



National Imaging Associates, Inc. (NIA)* Musculoskeletal Care Management (MSK) Program Hip, Knee, Shoulder & Spine Surgeries Frequently Asked Questions (FAQ's) For Fidelis Care Ordering Physicians/Surgeons

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Question	Answer
GENERAL	
Why is Fidelis Care implementing an MSK Program focused on hip, knee, shoulder, and spine surgeries?	 The Musculoskeletal Care Management program is designed to improve quality and manage the utilization of non-emergent surgeries, occurring in outpatient and inpatient settings. Musculoskeletal surgeries are a leading cost of health care spending trends Variations in member care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care) Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than member symptoms Medical device companies marketing directly to
	 consumers Surgeries are occurring too soon leading to the need for additional or revision surgeries The following procedures require prior authorization through NIA:
	Outpatient and Inpatient Hip Surgery Services:
	 Revision/Conversion Hip Arthroplasty Total Hip Arthroplasty/Resurfacing Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer & labral repair) Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)
	Outpatient and Inpatient Knee Surgery Services: *
	 Revision Knee Arthroplasty Total Knee Arthroplasty (TKA)

^{*} 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."

Partial-Unicompartmental Knee Arthroplasty (UKA)

- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

Outpatient and Inpatient Shoulder Surgery Services: *

- Revision Shoulder Arthroplasty
- Total/Reverse Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/Adhesive Capsulitis
- Shoulder Surgery Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviculectomy, diagnostic shoulder arthroscopy)

Outpatient and Inpatient Spine Surgery Services:

- 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)
- Sacroiliac Joint Fusion



^{*}Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.

	NIA does not manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room or for MSK surgery procedures outside of those procedures listed.
Which Fidelis Care members will be covered under this relationship and what networks will be used?	NIA will manage non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgeries for Fidelis Care members with Medicare, Medicaid, Dual Advantage, Essential, CHP, and Qualified Health Plans effective January 1, 2024, through Fidelis Care's contractual relationships.
IMPLEMENTATION	
What is the implementation date for this MSK program for hip, knee, shoulder, and spine surgeries?	Implementation date is January 1, 2024.
PRIOR AUTHORIZATION	
When is prior authorization required?	Prior authorization is required through NIA for inpatient and outpatient non-emergent emergent hip, knee, shoulder, and spine surgeries listed. • 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.
Is a prior authorization required for members who already have a musculoskeletal surgery scheduled?	Yes. Any non-emergent hip, knee, shoulder, and spine surgery performed on or after, January 1, 2024, requires a prior authorization through NIA.
Who can order a musculoskeletal surgery?	Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties: Orthopedic Surgeons Neurosurgeons
Are pain management procedures included in this program?	No.
Who will be reviewing the surgery requests and medical information provided?	As a part of the NIA clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee, and shoulder) or neurosurgeons (spine) will conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.



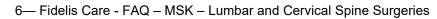
Does the NIA's prior authorization process change the requirements for facility-related prior authorization? How does the ordering physician obtain a prior	NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Ordering Physicians will be able to request prior authorization via the NIA website or by calling the NIA toll-free number
authorization from NIA?	(Medicaid, Essential, CHP, and Qualified Health Plans) 1-800-424-4952 or (Medicare and Dual Advantage Plans) 1-800-424-5390.
What information will NIA require in order to receive prior authorization?	To expedite the process, please have the following information ready before logging on to the website or calling the NIA call center. For prior authorization of non-emergent inpatient and outpatient hip, knee, shoulder, and spine surgeries: (*denotes required information) Name and office phone number of ordering physician* Member name and ID number* Requested surgery type* CPT Codes Name of facility where the surgery will be performed* Anticipated date of surgery* Details justifying the surgical procedure*: Clinical Diagnosis* Date of onset of back pain or symptoms /Length of time member has had episode of pain* Physician exam findings (including findings applicable to the requested services) Diagnostic imaging results Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
	Please be prepared to provide the following information, if requested:



