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# Absolute Total Care Interventional Pain Management (IPM) Program

Provider Training Presented by: Priscilla Singleton, Provider Relations Manager



# National Imaging Associates, Inc. (NIA)\* Program Agenda

# **Our IPM Program**



- **Prior Authorization Process and Overview** 
  - Clinical Foundation and Review
  - Clinical Review Process
  - Notification of Determination



**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's IPM Solution

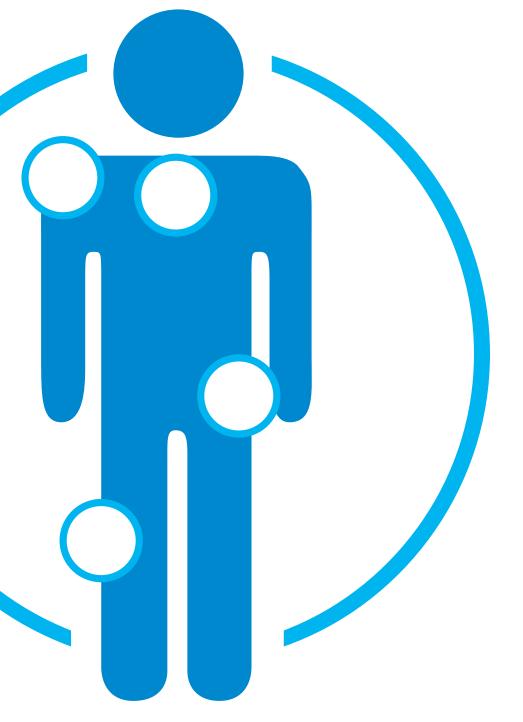
## **Procedures Performed on or after February 1, 2024, Require Prior Authorization. NIA's** Call Center and RadMD will open February 1, 2024.



## **IPM Procedures Performed Outpatient** or In-Office

- Epidural Injections
- Facet Joint Injections or Blocks
- Facet Neurolysis
- Sacroiliac Joint Injections
- Spinal Cord Stimulators
- Sympathetic Nerve Block

• NIA will use the Absolute Total Care network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Absolute Total Care members throughout South Carolina.





**IPM Procedures Performed in** these Settings are Excluded:

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

# **CPT Codes Requiring Prior Authorization (IPM)**







Located on <u>RadMD.com</u>.



Defer to Absolute Total Care's Policies for Procedures not on **Claims/Utilization Review** Matrix.

absolute total care. Healthy Connections 📡

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## Absolute Total Care Management Utilization Review Matrix 2024 Outpatient Interventional Pain Management (IPM)

The matrix below contains the CPT 4 codes for which National Imaging Associates (NIA)\* authorizes on behalf of Absolute Total Care.

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
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
Sacroiliac Joint Injection	27096	27096, G0260
Spinal Cord Stimulator Trial	63650	63650, 63655
Spinal Cord Stimulator	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530

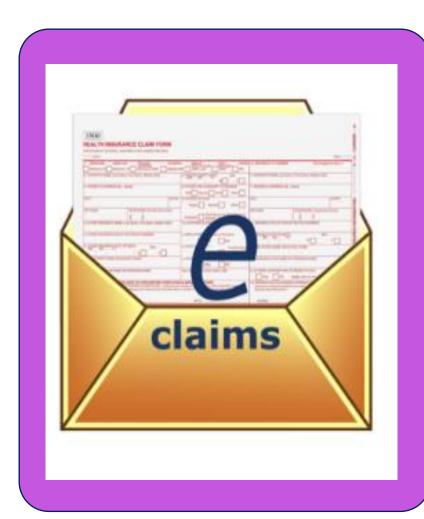
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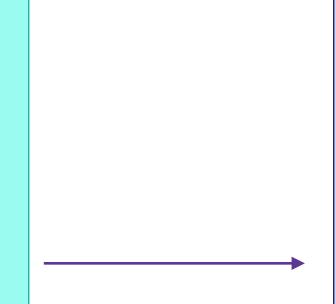
1-Absolute Total Care - IPM Matrix - Eff 02.01.2024

