



Blue Shield of California Musculoskeletal (MSK) Management Program

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

^{*} 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."

NIA Specialty Solutions

National Footprint / Experience

National Footprint

- Since 1995 delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- 88 health plans/markets partnering with NIA for management of Medical Specialty Solutions.
- 32.79M national lives –
 participating in an NIA Medical
 Specialty Solutions Program
 nationally.
- Diverse populations Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.



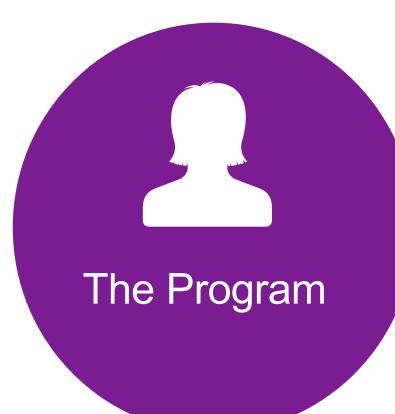
Commercial/Medicaid/Medicare Expertise/Insights

- 42 Commercial and 56 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- 10.66M Commercial and 22M
 Medicaid lives nationally in addition
 to 1.63M Medicare Advantage

Intensive Clinical Specialization & Breadth

- **Specialized Physician Teams**
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties

NIA's MSK Prior Authorization Program



 Blue Shield of California will begin a prior authorization program through NIA for the management of MSK Services.



- Program start date:January 1, 2017
- Begin obtaining authorizations from NIA on January 1, 2017, via RadMD or Call Center for services rendered on or after January 1, 2017



Procedures:

- Outpatient, interventional spine pain management services (IPM)
- Inpatient and outpatient lumbar and cervical spine surgeries

Settings:

- Surgery Center
- In Office Provider
- Hospital



Commercial Programs



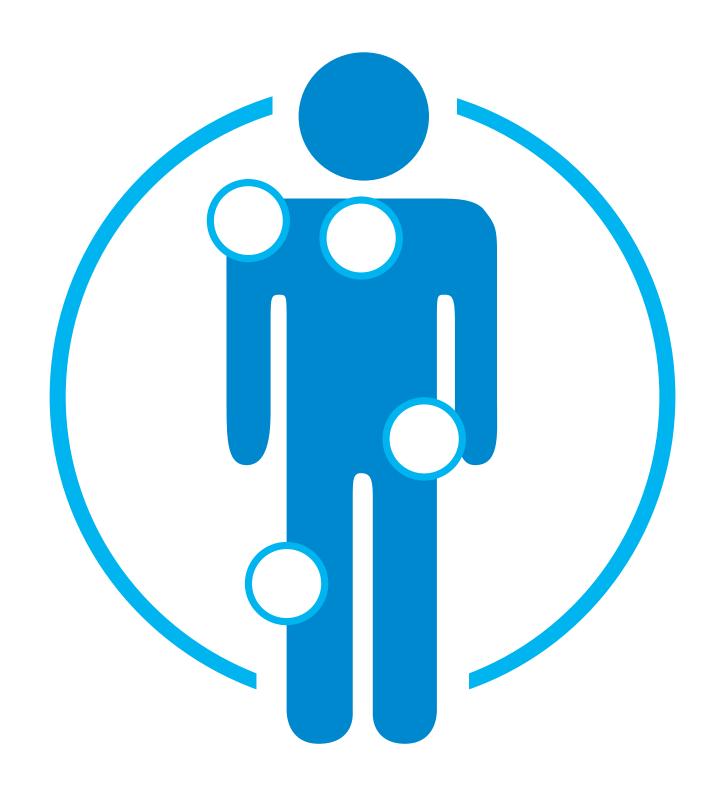
 NIA will manage nonemergent select services for Blue Shield of California commercial members, through Blue Shield of California's contractual relationships.

