



Coordinated Care of Washington (Coordinated Care) Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

Effective February 1, 2024

Coordinated Care has entered into an agreement with National Imaging Associates, Inc. (NIA)*, to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: outpatient interventional spine pain management services specific to spinal cord stimulators; and inpatient and outpatient hip, knee, shoulder, lumbar and cervical 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 Coordinated Care members: Coordinated Care Providers may begin contacting NIA on February 1, 2024, to obtain prior authorization for procedures below scheduled on or after February 1, 2024.

- Outpatient interventional spine pain management services (Effective June 1, 2023)
- Inpatient and outpatient hip surgeries
- Inpatient and outpatient knee surgeries
- Inpatient and outpatient shoulder surgeries
- 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:

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

*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."

- Sympathetic Nerve Blocks
- Spinal Cord Stimulators (Effective February 1, 2024)

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)
- 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)

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

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, claviclectomy, 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

NIA will manage non-emergent outpatient interventional spine pain management services, and inpatient and outpatient hip, knee, shoulder, and spine surgeries through the existing contractual relationships with Coordinated Care. 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 1-800-727-8627 for Coordinated Care providers in Washington.

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

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 6 months from the date of request.

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 hip, knee, shoulder, and spine surgery services require prior authorization through NIA.
- **Note:** Any Coordinated Care 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 Coordinated Care with the surgery type requested and authorization determination.
- Authorizations are valid for 6 months from the date of request.

Checking Authorizations

You can check on the status of members' authorizations quickly and easily by going to the NIA website, 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 will continue to go directly to Coordinated Care. Please send your claims for MSK procedures to the following address:

Coordinated Care
Attn: Claims
P. O. Box 4020
Farmington, MO 63640

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
- 1-800-727-8627

Providers are encouraged to use EDI claims submission.

Coordinated Care payor ID number is 68069.

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 www.RadMD.com.

Is prior authorization necessary if Coordinated Care is not the member's primary insurance?

- No.

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 the RadMD website 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 will referring/ordering physicians know who NIA is?

Coordinated Care sends orientation materials to referring/ordering providers. Coordinated Care and NIA are also coordinating additional outreach and orientation activities.



What will the member ID card look like? Will it have both NIA and Coordinated Care information on the card? Or will there be two cards?

The Coordinated Care member ID card will not have NIA identifying information on it.