# **Prior Authorization Process Overview**



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

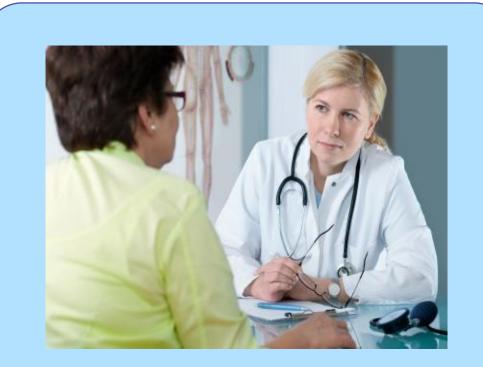






Submit requests online through RadMD.com

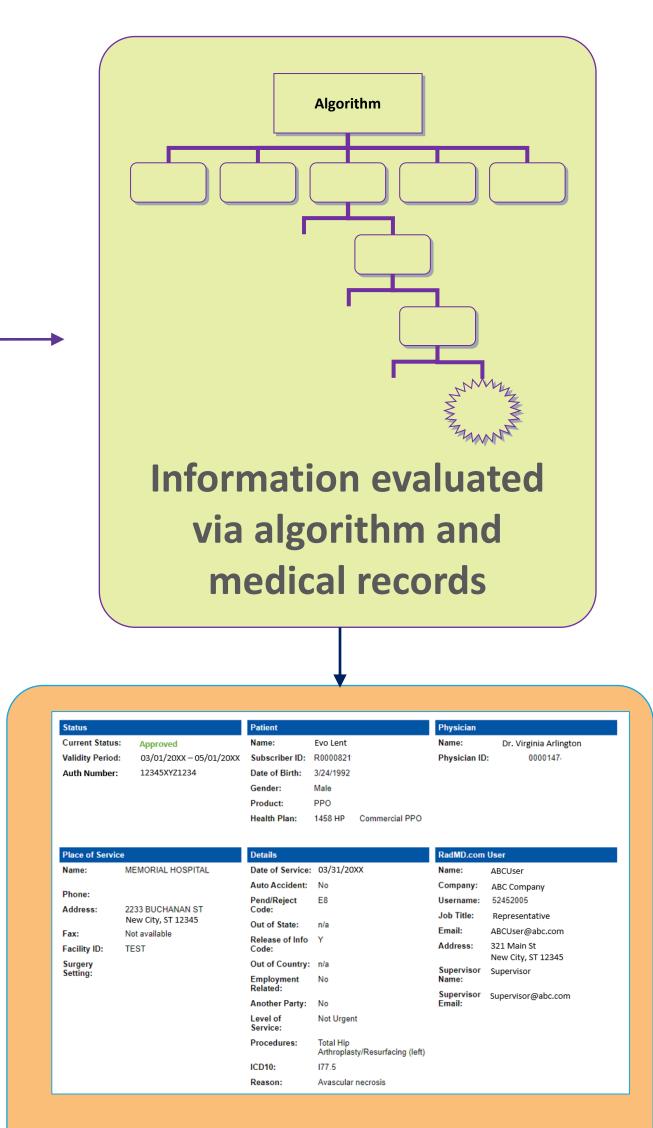




**Rendering Provider verifies** authorization was obtained and provides service

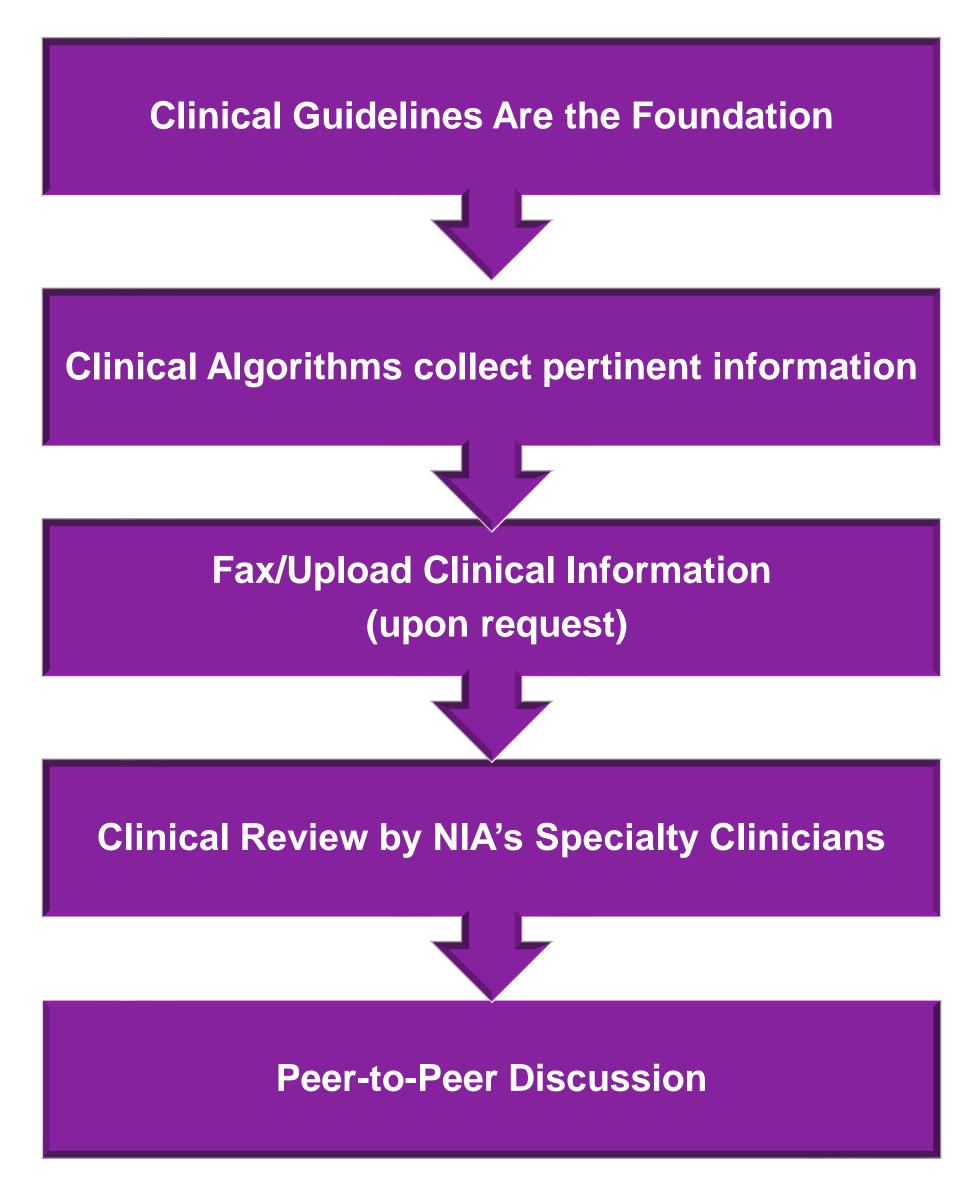


or by Phone



## **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 Absolute Total Care 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.

# Authorization for IPM

## Special Information

- epidural injections.
- potential restrictions)

Every IPM procedure performed requires a prior authorization; NIA will not authorize a series of

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 clinical guidelines for

Add on codes do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered.

# **IPM Clinical Checklist Reminders**

## **IPM Documentation:**



## **Conservative Treatment**

examples of appropriate treatments.



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

member is no longer able to perform work duties, daily care, etc).



## **Follow Up To Prior Pain Management Procedures**

requirement.

