



Presbyterian Spine Management Program

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UPDATED APRIL 2023

PPC102319

National Imaging Associates, Inc. (NIA) Program Agenda

Our MSK Program



Authorization Process

- Other Program Components



Provider Tools and Contact Information



RadMD Demo



Questions and Answers

NIA Specialty Solutions

National Footprint/Medicaid Experience

National Footprint

- Since 1995 – delivering Medical Specialty Solutions; one of the go-to care partners in industry.
- 91 health plans/markets – partnering with NIA for management of Medical Specialty Solutions.
- 33.01M national lives – participating in an NIA Medical Specialty Solutions program nationally.
- Diverse populations – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

55 Medicaid plans/markets with NIA Medical Specialty Solutions in place.

20M Medicaid lives – in addition to 2.89M 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

Utilization review accreditation commission (URAC) Accreditation
& National Committee for Quality Assurance NCQA Certified



The NIA Prior Authorization Program



The Program

Presbyterian Health Plan, Inc and Presbyterian Insurance Company, Inc. (Presbyterian) began a prior authorization program through NIA for the management of spine management on Jan. 1, 2015.



Important Dates

- Spine pain management began Jan. 1, 2015
- Advanced imaging and cardiac procedure management began Oct. 1, 2016



Procedures & Settings Included

Procedures:

- Lumbar microdiscectomy
- Lumbar decompression
- Lumbar spine fusion
- Cervical anterior decompression
- Cervical posterior decompression
- Cervical artificial disc replacement
- Cervical interior decompression

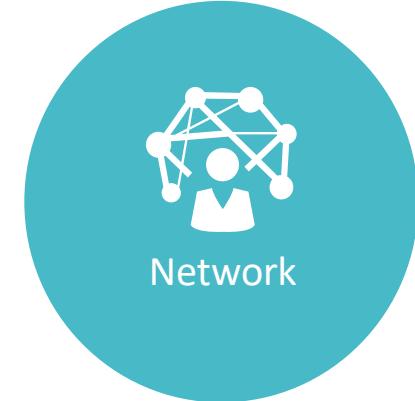
Settings:

- Surgery center
- In-office provider
- Hospital



Membership Included

- Medicaid
- Exchange programs
- Medicare



Network

NIA manages non-emergent select services for Presbyterian Medicaid, Exchange and Medicare members effective Jan. 1, 2015, through our contractual relationships.

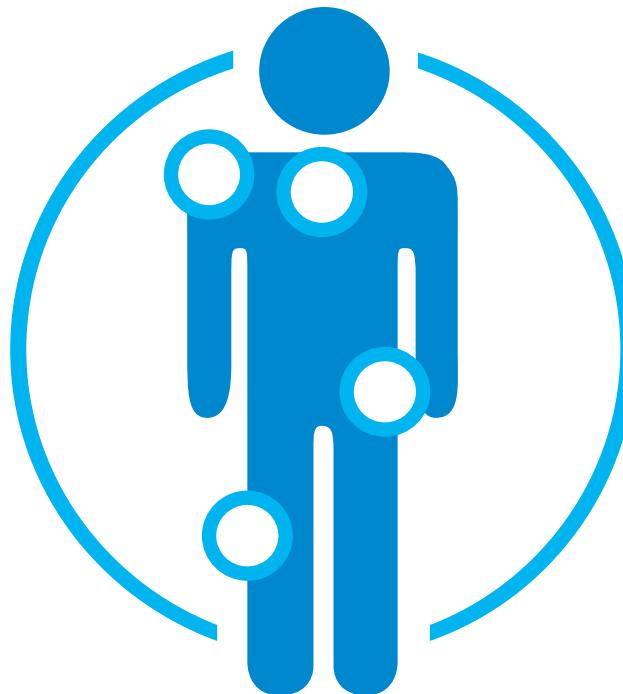


NIA Lumbar and Cervical Spine Surgery



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 – single & two levels
- 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 Current Procedural Terminology (CPT) Codes 22800-22819 used for reconstructive spinal deformity surgery do not require NIA/Presbyterian prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required.

