

Ambetter from WellCare of Kentucky Interventional Pain Management (IPM) Program

Provider Training



Evolent Program Agenda

Our IPM Program



Authorization Process

Other Program Components



Provider Tools and Contact Information



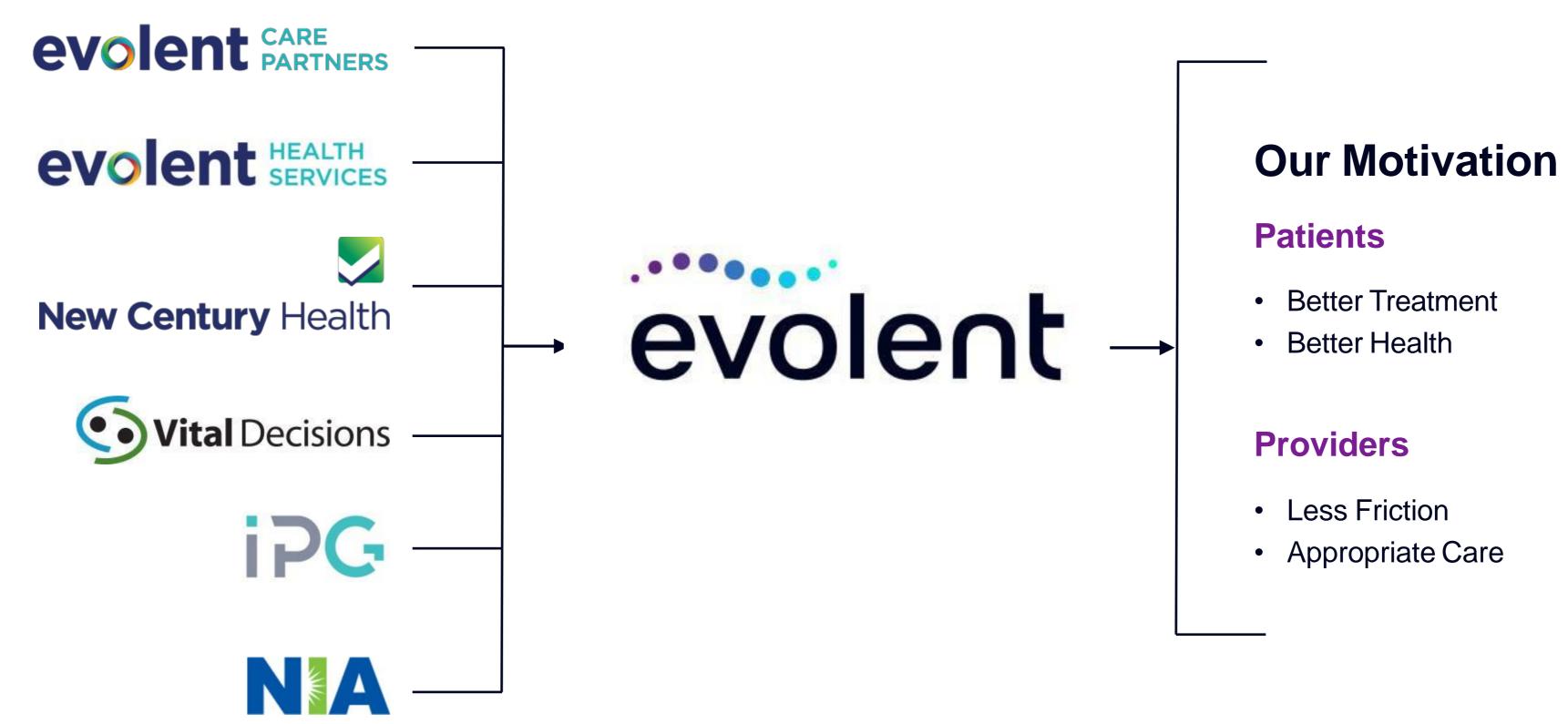
RadMD Demo



Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care



IPM Prior Authorization Program



Ambetter from WellCare
 of Kentucky will begin a
 prior authorization
 program through Evolent
 for the management of
 IPM Services.



Program start date:
 January 1, 2022



- Interventional pain management
- In Office
- Outpatient Facility



Exchange Program



 Evolent will manage services through Ambetter from WellCare of Kentucky's contractual relationships.