NIA's IPM Solution

Procedures Performed on or after January 1, 2017, Require Prior Authorization NIA's Call Center and RadMD will open January 1, 2017



- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation(Radiofrequency (RF) Neurolysis)
- Sacroiliac joint injections





Excluded from the Program

IPM Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility

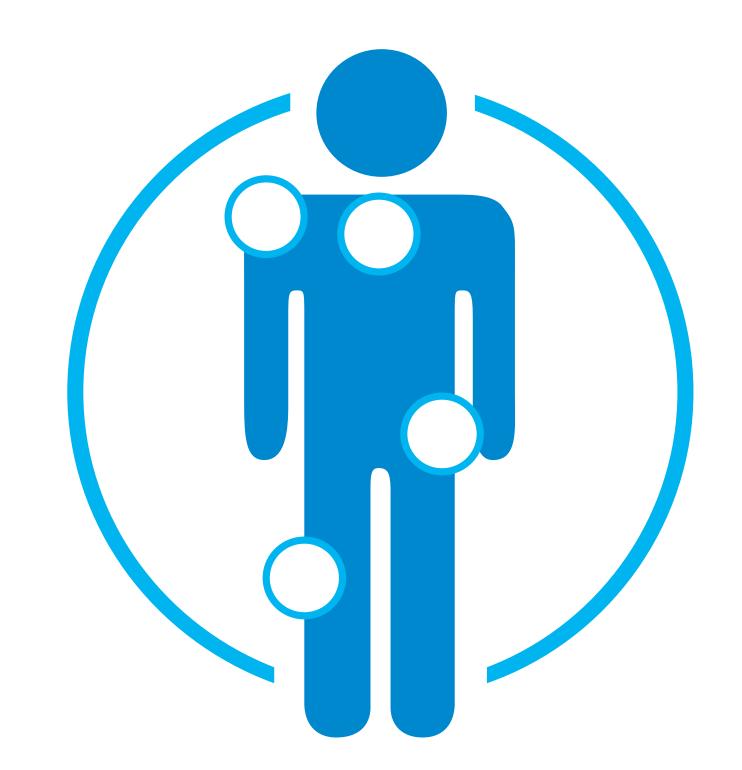
 NIA will use the Blue Shield of California network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Blue Shield of California members throughout California.

NIA's 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)
- Lumbar Artificial Disc Single & Two Levels





Excluded from the Program Surgeries Performed in the following Settings:

Emergency Surgery –
 admitted via the
 Emergency Room

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require NIA/Blue Shield of California prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required.

List of CPT Procedure Codes Requiring Prior Authorization













Blue Shield of California Utilization Review Matrix 2023 Outpatient Interventional Pain Management (IPM)

The matrix below contains all of the CPT 4 codes for which National Imaging Associates Inc. (NIA)* authorizes on behalf of Blue Shield of California.

NIA issues authorizations based on the primary CPT code and its allowable billed groupings. A procedure can be billed under any **one** of the given CPT codes for that allowable billed grouping as long as a valid authorization number has been issued within the validity period.

*Please note: IPM services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by NIA.

Procedure Name	Primary CPT Code	Allowable Billed Groupings		
Sacroiliac Joint Injection	27096	27096, G0260		
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321		
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480		
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323		
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484		
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T		
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T		
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634		
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636		

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Prior Authorization Process Overview



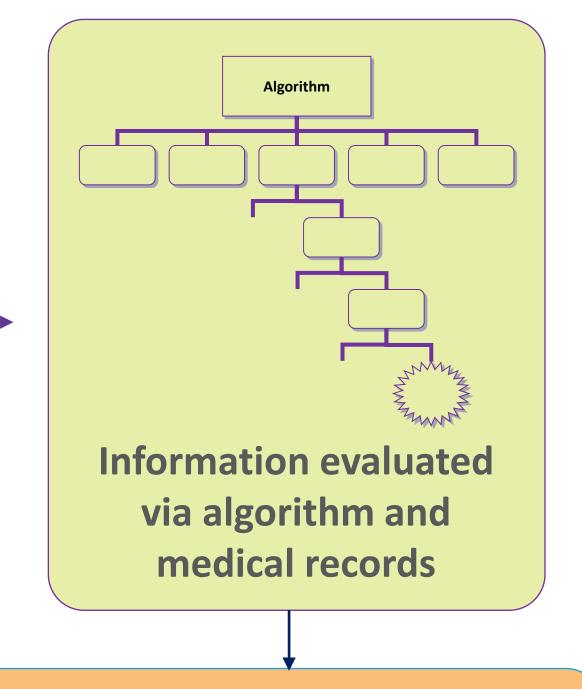
Ordering Physician is responsible for obtaining prior authorization. IPM provider may be both ordering and rendering