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

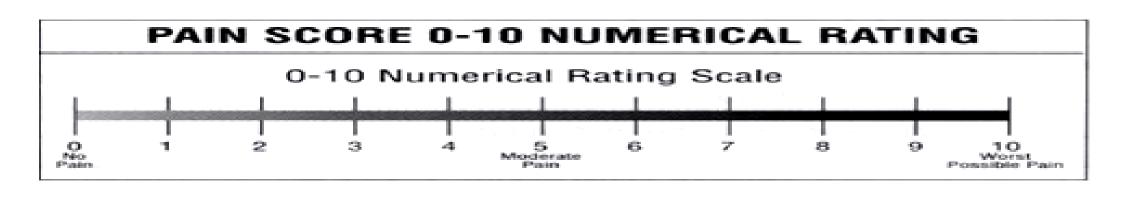
• A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the

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

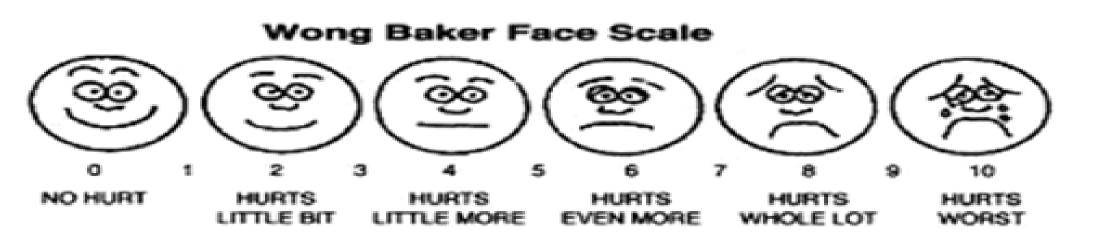
## Visual Analogue Scale (VAS) and Faces Rating Scale (FRS)

•••											•••
No pa	in										Worst pain ever
	0	1	2	3	4	5	6	7	8	9	10

Numerical rating scale (NRS)



Faces rating scale (FRS)



# NIA to Physician: Request for Clinical Information

	CC_TRACKING_NUMBER	FAXC
NA	PLEASE FAX THIS FORM TO:	
		Date: TODAY
ORDERING PROVI	IDER: REQ_PROVIDER	Date: TODAY
a the state of the	IDER: REQ PROVIDER FAX RECIP PROVE TRACKING NUMBER: CC_TRACKING	
FAX MIMBER:	IDER: REQ PROVIDER FAX RECIP PROVE TRACKING NUMBER: CC_TRACKING	

## **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 orphone all relevant information requested below. For information regarding NIA clinical gadelines fax (Fax# used for determinations please see radind com. To speak with an Initial Clinical Reviewer please call:

- 1. Treating condition diagnosis:
- 2. Brief relevant medical history and summary of previous therapy:
- 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 https://www.RadMD.com
  - Fax using NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from https://www.RadMD.com
  - Call 1-866-312-9729
- Use the case specific fax coversheet when faxing clinical information to NIA

Exam R
Upload C
Cases in
Member
Name:
Gender:
Date of B
Member I
Health Pla
Spoken L
Written La

## Request Verification: Detail

linical Document

Print Fax Cover Sheet

**Request Additional Visits** 

## this Request

		Provider	
	Evo Lent	Name:	Memorial Hospital
	Female		· 400 Marin Ch. Name Citer CT.
Birth:	5/24/1971	Address:	123 Main St, New City, ST , 12345
ID:	AB123456	Phone:	123-456-7890
'lan:	ABC Health Plan	Tax ID:	987654321
	нмо	UPIN:	
Language:	ENGLISH	Specialty:	
Language:	ENGLISH		