Interventional Pain Management (IPM)

IPM Procedures Performed Outpatient

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

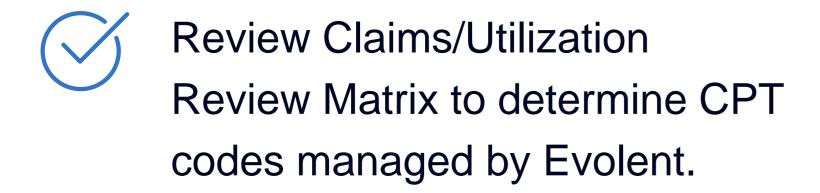
IPM Exclusions

Exclusions

- Hospital Inpatient
- Emergency Room/Urgent Care Facility



CPT Codes Requiring Prior Authorization (IPM Example)



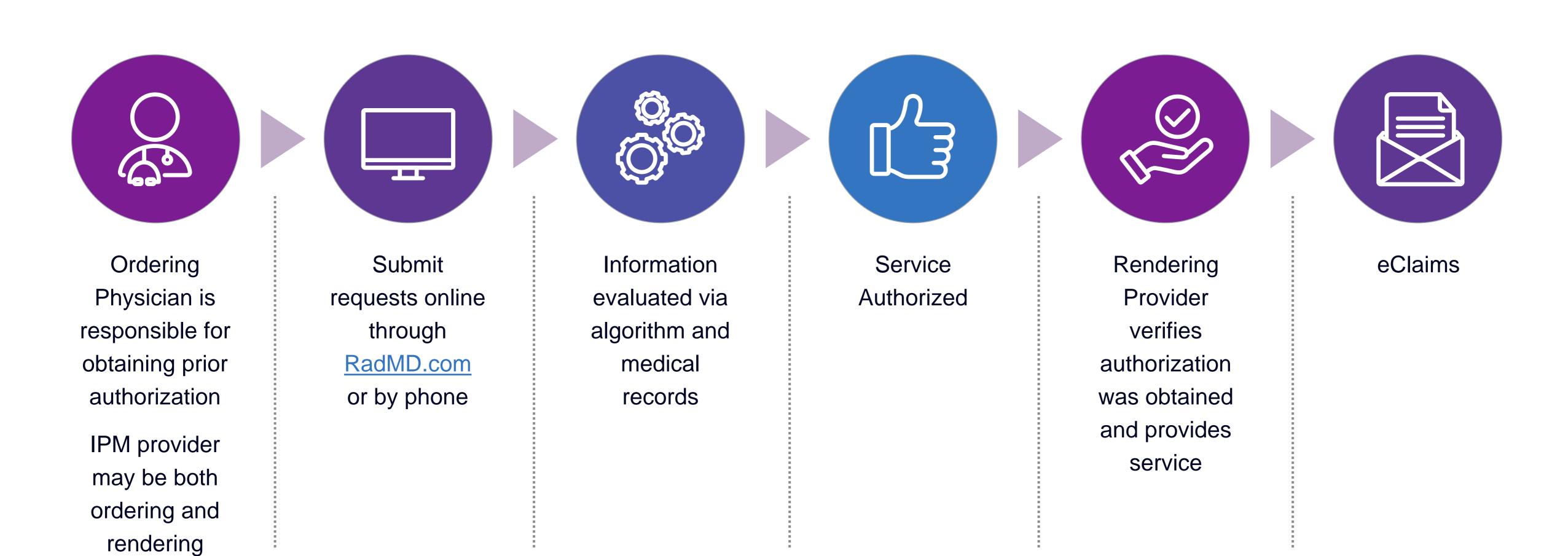




Defer to Ambetter from WellCare of Kentucky's Policies for Procedures not on Claims/Utilization Review Matrix.

IPM PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Code	
Sacroiliac Joint Injection	27096	27096, G0260		
Spinal Cord Stimulator Trial	63650	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002	
Spinal Cord Stimulator Insertion, Revision, or Removal	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688	L8679, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, C1767, C1816, C1820, C1822, C1823, 95970, 95971 95972, 77002	
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530	77003	

Prior Authorization Process Overview



Evolent's Clinical Foundation & Review

Clinical guidelines are the foundation Clinical Algorithms collect pertinent information Fax/Upload Clinical Information (upon request) Clinical Review by Evolent's **Specialty Clinicians** Peer-to-Peer Discussion

- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Ambetter from WellCare of Kentucky and Evolent 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.
- Evolent has a specialized clinical team focused on IPM.
- 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; Evolent 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 with 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 (e.g., 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 is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

Evolent 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.

Date: March

ORDERING PHYSICIAN: Dr. Clifford		Dr. Clifford		
FAX N	UMBER:		A CONTRACTOR OF THE PARTY OF TH	TRACKING NUMBER:
RE:	Authorization	on Request MEMBER ID:		1
PATIE	NT NAME:	Cindy	· ·	
HEALT	H PLAN:			

date, please respond to this fax as soon as possible.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

Additional information is still needed.

We have received your request for Lumbar Decompression along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

You may submit records for this episode of care as requested by uploading them on www.radmd.com. Please do not resend the information previously submitted.

The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above.