Does the ordering No. NIA will provide a list of surgery categories to choose from physician need a and the surgeon must select the most complex and invasive separate request for all surgery being performed as the primary surgery. spine procedures being performed during the **Example: Lumbar Fusion** same surgery on the If the surgeon is planning a single level Lumbar Spine same date of service? Fusion with decompression, the surgeon will select the single level fusion procedure. The surgeon does not 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. **Example: Laminectomy** If the surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon does not need to request a separate authorization for the Microdiscectomy procedure. If the surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure. No. NIA will provide a list of surgery categories to choose from Will the ordering and the ordering physician must select the primary surgery physician need to enter (most invasive) being performed. There will be a summary of each CPT procedure code being performed which CPT codes fall under each procedure category. for a hip, knee, shoulder, or spine surgery? Yes. The instrumentation (medical device), bone grafts, and Are instrumentation bone marrow aspiration procedures commonly performed in (medical device), bone conjunction with musculoskeletal surgeries are included in the grafts, and bone marrow aspiration authorization; however, the amount of instrumentation must included as part of the align with the procedure authorized. spine or joint fusion authorizations? What kind of response Having the following information available prior to calling NIA at time can an ordering (Medicaid, Essential, CHP, and Qualified Health Plans) 1-800-424-4952 or (Medicare and Dual Advantage Plans) 1-800-424physician expect for prior authorization? 5390 or online through https://www.RadMD.com will create the most efficient turnaround time of a medically necessity decision. Clinical Diagnosis Date of onset of back pain or symptoms /Length of time member has had episode of pain Physician exam findings (including findings applicable to the requested services)



	 Pain/Member Symptoms Diagnostic imaging results Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) 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 like?	The NIA authorization number will consist of alpha-numeric characters. In some cases, the ordering surgeon may instead receive an NIA tracking number (not the same as an authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and be prompted to share additional information via fax or the clinical document upload process on RadMD. NIA will make a request for additional clinical information via fax/e-mail within 1 day of the prior authorization submission and phone calls will be made to the ordering provider if no information is received following 2 fax/email requests for additional clinical documentation.
Can RadMD be used to	No, those requests will need to be called into NIA's call center
request retrospective or	for processing at (Medicaid, Essential, CHP, and Qualified
expedited authorization	Health Plans) 1-800-424-4952 or (Medicare and Dual
request?	Advantage Plans) 1-800-424-5390.
How long is the prior	The authorization number is valid for 90 days from the date of
authorization number	request.
valid?	
Is prior authorization	Yes.
necessary for lumbar,	
cervical, hip, knee, or	
shoulder surgery if	
Fidelis Care is NOT the	
member's primary insurance?	
If an ordering physician	An authorization number is not a guarantee of payment.
obtains a prior	Authorizations are based on medical necessity and are
authorization number	contingent upon eligibility and benefits. Benefits may be

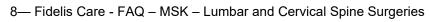




does that guarantee	subject to limitations and/or qualifications and will be
payment?	determined when the claim is received for processing.
	NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.
Does NIA allow retro- authorizations?	It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for hip, knee, shoulder, or spine surgeries, as outlined above that have <u>not</u> been properly authorized will <u>not</u> be reimbursed.
	Physicians performing hip, knee, shoulder, or spine surgeries should not schedule or perform these surgeries without prior authorization.
What happens if I have a service scheduled for January 1, 2024?	Beginning January 1, 2024, an authorization can be obtained for all non-emergent hip, knee, shoulder, lumbar and cervical spine surgeries, occurring in outpatient and inpatient settings, for dates of service January 1, 2024, and beyond. NIA and Fidelis Care will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
Can an ordering physician verify an authorization number online?	Yes. Ordering physicians can check the status of member authorization quickly and easily by going to the website at https://www.RadMD.com .
Will the NIA authorization number be displayed on the Fidelis Care website?	No.
What if I disagree with NIA's determination?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Fidelis Care. Providers should follow the instructions on their non-authorization letter or Remittance Advice.
SCHEDULING PROCEDU	
Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	NIA asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the member and the facility or hospital admission.
WHICH MEDICAL SURGE	
Which physicians are impacted by the MSK Program?	Neurosurgeons and Orthopedic Surgeons are the key physicians impacted by this program.



