



Highmark Wholecare Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

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Highmark Wholecare have entered into an agreement with National Imaging Associates, Inc. (NIA) to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: outpatient interventional spine pain management services; and inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries. This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

The following procedures are currently included in the Musculoskeletal Management Care Program for Highmark Wholecare members in Pennsylvania:

- Outpatient interventional spine pain management services
- Inpatient and outpatient hip surgeries
- Inpatient and outpatient knee surgeries
- Inpatient and outpatient shoulder surgeries
- Inpatient and outpatient lumbar and cervical spine surgeries

Prior Authorization Implementation

As a provider of MSK services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

It is the responsibility of the ordering physician/surgeon and rendering facility to ensure that prior authorization was obtained, when necessary. Payment will be denied for procedures performed without a prior authorization, including the MSK surgery hospital admission, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization:*

Outpatient Interventional Spine Pain Management Services:

- Sacroiliac Joint Injection
- Cervical/Thoracic Interlaminar Epidural
- Cervical/ Thoracic Transforaminal Epidural
- Lumbar/ Sacral Interlaminar Epidural
- Lumbar/ Sacral Transforaminal Epidural
- Cervical/ Thoracic Facet Joint Block
- Lumbar/ Sacral Facet Joint Block
- Cervical/ Thoracic Facet Joint Radiofrequency Neurolysis
- Lumbar/ Sacral Facet Joint Radiofrequency Neurolysis

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

Outpatient and Inpatient Hip Surgery Services:

- 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)

Outpatient and Inpatient Knee Surgery Services:**

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial - Unicompartamental 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)

**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.

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
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

Outpatient and Inpatient Spine Surgery Services:

- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetomy & Foraminotomy)
- Cervical Anterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression with Fusion –Single & Multiple Levels
- Cervical Artificial Disc Replacement
- Cervical Posterior Decompression (without fusion)
- Cervical Anterior Decompression (without fusion)

NIA will manage non-emergent outpatient interventional spine pain management services, and inpatient and outpatient hip, knee, shoulder, and spine surgeries through the existing contractual relationships with Highmark Wholecare. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the

appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is:

- Medicare: 1-800-424-1728
- Medicaid: 1-800-424-4890

Please refer to NIA's website www.RadMD.com to obtain the Highmark Wholecare/ NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for the CPT-4 codes that NIA authorizes on behalf of Highmark Wholecare.

Prior Authorization Information

To ensure that authorization numbers have been obtained, please adhere to the following guidelines.

Interventional Pain:

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization through NIA.
- All outpatient interventional pain management services require a prior authorization through NIA for each procedure performed.
- It is the responsibility of the ordering physician to obtain authorization for all interventional pain management procedures outlined. Failure to do so may result in non-payment of your claim.
- 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.**

Outpatient and Inpatient Musculoskeletal Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Room) does not require prior authorization through NIA.
- Non-emergent outpatient and inpatient hip, knee, shoulder and spine surgery services require prior authorization through NIA.
- 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.
- 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/request.

Checking Authorizations

You can check on the status of members' authorizations quickly and easily by going to the NIA website, www.RadMD.com. After obtaining a secure password sign-in to select, the **My Exam Requests** tab to **view all** outstanding authorizations.

Submitting Claims

Claims will continue to go directly to Highmark Wholecare. Please send your claims for MSK procedures to the following address:

Medicare:

Highmark Wholecare
P.O. Box 93
Sidney, NE 69162

Medicaid:

Highmark Wholecare
P.O. Box 173
Sidney, NE 69162

For electronic submission, Highmark Wholecare payor ID numbers are:

- Medicare 60550
- Medicaid 25169

Providers are encouraged to use EDI claims submission.

Frequently Asked Questions

In this section NIA addresses commonly asked questions received from providers.

Where can I find NIA's Guidelines for these MSK procedures?

Guidelines can be found on NIA's website at www.RadMD.com.

Is prior authorization necessary if Highmark Wholecare is not the member's primary insurance?

Yes.

What does the NIA authorization number look like?

The NIA authorization number consist of alpha/numeric characters (e.g., 12345ABC678). In some cases, the ordering physician may instead receive an NIA tracking number (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use either number to track the status of their request on the RadMD website or via our Interactive Voice Response telephone system.

Who can I contact at NIA for questions, complaints, and appeals, etc.?

Please use the following NIA contacts by type of issue:

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
- Medicare: 1-800-424-1728
- Medicaid: 1-800-424-4890

- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Provider Relations Manager.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.

How will referring/ordering physicians know who NIA is?

Highmark Wholecare sends orientation materials to referring/ordering providers. Highmark Wholecare and NIA are also coordinating additional outreach and orientation activities.

What will the member ID card look like? Will it have both NIA and Highmark Wholecare information on the card? Or will there be two cards?

The Highmark Wholecare member ID card will not have NIA identifying information on it.