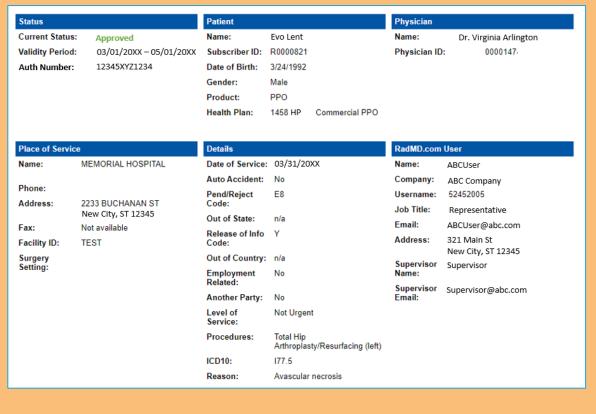




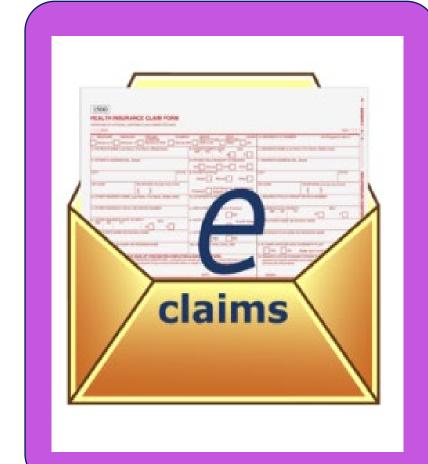


Rendering Provider
Performs Service and
ensures authorization was
obtained

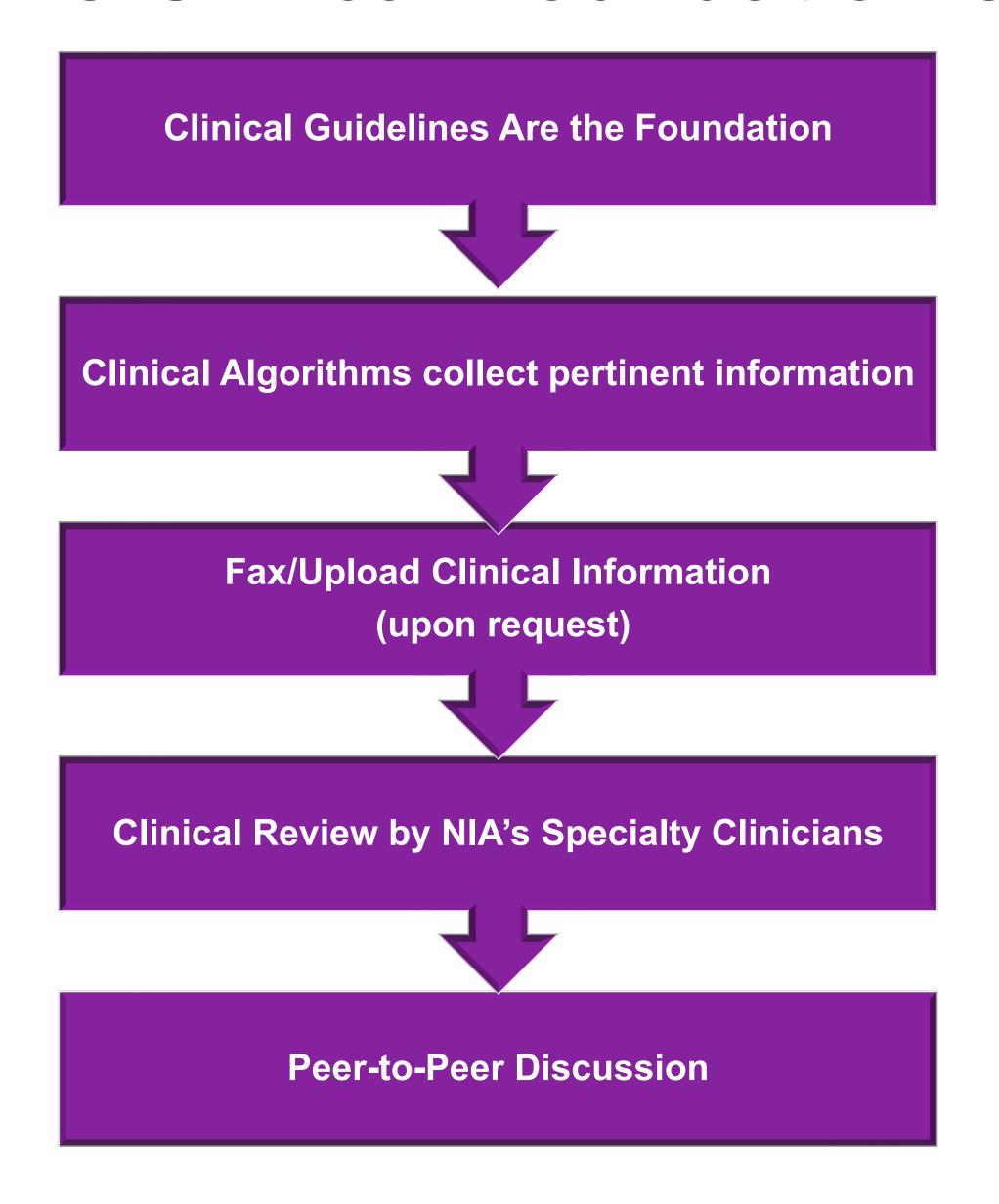




Service Authorized



NIA's 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 the Plan 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 focused on MSK.
- 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 IPM Injections

Special Information

- Every IPM procedure performed requires a prior authorization; NIA does not pre-approve a series of epidural injections.
- Bi-lateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bi-lateral as well as multiple levels on the same date of service. (Please refer to guidelines for potential restrictions)
- Add on codes do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

IPM Clinical Checklist Reminders

IPM Documentation:



Conservative Treatment

• Frequently, specifics of active conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of active conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.



Visual Analog Scale (VAS) Score and/or Functional Disability

 A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).



Follow Up To Prior Pain Management Procedures

• For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

Sample Pain Rating Scales

Visual analogue scale (VAS) Worst pain No pain ever 0 1 2 3 4 5 6 7 8 9 10 Numerical rating scale (NRS) PAIN SCORE 0-10 NUMERICAL RATING 0-10 Numerical Rating Scale Faces rating scale (FRS) Wong Baker Face Scale HURTS HURTS HURTS HURTS
LITTLE BIT LITTLE MORE EVEN MORE WHOLE LOT NO HURT

