

# Interventional Pain Management Frequently Asked Questions

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## Why did HMSA implement a process to review pain management?

- To improve quality and manage the utilization of nonemergent interventional pain management (IPM) procedures in outpatient settings for HMSA members. The following IPM procedures require prior authorization through Evolut:
  - Spinal epidural injections.
  - Paravertebral facet joint injections or blocks paravertebral facet joint denervation (radiofrequency neurolysis).
  - Sacroiliac joint injections.

## Why did HMSA partner with Evolut?

- Evolut (formerly Magellan Hawai'i) was selected to partner with HMSA because of their clinically driven program designed to effectively manage quality, patient safety, and ensure appropriate utilization of resources for HMSA's members.

## Which HMSA members will be covered under this relationship?

- All HMSA members who need nonemergent outpatient IPM procedures are covered.

## Prior Authorization

### What IPM services will require a provider to obtain prior authorization?

- The following outpatient IPM procedures require prior authorization:
  - Spinal epidural injections.
  - Paravertebral facet joint injections or blocks.
  - Paravertebral facet joint denervation (radiofrequency neurolysis).
  - Sacroiliac joint injections.

### When is prior authorization required?

- Prior authorization is required for outpatient, nonemergent IPM procedures. Providers must obtain prior authorization for these procedures before the service is performed.
- Note: Only outpatient procedures are within the program scope. All IPM procedures performed in an emergency room or as part of inpatient or intraoperative care don't require prior authorization.

**Who's expected to order IPM procedures?** IPM procedures requiring medical necessity review are usually ordered by one of the following specialists:

- Anesthesiologists.
- Neurologists.
- Pain specialist.
- Orthopedic spine surgeon.
- Neurosurgeon.
- Other physicians with appropriate pain procedure training and certification.

**Are inpatient IPM procedures included in this program?**

- No.

**Are intraoperative and/or post-operative pain control IPM procedures included in this program?**

- No, IPM procedures performed for pain management during a larger surgical procedure aren't included.

**How does the ordering provider obtain a prior authorization for an outpatient IPM procedure?**

- To expedite the process, have the following information available before logging on to the website or calling Evolent.
  - Name and phone number of ordering physician\*.
  - Patient name and HMSA subscriber ID number\*.
  - Requested procedure\*.
  - Name of provider office or facility where the service will be performed\*.
  - Anticipated date of service\*.
  - Details justifying the pain procedure\*:
    - Date of onset of pain or exacerbation.
    - Physician exam findings and member symptoms (including findings applicable to the requested services).
    - Clinical diagnosis.
    - **Date and results** of prior IPM procedures.
    - Diagnostic imaging results, where available. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication).
- Be prepared to upload to RadMD.com or fax the following information, if requested:
  - Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam findings.
  - Date and results of prior IPM procedures.
  - Effectiveness of prior procedures on reducing pain.
  - Diagnostic imaging results.
  - Specialist reports or evaluations.

\*Required information.

## **How do I send clinical information to Evolent?**

- The preferred way to send clinical information is to upload documents to RadMD.com. The upload feature expedites your request since it's automatically attached and forwarded to Evolent clinicians for review.
- If uploading isn't an option for your practice, you may fax it using the Evolent-specific fax coversheet. To ensure prompt receipt of your information:
  - Use the Evolent fax coversheet as the first page of your fax. Please don't use your own coversheet because it won't contain the case-specific information needed to process the case. An incorrect coversheet may delay the authorization.
  - Make sure the tracking number on the coversheet matches the tracking number for your request.
  - Send each case separately with its own coversheet.
  - IPM providers may print the coversheet from [RadMD.com](https://www.radmd.com).
  - Evolent will fax this coversheet to the IPM provider during authorization intake or at any time during the review process.

## **Can a provider request more than one procedure at a time for a patient (e.g., a series of epidural injections)?**

- No. Prior authorization is required for each procedure. Only one procedure will be authorized at a time.

