



**National Imaging Associates  
Musculoskeletal Care Management (MSK) Program  
Hip, Knee, Shoulder & Spine Surgeries  
Frequently Asked Questions (FAQ's)  
For Highmark Wholecare Ordering Physicians**

Question	Answer
<b>GENERAL</b>	
<p><b>Why did Highmark Wholecare implement an MSK Program focused on hip, knee, shoulder, and spine surgeries?</b></p>	<p>The Musculoskeletal Care Management program is designed to improve quality and manage the utilization of non-emergent* surgeries, occurring in outpatient and inpatient settings.</p> <ul style="list-style-type: none"> <li>Musculoskeletal surgeries are a leading cost of health care spending trends</li> <li>Variations in member care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care)</li> <li>Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than member symptoms</li> <li>Medical device companies marketing directly to consumers</li> <li>Surgeries are occurring too soon leading to the need for additional or revision surgeries</li> </ul> <p>The following procedures require prior authorization*** through NIA:</p> <p><b>Outpatient Interventional Spine Pain Management Services*:</b></p> <ul style="list-style-type: none"> <li>Sacroiliac Joint Injections</li> <li>Cervical/ Thoracic Interlaminar Epidural</li> <li>Cervical/ Thoracic Transforaminal Epidural</li> <li>Lumbar/Sacral Interlaminar Epidural</li> <li>Lumbar/Sacral Transforaminal Epidural</li> <li>Cervical/ Thoracic Facet Joint Block</li> <li>Lumbar/ Sacral Facet Joint Block</li> <li>Cervical/ Thoracic Facet Joint Radiofrequency Neurolysis</li> <li>Lumbar/ Sacral Facet Joint Radiofrequency Neurolysis</li> </ul> <p><b>Outpatient and Inpatient Hip Surgery Services: **</b></p> <ul style="list-style-type: none"> <li>Revision/Conversion Hip Arthroplasty</li> <li>Total Hip Arthroplasty/Resurfacing</li> </ul>

- 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)

**Outpatient and Inpatient Knee Surgery Services: \*\***

- Revision Knee Arthroplasty
- 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)

**Outpatient and Inpatient Shoulder Surgery Services: \*\***

- Revision Shoulder Arthroplasty
- Total/Reverse Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/ Adhesive Capsulitis
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

**Outpatient and Inpatient Spine Surgery Services:**

- 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 Anterior Decompression (without fusion)
- Cervical Artificial Disc Replacement

\*A separate prior authorization number is required for each procedure ordered.

	<p>**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.</p> <p>***NIA does not manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room or for MSK surgery procedures outside of those procedures listed.</p>
<b>Why did Highmark Wholecare select NIA to manage its MSK program for hip, knee, shoulder, and spine surgeries?</b>	NIA was selected to partner with Highmark Wholecare because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Highmark Wholecare membership.
<b>Which Highmark Wholecare members are covered under this relationship and what networks are used?</b>	NIA manages non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgeries for Highmark Wholecare membership in Pennsylvania effective October 1, 2019 through Highmark Wholecare's contractual relationships.
<b>IMPLEMENTATION</b>	
<b>What was the implementation date for this MSK program for hip, knee, shoulder, and spine surgeries?</b>	The program's implementation date was October 1, 2019.
<b>PRIOR AUTHORIZATION</b>	
<b>When is prior authorization required?</b>	<p>Prior authorization is required through NIA for inpatient and outpatient non-emergent hip, knee, shoulder, and spine surgeries listed.</p> <ul style="list-style-type: none"> <li>Any Highmark Wholecare 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.</li> <li>Once an authorization has been obtained for the procedure/surgery, Highmark Wholecare will reach out to the rendering provider to authorize the facility in which the procedure will be performed.</li> </ul>
<b>Was a prior authorization required for members who already had a musculoskeletal surgery scheduled?</b>	Yes. Any non-emergent hip, knee, shoulder, and spine surgery performed on or after, October 1, 2019 required a prior authorization through NIA.
<b>Who can order a musculoskeletal surgery?</b>	<p>Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties:</p> <ul style="list-style-type: none"> <li>Orthopedic Surgeons</li> <li>Neurosurgeons</li> </ul>

