evolent

Healthy Blue Interventional Pain Management (IPM) Program

Provider Training Presented by: Priscilla Singleton, Sr. Provider Relations Manager

For the Members of Healthy BlueSM

BlueChoice® HealthPlan of SC



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



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." Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association.

NIA's IPM Solution

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



IPM Procedures Performed Outpatient or In-Office

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







IPM Procedures Performed in these Settings are Excluded:

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

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

CPT Codes Requiring Prior Authorization (IPM)



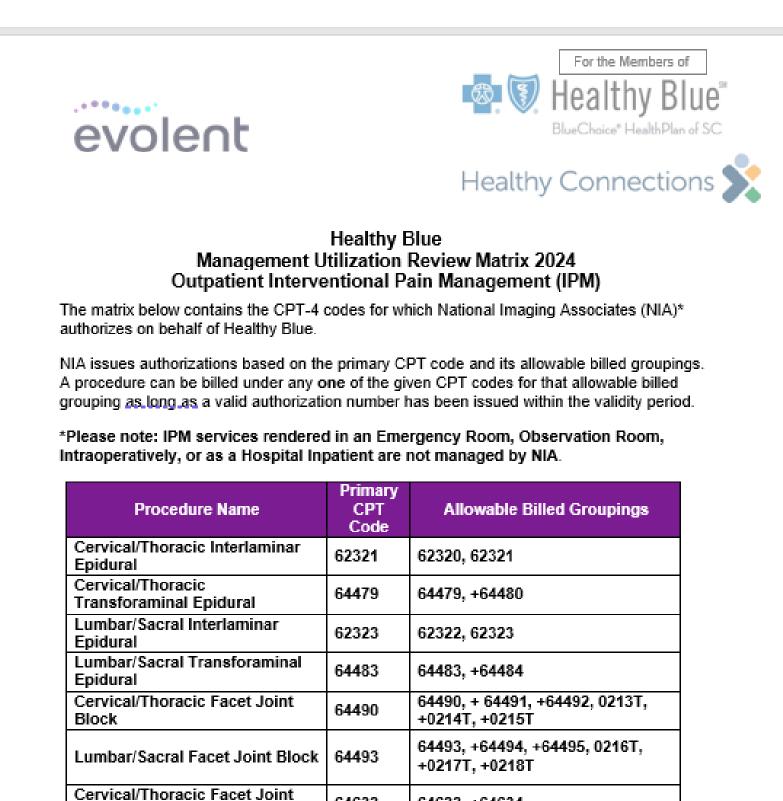




Located on <u>RadMD.com</u>.



Defer to Healthy Blue's Policies for Procedures not on Claims/Utilization Review Matrix.



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1-Healthy Blue - IPM Utilization Review Matrix 2024 - Eff 1.1.2024

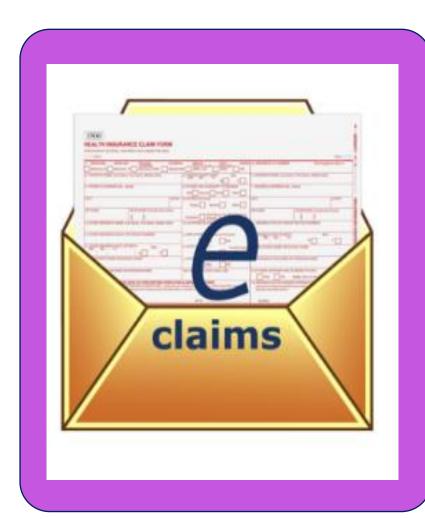
Radiofrequency Neurolysis Lumbar/Sacral Facet Joint

