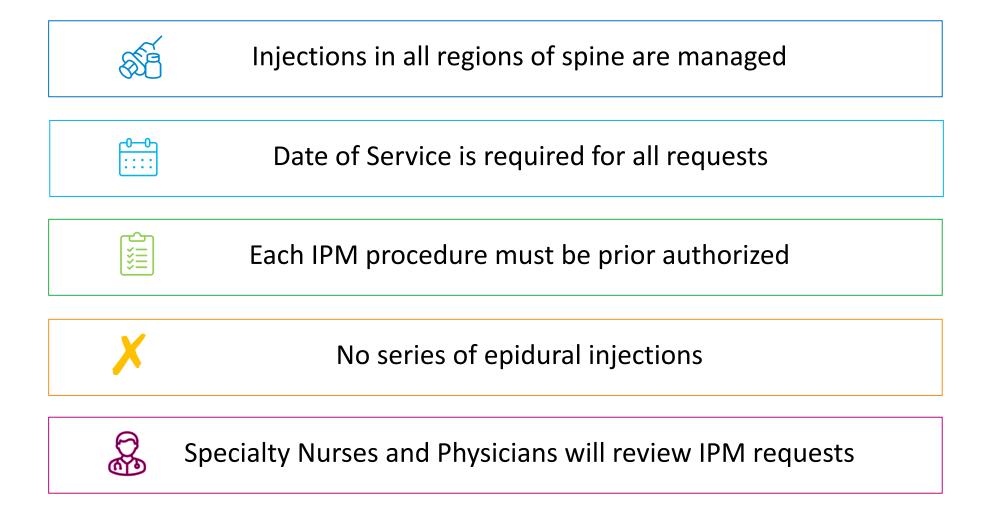
- 60 days from date of request
- The date of request that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of request changes, please contact NIA to update.

### **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 re-review is available with new or additional information
- Timeframe for re-review is 7 business days of the denial date
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter

### **IPM Points**







## Provider Tools



### RadMD Website <u>RadMD.com</u> Available 24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



**Toll-Free Number** 

1-866-249-1585 Available



Available Monday - Friday 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

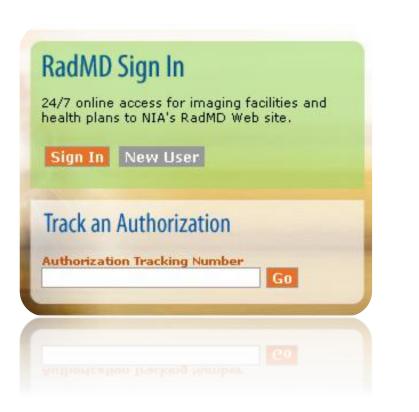
### NIA's Website https://www.RadMD.com

#### **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 <u>https://www.RadMD.com</u>:

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





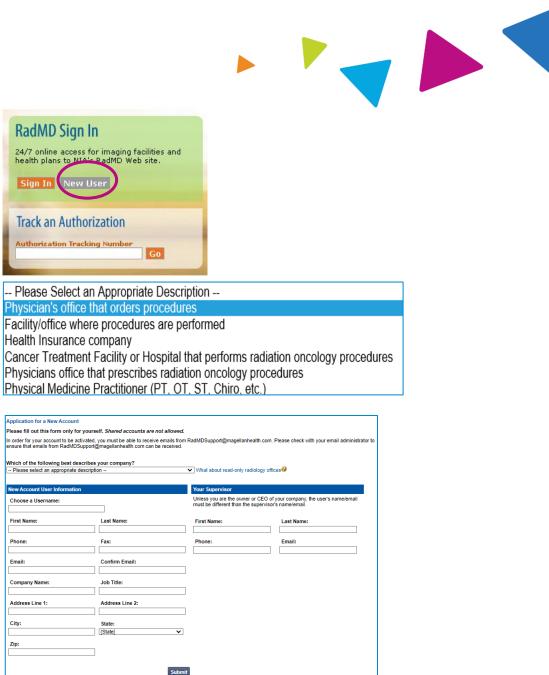
## Registering on RadMD.com To Initiate Authorizations

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.

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, pended and in review authorizations for facility

- 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:**

- 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 NIA-approved username and password.
- 4. 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.



-- 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.)

#### Application for a New Account

(2)

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 t ensure that emails from RadMDSupport@magellanhealth.com can be received.

thich 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:		Unless you are the owner or CEO of y must be different than the supervisor's	our company, the user's name/email s name/email.
First Name:	Last Name:	First Name:	Last Name:
Phone:	Fax:	Phone:	Email:
Email:	Confirm Email:	Affiliated Facilities	
Company Name:	Job Title:	Facility Tax ID #:	Add
Address Line 1:	Address Line 2:	Your Tax IDs:	
City:	State: [State]	[none]	
Zip:			
	Submit		

## RadMD Enhancements

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

		Provider Resources	User	•
Request	Resources and Tools			
Exam or specialty procedure	Shared Access			
(including Cardiac, Ultrasound, Sleep Assessment)	Clinical Guidelines			
Physical Medicine Initiate a Subsequent Request	Request access to Tax ID			
Radiation Treatment Plan	News and Updates			
Pain Management				
or Minimally Invasive Procedure				
Spine Surgery or Orthopedic Surgery				
Genetic Testing				
	Login As Username:	Login		
Request Status				
Search for Request	Tracking Number:	Search		
View All My Requests	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 <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

## When to Contact NIA

Providers:



Initiating or checking the status of an authorization request	<ul> <li>Website, <u>https://www.RadMD.com</u></li> <li>Toll-free number 1-866-249-1585 Interactive Voice Response (IVR) System</li> </ul>
Initiating a Peer-to-Peer Consultation	<ul> <li>Call 1-866-249-1585</li> </ul>
<b>Provider Service Line</b>	<ul> <li><u>RadMDSupport@evolent.com</u></li> <li>Call 1-800-327-0641</li> </ul>
Provider Education requests or questions specific to NIA	<ul> <li>Seth Cohen</li> <li>Senior Manager, Provider Relations</li> <li>1-410-953-2418</li> <li><u>seth.cohen@evolent.com</u></li> </ul>



## RadMD Demonstration



## **Confidentiality Statement**



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# Thank you!

