







Highmark Wholecare Musculoskeletal (MSK) Management Program





Our MSK Program

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

NIA Medical Specialty Solutions

National Footprint / Medicaid Experience



National Footprint

- ✓ **Providing Client Solutions since 1995** – one of the *go-to* care partners in industry.
- ✓ **85 health plans/markets** – partnering with NIA for the management of medical specialty solutions.
- ✓ **33.86M national lives** – participating in a medical specialty solutions program.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

MSK Experience

- ✓ **8.7M MSK (Surgery and IPM Combined) lives**

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

- Highmark Wholecare began a prior authorization program through NIA for the management of MSK Services on October 1, 2019.



Important Dates

- The program started on: October 1, 2019



Procedures & Settings Included

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



Membership Included

- Medicaid
- Medicare



Network

NIA uses the Highmark Wholecare network IPM Physicians, Surgeons, Hospitals, Surgery Centers and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services and select Inpatient and Outpatient Surgeries to Highmark Wholecare members throughout Pennsylvania.

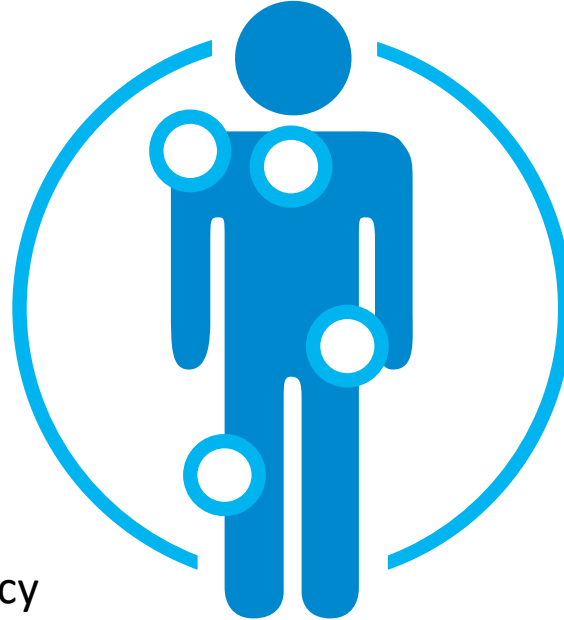
NIA's Interventional Pain Management (IPM) Solution



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



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

- Emergency Surgery – admitted via the Emergency Room

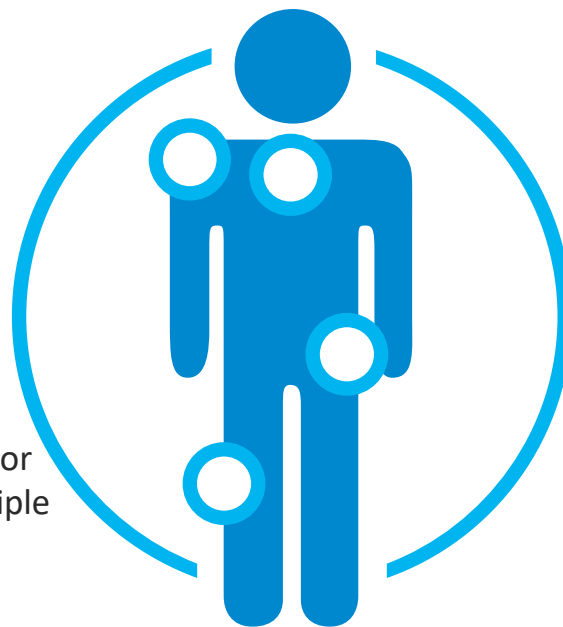
NIA's Lumbar and Cervical Spine Surgery



Targeted Lumbar and Cervical Spine Surgery

Procedures Performed in an Inpatient and Outpatient Facility

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, 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
- 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 and the associated instrumentation do not require NIA/Highmark Wholecare prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required.