# **Clinical Specialty Team: Focused on IPM**





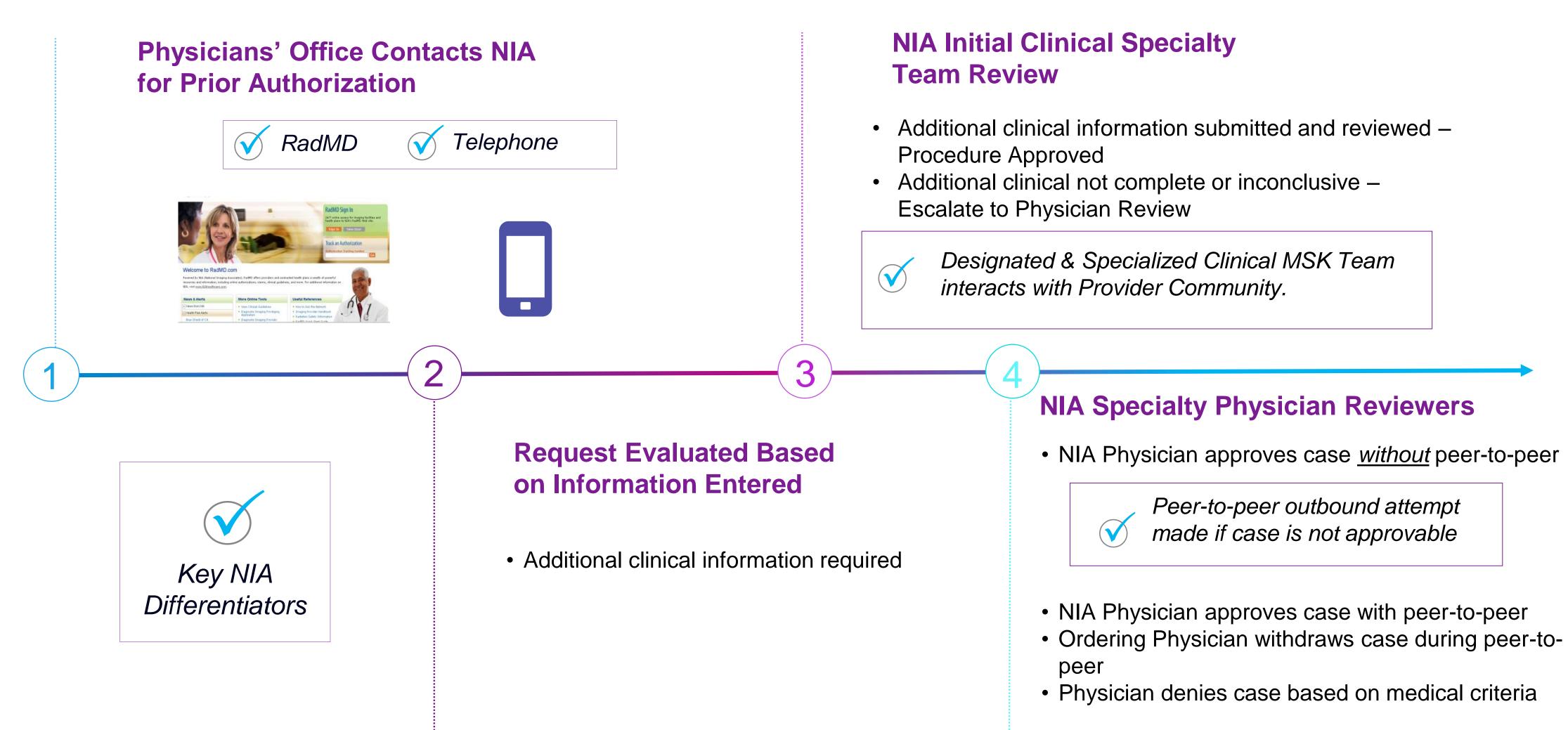
Initial clinical review performed by specially trained IPM nurses

Clinical review team will contact provider for additional clinical information

## **IPM Review**

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

# **MSK Clinical Review Process**



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

# **Urgent/Expedited Authorization Process**

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- or expedited prior authorization requests during business hours. Those
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

The NIA website <a href="https://www.RadMD.com">https://www.RadMD.com</a> cannot be used for medically urgent requests must be processed by calling the NIA call center at 1-866-312-9729.

