

### Ambetter from Magnolia Health 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** 

<sup>\*</sup> 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."

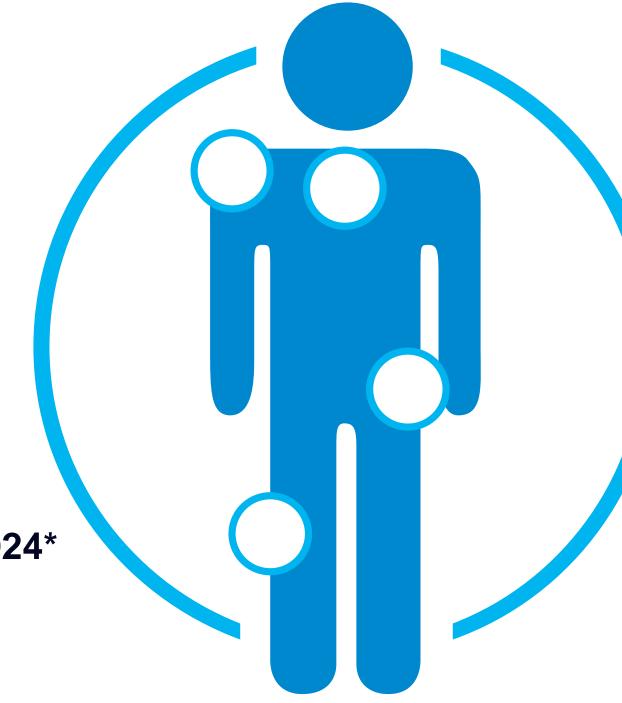
### NIA's IPM Solution

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



IPM Procedures Performed Outpatient or In-Office

- Epidural Injections
- Facet Joint Injections or Blocks
- Facet Neurolysis
- Sacroiliac Joint Injections
- Spinal Cord Stimulators \*New Service 03.01.2024\*
- Sympathetic Nerve Block



**#**\***#** 

IPM Procedures Performed in these Settings are Excluded:

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

• NIA will use the Ambetter from Magnolia Health network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Ambetter from Magnolia Health members throughout Mississippi.

### CPT Codes Requiring Prior Authorization (IPM)





- Located on RadMD.com.
- Defer to Ambetter from Magnolia Health's Policies for Procedures not on Claims/Utilization Review Matrix.





#### Ambetter from Magnolia Health 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 Ambetter from Magnolia Health.

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.

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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<sup>1-</sup>Ambetter from Magnolia Health - IPM Utilization Review Matrix 2024 - Eff 03.1.2024

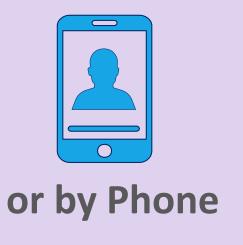
### Prior Authorization Process Overview

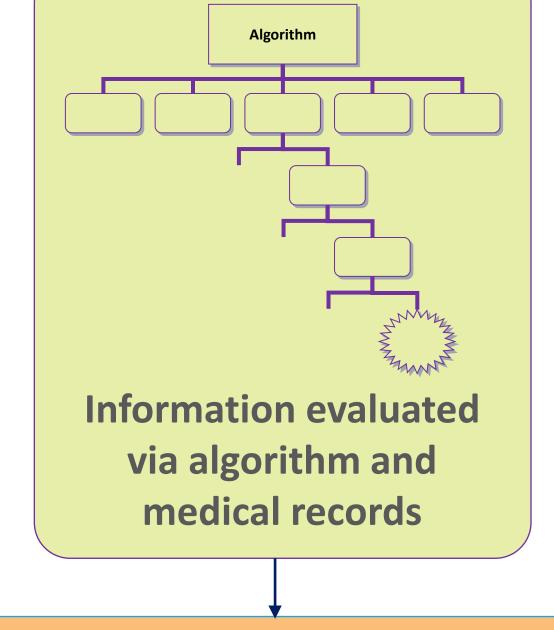


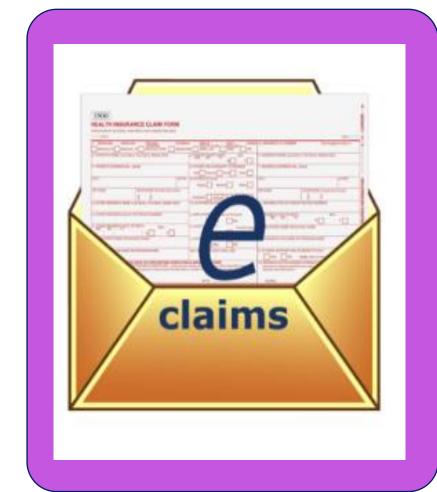
Ordering Physician is responsible for obtaining prior authorization.