List of CPT 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 [RadMD.com](https://www.RadMD.com).



Defer to Presbyterian's Policies for Procedures not on Claims/Utilization Review Matrix.



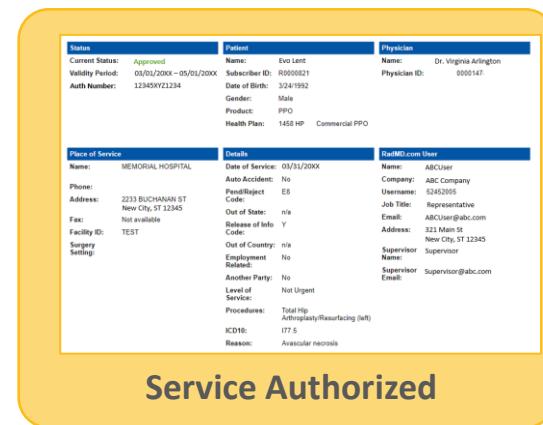
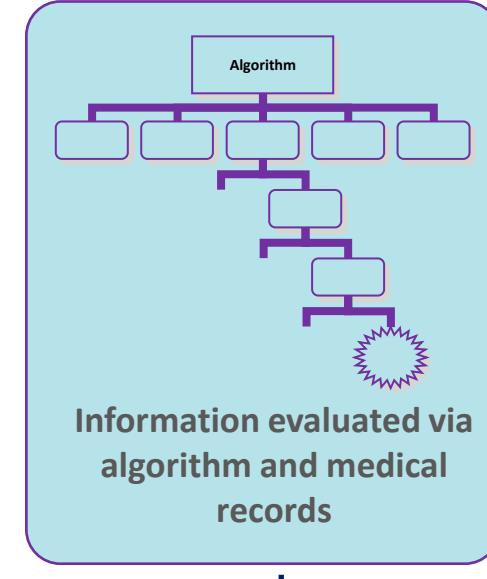
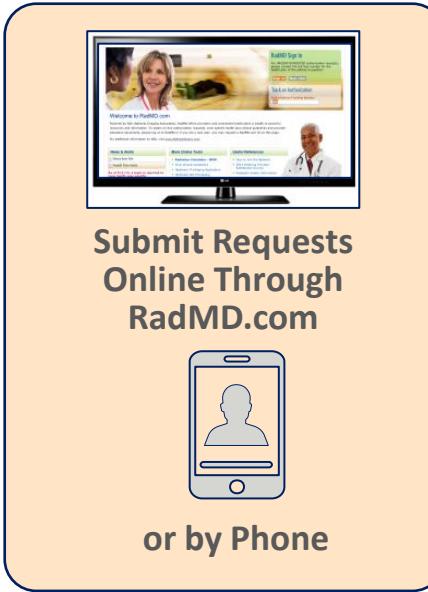
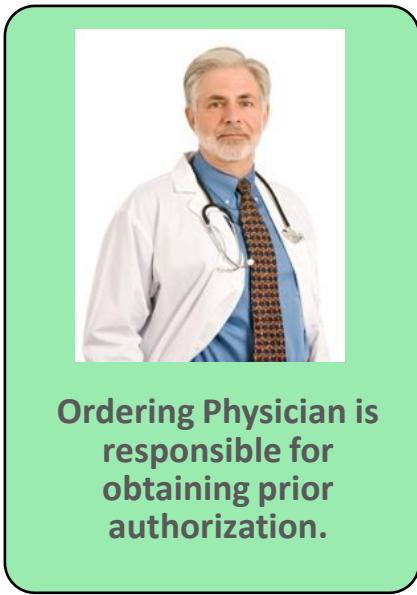
**Presbyterian Health Plan
Utilization Review Matrix 2023**