Information for Authorization for Surgery Procedures

Special Information

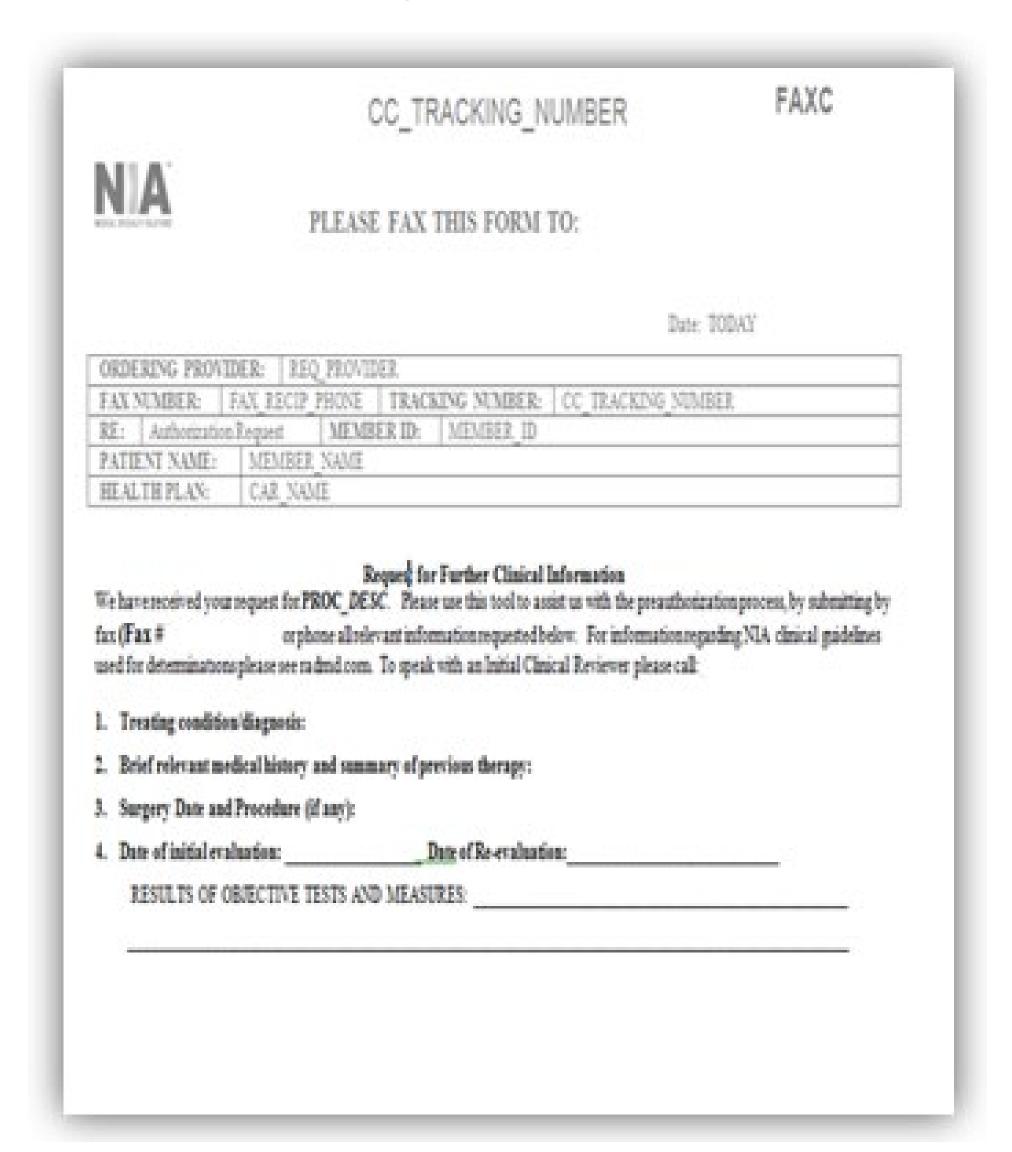
- Most surgeries will require only one authorization request. NIA will provide a list of surgery categories to choose from. The surgeon's office must select the most complex and invasive surgery being performed as the **primary** surgery.
 - Example 1: A lumbar fusion authorization includes decompression, 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. 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 Blue Shield of California.
- 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/procedure.

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





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.