IPM provider may be both ordering and rendering



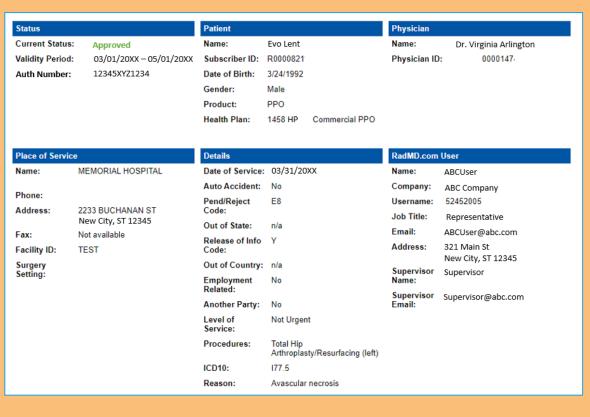






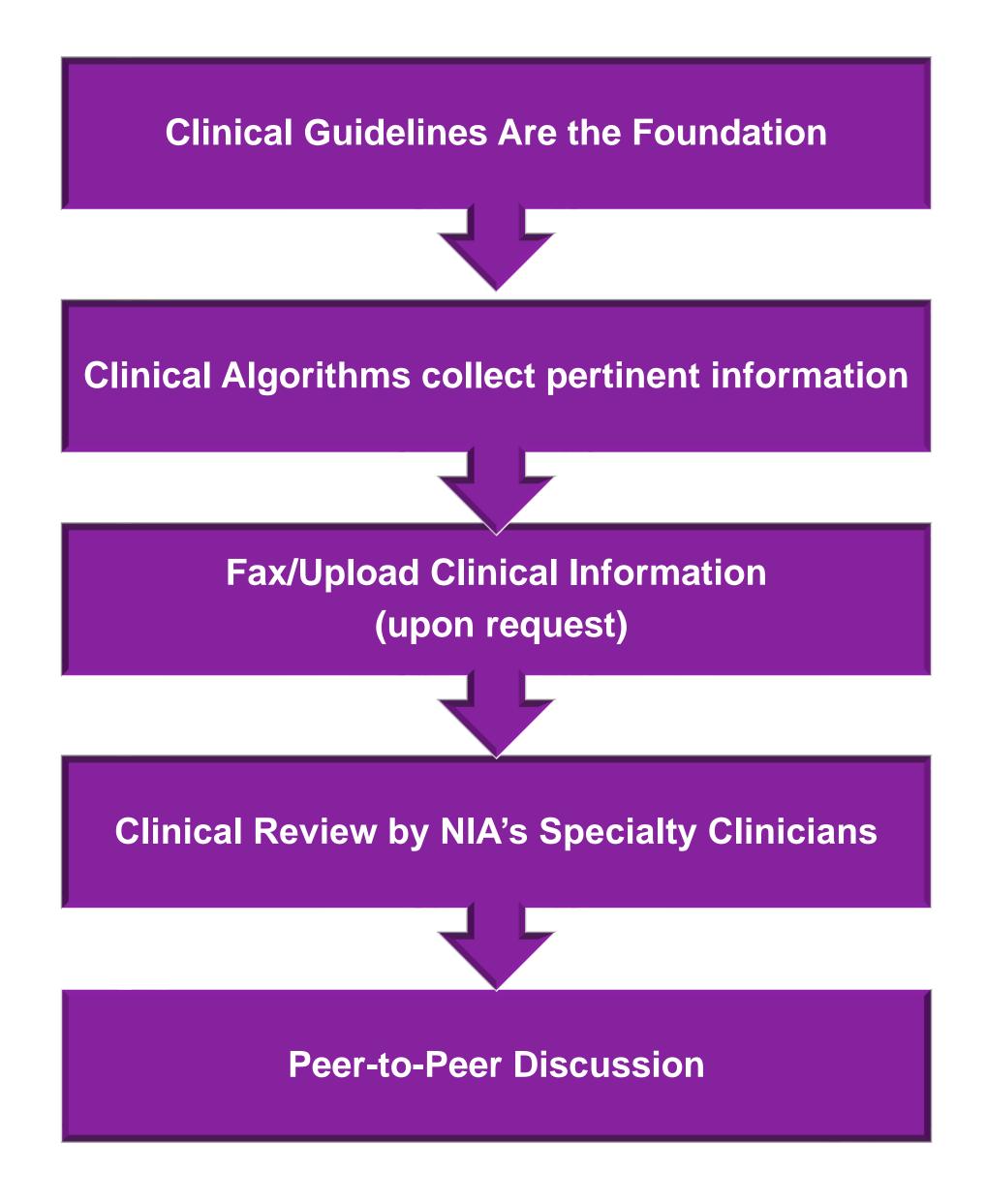


Rendering Provider verifies authorization was obtained and provides service



**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 Ambetter from Magnolia Health 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

- Every IPM procedure performed requires a prior authorization; NIA will not authorize 