



Blue Shield of California (Blue Shield) Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

Effective January 1, 2017
Revised May 2023

Blue Shield has a partnership with National Imaging Associates, Inc. (NIA)* to provide utilization management for our Musculoskeletal Management (MSK) Program to ensure clinically appropriate utilization of these services. Under this program, Blue Shield requires prior authorization for the following non-emergent musculoskeletal procedures: outpatient interventional spine pain management services; and inpatient and outpatient 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 included in the MSK Program for Blue Shield members:

- Outpatient interventional spine pain management services
- 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 Injections
- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)

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

** Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

- Epidural Lysis of Adhesion (Racz procedure)
- Minimally Invasive Decompression (including MILD)
- Percutaneous Thermal Intra- Discal Procedures (Including IDET)
- Prolotherapy
- Sacroplasty
- Percutaneous Lumbar Decompression with Radiofrequency

Outpatient and Inpatient Spine Surgery Services:

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

NIA manages non-emergent outpatient interventional spine pain management services, and inpatient and outpatient spine surgeries through the existing contractual relationships with Blue Shield. 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 1-888-642-2583 for Blue Shield providers.

Please refer to NIA's website <https://www.RadMD.com> to obtain the Blue Shield NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that NIA authorizes on behalf of Blue Shield.

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.

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 spine surgery services require prior authorization through NIA.
- Blue Shield 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.
- 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 the Blue Shield with the surgery type requested and authorization determination.
- Authorizations are valid for 90 days from the scheduled date of service for inpatient surgery and 90 days from the date of service for outpatient surgery.

Checking Authorizations

You can check on the status of members' authorizations quickly and easily by going to the NIA website, <https://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 continue to go directly to Blue Shield.

Providers are encouraged to use EDI claims submission.

(See <https://www.blueshieldca.com/provider> for details).

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 <https://www.RadMD.com>.

Is prior authorization necessary if Blue Shield is not the member's primary insurance?

Yes. Authorization is required if Blue Shield is secondary to another plan.

Quick Contacts

- Website:
<https://www.RadMD.com>
- Toll Free Phone Numbers:
1-888-642-2583

What does the NIA authorization number look like?

The NIA authorization number consists of alpha/numeric characters (e.g., 1234X567). 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 RadMD 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:

- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area 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 do referring/ordering physicians know who NIA is?

Blue Shield sends orientation materials to referring/ordering providers. Blue Shield and NIA also coordinate outreach and orientation activities.

What does the member ID card look like? Does it have both NIA and Blue Shield information on the card? Or are there two cards?

The Blue Shield member ID card does not have NIA identifying information on it.