Musculoskeletal Surgery (Spine)

LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>Authorization is provided for the <u>primary surgery</u> requested.</i> <i>There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				<p><i>These codes do not require prior authorization. If the main surgical procedure is approved, these codes are understood to be included in conjunction and do not require precertification from the health plan.</i> <i>*Please note: This is not an all-inclusive list of every ancillary code.</i></p>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057 Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939	



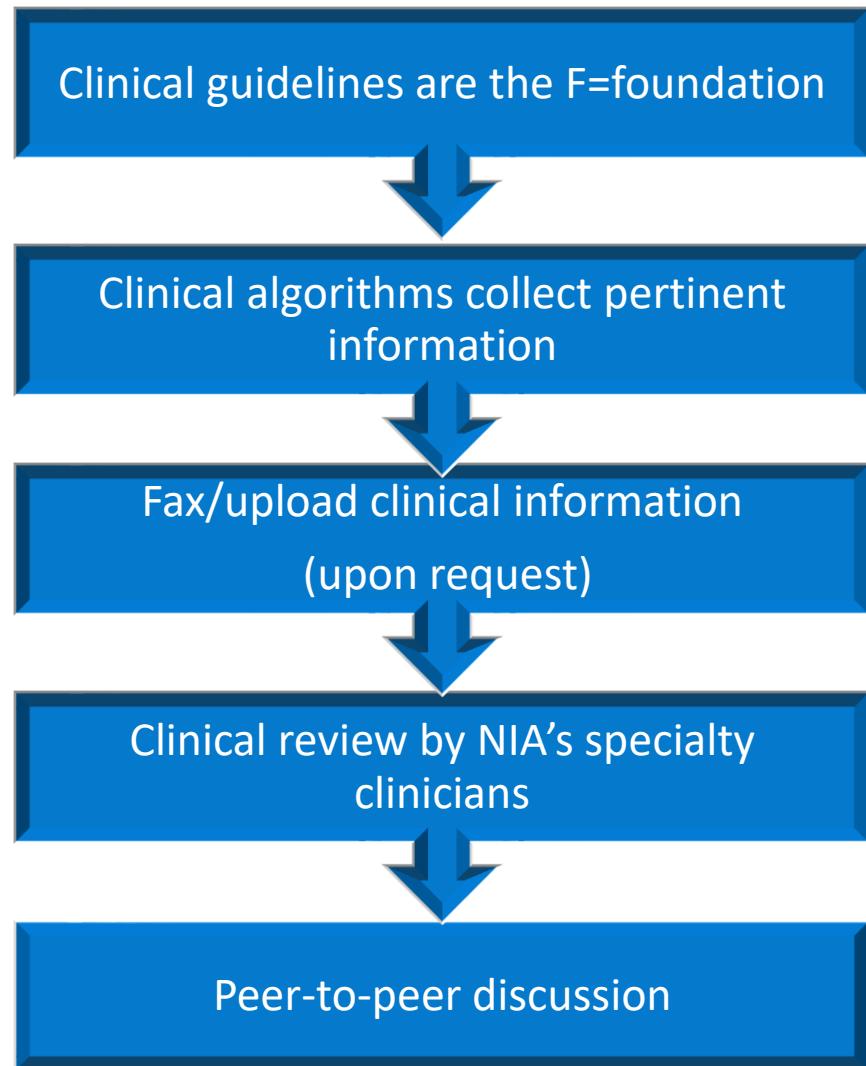
Prior Authorization Process Overview



Recommendation to rendering providers: Do not schedule test until authorization is received.