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 clinical guidelines for potential restrictions)
- 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**

• 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

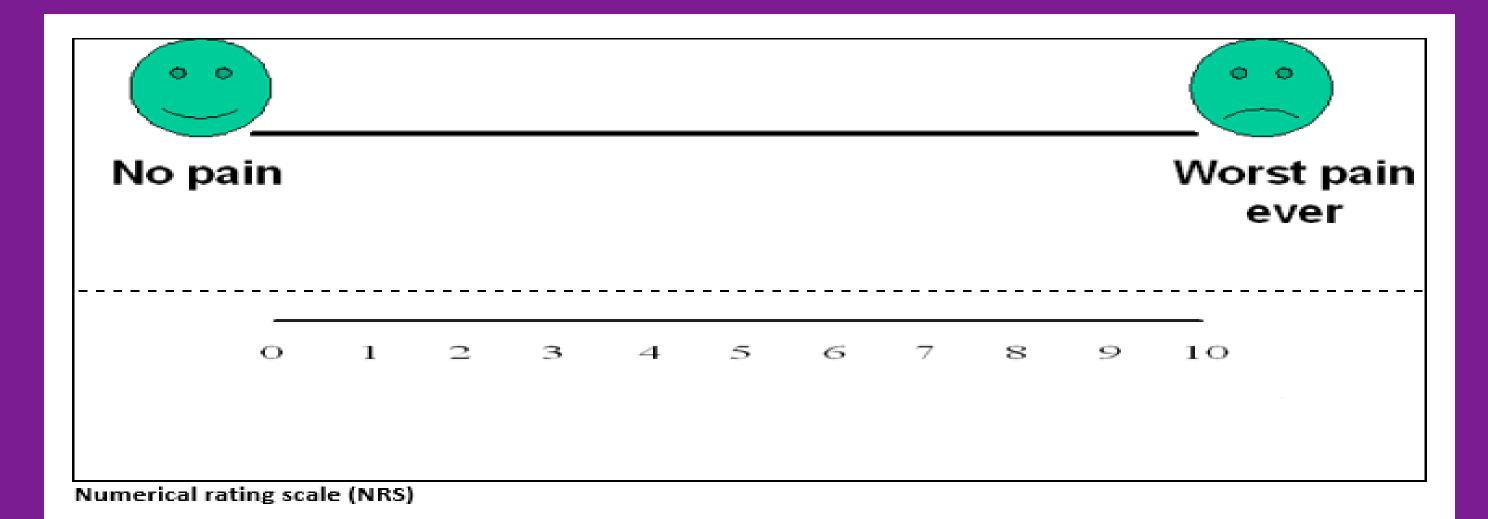
 A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).

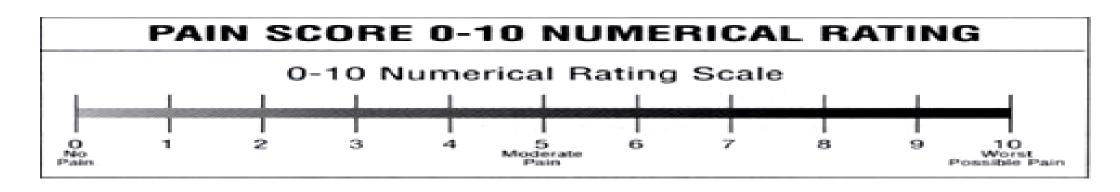


#### Follow Up To Prior Pain Management Procedures

• 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.