## **What kind of response time can providers expect for prior authorization?**

- The most efficient way to get a determination is to initiate the request through [RadMD.com](https://www.radmd.com).
- Generally, a determination will be made within two to three business days after receipt of request with full clinical documentation. The review process can take longer if additional information is needed.

## **What will the authorization number look like?**

- The authorization number consists of alphanumeric characters. In some cases, the provider may receive a tracking number (not the same as an authorization number) if their authorization request isn't approved at the initial contact. Providers can use either number to track the status of their request online or through an interactive voice response telephone system.

## **If requesting an authorization through RadMD and the request pends, what happens next?**

- You'll receive a tracking number and will need to submit clinical documentation that supports the procedure.

## **Can RadMD be used to submit an expedited authorization request?**

- No, those requests must be called into Evolent at 1-866-306-9729.

## **How long is the prior authorization number valid?**

- The authorization number is valid for 90 days from the date of service. If no date of service is given, the number is valid for 90 days from the request date.

### **Is prior authorization required if HMSA is secondary to another carrier or coverage?**

- Yes, prior authorization is required if HMSA is the secondary plan to another non-HMSA plan.
- If the patient has more than one HMSA plan, then only ONE prior authorization is needed under their primary plan.

Exception:

- If Medicare Part B is the primary insurer, NO prior authorization is needed.

### **If a provider obtains a prior authorization number, does that guarantee payment?**

- No, an authorization number isn't a guarantee of payment. Authorizations are based on medical necessity and are contingent on eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

### **Are retro-authorizations allowed?**

- Yes. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization. Retrospective review can also determine whether medical necessity guidelines were met. It's important that key providers and office staff be educated on the prior authorization requirements. Physicians administering these procedures must not schedule or perform procedures without prior authorization.

### **Can a provider verify an authorization number online?**

- Yes. Providers can check the status of a request for prior authorization at [RadMD.com](https://www.radmd.com).

### **Will the authorization number be displayed on the HMSA website?**

- No.

### **What if I disagree with Evolent's determination?**

- If a prior authorization or claims payment is denied, providers may appeal the decision through HMSA. Providers should follow the instructions on their denial letter or Explanation of Payment.

## **Scheduling Procedures**

### **Will Evolent make a final determination based on the anticipated date of service?**

- Evolent doesn't guarantee final determination of the request by the anticipated date of service.
- The anticipated date of service (provided when requesting authorization) is used to determine timing between procedures.
- Evolent needs two to three business days after receiving clinical information to review and render a decision on a prior authorization request. Don't schedule or perform the procedure until you receive approval.

### **Do providers have to obtain an authorization before they schedule an appointment?**

- Yes. Evolent requires the name of the facility or provider where the IPM procedure is going to be performed and the anticipated date of service. Providers must obtain prior authorization from Evolent before scheduling a procedure.

## Which Medical Providers are Affected?

### Which medical providers are affected by the IPM program?

- Specialists who perform IPM procedures in an outpatient setting.
- Providers who perform IPM procedures are generally at:
  - Ambulatory surgical centers.
  - Hospital outpatient facilities.
  - Provider offices.

## Claims

### Where do providers send their claims for outpatient nonemergent pain management services?

- Providers should continue to send claims to HMSA.
- Providers are encouraged to use EDI claims submission.

### How can providers check claims and claims appeal status?

- Providers should continue to check claims and appeals status with HMSA.

## Miscellaneous

### How is medical necessity defined?

- Evolent defines medical necessity as services that:
  - Meet generally accepted standards of medical practice; are appropriate for the symptoms and consistent with diagnosis; and are otherwise in accordance with sufficient evidence and professionally recognized standards.
  - Are 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.
  - Are the lowest cost alternative that effectively addresses and treats the medical problem and are rendered for the treatment or diagnosis of an injury or illness.
  - Aren't furnished primarily for the convenience of the member, the attending physician, or other provider.