Receipt of written records is required in order to process your request. Once this information has been received, the case will be reviewed by a clinician, and you will be notified of the determination. The ordering provider may call to have a peer to peer discussion.

Submitting a prior authorization request on RadMD is fast and efficient!

Our provider portal, RadMD, is the easiest way to request authorizations, upload documents, access clinical guidelines and much more! To get started, visit www.RadMD.com, select New User and submit an Application for New Account.

Submitting Additional Clinical Information



Records may be submitted:

- Upload to <u>RadMD.com</u>
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from RadMD.com
- Call 1-800-424-9230



Use the case specific fax coversheet when faxing clinical information to Evolent



Clinical Specialty Team: Focused on IPM



Initial clinical review performed by specialty 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

IPM Clinical Review Process

receipt of sufficient clinical information

✓ Key Evolent differentiator

Evolent Initial Clinical Specialty Team Review Additional clinical information submitted and reviewed – Procedure Approved Physicians' Office **Contacts Evolent for** Additional clinical not complete or inconclusive – Escalate to Physician Review **Prior Authorization** ✓ Designated & Specialized Clinical IPM Team ✓ RadMD interacts with Provider Community ✓ Telephone **Request Evaluated Evolent Specialty Physician Reviewers Based on Information** • Evolent Physician approves case without peer-to-peer **Entered** ✓ Peer-to-peer outbound attempt made if case is not Additional clinical approvable information required Evolent Physician approves case with peer-to-peer Ordering Physician withdraws case during peer-to-peer Physician denies case based on medical criteria Generally, the turnaround time for completion of these **LEGEND** requests is within two or three business days upon

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website <u>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 Evolent call center at 1-800-424-9230.
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

Authorization Validity Period

- IPM
 - 60 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 may be available with new or additional information.
- Reconsideration must occur within 14 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.

Claims and Appeals

Claims Process:

- Providers should continue to submit their claims to Ambetter from WellCare of Kentucky.
- Providers are strongly encouraged to use EDI claims submission.

Appeals Process:

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Ambetter from WellCare of Kentucky.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

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

- 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



Available 24/7



1-800-424-9230

Available Monday - Friday 8:00 AM - 8:00 PM EST

Evolent Website

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

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization Matrices



RadMD New User Application Process - Ordering

STEPS

- 1. Click the "New User" button on the right side of the home page. NOTE: On subsequent visits to RadMD, click the "Sign In" button to proceed.
- 2. Under the Appropriate Description dropdown select "Physician's office that orders procedures".
- 3. Complete the application and click "Submit".
- 4. Open email from Evolent webmaster with new user password instructions.

IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- 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.)

> your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to What about read-only radiology offices Unless you are the owner or CEO of your company, the user's name/email First Name: Last Name First Name Last Name: Fax: Confirm Email: Company Name: Job Title: Address Line 1: Address Line 2:

RadMD New User Application Process - Rendering

STEPS

- 1. Click the "New User" button on the right side of the home page.

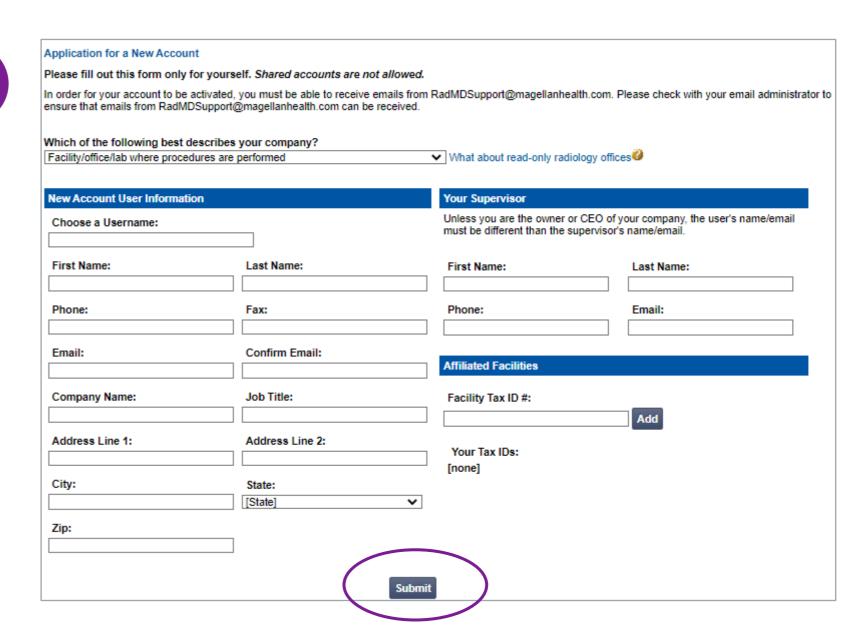
 NOTE: On subsequent visits to RadMD, click the "Sign In" button to proceed.
- 2. Under the Appropriate Description dropdown select "Facility/office where procedures are performed".
- 3. Complete the application and click "Submit".
- 4. Open email from Evolent webmaster with new user password instructions.