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

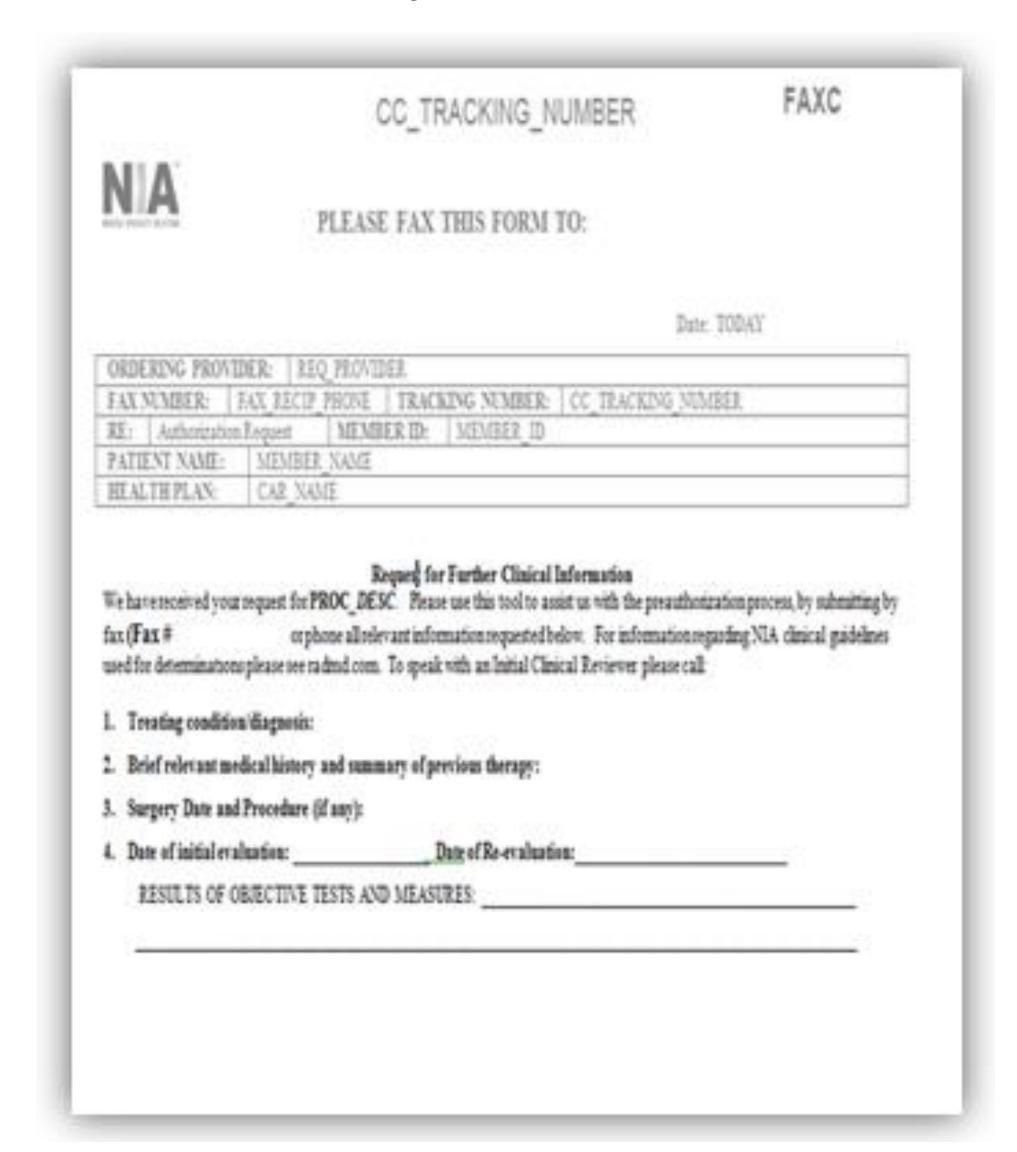




Faces rating scale (FRS)



### 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 <u>https://www.RadMD.com</u>
  - Fax using NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from https://www.RadMD.com
  - Call 1-800-424-4912
- Use the case specific fax coversheet when faxing clinical information to NIA



### Clinical Specialty Team: Focused on IPM



#### **IPM Review**

Initial clinical review performed by specially trained IPM nurses

Clinical review team will contact provider for additional clinical information

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

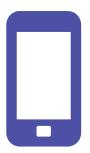
### MSK Clinical Review Process

### 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.

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### Request Evaluated Based on Information Entered

Additional clinical information required

#### NIA Specialty Physician Reviewers

• NIA Physician approves case without 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 to three 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.

