



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

Question	Answer
GENERAL	
Why is Ambetter of Alabama 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

^{*} 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."

- Total Knee Arthroplasty (TKA)
- 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
- Lumbar Artificial Disc Replacement
- 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.
Why did Ambetter of Alabama select NIA to manage its MSK program for hip, knee, shoulder, and spine surgeries?	NIA was selected to partner with us because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Ambetter of Alabama membership.
Which Ambetter of Alabama 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 effective March 1, 2024, through Ambetter of Alabama contractual relationships.
IMPLEMENTATION	
What is the implementation date for this MSK program for hip, knee, shoulder, and spine surgeries?	Implementation is March 1, 2024.
PRIOR AUTHORIZATIO	N
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.
Is prior authorization required for members who already have a musculoskeletal	Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior
Is prior authorization required for members who already have a	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. Yes. Any non-emergent hip, knee, shoulder, and spine surgery performed on or after, March 1, 2024, requires a prior



Does the NIA's prior authorization process change the requirements for facility-related prior authorization?	NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.
How does the ordering physician obtain a prior authorization from NIA?	Providers will be able to request prior authorization via the NIA website www.RadMD.com (preferred method) to obtain prior authorization for MSK procedures. RadMD is available 24 hours a day, 7 days a week. For Providers that are unable to submit authorizations using RadMD, our Call Center is available at 1-800-278-0103, for prior authorizations, Monday-Friday, 7:00 a.m. to 7:00 p.m. (CST).
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 at 1-800-278-0103 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:
	 Clinical notes outlining type and onset of symptoms. Length of time with pain/symptoms Non-operative care modalities to treat pain and amount of pain relief. Physical exam findings Diagnostic Imaging results



	Specialist reports/evaluation
Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same	No. NIA will provide a list of surgery categories to choose from and the Ambetter of Alabama surgeon must select the most complex and invasive surgery being performed as the primary surgery. Example: Lumbar Fusion If the Ambetter of Alabama surgeon is planning a single level
date of service?	Lumbar Spine 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 Ambetter of Alabama surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon does not <u>need</u> to request a separate authorization for the Microdiscectomy procedure.
	If the Ambetter of Alabama surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.
Will the ordering physician need to enter each CPT procedure code being performed for a hip, knee, shoulder, or spine surgery?	No. NIA will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.
Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the spine or joint fusion authorizations?	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 authorized.
What kind of response time can an ordering physician expect for prior authorization?	Having the following information available prior to calling NIA at 1-800-278-0103 or online through 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 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 NIA will contact you to complete the process.
Can RadMD be used to request retrospective or expedited authorization request?	No, those requests will need to be called into NIA's call center for processing at 1-800-278-0103.
How long is the prior authorization number valid?	The authorization number is valid for 90 calendar days from the date of request for inpatient surgery, 90 calendar days from the date of request for outpatient surgery.
Is prior authorization necessary for lumbar, cervical, hip, knee, or shoulder surgery if Ambetter of Alabama is NOT the member's primary insurance?	Yes. Authorization is required if Ambetter of Alabama is secondary to another plan.



If an ordering physician obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be 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 spine surgery scheduled for March 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 March 1, 2024, and beyond, beginning March 1, 2024. NIA and Ambetter of Alabama 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 www.RadMD.com .
Will the NIA authorization number be displayed on the Ambetter of Alabama 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 Ambetter of Alabama. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
SCHEDULING PROCED	URES
Do ordering	NIA asks where the surgery is being performed and the
physicians have to	anticipated date of service. Ordering physicians should obtain
obtain an	prior authorization before scheduling the member and the facility
authorization before	or hospital admission.
they call to schedule	
an appointment?	
WHICH MEDICAL SURG	EONS ARE AFFECTED?



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?	Ambetter of Alabama rendering providers/surgeons should continue to send claims directly to Ambetter of Alabama. Rendering providers/surgeons are encouraged to use EDI claims submission. Rendering providers/surgeons should check claims status via the Ambetter of Alabama website at: www.ambetterofAlabama.com
Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?	Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
MISCELLANEOUS	
How is medical necessity defined?	 NIA defines medical necessity as services that: 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?	Ambetter of Alabama will send notification letters and educational materials to plan surgeons. Ambetter of Alabama and NIA will also conduct educational webinars prior to the implementation date for ordering physicians/surgeons.



