

<b>National Imaging Associates, Inc. (NIA) Musculoskeletal (MSK) Care Management MSK Program For Hip, Knee, Shoulder &amp; Spine Surgeries Frequently Asked Questions (FAQ's) for Providers Updated May 2021</b>	
Question	Answer
<b>GENERAL</b>	
What is Prevea360 Health Plan's relationship with NIA?	<p>NIA manages prior authorizations for Prevea360 Health's MSK program which is designed to improve quality and patient safety for non-emergent* surgeries, occurring in outpatient and inpatient settings, through the use of evidenced-based guidelines. Historically:</p> <ul style="list-style-type: none"> <li>• Variations in patient care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care),</li> <li>• Musculoskeletal surgeries are a leading cost of health care spending trends,</li> <li>• Diagnostic imaging advancements have increased earlier diagnoses of joint and spine disease. Current surgical interventions generally align with earlier diagnoses, rather than patient symptomatology. And medical device companies market directly to consumers,</li> <li>• Surgeries occurring too soon can lead to the need for additional or revision surgeries.</li> </ul>
What is changing with the MSK prior authorization program that NIA manages for Prevea360 Health Plan?	<p>Effective July 1, 2021, prior authorization will no longer be required for <b>outpatient</b> total knee arthroplasty and total hip arthroplasty procedures (CPT 27447 and CPT 27130 only).</p> <p>Starting June 25, 2021, <b>inpatient</b> total knee arthroplasty and total hip arthroplasty prior authorization requests submitted with dates of service on and after July 1, 2021, will be reviewed for place of service (also referred to as site of care) in addition to the current review for medical necessity. Prevea360 Health Plan's Medical Policy #9550 is updated for this change and can be found in the Health Plan's <a href="#">Document Library</a>.</p>
Which elective surgical procedures will continue to require prior authorization?	<p><b>Outpatient and Inpatient Spine Surgery Services (not changing):</b></p> <ul style="list-style-type: none"> <li>• Lumbar Microdiscectomy</li> <li>• Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy &amp; Foraminotomy)</li> <li>• Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single &amp; Multiple Levels</li> <li>• Cervical Anterior Decompression with Fusion –Single &amp; Multiple Levels</li> <li>• Cervical Posterior Decompression with Fusion –Single &amp; Multiple Levels</li> <li>• Cervical Posterior Decompression (without fusion)</li> <li>• Cervical Artificial Disc Replacement</li> <li>• Cervical Anterior Decompression (without fusion)</li> </ul> <p><b>Outpatient and Inpatient Hip Surgery Services (place of service update): **</b></p> <ul style="list-style-type: none"> <li>• Revision/Conversion Hip Arthroplasty</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Inpatient Only</b> – Total Hip Arthroplasty/Resurfacing</li> <li>• Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher &amp; labral repair)</li> <li>• Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)</li> </ul> <p><b>Outpatient and Inpatient Knee Surgery Services (place of service update): **</b></p> <ul style="list-style-type: none"> <li>• Revision Knee Arthroplasty</li> <li>• <b>Inpatient Only</b> - Total Knee Arthroplasty (TKA)</li> <li>• Partial-Unicompartmental Knee Arthroplasty (UKA)</li> <li>• Knee Manipulation under Anesthesia (MUA)</li> <li>• Knee Ligament Reconstruction/Repair</li> <li>• Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</li> <li>• Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)</li> </ul> <p><b>Outpatient and Inpatient Shoulder Surgery Services (not changing): **</b></p> <ul style="list-style-type: none"> <li>• Revision Shoulder Arthroplasty</li> <li>• Total/Reverse Arthroplasty or Resurfacing</li> <li>• Partial Shoulder Arthroplasty/Hemiarthroplasty</li> <li>• Shoulder Rotator Cuff Repair</li> <li>• Shoulder Labral Repair</li> <li>• Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)</li> </ul> <p>The RadMD website and NIA’s Call Center at 1-877-642-0622 will be available beginning June 25, 2021, for the new place of service review.</p> <p>*NIA does not manage prior authorization for emergency Musculoskeletal surgery cases that are admitted through the emergency room or for Musculoskeletal surgery procedures outside of those procedures listed.</p> <p>**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to</p>
<p><b>Which Prevea360 Health Plan members are covered under this Program?</b></p>	<p>For non-emergent outpatient and inpatient hip, knee, shoulder and spine surgeries approved prior authorization is required through NIA for the following Prevea360 Health Plan products: ACA Individual, HMO, POS, PPO, Medicare Advantage, and Self-funded ASO.</p>
<p><b>Is a prior authorization required if Prevea360 Health Plan is NOT the member’s primary insurance?</b></p>	<p>Yes.</p>