<b>Are pain management procedures included in this program?</b>	Yes. All non-emergent outpatient Interventional Pain Management (IPM) procedures are required to have a prior authorization through NIA.
<b>Who reviews the surgery requests and medical information provided?</b>	As a part of the NIA clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee, and shoulder) or neurosurgeons (spine) conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.
<b>Does NIA's prior authorization process change the requirements for facility-related prior authorization?</b>	<p>No. NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. NIA will provide Highmark Wholecare with the surgery type requested and authorization determination.</p> <p>Any Highmark Wholecare 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.</p>
<b>How does the ordering physician obtain a prior authorization from NIA?</b>	<p>Ordering Physicians will be able to request prior authorization via the NIA website or by calling the NIA toll-free number</p> <ul style="list-style-type: none"> <li>• Medicare Members: 1-800-424-1728</li> <li>• Medicaid Members: 1-800-424-4890</li> </ul>
<b>What information will NIA require to receive prior authorization?</b>	<p>To expedite the process, please have the following information ready before logging on to the website or calling the NIA Call Center for prior authorization of non-emergent inpatient and outpatient hip, knee, shoulder, and spine surgeries: (*denotes required information)</p> <ul style="list-style-type: none"> <li>• Name and office phone number of ordering physician*</li> <li>• Member name and ID number*</li> <li>• Requested surgery type*</li> <li>• Name of facility where the surgery will be performed*</li> <li>• Anticipated date of surgery*</li> <li>• Details justifying the surgical procedure*: <ul style="list-style-type: none"> <li>○ Clinical Diagnosis*</li> <li>○ Date of onset of back pain or symptoms /Length of time member has had episode of pain*</li> <li>○ Physician exam findings (including findings applicable to the requested services)</li> <li>○ Diagnostic imaging results</li> <li>○ Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)</li> </ul> </li> </ul>

	<p>Please be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> <li>• Clinical notes outlining type and onset of symptoms</li> <li>• Length of time with pain/symptoms</li> <li>• Non-operative care modalities to treat pain and amount of pain relief</li> <li>• Physical exam findings</li> <li>• Diagnostic Imaging results</li> <li>• Specialist reports/evaluation</li> </ul>
<p><b>Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?</b></p>	<p>No. NIA will provide a list of surgery categories to choose from and the Highmark Wholecare surgeon must select the most complex and invasive surgery being performed as the primary surgery.</p> <p><b>Example: Lumbar Fusion</b></p> <ul style="list-style-type: none"> <li>• If the Highmark Wholecare surgeon is planning a single level Lumbar Spine Fusion with decompression, the surgeon will select the single level fusion procedure. The surgeon <u>does not need</u> to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request.</li> </ul> <p><b>Example: Laminectomy</b></p> <ul style="list-style-type: none"> <li>• If the Highmark Wholecare surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon <u>does not need</u> to request a separate authorization for the Microdiscectomy procedure.</li> <li>• If the Highmark Wholecare surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.</li> </ul>
<p><b>Will the ordering physician need to enter each CPT procedure code being performed for a hip, knee, shoulder, or spine surgery?</b></p>	<p>No. NIA will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.</p>
<p><b>Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?</b></p>	<p>Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with musculoskeletal surgeries are included in the authorization; however, the amount of instrumentation must align with the procedure authorized.</p>



<p><b>What kind of response time can ordering physician expect for prior authorization?</b></p>	<p>Having the following information available prior to calling NIA or online through will create the most efficient turnaround time of a medically necessity decision.</p> <ul style="list-style-type: none"> <li>• Clinical Diagnosis</li> <li>• Date of onset of back pain or symptoms /Length of time member has had episode of pain</li> <li>• Physician exam findings (including findings applicable to the requested services)</li> <li>• Pain/Member Symptoms</li> <li>• Diagnostic imaging results</li> <li>• Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)</li> </ul> <p>Generally, within 2 to 3 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.</p>
<p><b>What does an NIA authorization number look like?</b></p>	<p>The NIA authorization number consists of alpha- numeric characters. In some cases, the ordering surgeon may instead receive an NIA tracking number (not the same as an authorization number) if the surgeon’s authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.</p>
<p><b>If requesting authorization through RadMD and the request pends, what happens next?</b></p>	<p>You will receive a tracking number and NIA will contact you to complete the process.</p>
<p><b>Can RadMD be used to request retrospective or expedited authorization request?</b></p>	<p>No, those requests will need to be called into NIA’s call center for processing at:</p> <ul style="list-style-type: none"> <li>• Medicare Members: 1-800-424-1728</li> <li>• Medicaid Members: 1-800-424-4890</li> </ul>
<p><b>How long is the prior authorization number valid?</b></p>	<p>The authorization number is valid for 90 days from the date of service/request.</p>
<p><b>Is prior authorization necessary for lumbar, cervical, hip, knee, or shoulder surgery if Highmark Wholecare is</b></p>	<p>Yes.</p>



