



National Imaging Associates, Inc. (NIA) Interventional Pain Management (IPM) Frequently Asked Questions (FAQ's) For Wellcare Medicare Providers

Question	Answer
GENERAL	
Why is Wellcare implementing an Interventional Pain Management (IPM) Program?	Wellcare is implementing this program to improve quality and manage the utilization of non-emergent, IPM procedures for Wellcare Medicare members. Wellcare providers will utilize the same tools through RadMD to request IPM procedures as they do today for advanced imaging procedures.
What IPM procedures does this include?	 IPM Procedures that are included in this program: Spinal Epidural Injections Paravertebral Facet Joint Injections or Blocks Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) Sacroiliac Joint Injections Sympathetic Nerve Block (Effective 1/1/2023)
Why did Wellcare select NIA?	NIA was selected to partner with us because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Wellcare membership.
Which Wellcare members will be covered under this relationship and what networks will be used?	NIA will manage non-emergent outpatient IPM procedures for Wellcare Medicare members effective January 1, 2022, through Wellcare's contractual relationships.
PROGRAM START DATE	
What is the implementation date for this IPM Program?	The effective date of the program is January 1, 2022. Wellcare and NIA will be collaborating on provider related activities prior to the start date including provider training materials and provider education.

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PRIOR AUTHORIZATION	
What IPM services will require a provider to obtain a prior authorization?	The following outpatient IPM procedures require prior authorization through NIA: • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) • Sacroiliac Joint Injections • Sympathetic Nerve Block (Effective 1/1/2023)
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent IPM procedures. Ordering providers must obtain prior authorization for these procedures prior to the service being performed. Note: Only outpatient procedures are within the program scope. All IPM procedures performed in the Emergency Room or as part of inpatient or intraoperative care do not require prior authorization through NIA.
Is prior authorization required for members currently undergoing treatment?	Yes. Authorization is required for dates of service on or beyond January 1, 2022, even if the member is continuing treatment.
Who do we expect to order IPM procedures?	IPM procedures requiring medical necessity review are usually ordered by one of the following specialties:
Are inpatient IPM procedures included in this program?	No. Inpatient IPM procedures are not included in this program.
Are intraoperative IPM procedures included in this program?	No. IPM procedures performed for pain management during a larger surgical procedure are not included in this program.
How does the ordering provider obtain a prior authorization from NIA for	Providers will be able to request prior authorization via www.RadMD.com (preferred method) for IPM procedures. RadMD is available 24 hours a day, 7 days a week.

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an outpatient IPM procedure?	For Providers that are unable to submit authorization requests using RadMD, our Call Center is available at 1-800-424-5388, Monday-Friday, 8:00 a.m. to 8:00 p.m. Eastern.
What information will NIA require in order to receive prior authorization?	To expedite the process, please have the following information available before logging on to the website or calling the NIA call center staff
	(*denotes required information):
	 Name and office phone number of ordering physician* Member name and ID number* Requested procedure*
	 Name of provider office or facility where the service will be performed*
	 Anticipated date of service* Details justifying the pain procedure*: Date of onset of pain or exacerbation Physician exam findings and member symptoms (including findings applicable to the requested services) Clinical Diagnosis Date and results of prior IPM procedures. Diagnostic imaging results, where available. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
	Please be prepared to fax the following information, if requested: • Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam
	findings Date and results of prior IPM procedures Effectiveness of prior procedures on reducing pain Diagnostic Imaging results Specialist reports/evaluation
How do I send clinical information to NIA if it is required?	The most efficient way to send required clinical information is to upload your documents to RadMD (preferred method). The upload feature allows clinical information to be uploaded directly after completing an authorization request. Utilizing the upload feature expedites your request since it is



	automatically attached and forwarded to our clinicians for
	review.
	If uploading is not an option for your practice, you may fax utilizing the NIA specific fax coversheet. To ensure prompt receipt of your information:
	Use the NIA fax coversheet as the first page of your clinical fax submission. *Please do not use your own fax coversheet, since it will not contain the case specific information needed to process the case
	 Make sure the tracking number on the fax coversheet matches the tracking number for your request
	 Send each case separate with its own fax coversheet IPM Providers may print the fax coversheet from www.RadMD.com.
	NIA will fax this coversheet to the IPM Provider during authorization intake or at any time during the review process.
	*Using an incorrect fax coversheet may delay a response to an authorization request.
Can a provider request more than one procedure at a time for a member (i.e., a series of epidural injections)?	No. NIA requires prior authorization for each IPM procedure requested and will only authorize one procedure at a time.
What kind of response time can order providers expect	The best way to maximize the turnaround time of an authorization request is to initiate the request through
for prior authorization?	www.RadMD.com.
	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.
What will the NIA authorization number look	The NIA authorization number consists of alpha-numeric characters. In some cases, the ordering provider may
like?	instead receive an NIA tracking number (not the same as an
	authorization number) if the provider's authorization request
	is not approved at the time of initial contact. Providers will
	be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.