- The NIA website <a href="https://www.RadMD.com">https://www.RadMD.com</a> 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 1-800-424-4912.
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

### Notification of Determination

#### **Authorization Notification**

Authorizations are valid for:

#### **IPM**

90 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.
- Reconsideration review may be available with new or additional information.
- Reconsideration 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**



24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



#### **Toll-Free Number**

1-800-424-4912



Available
Monday - Friday
7:00 AM - 7:00 PM CST

- 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:

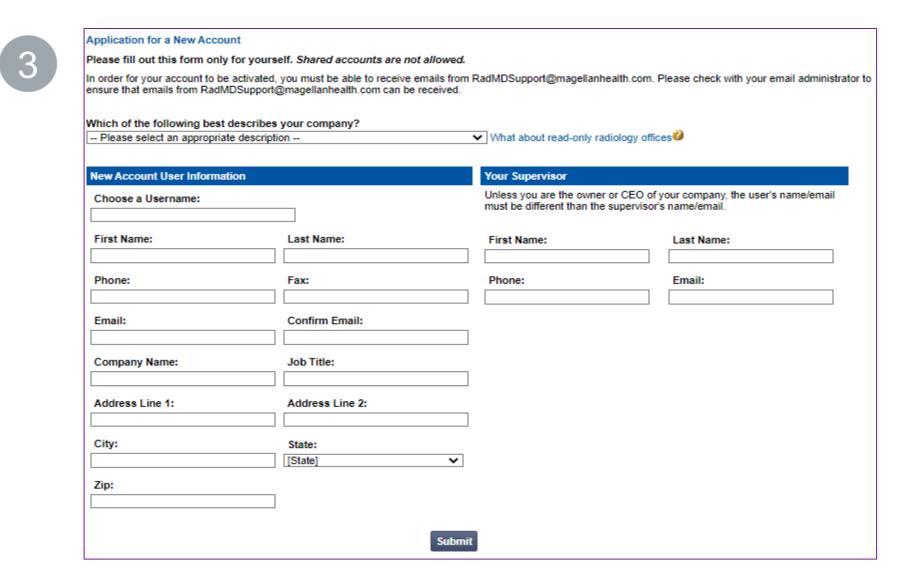
- 1. Click the "New User" button on the right side of the home page.
- 2. Select "Physician's office that orders procedures"
- 3. Complete the application and click "Submit".
- 4. Open email from NIA webmaster with new user password instructions

NOTE: On subsequent visits to RadMD, click the "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.



-- 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.)



### RadMD New User Application Process - Rendering

#### **IMPORTANT**

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

#### STEPS:

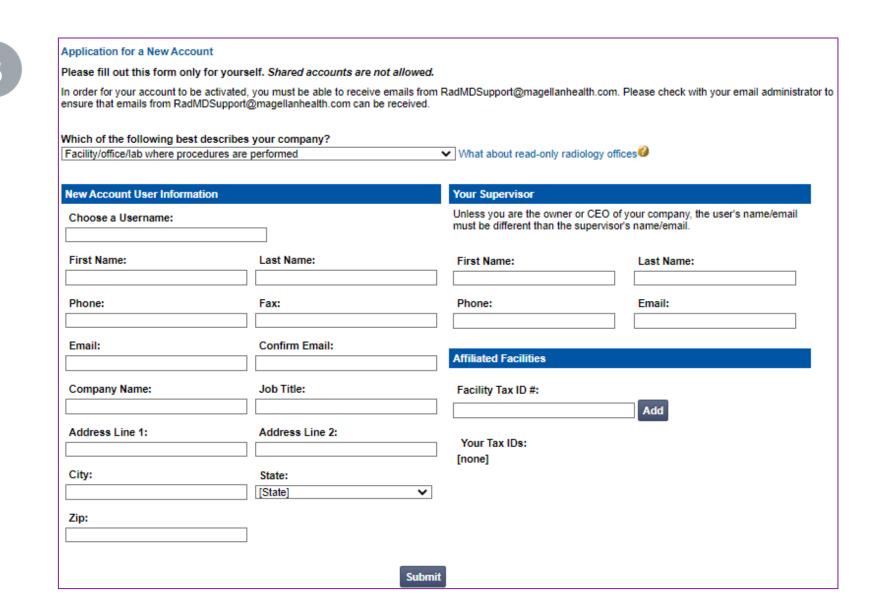
- 1. Click the "New User" button on the right side of the home page.
- 2. Select "Facility/office where procedures are performed"
- 3. Complete the application and click "Submit".
- 4. Open email from NIA webmaster with new user password instructions.