<b>PRIOR AUTHORIZATION</b>	
<b>When is prior authorization required?</b>	<p>Prior authorization must be obtained by the treating surgeon, through NIA, for medical necessity of the surgery, after the procedure is scheduled, and a minimum of seven (7) calendar days prior to the scheduled procedure.</p> <p>Treating Surgeon:</p> <ul style="list-style-type: none"> <li>Prior authorization by the surgeon must be completed prior to performing the service.</li> <li>Approved outpatient surgeon authorizations will be valid for 90 days.</li> <li>Approved inpatient surgeon authorizations will be valid for 14 days.</li> </ul> <p>Rendering Facility:</p> <ul style="list-style-type: none"> <li>Must ensure that the surgeon has obtained prior authorization through NIA prior to the procedure date.</li> <li>Inpatient and Outpatient procedures do not require a separate Facility authorization for length of stay.</li> </ul> <p>Treating surgeons should request prior authorization via the NIA website, <a href="http://www.RadMD.com">www.RadMD.com</a>, or by calling the NIA toll-free number 1- 877-642-0622.</p> <p>Facilities and treating surgeons may obtain authorization verification by contacting NIA (phone) or accessing the RadMD website at <a href="http://RadMD.com">RadMD.com</a>.</p> <p>Failure to obtain prior authorization for services may result in a denial of payment that cannot be billed to the member or Prevea360 Health Plan.</p>
<b>What surgeon specialties might order a musculoskeletal surgery?</b>	<p>Musculoskeletal surgeries requiring medical necessity authorization 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>

<p>What information is required when a treating surgeon submits a prior authorization request through NIA?</p>	<p>To expedite the process, please have the following information ready before logging onto the web site or calling the NIA Call Center, at 1-877-642-0622 for prior authorization:</p> <p>(*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>• Details on site of service*</li> <li>• Name of facility where the surgery will be performed*</li> <li>• Anticipated date of surgery*</li> <li>• Details related to the surgical procedure*:             <ul style="list-style-type: none"> <li>○ Clinical Diagnosis*</li> <li>○ Date of onset of pain or symptoms /Length of time patient has had episode of pain*</li> <li>○ Physician exam findings (including those 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 packs, 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>• Duration of 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>Note: if you are unable to locate the treating surgeon or facility name on RadMD, you will need to call NIA and request to be added.</p>
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<p><b>Does the treating surgeon 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 procedure categories to choose from, and the treating 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 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</u> need 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 surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon <u>does not</u> need to request a separate authorization for the Microdiscectomy procedure.</li> <li>If the surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.</li> </ul>
<p><b>Is the treating surgeon required to enter each CPT procedure code being performed for a hip, knee, shoulder or spine surgery?</b></p>	<p>RadMD will list procedure categories to choose from, and the treating surgeon must select the primary procedure (most invasive) being performed. CPT codes can be chosen from a list of CPT codes which fall under each procedure category.</p>
<p><b>Are instrumentations (medical devices), bone grafts, and bone marrow aspirations included as part of the authorization?</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 that is being authorized.</p>
<p>What is the response time (turnaround time) for the NIA prior authorization determinations?</p>	<p>Generally, a determination will be made within 2 business days after receipt of a prior authorization request that includes all the necessary clinical documentation. In certain cases, the review process may take longer if additional clinical information is required to make a determination.</p> <p>Having the following information available prior to calling NIA at 1- 877-642-0622 or accessing RaedMD.com, will create the most efficient turnaround time:</p> <ul style="list-style-type: none"> <li>Clinical Diagnosis</li> <li>Date of onset of back pain or symptoms and length of time patient has had episode of pain and symptoms</li> <li>Physician exam findings (including findings applicable to the requested services)</li> <li>Pain level and patient symptoms</li> <li>Diagnostic imaging results</li> <li>Non-operative treatment modalities completed, dates, duration of pain relief, including outcomes (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot packs, massage, ice packs and medication)</li> </ul>