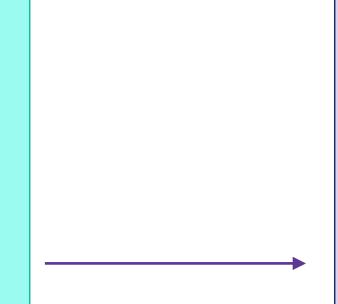
Radiofrequency Neurolysis

Prior Authorization Process Overview



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

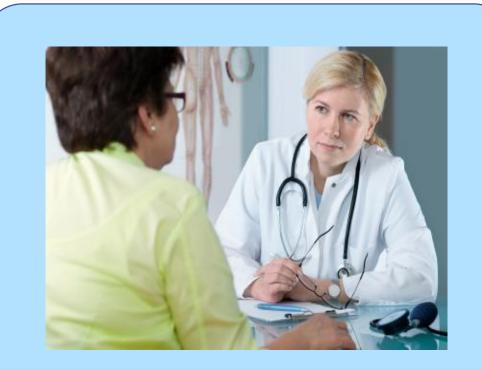






Submit requests online through RadMD.com

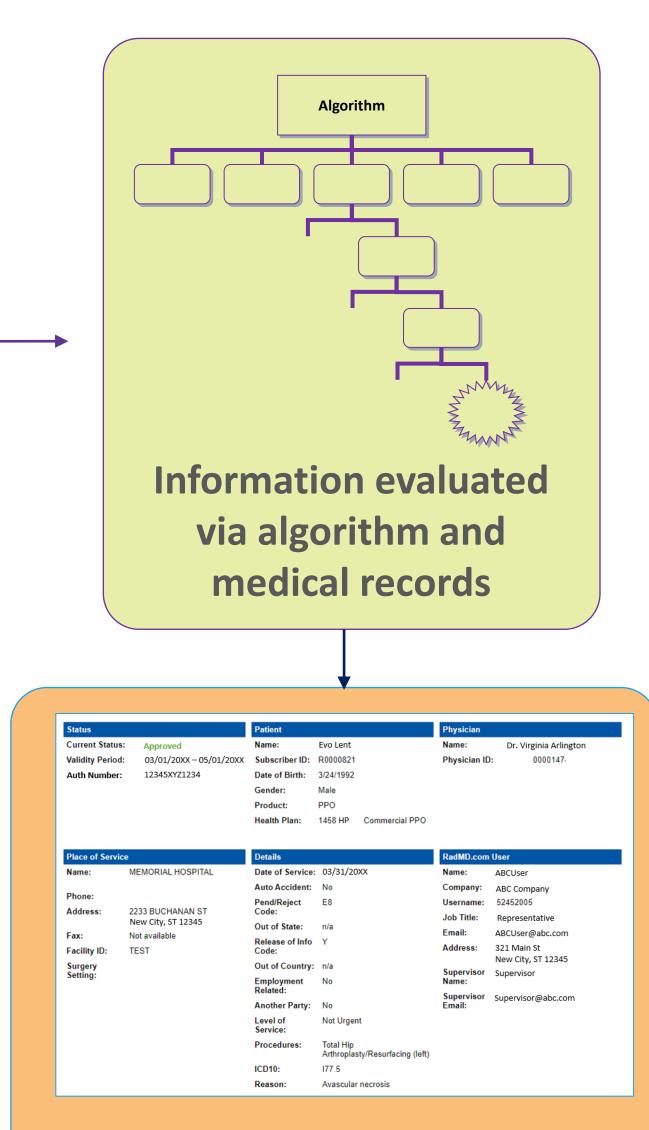




Rendering Provider verifies authorization was obtained and provides service

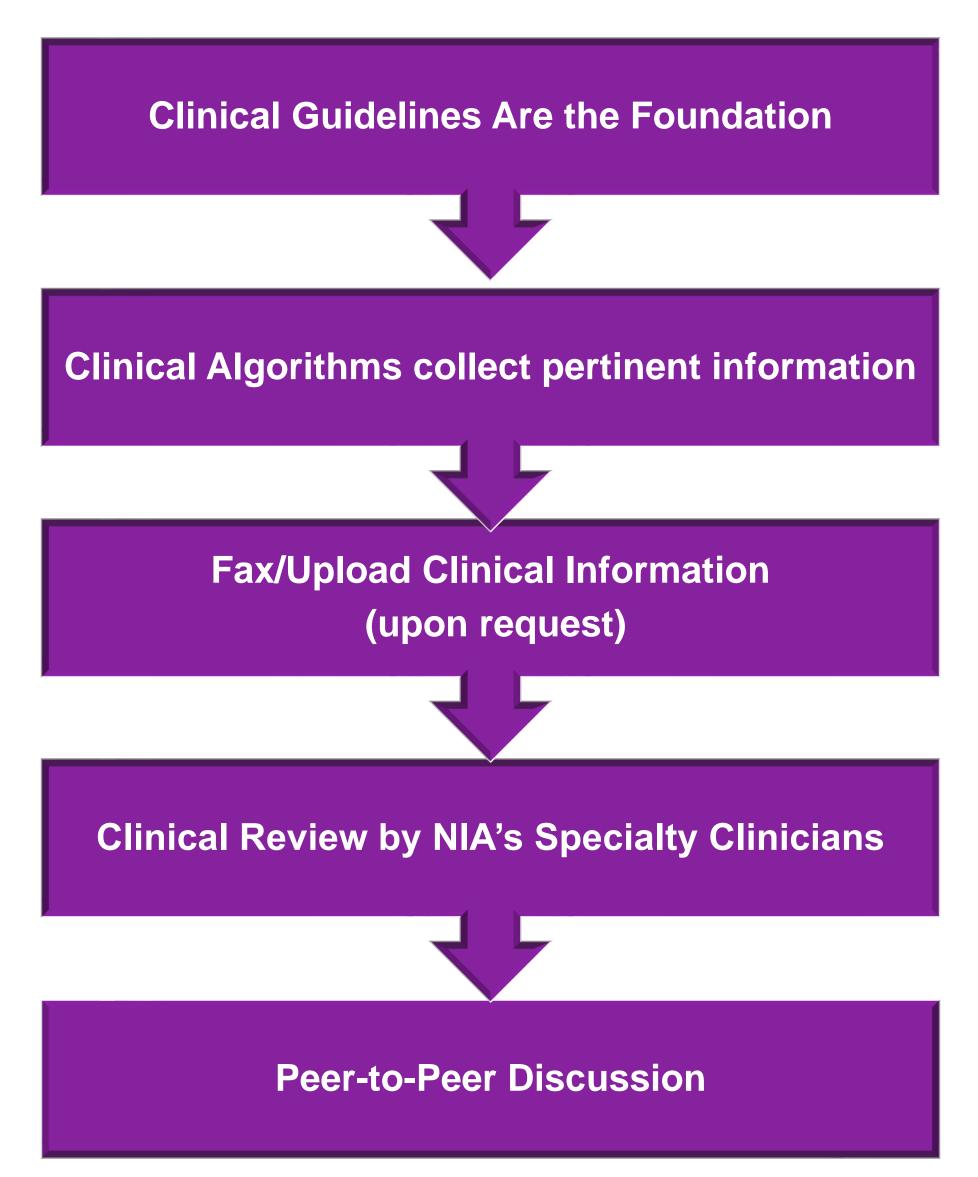


or by Phone



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 Healthy Blue and NIA Medical Officers and clinical experts. Clinical Guidelines are available on <u>RadMD.com</u>
- 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

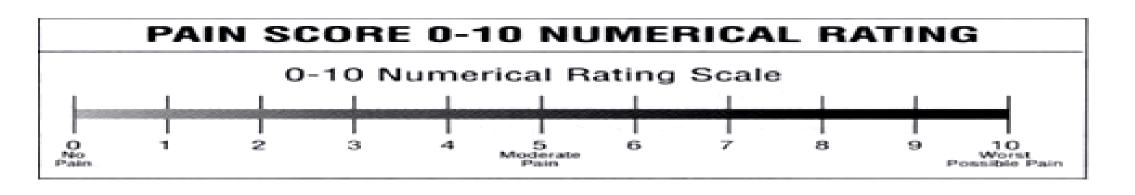
• A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the

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)

00											•••
No pa	ain										Worst pain ever
	0	1	2	з	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:	
ADDEDING BOART		T004Y
	ER: REQ_PROVIDER	
FAX MMEER: 1	ER: REQ_PROVIDER. AX_RECIP_PROVE TRACKING NUMBER: CC_TRACKING_NUM	
and and the last the last term in the last term in the second second second second second second second second	ER: REQ PROVIDER AX RECIP PROVE TRACKING NUMBER: CC_TRACKING_NUM	

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 fax (Fax # or phone all relevant information requested below. For information regarding NLA clinical gadelines 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:
- 3. 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 <u>https://www.RadMD.com</u>
 - Fax using NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from <u>https://www.RadMD.com</u>
 - Call 1-855-569-6749
- Use the case specific fax coversheet when faxing clinical information to NIA

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

Request Verification: Detail

linical Document

Print Fax Cover Sheet

Request Additional Visits

this Request

•		Provider	
	Evo Lent	Name:	Memorial Hospital
	Female		· 100 Main Ch. Navy City, 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