NIA's Hip, Knee and Shoulder Surgery Performed in an Inpatient and Outpatient Facility



Targeted Hip Surgery

- Revision/Conversion Hip Arthroplasty
- 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
- 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)



Targeted Shoulder Surgery

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder 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)



Excluded from the Program

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

- Emergency Surgery – admitted via the Emergency Room

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 Highmark Wholecare's Policies for Procedures not on Claims/Utilization Review Matrix.



Highmark Wholecare Management Utilization Review Matrix 2023 Outpatient Interventional Pain Management (IPM)

The matrix below contains the CPT 4 codes for which National Imaging Associates, Inc. (NIA) authorizes on behalf of Highmark Wholecare.

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.

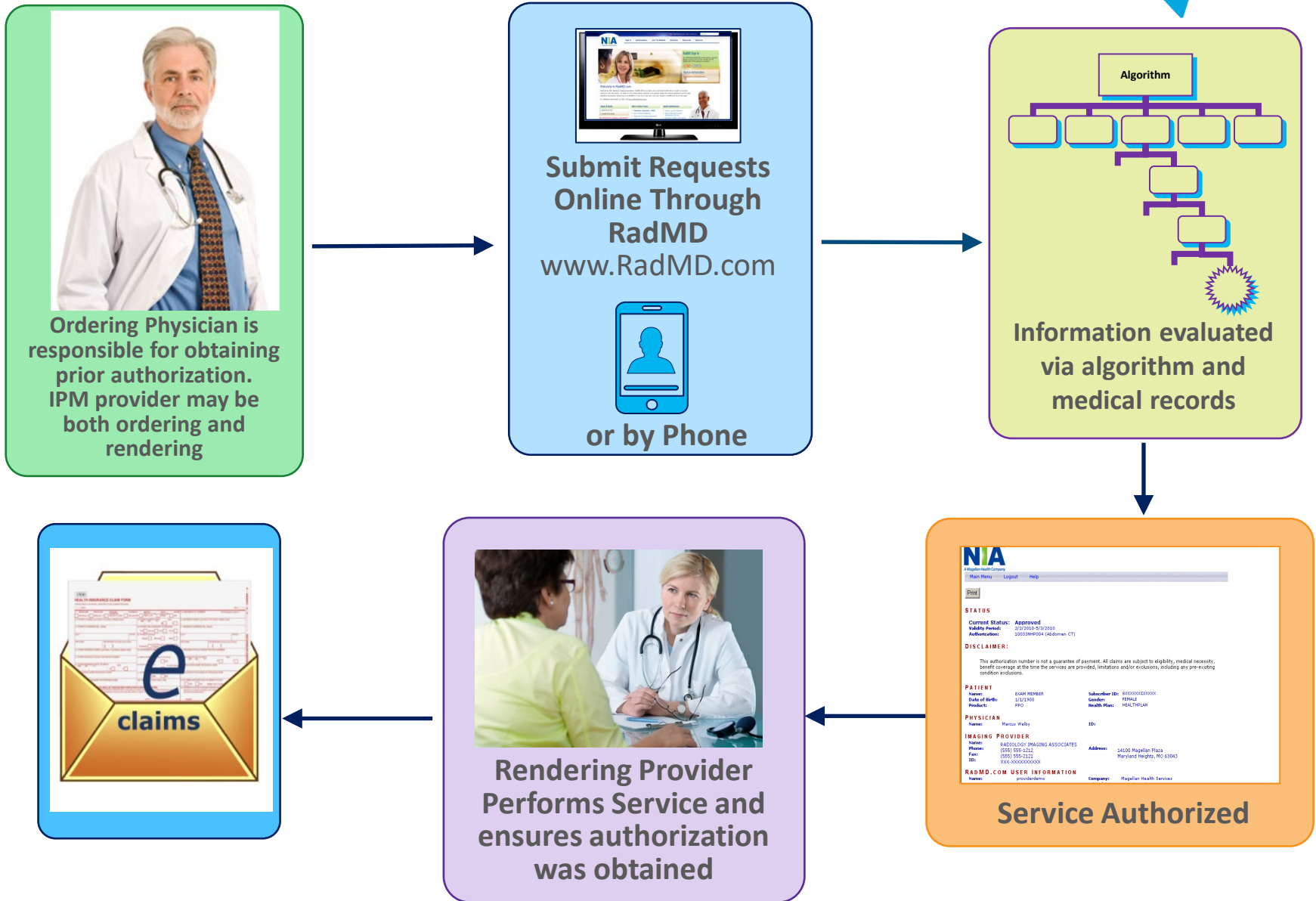
*Please note: IPM services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by NIA.