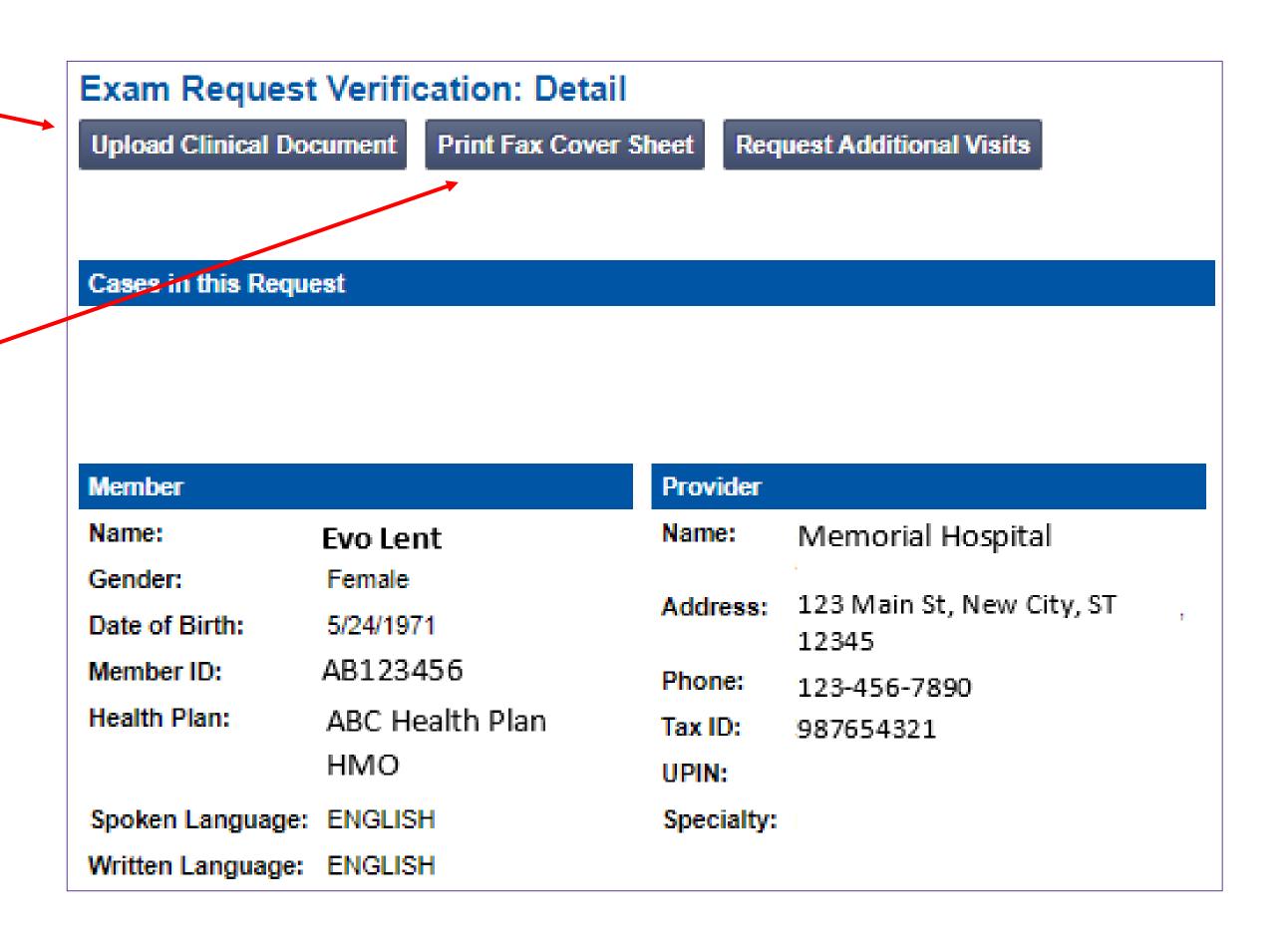
Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to https://www.RadMD.com
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from https://www.RadMD.com
 - Call 1-888-642-2583
- Use the case specific fax coversheets when faxing clinical information to NIA



Clinical Specialty Team: Focused on IPM and 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 peerto-peer discussions on surgery requests

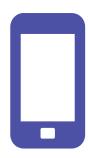
MSK Clinical Review Process

Physicians' Office Contacts NIA for Prior Authorization









NIA Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed Procedure Approved
- Additional clinical not complete or inconclusive Escalate to Physician Review



Designated & Specialized Clinical MSK Team interacts with Provider Community.