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If requesting an	You will receive a tracking number and will need to submit
authorization through	clinical documentation that supports the requested IPM
RadMD and the request	procedure.
pends, what happens next?	procedure.
Can RadMD be used to	RadMD can only be used to initiate expedited authorization
submit an expedited	requests after normal business hours. Requests that are
authorization request?	submitted during normal business hours must be called into
aution_auton roquoti	NIA's Call Center through the toll-free number, 1-800-424-
	5388 for processing.
	and the processing.
How long is the prior	The authorization number is valid for 60 days from the date
authorization number valid?	of request.
Is prior authorization	No. Authorization is not required if Wellcare is secondary to
necessary for IPM	another plan.
procedures if Wellcare is	·
NOT the member's primary	
insurance?	
If a provider obtains a prior	An authorization number is not a guarantee of payment.
authorization number does	Authorizations are based on medical necessity and are
that guarantee payment?	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.
Does NIA allow retro-	No. It is important that key physicians and office staff be
authorizations?	educated on the prior authorization requirements. As
	outlined above, claims for IPM procedures that have <u>not</u>
	been properly authorized will <u>not</u> be reimbursed. Physicians
	administering these procedures should not schedule or
	perform procedures without prior authorization.
What happens if I have a	Beginning January 1, 2022, an authorization can be obtained
service scheduled for	for all IPM procedures for dates of service January 1, 2022,
January 1, 2022?	and beyond. NIA and Wellcare will be working with the
	provider community on an ongoing basis to continue to
0	educate providers that authorizations are required.
Can a provider verify an	Yes. Providers can check the status of member authorization
authorization number	quickly and easily by going to the website at
online?	www.RadMD.com.
Will the NIA authorization	No. The authorization will not be displayed on the Wellcare
number be displayed on the	website.
Wellcare website?	website.
What if I disagree with NIA's	In the event of a prior authorization or claims payment
determination?	denial, providers may appeal the decision through Wellcare.
determination?	
	Providers should follow the instructions on their non-



	authorization letter or Explanation of Payment (EOP)
	notification.
SCHEDULING PROCEDURES	
Will NIA make a final determination based on the Anticipated Date of Service?	NIA does not guarantee final determination of the request by the anticipated date of service.
•	The anticipated date of service (provided during request for authorization) is used to determine timing between procedures
	Please be advised that NIA needs 2 to 3 business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved authorization.
Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	NIA will require the name of the facility/provider where the IPM procedure is going to be performed and the anticipated date of service. Ordering providers should obtain prior authorization before scheduling the procedure.
WHICH MEDICAL PROVIDERS	S ARE AFFECTED?
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Which medical providers are affected by the IPM	Specialized Providers who perform IPM procedures in an outpatient setting.
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affected by the IPM	outpatient setting. Wellcare providers will need to request a prior authorization from NIA to bill the service. Providers who perform IPM
affected by the IPM Program? CLAIMS RELATED	outpatient setting. Wellcare providers will need to request a prior authorization from NIA to bill the service. Providers who perform IPM procedures are generally located at: Ambulatory Surgical Centers Hospital outpatient facilities Provider offices
affected by the IPM Program? CLAIMS RELATED Where do providers send their claims for outpatient,	outpatient setting. Wellcare providers will need to request a prior authorization from NIA to bill the service. Providers who perform IPM procedures are generally located at: Ambulatory Surgical Centers Hospital outpatient facilities
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affected by the IPM Program? CLAIMS RELATED Where do providers send their claims for outpatient, non-emergent pain	outpatient setting. Wellcare providers will need to request a prior authorization from NIA to bill the service. Providers who perform IPM procedures are generally located at: Ambulatory Surgical Centers Hospital outpatient facilities Provider offices Wellcare network providers should continue to send claims directly to Wellcare.



How is medical necessity	NIA defines medical necessity as services that:
Will provider trainings be offered closer to the implementation date? Where can a provider find NIA's Guidelines for Clinical Use of Pain Management Procedures?	 NIA defines medical necessity as services that: 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; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; 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 Not furnished primarily for the convenience of the member, the attending physician, or other provider. Yes. NIA will conduct provider training sessions before the implementation date of this program NIA's IPM Guidelines can be found at www.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.
What will the Member ID card look like? Will the ID card have both NIA and Wellcare information on it? Or will there be two cards?	The Wellcare Member ID card will not change and will not contain any NIA identifying information on it.
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PEER-TO-PEER/APPEALS PR What is the Peer-to-Peer	NIA has a specialized clinical team focused on IPM. Peer-to-
process?	peer discussions are offered for any request that does not meet medical necessity guidelines. The IPM provider may call 1-800-424-5388 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.



Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for IPM procedures	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by NIA.
What option should I select to receive access to initiate authorizations?	Selecting "Physician's office that orders procedures" will allow you access to initiate authorizations for pain management procedures.
How do I apply for RadMD access to initiate authorization requests if I don't have access?	 User would go to www.RadMD.com. Click on NEW USER. Choose "Physician's office that orders procedures" from the drop-down box Complete application with necessary information. Click on Submit
	Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.
What is rendering provider access?	Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator. • User would go to www.RadMD.com • Select "Facility/Office where procedures are performed" • Complete application • Click on Submit
	Examples of a rendering facility that only need to view approved authorizations: • Hospital facility • Billing department • Offsite location • Another user in location who is not interested in initiating authorizations



Which link on RadMD will I select to initiate an authorization request for IPM procedures?	Clicking the "Request Pain Management or Minimally Invasive Procedure" link will allow the user to submit a request for an IPM procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by using the "View Request Status" link on RadMD's main menu.
How can I confirm what clinical information has been uploaded or faxed to NIA?	Clinical Information that has been received via upload or fax can be viewed by selecting the member on the View Request Status link from the main menu. On the bottom of the "Request Verification Detail" page, select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from NIA?	Links to case-specific communication to include requests for additional information and determination letters can be found via the View Request Status link.
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation? Paperless Notification: How can I receive notifications electronically	The "Track an Authorization" feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the "Search by Tracking Number" feature. A tracking number is required with this feature. NIA defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case are sent to the email of the person submitting the
instead of paper?	 initial authorization request. Users will be sent an email when determinations are made. No PHI will be contained in the email. The email will contain a link that requires the user to log into RadMD to view PHI.
	Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can a provider contact at NIA for more information?	For assistance, please contact RadMDSupport@Evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm — midnight PST. To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area Provider Relations Manager.