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 Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636

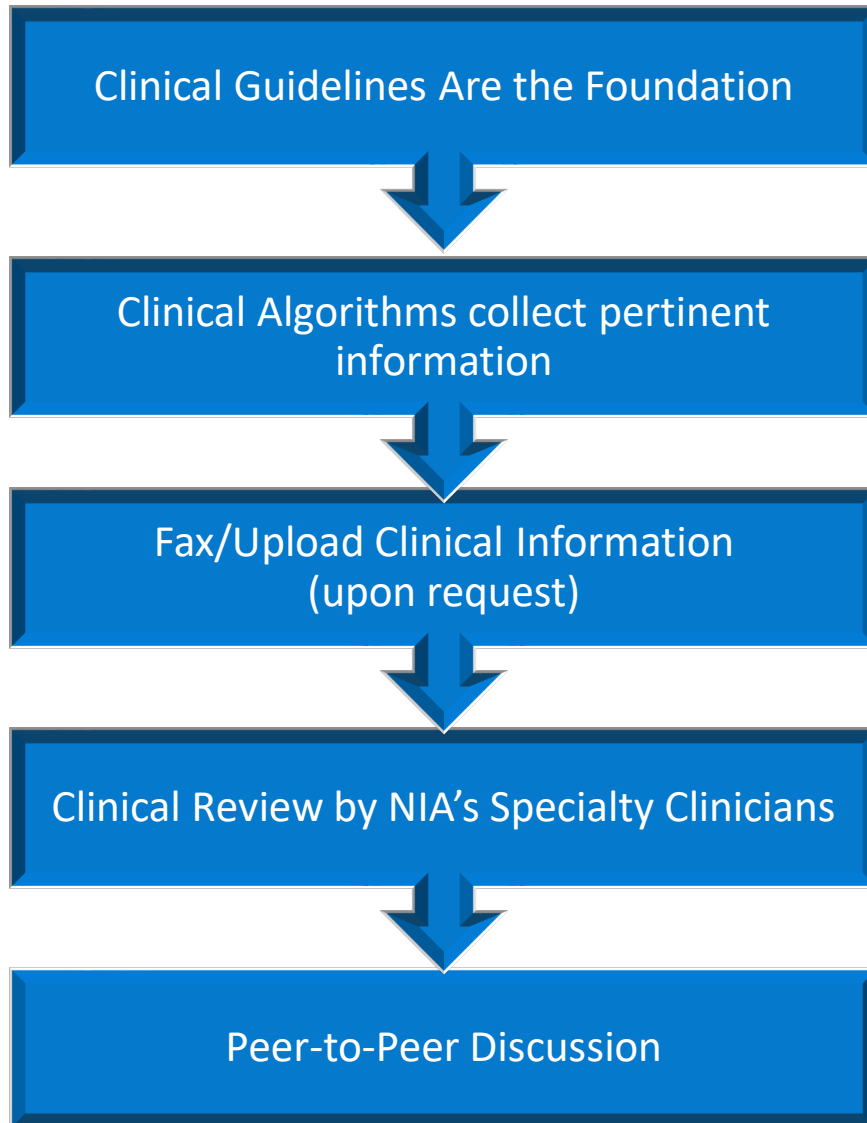
- *Add on codes (+) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.*
- *NOTE: due the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.*

1—Highmark Wholecare IPM Utilization Review Matrix 2023.docx

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 MSK.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **NIA's goal – ensure that members are receiving appropriate care.**




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.