NIA 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 Presbyterian and NIA Medical Officers and clinical experts. **Clinical Guidelines are available on 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
- 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**



Information for Authorization for Surgery Procedures

Special Information

- Most surgeries will require only one authorization request. 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
 - Example 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
 - Example 2: A knee ligament reconstruction includes meniscectomy, debridement, 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. Anterior cervical discectomy and fusion (ACDF) and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently
- Inpatient admissions will continue to be subject to concurrent review by Presbyterian
- Date of Service is required
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained prior to scheduling the surgery



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) (BMI, smoking history, mental status for some surgeries)



NIA to Physician: Request for Clinical Information

CC_TRACKING_NUMBER FAXC

NIA
National Institute on Aging

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 [radmed.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 1-866-236-8717
- Use the case specific fax coversheets when faxing clinical information to NIA

Exam Request Verification: Detail

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

Cases in this Request

Member	Provider
Name: Evo Lent	Name: Memorial Hospital
Gender: Female	Address: 123 Main St, New City, ST 12345
Date of Birth: 5/24/1971	Phone: 123-456-7890
Member ID: AB123456	Tax ID: 987654321
Health Plan: ABC Health Plan HMO	UPIN:
Spoken Language: ENGLISH	Specialty:
Written Language: ENGLISH	



Clinical Specialty Team: Focused on Interventional Pain Management (IPM) and Musculoskeletal (MSK)



IPM Reviews

Initial clinical review performed by specially trained IPM nurses

Clinical review team will proactively reach out for additional clinical information

Anesthesiologists and pain management specialists conduct clinical reviews and peer-to-peer discussions on IPM requests



MSK Surgery Reviews

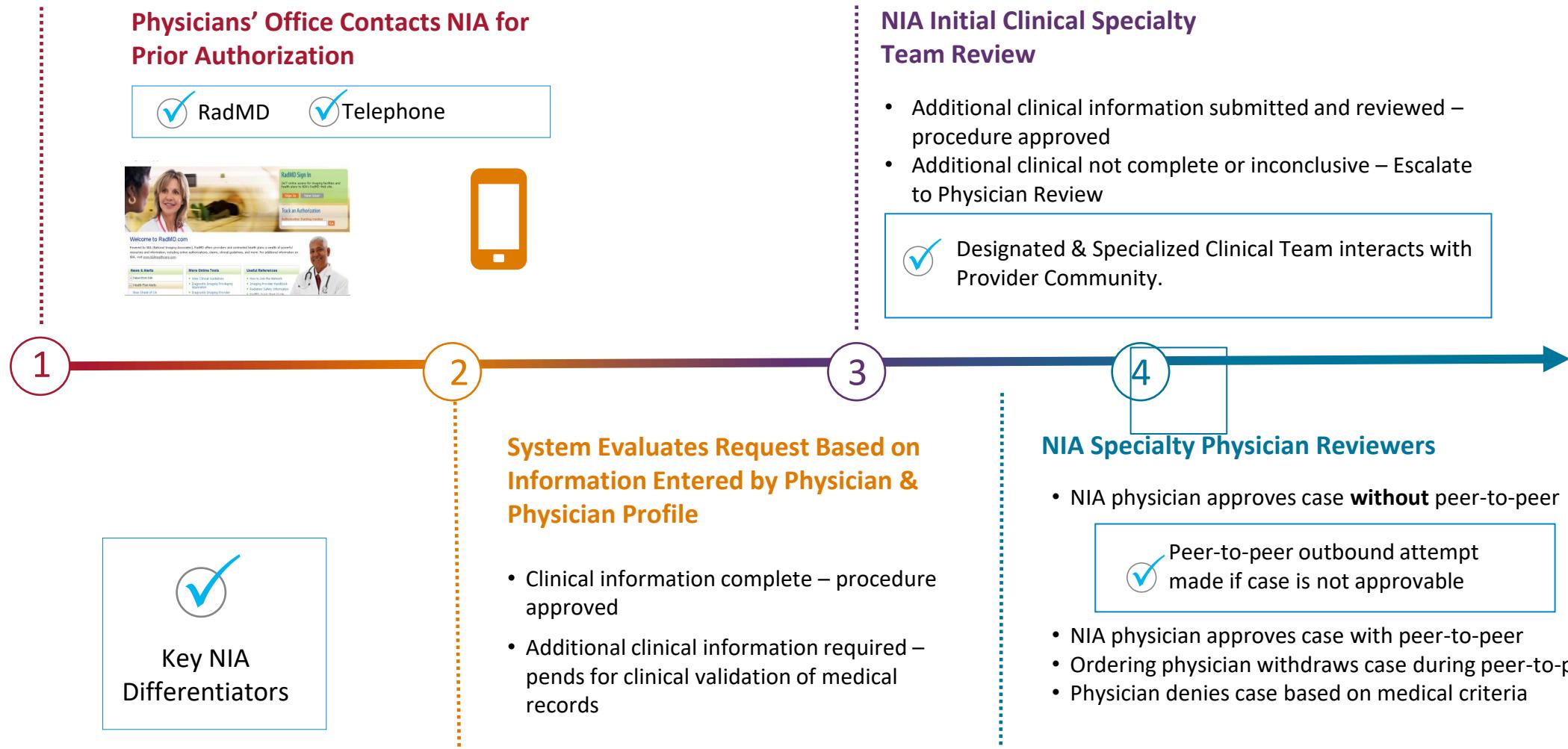
Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will proactively reach out for additional clinical information

Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests



Clinical Review Process



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



NIA Urgent/Expedited Authorization Process

Urgent/Expedited Musculoskeletal (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 1-866-236-8717
- Turnaround time:
 - Medicaid - 24 calendar hours not to exceed three calendar days
 - Medicare - one business day not to exceed 72 calendar hours
 - Commercial - ASO one business day not to exceed 72 calendar hours
 - Commercial ASO & FI - 24 calendar hours not to exceed three calendar days



Notification of Determination

Authorization Notification

- Validity Period - authorizations are valid for:
 - 60 days from the date of request

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 reconsideration/re-review/re-open is available with new or additional information
- Timeframe for reconsideration/re-review/re-open is five business days from the date of denial and prior to submitting a formal appeal
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter



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



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 Presbyterian.



Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained prior to scheduling the surgery.



Authorizations are valid for 60 days from the date of service for outpatient surgeries and three days from the date of request for inpatient. NIA must be notified of any changes to the date of service.

Provider Tools



RadMD Website

RadMD.com

Available



24/7 (except during maintenance, performed every third Thursday of the month from 9 p.m. – Midnight PST)



Toll-Free Number

1-866-236-8717

Available



Monday - Friday

7:00 a.m. – 7:00 p.m. MST

- 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



The NIA Website

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. Ability to submit outpatient imaging requests on behalf of ordering provider.

Online Tools Accessed through www.RadMD.com:

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



Registering on www.RadMD.com to Initiate Authorizations

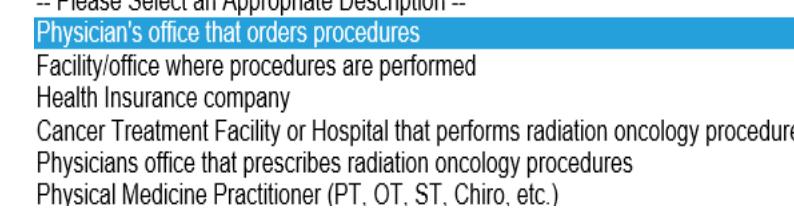
Everyone in your organization is required to have their own separate username and password due to Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