# Notification of Determination

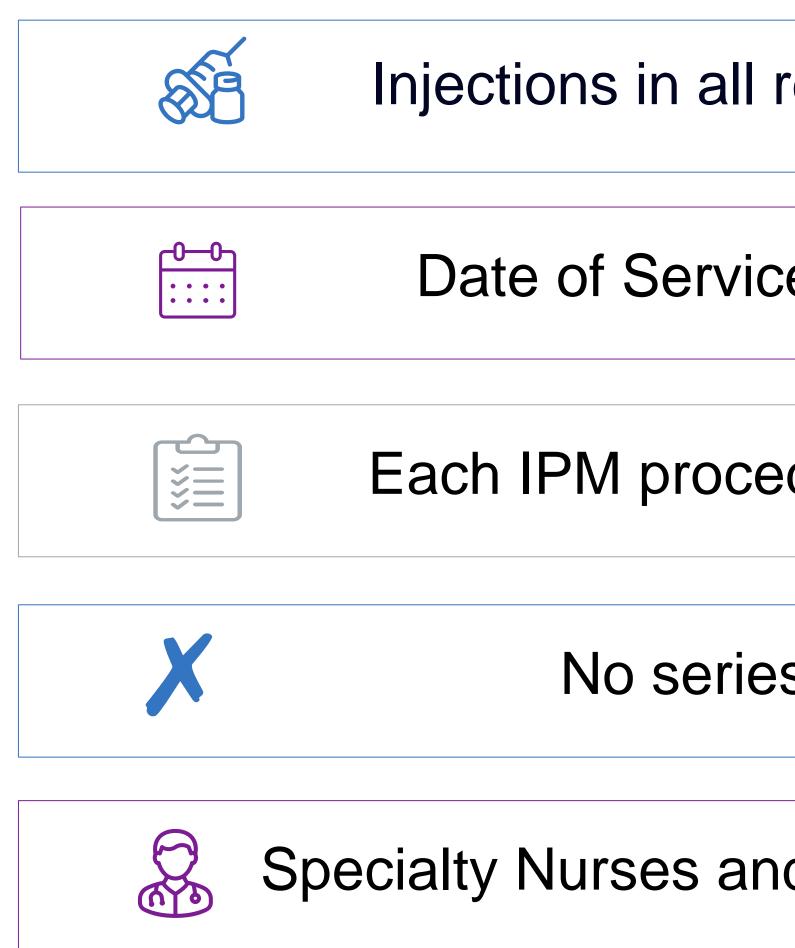
## **Authorization Notification**

- Authorizations are valid for: IPM
  - 60 days from date of request.

## **Denial Notification**

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- Re-review may be available with new or additional information.
- Re-review must occur within 5 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 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