<b>NOT the member's primary insurance?</b>	
<b>If an ordering physician obtains a prior authorization number does that guarantee payment?</b>	<p>An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.</p> <p>NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.</p>
<b>Does NIA allow retro-authorizations?</b>	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for hip, knee, shoulder, or spine surgeries, as outlined above that have <u>not</u> been properly authorized will <u>not</u> be reimbursed.</p> <p>Physicians performing hip, knee, shoulder, or spine surgeries <u>should not</u> schedule or perform these surgeries without prior authorization.</p>
<b>Can an ordering physician verify an authorization number online?</b>	Yes. Ordering physicians can check the status of member authorization quickly and easily by going to the website at <a href="http://www.RadMD.com">www.RadMD.com</a> .
<b>Are NIA authorization numbers displayed on the Highmark Wholecare website?</b>	No.
<b>What if I disagree with NIA's determination?</b>	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Highmark Wholecare. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
<b>SCHEDULING PROCEDURES</b>	
<b>Do ordering physicians have to obtain an authorization before they call to schedule an appointment?</b>	NIA asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the member and the facility or hospital admission.
<b>WHICH MEDICAL SURGEONS ARE AFFECTED?</b>	
<b>Which physicians are impacted by the MSK Program?</b>	<p>Neurosurgeons and Orthopedic Surgeons are the key physicians impacted by this program.</p> <p>All procedures performed in any setting are included in this program:</p> <ul style="list-style-type: none"> <li>• Hospital (Inpatient &amp; Outpatient Settings)</li> <li>• Ambulatory Surgical Centers</li> </ul>
<b>CLAIMS RELATED</b>	



<p><b>Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services?</b></p>	<p>Highmark Wholecare rendering providers/surgeons should continue to send claims directly to Highmark Wholecare:</p> <p style="padding-left: 40px;">Highmark Wholecare (Medicare) PO Box 93 Sidney, NE 69162</p> <p style="padding-left: 40px;">Highmark Wholecare (Medicaid) PO Box 173 Sidney, NE 69162</p> <p>Rendering providers/surgeons are encouraged to use EDI claims submission.</p> <ul style="list-style-type: none"> <li>• Medicare Payor ID 60550</li> <li>• Medicaid Payor ID 25169</li> </ul>
<p><b>How can claims status be checked?</b></p>	<p>Rendering providers/surgeons should check claims status via Highmark Wholecare website or by calling:</p> <ul style="list-style-type: none"> <li>• Medicare Members: 1-800-424-1728</li> <li>• Medicaid Members: 1-800-424-4890</li> </ul> <p>Or <a href="https://navinet.navimedix.com/">https://navinet.navimedix.com/</a></p>
<p><b>Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?</b></p>	<p>Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.</p>
<p><b>MISCELLANEOUS</b></p>	
<p><b>How is medical necessity defined?</b></p>	<p>NIA defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>• Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards</li> <li>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome</li> <li>• Be appropriate to the intensity of service and level of setting</li> <li>• Provide unique, essential, and appropriate information when used for diagnostic purposes</li> <li>• Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and</li> <li>• Not furnished primarily for the convenience of the member, the attending physician, or other surgeon.</li> </ul>





<b>Where can an ordering physician find NIA's Guidelines for Clinical Use of MSK Procedures?</b>	NIA's Clinical Guidelines can be found on the website at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets, and empirical data.
<b>What will the Member ID card look like? Will the ID card have both NIA and Highmark Wholecare information on it? Or will there be two cards?</b>	The Highmark Wholecare Member ID card will not change and will not contain any NIA identifying information on it.
<b>CONTACT INFORMATION</b>	
<b>Who can I contact if we need RadMD support?</b>	For assistance or technical support, please contact <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a> or call 1-800-327-0641.  RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
<b>Who can a surgeon contact at NIA for more information?</b>	Ordering Physicians can contact:  Seth Cohen Senior Manager, Provider Relations 410-953-2418 <a href="mailto:seth.cohen@evolent.com">seth.cohen@evolent.com</a>