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.
- 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.



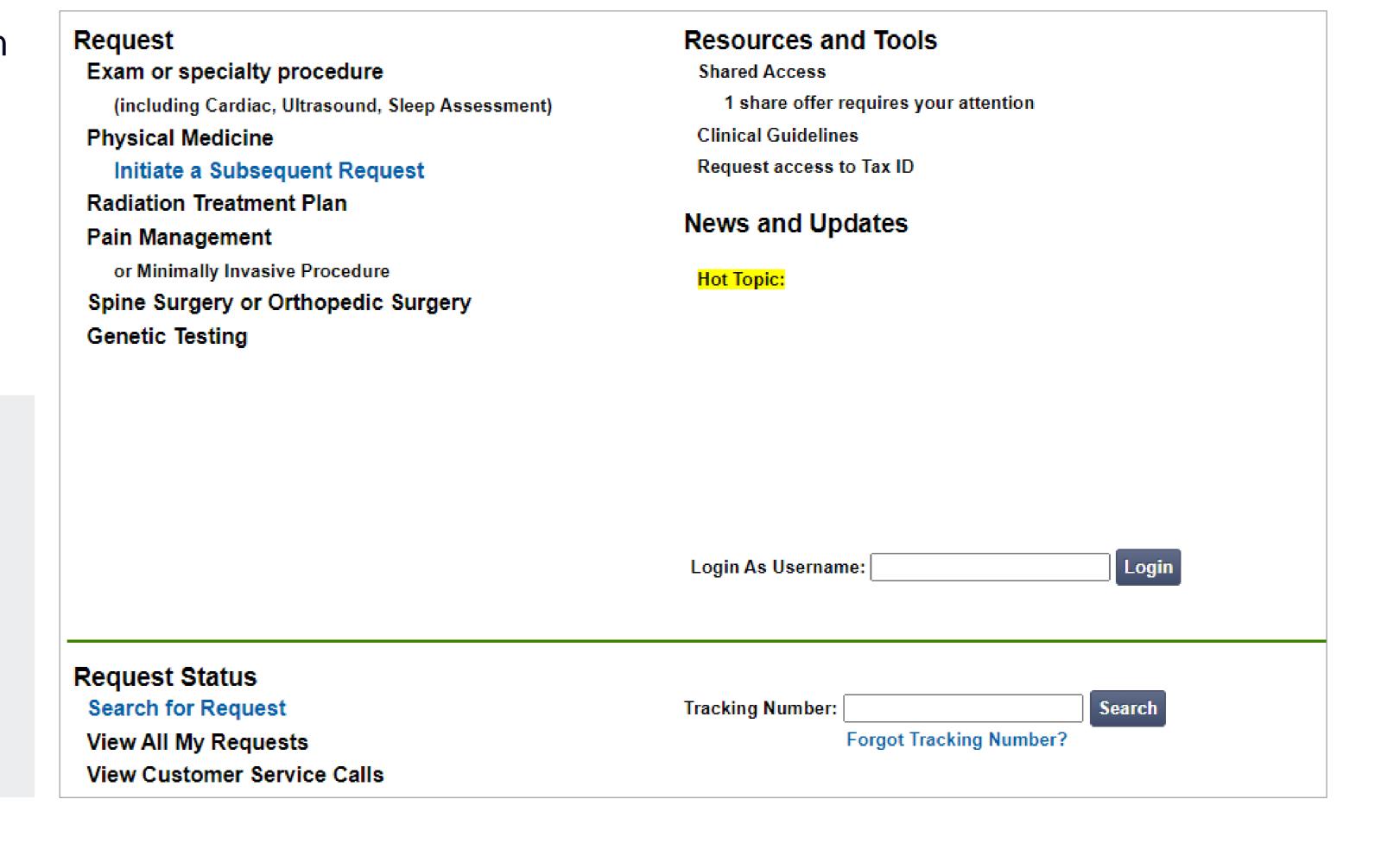
-- Please Select an Appropriate Description -Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)



Shared Access

Evolent offers a Shared Access feature on our RadMD.com 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 RadMD.com, allowing them to communicate with members and facilitate treatment.



When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: RadMD.com
- 1-800-424-9230

Initiating a Peer-to-Peer Consultation

1-800-424-9230

Provider Service Line

- RadMDSupport@Evolent.com
- Call 1-800-327-0641

Provider Education requests or questions specific to Evolent

Andrew Dietz
Senior Provider Relations Manager
1-407-967-4636 • adietz@evolent.com

RadMD Demonstration



THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.