Key NIA Differentiators System Evaluates Request Based on Information Entered by Physician & Physician Profile

Additional clinical information required

NIA Specialty Physician Reviewers

NIA Physician approves case <u>without</u> peer-to-peer



Peer-to-peer outbound attempt made if case is not approvable

- NIA Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-topeer
- Physician denies case based on medical criteria

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

NIA Urgent/Expedited MSK Authorization Process

Urgent/Expedited 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 https://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 1-888-642-2583
- Turnaround time is within 24 Calendar Hours not to exceed 72 Calendar Hours.

Notification of Determination

Authorization Notification

Validity Period - Authorizations are valid for:

IPM

180 days from the date of request

Surgical

- Inpatient 180 days from the date of request
- Outpatient- SDC/Ambulatory 180 days from date of request
- The date of service/request that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of service/request changes, please contact NIA to update.

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 may be available with new or additional information.
- Unlimited Timeframe for reconsideration
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

IPM Points



Injections in all regions of spine are managed



Date of Service is required for all requests



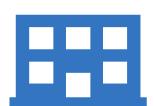
Each IPM procedure must be prior authorized



No series of epidural injections



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 Blue Shield of California.



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/procedure.



Authorizations are valid for 180 days from the date of request. 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 pm – midnight PST)



Toll-Free Number 1-888-642-2583



Available
Monday - Friday
5:00 AM - 5:00 PM PST

- 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

NIA's Website

https://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.
- IPM providers are typically both the ordering and the rendering provider.

Online Tools Accessed through https://www.RadMD.com:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- IPM & MSK Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices



Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

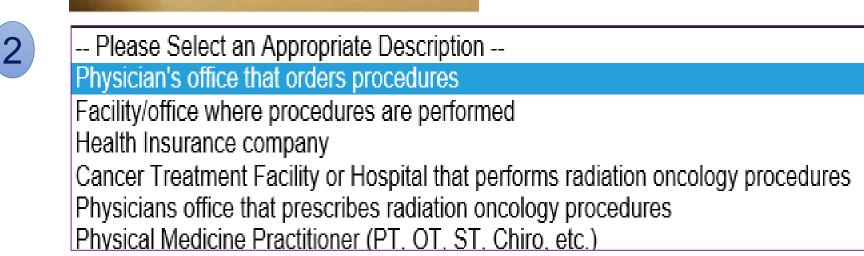
STEPS:

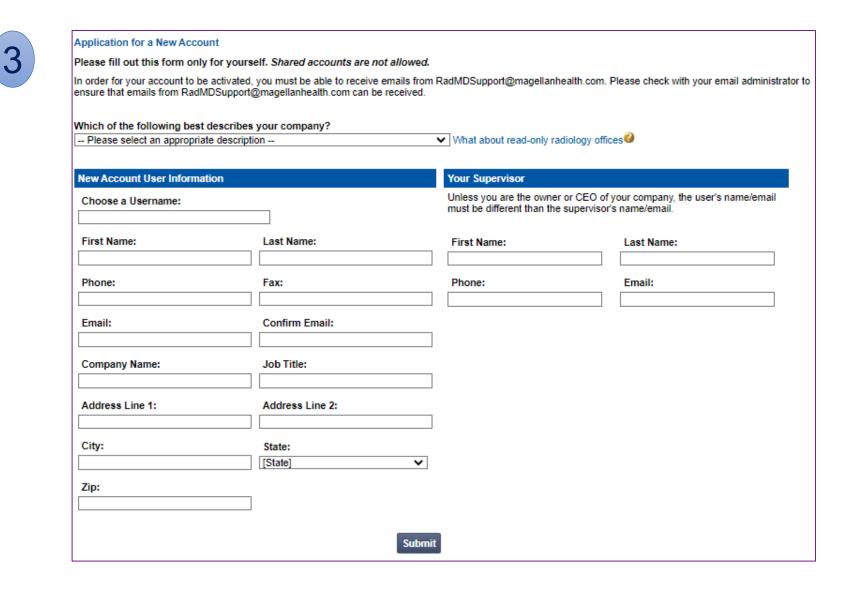
- 1. Click the "New User" button on the right side of the home page.
- 2. Select "Physician's office that orders procedures"
- 3. Fill out the application and click the "Submit" button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username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