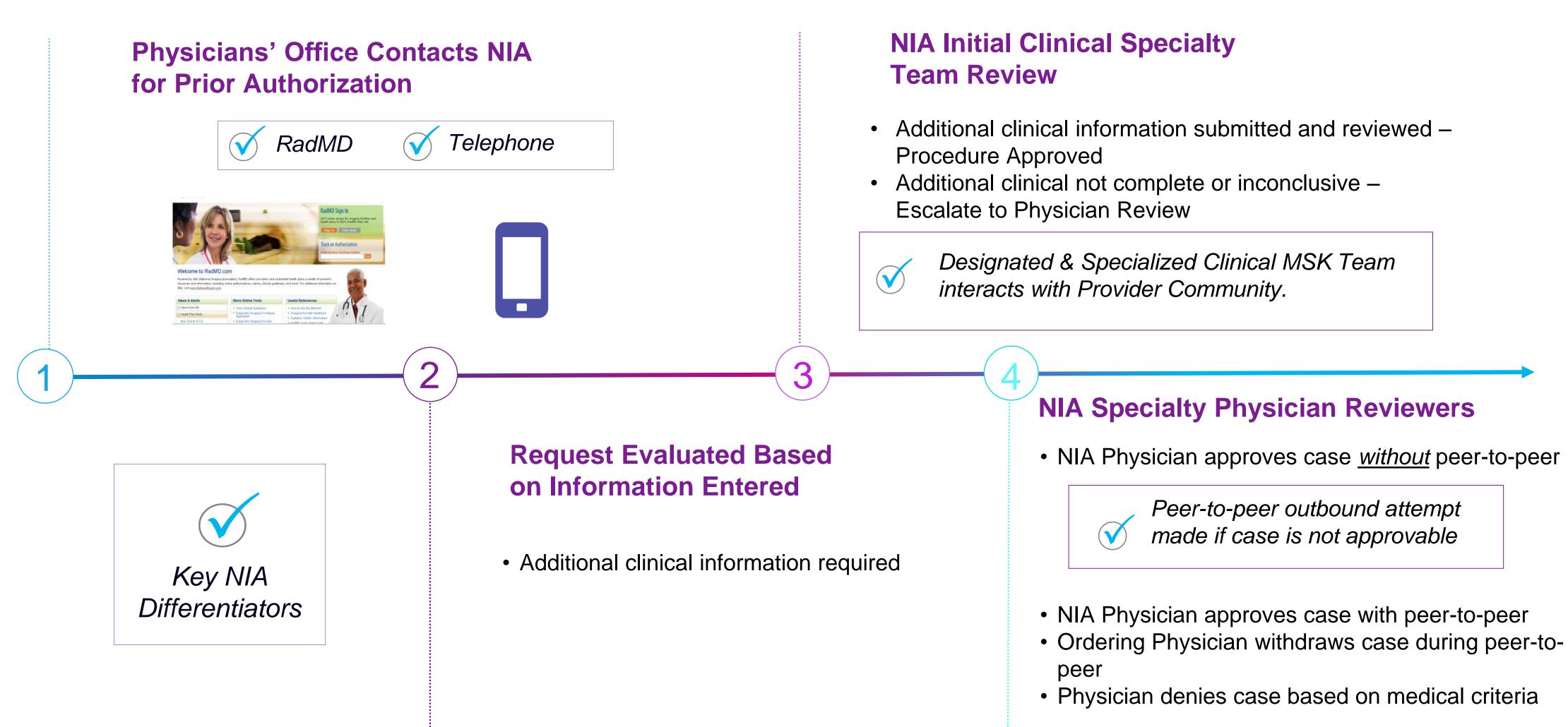
Initial clinical review performed by specially trained IPM nurses

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.
- The NIA website <u>https://www.RadMD.com</u> 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 1-855-569-6749
- Turnaround time is within 1 calendar hours not to exceed 72 calendar hours.