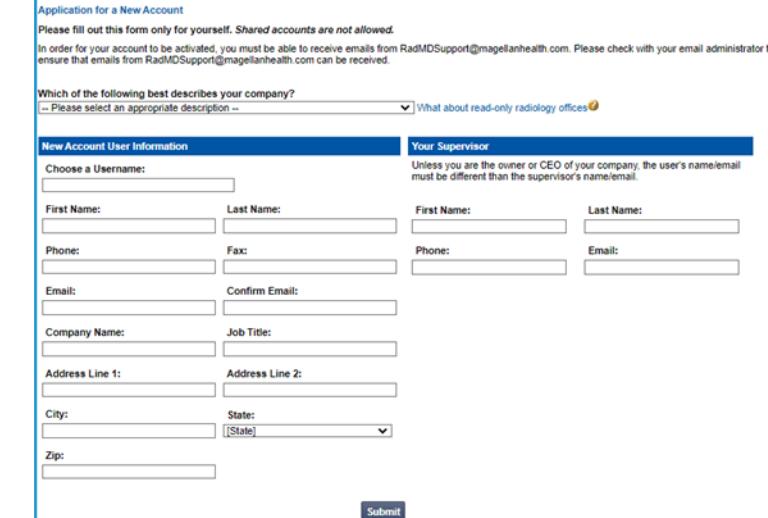
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address for our webmaster to respond to you with your NIA-approved username and password.

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.

1 

2 

3 



Allows users the ability to view all approved, pended and in-review authorizations for facility

IMPORTANT

- 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 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. Each user will need to complete an application on RadMD. This will allow users to see all approved, pended and in-review authorizations under your tax ID number. Rendering access will also allow facility to submit outpatient imaging requests on behalf of ordering provider.

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

Application for a New Account
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 to ensure that emails from RadMDSupport@magellanhealth.com can be received.

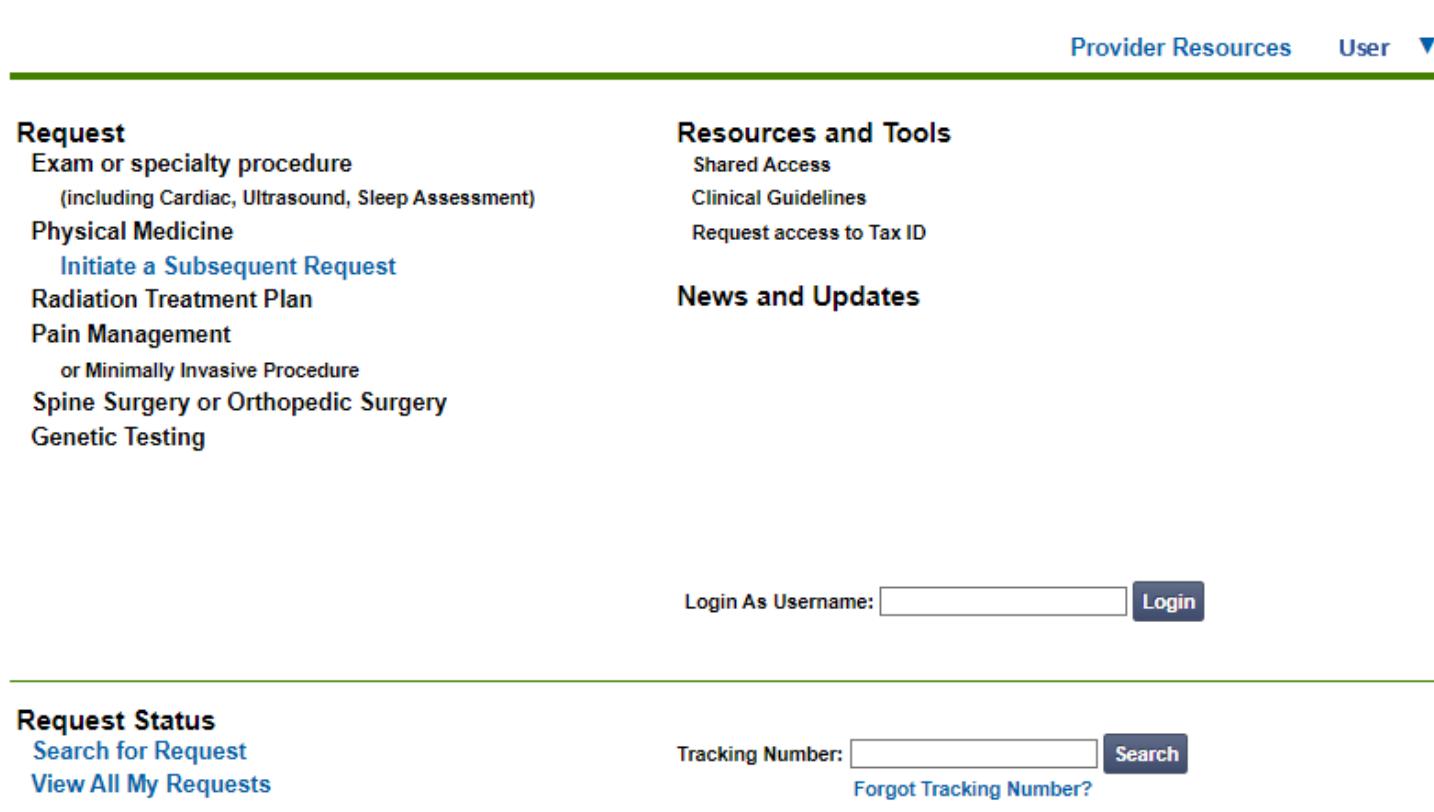
Which of the following best describes your company?
Facility/lab where procedures are performed What about read-only radiology offices