NOTE: On subsequent visits to RadMD, click the "Sign 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.

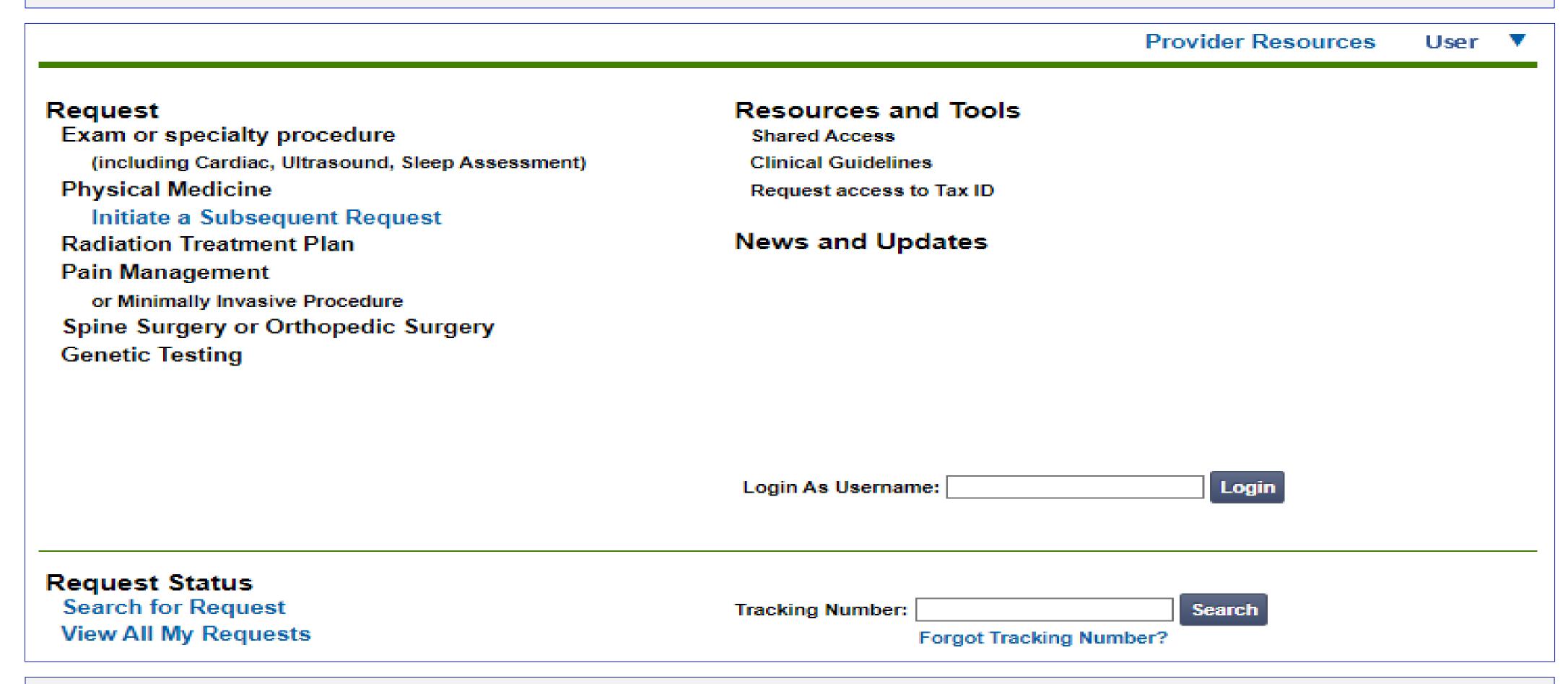


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Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)



### Shared Access

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.



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 <a href="RadMD.com">RadMD.com</a>, allowing them to communicate with members and facilitate treatment.

### When to Contact NIA

Initiating or checking the status of an authorization request	<ul> <li>Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li> <li>Toll-free numbers: 1-800-424-4912</li> <li>Interactive Voice Response (IVR) System</li> </ul>
Initiating a Peer-to-Peer Consultation	• Call: 1-800-424-4912
Provider Service Line	<ul><li>RadMDSupport@Evolent.com</li><li>Call 1-800-327-0641</li></ul>
Provider Education requests or questions specific to NIA	<ul> <li>Priscilla Singleton</li> <li>Manager, Provider Relations</li> <li>314-387-5023</li> <li>psingleton@evolent.com</li> </ul>

### RadMD Demonstration

### Confidentiality Statement

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### Thank You!