Notification of Determination

Authorization Notification

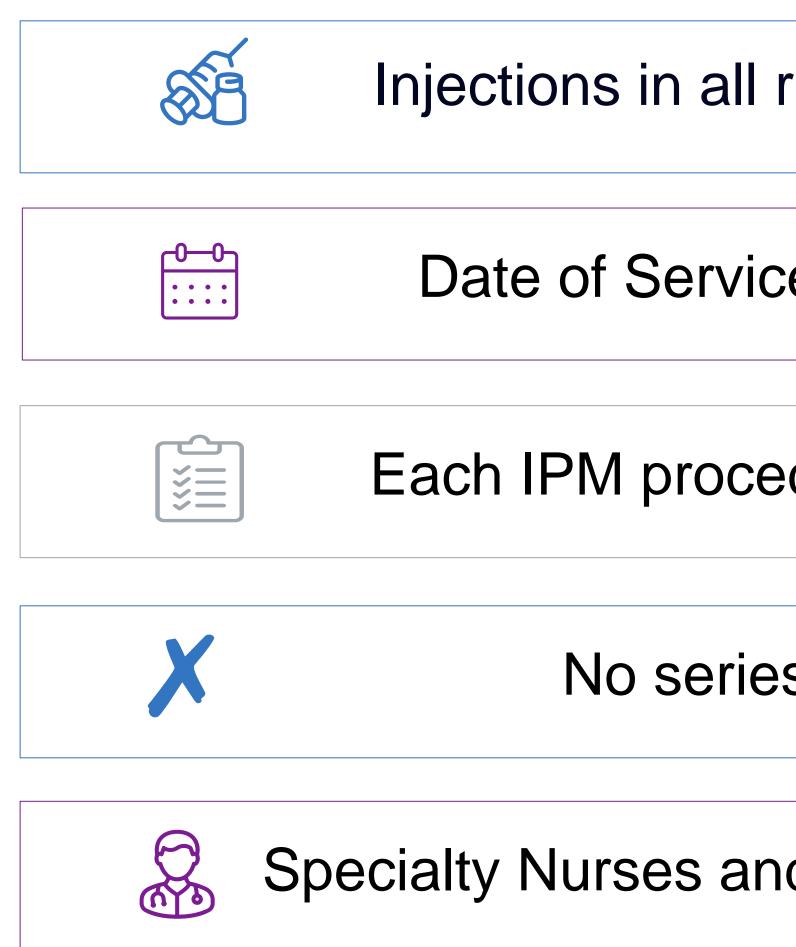
Authorizations are valid for: IPM

30 calendar days from date of service.

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 30 calendar 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 1-855-569-6749