Will ordering	NIA will conduct provider training sessions during February
physician trainings be	2024.
offered closer to the	
March 1, 2024,	
implementation date? Where can an	NIA's Clinical Guidelines can be found on the website at
ordering physician	www.RadMD.com. They are presented in a PDF file format that
find NIA's Guidelines	can easily be printed for future reference. NIA's clinical
for Clinical Use of	guidelines have been developed from practice experiences,
MSK Procedures?	literature reviews, specialty criteria sets and empirical data.
Will the Ambetter of	No. The Ambetter of Alabama member ID card will not contain
Alabama member ID	any NIA information on it and the member ID card will not
card change with the	change with the implementation of this MSK Program.
implementation of this	
MSK Program?	
RECONSIDERATION AN	ND APPEALS PROCESS
Is the reconsideration	Once a denial determination has been made, if the office has
process available for	new or additional information to provide, reconsideration can be
the MSK program	initiated by uploading via RadMD or faxing (using the case
once a denial is	specific fax cover sheet) additional clinical information to support
received?	the request. A reconsideration must be initiated within 5
	business days from the date of denial and prior to submitting a
	formal appeal.
	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. The MSK provider may call 1-800-
	278-0103 to initiate the peer-to-peer process. These discussions
	provide an opportunity to discuss the case and collaborate on
	the appropriate services for the member based on the clinical
	information provided.
RADMD ACCESS	
If I currently have	If the user already has access to RadMD, RadMD will allow you
RadMD access, will I	to submit an authorization for any procedures managed by NIA.
need to apply for	
additional access to	
initiate authorizations	
for MSK procedures?	
What option should I	Selecting "Physician's office that orders procedures" will
select to receive	allow you access to initiate authorizations for MSK procedures.
access to initiate	
authorizations?	Licer would go to our website warm redmd com
How do I apply for RadMD access to	User would go to our website <u>www.radmd.com</u> .
initiate authorization	Click on NEW USER.
minate authorization	



manus ata if I alamit	O1
requests if I don't	Choose "Physician's office that orders procedures"
have access?	from the drop-down box.
	Complete application with necessary information. Click on Submit
	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	Rendering provider access allows users the ability to view all
provider access?	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 <u>www.RadMD.com</u> Select "Facility/Office where precedures are perfermed"
	Select "Facility/Office where procedures are performed"Complete application
	Click on Submit
	Glick 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	Clicking the "Request Spine Surgery or Orthopedic Surgery"
will I select to initiate an authorization	link will allow the user to submit a request for an MSK
request for MSK	procedure.
procedures?	
How can providers	Providers can check on the status of an authorization by using
check the status of an	the "View Request Status" link on RadMD's main menu.
authorization	·
request?	
How can I confirm	Clinical Information that has been received via upload or fax can
what clinical	be viewed by selecting the member on the View Request Status
information has been	link from the main menu. On the bottom of the "Request
uploaded or faxed to NIA?	Verification Detail" page, select the appropriate link for the
INIA (upload or fax.
Where can providers	Links to case-specific communication to include requests for
find their case-	additional information and determination letters can be found via
specific	the View Request Status link.



communication from	
NIA?	
	The "Track an Authorization" feature allows users who did not
If I did not submit the	
initial authorization	submit the original request to view the status of an authorization,
request, how can I	as well as upload clinical information. This option is also
view the status of a	available as a part of your main menu options using the "Search
case or upload	by Tracking Number" feature. A tracking number is required with
clinical	this feature.
documentation?	
Paperless	NIA defaults communications including final authorization
Notification:	determinations to paperless/electronic. Correspondence for each
How can I receive	case is sent to the email of the person submitting the initial
notifications	authorization request.
electronically instead	·
of 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	ON
Who can I contact if	For assistance, please contact RadMDSupport@Evolent.com or
we need RadMD	call 1-800-327-0641.
support?	
	RadMD is available 24/7, except when maintenance is
	performed every third Thursday of the month from 9 pm –
	midnight PST.
Who can a surgeon	Ordering Providers can contact Leta Genasci, Sr. Provider
contact at NIA for	Relations Manager, at 1-314-387-5518 or
more information?	Igenasci@evolent.com