### Where can providers find Evolent's Guidelines for Clinical Use of Pain Management Procedures?

- They can be found at [RadMD.com](http://RadMD.com).
- Evolent's IPM guidelines are reviewed yearly and modified when necessary following a literature search of pertinent and established clinical guidelines and accepted practices.

### Will the HMSA membership card change with the implementation of this IPM program?

- No. The HMSA membership card won't contain any Evolent information and it won't change with the implementation of this IPM program.

# Reconsideration/Re-review/Reopen and Appeals

## Is the reconsideration/re-review/reopen process available for the IPM program if prior authorization is denied?

- Yes. To request reconsideration/re-review/reopen, the provider can upload additional clinical information on RadMD.com or fax it to Evolent.
  - A reconsideration/re-review for commercial and QUEST Integration plan members must be initiated within 60 calendar days from the date of denial and before submitting a formal appeal.
  - A reopen for HMSA Medicare Advantage members must be initiated within one year from the date of denial.
- Evolent has a specialized clinical team focused on interventional pain management. Peer-to-peer discussions are offered for any request that doesn't meet medical necessity guidelines. The IPM provider may call 1-866-306-9729 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the patient based on the clinical information.

## Who should a provider contact if they want to appeal a prior authorization decision?

- Providers are asked to follow the appeal instructions on their denial letter or Explanation of Payment.

## RadMD Access

### If I currently have RadMD access, will I need to apply for additional access to request prior authorization for IPM procedures?

- No, you don't need additional access.

### What option do I select to request prior authorizations?

- Select **Physician's office that orders procedures**.

### How do I apply for RadMD access?

- Go to our website at [RadMD.com](https://www.radmd.com).
  - Click New User.
  - Choose **Physician's office that orders procedures** in the drop-down menu.
  - Complete the application.
  - Click Submit.
- Within a few hours of submitting an application, you'll receive an approved username and a temporary passcode. Contact RadMD Support at 1-800-327-0641 if you don't receive a response within 72 hours.

### What is rendering provider access?

- Rendering provider access allows users to view all approved authorizations for their office or facility. To sign for rendering access, you'll need to **designate an administrator**.
  - Go to [RadMD.com](https://www.radmd.com).
  - Select Facility/Office where procedures are performed.
  - Complete the application.
  - Click Submit.

- Examples of a rendering facility that only need to view approved authorizations:
  - Hospital facility.
  - Billing department.
  - Offsite location.
  - A user in another location.

### **Which link on RadMD do I select to request prior authorization for IPM procedures?**

- Click **Request Pain Management or Minimally Invasive Procedure**.

### **How can I check the status of an authorization request?**

- Click View Request Status on RadMD.com's main menu.

### **How can I confirm what clinical information has been uploaded or faxed to Evolent?**

- Select the patient's name on the View Request Status in the main menu.
- On the bottom of the Request Verification Detail page, select the link for the upload or fax.

### **Where can I find case-specific communications from Evolent?**

- Click View Request Status in the main menu.

### **If I didn't request the initial authorization, how can I view the status of a case or upload clinical documentation?**

- Use Track an Authorization in Search by Tracking Number in the main menu.
- A tracking number is required.

### **How can I receive notifications electronically instead of paper?**

- Evolent communications default is electronic. Correspondence for each case is emailed to the person who requested prior authorization.
- Requesters will receive an email when determinations are made.
  - No protected health information will be in the email.
  - The email will contain a link that requires the requester to log in to RadMD.com to view protected health information.
- Providers who prefer paper communications can opt out and receive communications via fax.

## **Contact Information**

### **Who can I contact at Evolent for more information?**

- Email [HMSAProviderConcerns@evolent.com](mailto:HMSAProviderConcerns@evolent.com).

### **Who can I contact if I need RadMD support?**

- Email [RadMDSupport@evolent.com](mailto:RadMDSupport@evolent.com) or call 1-800-327-0641.
- RadMD.com is available 24/7, except when maintenance is performed every third Thursday of the month from 6–9 p.m. Hawaii time.