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

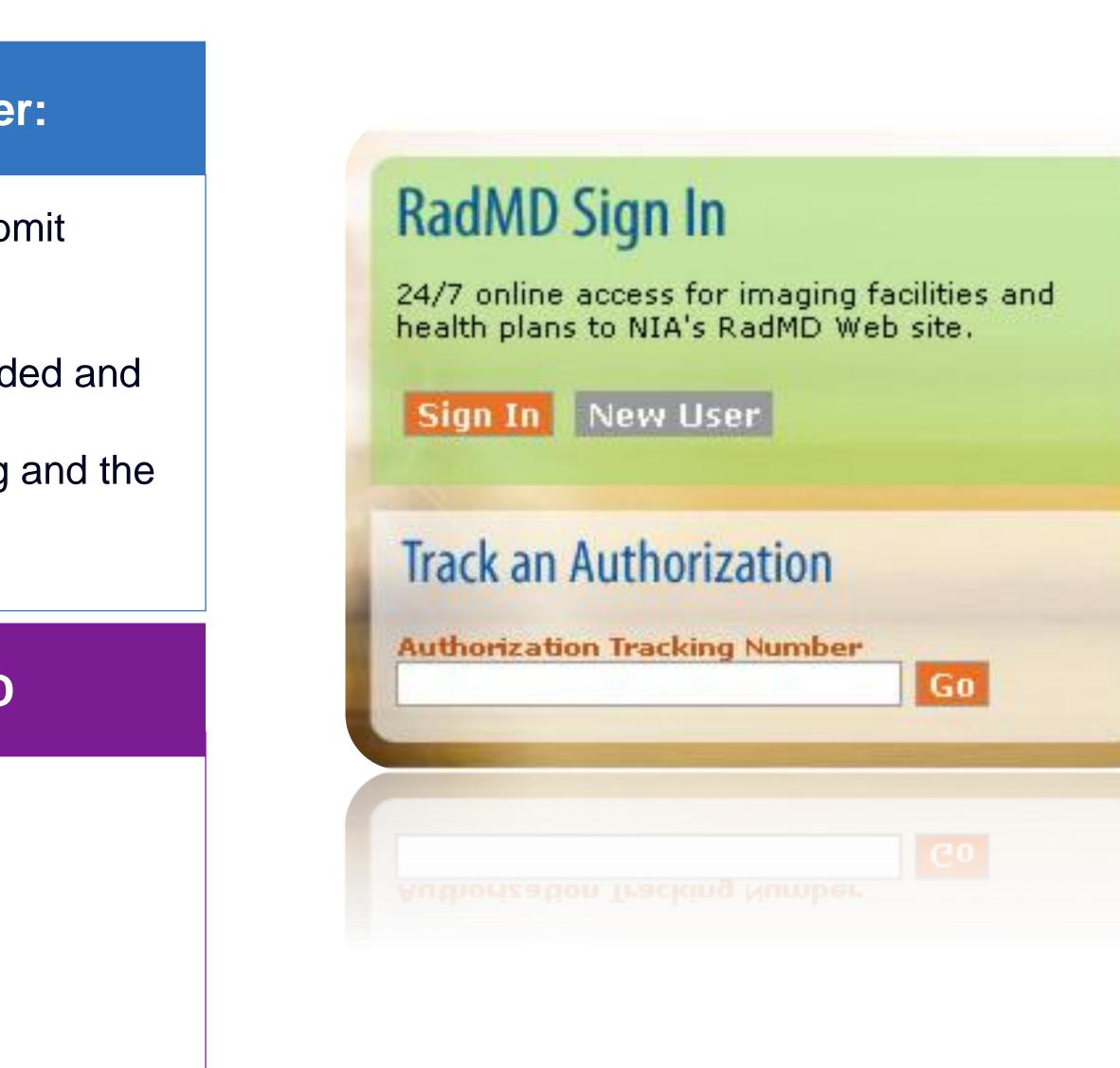
NIA Website https://www.RadMD.com

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.
- 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.

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.)

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Application for a New Account

reppiloudon for a non recount			
Please fill out this form only for	yourself. Shared accounts are not all	owed.	
In order for your account to be active ensure that emails from RadMDSupperson	vated, you must be able to receive emai pport@magellanhealth.com can be rece	ils from RadMDSupport@magellanhea eived.	alth.com. Please check with your email administrator to
Which of the following best desc Please select an appropriate de		✓ What about read-only radi	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:

- 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 "Signan" button to proceed.

If multiple staff members entering authorizations need t 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.

		Rad	MD Sign Ir	n		
e		24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.				
		Sign	In New U	ser		
		Track	an Authori	zation		
		Author	ization Trackin	g Number	Go	
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			e that prescribes radia		lures	
		Physical Medic	ine Practitioner (PT, O	T, ST, Chiro, etc.)		
		Application for a New Accoun	t			
	(3)	-	or yourself. Shared accounts are not allo			
			ctivated, you must be able to receive emails Support@magellanhealth.com can be recei		om. Please check with your email administrator to	
n		Which of the following best de	escribes your company?			
		Facility/office/lab where proced		 What about read-only radiology 	offices	
		New Account User Informatio	n	Your Supervisor		
		Choose a Username:		Unless you are the owner or CE	O of your company, the user's name/email	
to				must be different than the super	visor's name/email.	
to		First Name:	Last Name:	First Name:	Last Name:	
		Phone:	Fax:	Phone:	Email:	
`		Email:	Confirm Email:			
1				Affiliated Facilities		
		Company Name:	Job Title:	Facility Tax ID #:		
		Address Line 1:	Address Line 2:		Add	
				Your Tax IDs:		
		City:	State:	[none]		
			[State]	~		
		Zip:				
			s	Submit		

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.

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

Request Status

Search for Request View All My Requests

Т

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			
Forgot Tracking Number:	Search			

When to Contact NIA

22

Initiating or checking the status of an authorization request	 Website Toll-free Interaction
Initiating a Peer-to-Peer Consultation	• Call: 1-8
Provider Service Line	 RadMD Call 1-8
Provider Education requests or questions specific to NIA	 Priscilla Sr. Prov 314-38 psingle

e, <u>https://www.RadMD.com</u> e numbers: 1-855-569-6759 tive Voice Response (IVR) System

-855-569-6759

Support@Evolent.com

800-327-0641

la Singleton wider Relations Manager 87-5023 eton@evolent.com

RadMD Demonstration

Confidentiality Statement

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Healthy Blue members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Healthy Blue and National Imaging Associates, Inc. (NIA).

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Thank You!



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