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:

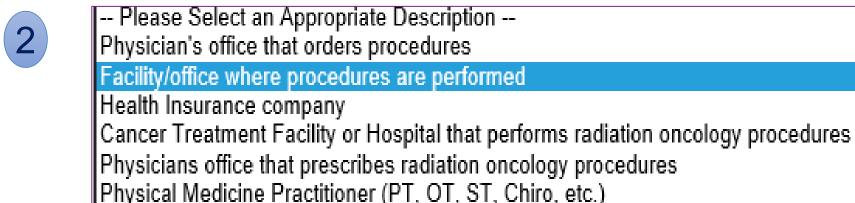
- 1. Click the "New User" button on the right side of the home page.
- 2. Select "Facility/office where procedures are performed"
- 3. Fill out the application and click the "Submit" button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.
- 4. New users will be granted immediate access

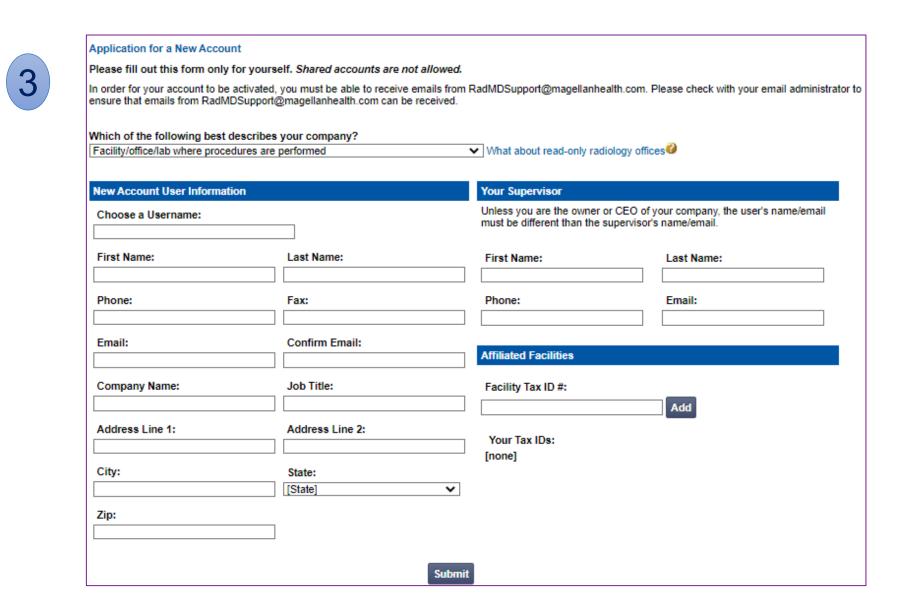
NOTE: On subsequent visits to the site, click the "Sign In" button to proceed.

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. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved, pended and in review authorizations under your organization.









RadMD Enhancements

NIA offers a **Shared Access** feature on our <u>RadMD.com</u> website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

		Provider Resources	User \
Request	Resources and Tools		
Exam or specialty procedure	Shared Access		
(including Cardiac, Ultrasound, Sleep Assessment)	Clinical Guidelines		
Physical Medicine Initiate a Subsequent Request	Request access to Tax ID		
Radiation Treatment Plan	News and Updates		
Pain Management or Minimally Invasive Procedure			
Spine Surgery or Orthopedic Surgery			
Genetic Testing			
	Login As Username:	Login	
Request Status			
Search for Request	Tracking Number:	Search	
View All My Requests	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 RadMD.com, allowing them to communicate with members and facilitate treatment.

When to Contact NIA

Initiating or checking the status of an authorization request	 Website, https://www.RadMD.com Toll-free number 1-888-642-2583- Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	■ Call 1-888-642-2583
Provider Service Line	RadMDSupport@Evolent.comCall 1-800-327-0641
Provider Education requests or questions specific to NIA	 Debbie Patterson, Provider Relations Manager 1-314-387-4799 <u>DPatterson@Evolent.com</u>

RadMD Demonstration

Confidentiality Statement

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Thanks!