IPM Clinical Checklist Reminders



IPM Documentation:

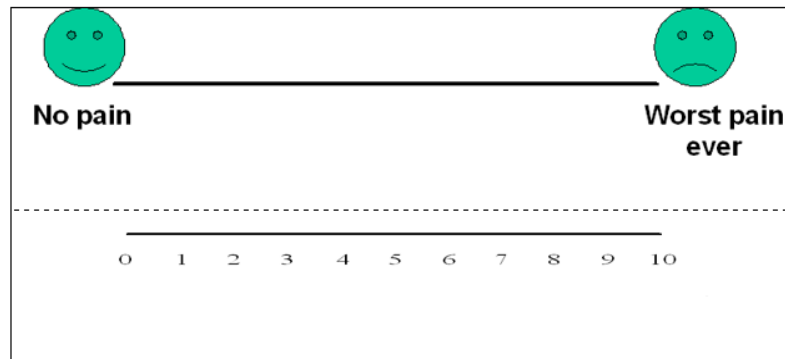
-  **Conservative Treatment**
 - Frequently, specifics of conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records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

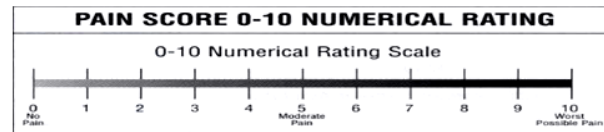
-  **Follow Up To Prior Pain Management Procedures**
 - For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office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

Sample Pain Rating Scales

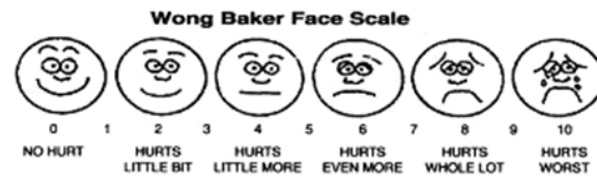
Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)





Special Information

- For Spinal Surgeries, only one authorization request per surgery. NIA 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. For example, a lumbar fusion authorization includes decompression, instrumentation, 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.
- Authorizations are valid for 90 days from the date of service or if the date of service is not available then from the date of the request .
- 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.

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)

NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER FAXC

NIA
NIA MEMBER SERVICE

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 ra.dnd.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 www.RadMD.com
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from www.RadMD.com
 - Call
 - Medicaid: 1-800-424-4890
 - Medicare: 1-800-424-1728
- 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:	Validity Dates:
ICD10:	Contact Name:
Final Determination Date:	



IPM Reviews

Initial clinical review performed by specially trained IPM nurses

Clinical review team will proactively outreach for additional clinical information

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



MSK Surgery Reviews

Surgery concierge team will proactively outreach for additional clinical information and to schedule a peer-to-peer session

Nurses will assemble surgery cases and reach out for clinical information as needed prior to sending to surgeon reviewers

Only orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussion on surgery requests

MSK Clinical Review Process



Physicians' Office Contacts NIA for Prior Authorization

RadMD
 Telephone



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 MSK Team interacts with Provider Community.



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Key NIA Differentiators

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

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

NIA can tier clinical review approach for high-performing physicians—procedures approved, clinical information captured for potential audit purposes

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

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



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 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:
 - Medicaid: 1-800-424-4890
 - Medicare: 1-800-424-1728
- Turn around time is within 1 business day not to exceed 3 calendar days.



Authorization Notification

- Validity Period - Authorizations are valid for:
 - IPM**
 - 90 days from date of service/request
 - Surgical**
 - Inpatient – 90 days from date of service/request
 - Outpatient- SDC/Ambulatory – 90 days from date of service/request
- 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 re-review is available with new or additional information.
- Timeframe for re-review is 30 calendar days.
- Medicare re-opens are not available.
- 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

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.



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), & foreign body.