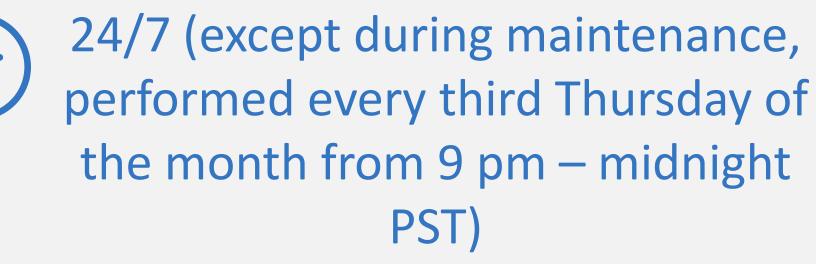
No series of epidural injections

Specialty Nurses and Physicians review IPM requests

# **Provider Tools**

## **RadMD Website** RadMD.com

## **Available**





## **Toll-Free Number** 1-866-312-9729



**Available Monday - Friday** 8:00 AM - 8:00 PM EST

- 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

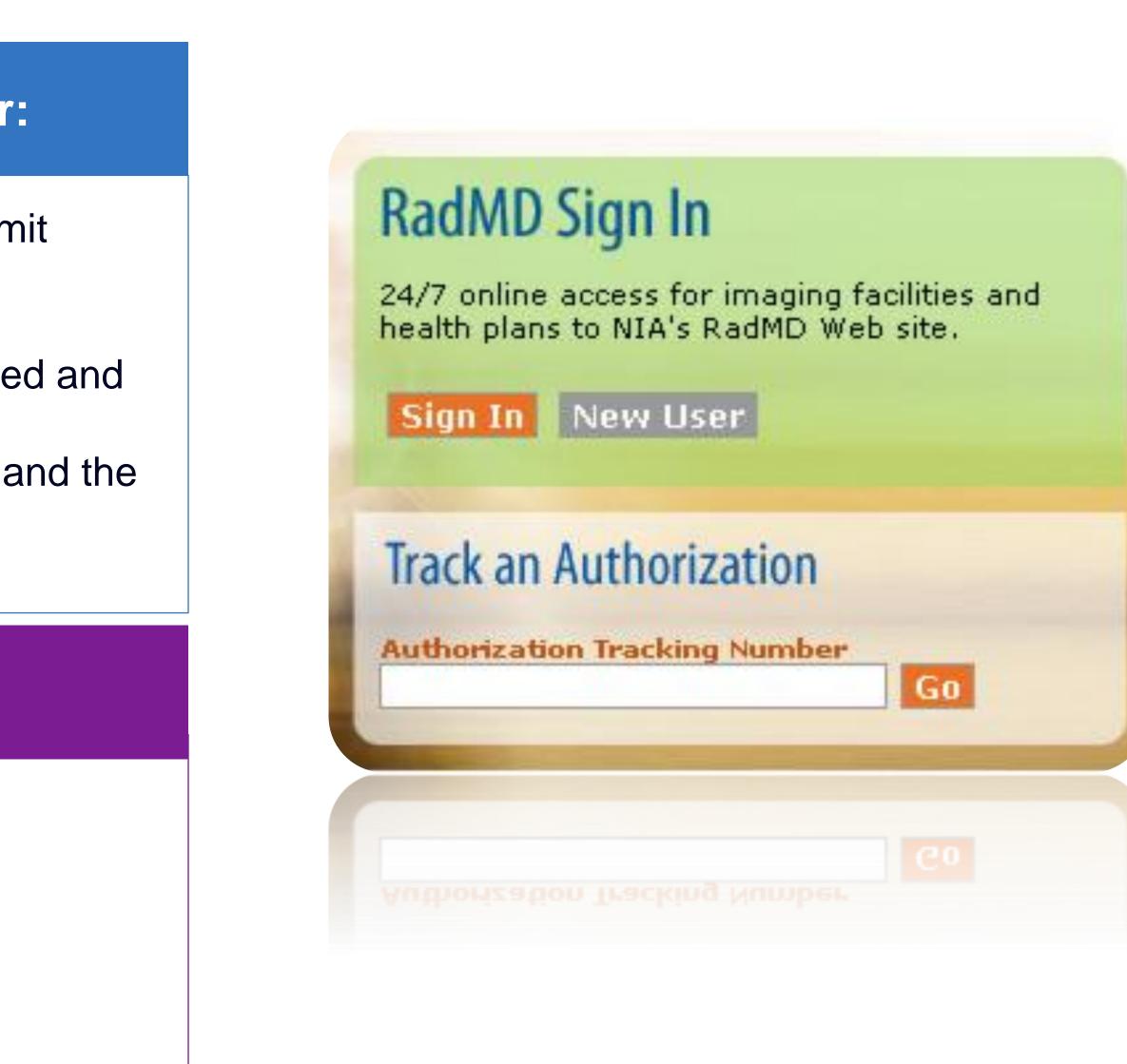
# NIA Website https://www.RadMD.com

## **RadMD Functionality varies by user:**

- Ordering Provider's Office View and submit requests for authorization.
- Rendering Provider View approved, pended and in review authorizations for their facility.
- IPM providers are typically both the ordering and the rendering provider.

## **Online Tools Available on RadMD**

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



# RadMD New User Application Process - Ordering

Users are required to have their own separate usernames and passwords due to HIPAA regulations.

## **STEPS**:

- Click the "New User" button on the right side of the home page.
- Select "Physician's office that orders procedures"
- Complete the application and click "Submit". 3.
- Open email from NIA webmaster with new user 4. password instructions

## **NOTE:** On subsequent visits to RadMD, click the "Sign In" button to proceed.

Offices that are both ordering and rendering procedures should request ordering provider access. This will allow you to request authorization on RadMD and see the status of requests.

RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site. Sign In New User
Track an Authorization
Authorization Tracking Number

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		
3		

## Application for a New Account

Please fill out this form only for	yourself. Shared accounts are not all	owed.		
	ivated, you must be able to receive emain upport@magellanhealth.com can be rece		alth.com. Please check with your email administra	itor to
Which of the following best des	cribes your company?			
Please select an appropriate de	escription	<ul> <li>What about read-only radi</li> </ul>	ology offices	
New Account User Information		Your Supervisor		
Choose a Username:		Unless you are the owner o must be different than the s	r CEO of your company, the user's name/email upervisor's name/email.	
First Name:	Last Name:	First Name:	Last Name:	
Phone:	Fax:	Phone:	Email:	
Email:	Confirm Email:			
Company Name:	Job Title:			
Address Line 1:	Address Line 2:			
City:	State:			
	[State]	•		
Zip:				
	I	Submit		

# **RadMD New User Application Process - Rendering**

## **IMPORTANT**

- Users are required to have their own separate usernam and password due to HIPAA regulations.
- Designate an "Administrator" for the facility who manages access for users.

## **STEPS**:

- Click the "New User" button on the right side of the 1. home page.
- Select "Facility/office where procedures are performed" 2.
- 3. Complete the application and click "Submit".
- 4. Open email from NIA webmaster with new user password instructions.

## NOTE: On subsequent visits to RadMD, click the "Sigr In" button to proceed.

If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

	(1)	RadA	<b>ND Sign I</b>	n	
-		24/7 or	nline access f	or imaging fac	cilities and
e		health	plans to NIA's	RadMD Web	site.
		Sign	In New L	lser	
		Track	an Author	ization	
		Author	ization Tracki	ng Number	
					Go
	2		t an Appropriate Des		
		· · ·	ce that orders proced		
			here procedures are	performed	
,		Health Insurance	1 2	al that norforms radiat	ion oncology procedures
				liation oncology proce	87 I
			ine Practitioner (PT,		aaroo
		-	· · ·		
	3	In order for your account to be a	or yourself. Shared accounts are not a	ails from RadMDSupport@magellanhealth	.com. Please check with your email administrator to
า 🗌		Which of the following best de	escribes your company?		-
		Facility/office/lab where procede	ures are performed	What about read-only radiolo	gy offices
		New Account User Informatio	n	Your Supervisor	
_		Choose a Username:		Unless you are the owner or C must be different than the supe	EO of your company, the user's name/email ervisor's name/email.
0		First Name:	Last Name:	First Name:	Last Name:
		Phone:	Fax:	Phone:	Email:
		Email:	Confirm Email:	Affiliated Facilities	
1		Company Name:	Job Title:	Facility Tax ID #:	
					Add
		Address Line 1:	Address Line 2:	Your Tax IDs: [none]	
		City:	State:	v	
			[State]	<b>T</b>	
		Zip:			
		Zip:			

# Shared Access

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

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

**Request Status** 

Search for Request View All My Requests

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 <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

	Provider Resources	User	•
Resources and Tools Shared Access Clinical Guidelines Request access to Tax ID			
News and Updates			
Login As Username:	Login		
Tracking Number: Forgot Tracking Num	Search		

# When to Contact NIA

22

Initiating or checking the status of an authorization request	<ul> <li>Website</li> <li>Toll-free</li> <li>Interaction</li> </ul>
Initiating a Peer-to-Peer Consultation	• Call: 1-8
<b>Provider Service Line</b>	<ul> <li>RadMD</li> <li>Call 1-8</li> </ul>
Provider Education requests or questions specific to NIA	<ul> <li>Priscilla Manage 314-38</li> <li>psingle</li> </ul>

## e, <u>https://www.RadMD.com</u> e numbers: 1-866-312-9729 tive Voice Response (IVR) System

-866-312-9729

## Support@Evolent.com

800-327-0641

a Singleton ger, Provider Relations 87-5023 eton@evolent.com

# **RadMD Demonstration**

# **Confidentiality Statement**

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# Thank You!