	All procedures performed in any setting are included in this program: Hospital (Inpatient & Outpatient Settings) Ambulatory Surgical Centers
CLAIMS RELATED	
Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services? How can claims status be checked?	Rendering providers/surgeons should continue to send claims to Fidelis Care. We strongly encourage electronic claims submission. Payor ID Number is 11315. Providers may check claims status at the Fidelis Care website at:
Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?	https://providers.fideliscare.org/Login?returnurl=%2f Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Remittance Advice.
MISCELLANEOUS	
How is medical necessity defined?	 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 surgeon.
How will referring/ordering surgeons know who NIA is? Will ordering physician trainings be offered closer to the January 1,	Fidelis Care will send notification letters and educational materials to plan surgeons. Fidelis Care and NIA will also conduct educational webinars prior to the implementation date for ordering physicians/surgeons. NIA will conduct provider training sessions during December 2024.

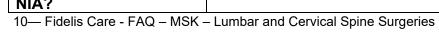




2024 implementation	
date?	
Where can an ordering	NIA's Clinical Guidelines can be found on the website at
physician find NIA's	https://www.RadMD.com. They are presented in a PDF file
Guidelines for Clinical	format that can easily be printed for future reference. NIA's
Use of MSK	clinical guidelines have been developed from practice
Procedures?	experiences, literature reviews, specialty criteria sets and
	empirical data.
Will the Fidelis Care	No. The Fidelis Care member ID card will not contain any NIA
member ID card change	information on it and the member ID card will not change with
with the implementation	the implementation of this MSK Program.
of this MSK Program?	p
RE-REVIEW/RECONSIDE	RATION AND APPEALS PROCESS
Is the re-review/	Once a denial determination has been made, if the office has
reconsideration	new or additional information to provide, a re-review can be
process available for	initiated by uploading via RadMD or faxing (using the case
the MSK program once	specific fax cover sheet) additional clinical information to
a denial is received?	support the request. Re-reviews must be initiated within 60
	calendar days for Medicaid members, 1 year for Medicare and
	Dual Advantage members, and 180 calendar days for
	Essential, CHP, and Qualified Health Plans from the date of
	the denial. Re-reviews must be submitted prior to a formal
	appeal.
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	NIA has a specialized clinical team focused on Medical
	Specialty Solutions services. Peer-to-peer discussions are
	offered for any request that does not meet medical necessity
	guidelines. The peer-to-peer process can be initiated by calling
	1-800-424-4952 (Medicaid, Essential, CHP, and Qualified
	Health Plans) or 1-800-424-5390 (Medicare and Dual
	Advantage Plans). These discussions provide an opportunity to
	discuss the case and collaborate on the appropriate services
RADMD ACCESS	for the member based on the clinical information provided.
If I currently have	If the user already has access to RadMD, RadMD will allow
RadMD access, will I	you to submit an authorization for any procedures managed by
need to apply for	NIA.
additional access to	INIA.
initiate authorizations	
for MSK procedures? What option should I	Selecting "Physician's office that orders procedures" will
select to receive access	
	allow you access to initiate authorizations for MSK procedures.
to initiate	
authorizations?	



How do I apply for RadMD access to initiate authorization requests if I don't have access?	 User would go to our website https://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 our website https://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 MSK procedures?	Clicking the "Request Spine Surgery or Orthopedic Surgery" link will allow the user to submit a request for an MSK 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	The "Track an Authorization" feature will allow users who did
initial authorization	not submit the original request to view the status of an
request, how can I view	authorization, as well as upload clinical information. This option
the status of a case or	is also available as a part of your main menu options using the
upload clinical	"Search by Tracking Number" feature. A tracking number is
documentation?	required with this feature.
Paperless Notification:	NIA defaults communications including final authorization
How can I receive	determinations to paperless/electronic. Correspondence for
notifications	each case is sent to the email of the person submitting the
electronically instead of	initial authorization request.
paper?	'
	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 I contact if we	For assistance or technical support, please contact
need RadMD support?	RadMDSupport@evolent.com or call 1-800-327-0641.
	RadMD is available 24/7, except when maintenance is
	performed.
Who can a surgeon	You may contact your dedicated NIA Provider Relations
contact at NIA for more	Manager:
information?	
	Seth Cohen PT, DPT
	Senior Provider Relations Manager
	410-953-2418
	seth.cohen@evolent.com