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 Highmark Wholecare .



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. 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.



Authorizations are valid for 90 days from the date of service or request. NIA must be notified of any changes to the date of service.



RadMD Website
www.RadMD.com



Available
24/7 (except during
maintenance)



Toll Free Number
Medicaid: 1-800-424-4890
Medicare: 1-800-424-1728



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

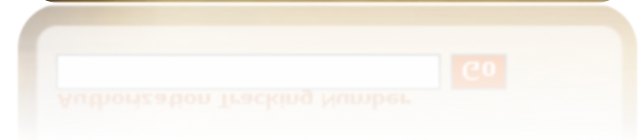
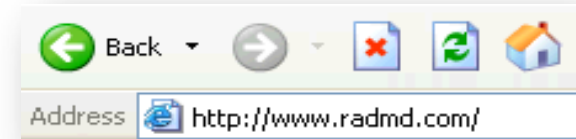


RadMD Functionality varies by user:

- **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:

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



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.

The screenshot displays the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal green line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a sub-link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the main content area, there are two search boxes: "Login As Username:" with a text input field and a "Login" button, and "Tracking Number:" with a text input field, a "Search" button, and a link "Forgot Tracking Number?". Below the search boxes is another horizontal green line. At the bottom left, there is a "Request Status" section with links "Search for Request" and "View All My Requests".

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 patients 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 NIA-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.

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-- 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

A screenshot of the RadMD.com registration form. The page title is "RADMD.COM: APPLICATION FOR A NEW ACCOUNT". It includes a disclaimer: "Please fill out this form only for yourself. Shared accounts are not allowed." Below this is a dropdown menu for "Please Select an Appropriate Description --" with "Physician's office that orders procedures" selected. The form contains several input fields: "Choose a User ID" (6-20 Characters), "Name" (First and Last), "Phone" and "Fax" (formats: (xxx) xxx-xxxx), "Company Name" and "Job Title", "Email" and "Confirm Email" (example: you@company.com), "Address" (example: 123 Main St.), "City" (with a state dropdown), and "Zip". There is a section for "Your Superior" with a disclaimer: "The manager or superior responsible for terminating your access. This cannot be yourself." and input fields for "Name", "Phone", and "Email" (example: boss@company.com). A "Submit Application" button is at the bottom. A footer note says: "If you have problems, please contact us at RadMDSupport@magellanhealth.com."

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 NIA-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.

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

A screenshot of the RadMD application form for a new account. The form is titled 'RADMD.COM: APPLICATION FOR A NEW ACCOUNT'. It includes a dropdown menu for 'Which of the following best describes your company?' with 'Physician's office that orders procedures' selected. Below this are fields for 'Name' (First and Last), 'Phone' and 'Fax', 'Company Name' and 'Job Title', 'Email' (with a confirm field), and 'Address' (Street, City, State, Zip). There is also a section for 'Your Superior' with fields for Name, Phone, and Email. A 'Submit Application' button is at the bottom. A note at the bottom states: 'The manager or supervisor responsible for terminating your access. This cannot be yourself.' and provides contact information for RadMD support.

When to Contact NIA



Providers:

<p>Initiating or checking the status of an authorization</p>	<ul style="list-style-type: none">▪ Website, www.RadMD.com▪ Toll-free number<ul style="list-style-type: none">▪ Medicaid: 1-800-424-4890▪ Medicare: 1-800-424-1728
<p>Initiating a Peer to Peer</p>	<ul style="list-style-type: none">▪ Medicaid: 1-800-424-4890▪ Medicare: 1-800-424-1728
<p>Provider Service Line/Technical Issues</p>	<ul style="list-style-type: none">▪ RadMDSupport@magellanhealth.com▪ Call 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<ul style="list-style-type: none">▪ Seth Cohen Senior Manager, Provider Relations 410-953-2418 cohens@magellanhealth.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 Highmark Wholecare 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 Highmark Wholecare and National Imaging Associates, Inc. (NIA).

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