New Account User Information		Your Supervisor	
Choose a Username:		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor'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 #:	<input type="button" value="Add"/>
Address Line 1:	Address Line 2:	Your Tax IDs:	[none]
City:	State:		
Zip:			



RadMD Enhancements

NIA offers a **Shared Access** feature on www.RadMD.com. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.



The screenshot shows the RadMD.com homepage with a navigation bar at the top. The navigation bar includes 'Provider Resources' and 'User' with a dropdown arrow. Below the navigation bar, there are two main columns: 'Request' on the left and 'Resources and Tools' on the right. The 'Request' column contains links for 'Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)', 'Physical Medicine', 'Initiate a Subsequent Request', 'Radiation Treatment Plan', 'Pain Management', 'or Minimally Invasive Procedure', 'Spine Surgery or Orthopedic Surgery', and 'Genetic Testing'. The 'Resources and Tools' column contains links for 'Shared Access', 'Clinical Guidelines', and 'Request access to Tax ID'. Below these columns, there is a 'News and Updates' section. At the bottom of the page, there is a login section with fields for 'Login As Username' and a 'Login' button, and a tracking number search section with fields for 'Tracking Number', a 'Search' button, and a 'Forgot Tracking Number?' link.

Request
Exam or specialty procedure
(including Cardiac, Ultrasound, Sleep Assessment)
Physical Medicine
[Initiate a Subsequent Request](#)
Radiation Treatment Plan
Pain Management
or Minimally Invasive Procedure
Spine Surgery or Orthopedic Surgery
Genetic Testing

Resources and Tools
Shared Access
Clinical Guidelines
Request access to Tax ID

News and Updates

Login As Username:

Request Status
[Search for Request](#)
[View All My Requests](#)

Tracking Number:
[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 www.RadMD.com, allowing them to communicate with members and facilitate treatment.



When to Contact NIA

Providers:

Initiating or checking the status of an authorization request	<ul style="list-style-type: none">■ www.RadMD.com■ Toll-free number 1-866-236-8717 - IVR system
Initiating a Peer-to-Peer Consultation	<ul style="list-style-type: none">■ Call 1-866-236-8717
Provider Service Line	<ul style="list-style-type: none">■ RadMDSupport@evolent.com■ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	<ul style="list-style-type: none">■ Debbie Patterson Provider Relations Manager 1-314-387-4799 DPatterson@evolent.com



RadMD Demonstration



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Thank You