<p>What will the NIA authorization number look like? And what happens if an authorization pends?</p>	<p>The NIA authorization number will consist of 8 or 9 alpha-numeric characters. If the surgeon's authorization request is not approved at the time of initial contact (pends), the surgeon will receive an NIA tracking number. The tracking number is NOT an authorization number and should not be indicated as the authorization number. However, surgeons and rendering facilities will be able to use either the authorization or the tracking number to verify the status of a request, both online, or through an Interactive Voice Response (IVR) telephone system.</p> <p>If an authorization request pends, the surgeon will receive a tracking number and NIA will contact the surgeon to complete the process by providing additional information.</p>
<p><b>Can RadMD be used to request an expedited authorization request?</b></p>	<p>No, those requests will need to be called in to the NIA Call Center for processing, at 1-877-642-0622.</p>
<p><b>How long is the prior authorization valid?</b></p>	<p>Outpatient Procedure Authorization through NIA, requested by surgeon:</p> <ul style="list-style-type: none"> <li>• Approvals will be for a 90 day time-frame from the indicated date of service. Inpatient Procedure Authorization through NIA, requested by surgeon:</li> <li>• Approvals will be for a 14 day time-frame from the indicated date of service.</li> </ul>
<p>Does an NIA authorization number guarantee payment?</p>	<p>An NIA authorization number is not a guarantee of payment. Authorizations are based upon medical necessity, the member's plan eligibility, and benefit limitations.</p> <p>NIA's authorization is a medical necessity review and determination, which is submitted by the treating surgeon prior to performing the procedure.</p> <p>Inpatient and Outpatient procedures do not require a separate facility prior authorization through Prevea360 Health Plan.</p> <p>All providers (facility and surgeon) should ensure that an NIA prior authorization has been obtained by the treating surgeon prior to performing the procedure.</p>
<p><b>Is an authorization determination letter sent out? If so, who is it sent to?</b></p>	<p>NIA authorization determination letters are sent to the member, the treating surgeon, and the rendering facility. This is authorizing the medical appropriateness of the procedure and place of service.</p>

What if I disagree with NIA's determination?	The NIA MSK Program offers a peer-to-peer review prior to any non-authorization determination. The surgeon's office will be notified by the NIA reviewing surgeon office to schedule a peer-to-peer review. In the event of a prior authorization or claims payment denial, providers may appeal the decision through Prevea360 Health Plan. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
Does NIA allow retro- authorizations?	No. Treating surgeons performing hip, knee, shoulder or spine surgeries <u>should not</u> perform these surgeries without prior authorization.  If additional services, beyond those authorized, are rendered due to a finding during the surgery or a change in condition following the surgery, the surgeon is required to contact NIA's Call Center at 1-877-642-0622 within 7 business days of the date of the surgery. At that time, clinical information to support the medical necessity of the additional services will be required.
<b>Can a treating surgeon verify an authorization number online?</b>	Yes. Treating surgeons and rendering facilities can check the status of a prior authorization quickly and easily by going to the Web site at <a href="http://www.RadMD.com">www.RadMD.com</a> .
Will the NIA authorization number be displayed on the Prevea360 Health Plan web site?	No.
<b>SCHEDULING PROCEDURES</b>	
<b>Should treating surgeons obtain an authorization before they call to schedule a procedure?</b>	No. NIA asks where the surgery is being performed and the anticipated date of service during the authorization process.
<b>CLAIMS-RELATED</b>	
<b>Where do rendering facilities and surgeons send their claims for non-emergent musculoskeletal services?</b>	Prevea360 Health Plan surgeons and facilities should continue to send claims directly to Prevea360 Health Plan. All providers are encouraged to use EDI claims submission.  Prevea360 Health Plan payor ID number is 39113.
<b>What authorization number needs to be on the claim?</b>	The surgeon claim should have the NIA authorization number.
<b>How can claim status be checked?</b>	Surgeons and facilities should check claim status via Prevea360 Health Plan Provider Portal or utilize the HIPAA standard 276/277 EDI claims status transaction.

<b>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</b>	Surgeons and facilities are asked to follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
<b>MISCELLANEOUS</b>	
<b>How is medical necessity defined?</b>	<p>NIA defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>• Meet generally accepted standards of medical practice; are appropriate for the symptoms, consistent with diagnosis(es), and otherwise in accordance with sufficient evidence and professionally recognized standards;</li> <li>• Are appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>• Are 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>• Are the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis(es) of an injury or illness; and</li> <li>• Are not furnished primarily for the convenience of the member, the attending physician, or other surgeon.</li> </ul>
<b>Will training on the new total knee and total hip inpatient authorization process be available?</b>	Yes, NIA will provide a recorded webinar session beginning June 8, 2021. The webinar can be found online at (you may need to refresh the page to see the new recording).
Where can a treating surgeon find NIA's Guidelines for Clinical Use of musculoskeletal Procedures?	NIA's Clinical Guidelines may be found on their 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 evidenced-based practice experiences, literature reviews, specialty criteria sets and empirical data.
Will the Member ID card have both NIA and Prevea360 Health Plan information on it?	The Prevea360 Health Plan Member ID card will not change and will not contain any NIA identifying information on it for this program.
<b>CONTACT INFORMATION</b>	
Who can a treating surgeon contact at NIA for more information?	<p>Providers may contact: Regina Braswell, OTR/L Sr. Provider Relations Manager 1-952-225-5726 <a href="mailto:GBraswell@evolent.com">GBraswell@evolent.com</a></p>





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<b>Whom can a provider contact at Prevea360 if they have questions or concerns?</b>	Contact Prevea360 at 1-877-230-7555.
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