



# Ambetter from WellCare of New Jersey Interventional Pain Management (IPM) Program

Provider Training

# Evolut 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 New Jersey will begin a prior authorization program through Evolent for the management of IPM Services.



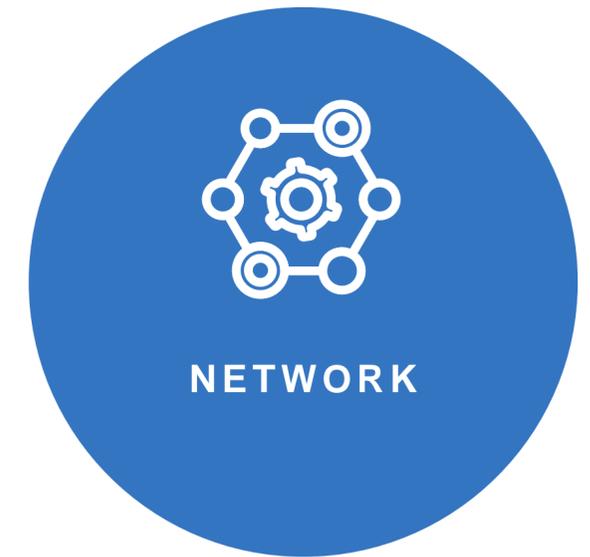
- Program start date: January 1, 2022



- Interventional pain management
- In Office
- Hospital



- Exchange Program



- Evolent will manage services through Ambetter from WellCare of New Jersey's contractual relationships.

# Interventional Pain Management (IPM)

## IPM Procedures Performed Outpatient

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections
- Sympathetic Nerve Blocks
- Spinal Cord Stimulators (Effective July 1, 2023)

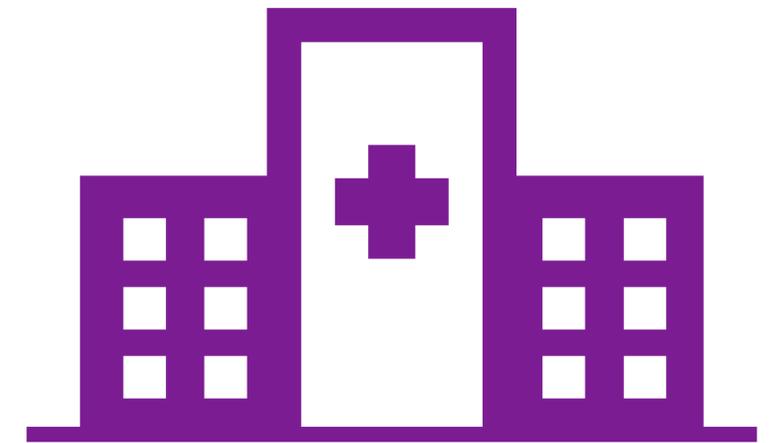
# IPM Exclusions

## Exclusions

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

## Expansion of the Interventional Pain Management Program to include Procedures Performed in an Outpatient Facility

- Spinal Cord Stimulator Trial
- Spinal Cord Stimulator Insertion, Revision, or Removal

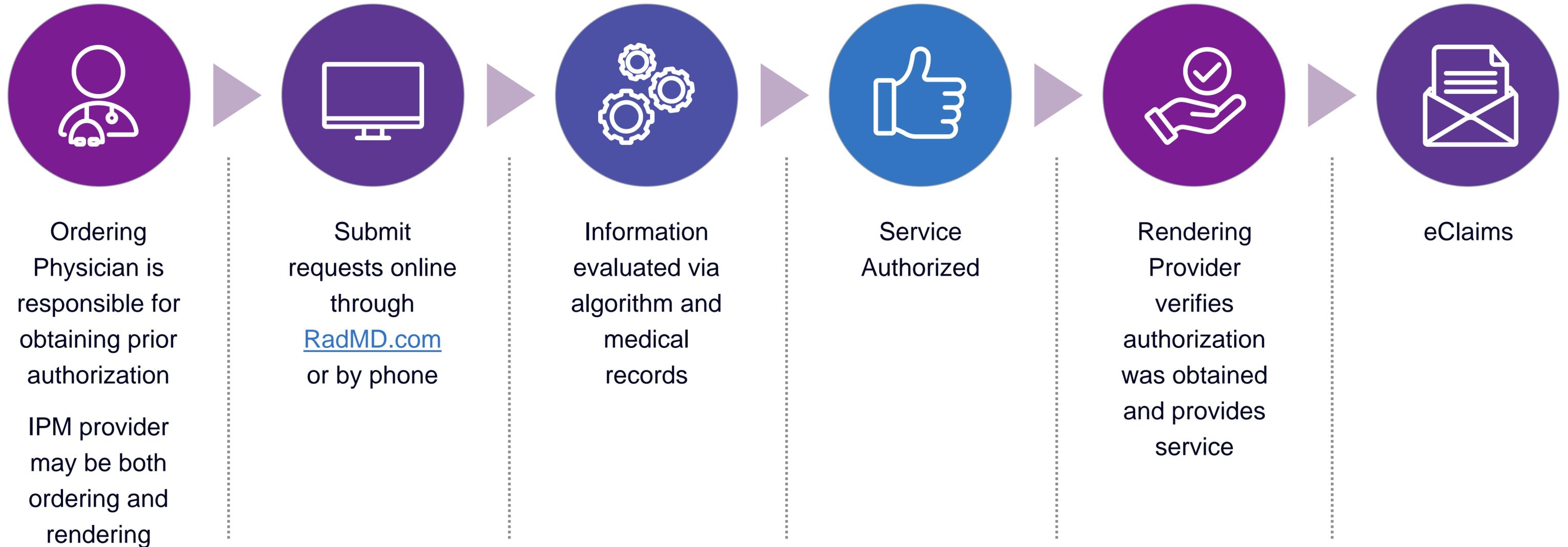


# CPT Codes Requiring Prior Authorization (IPM Example)

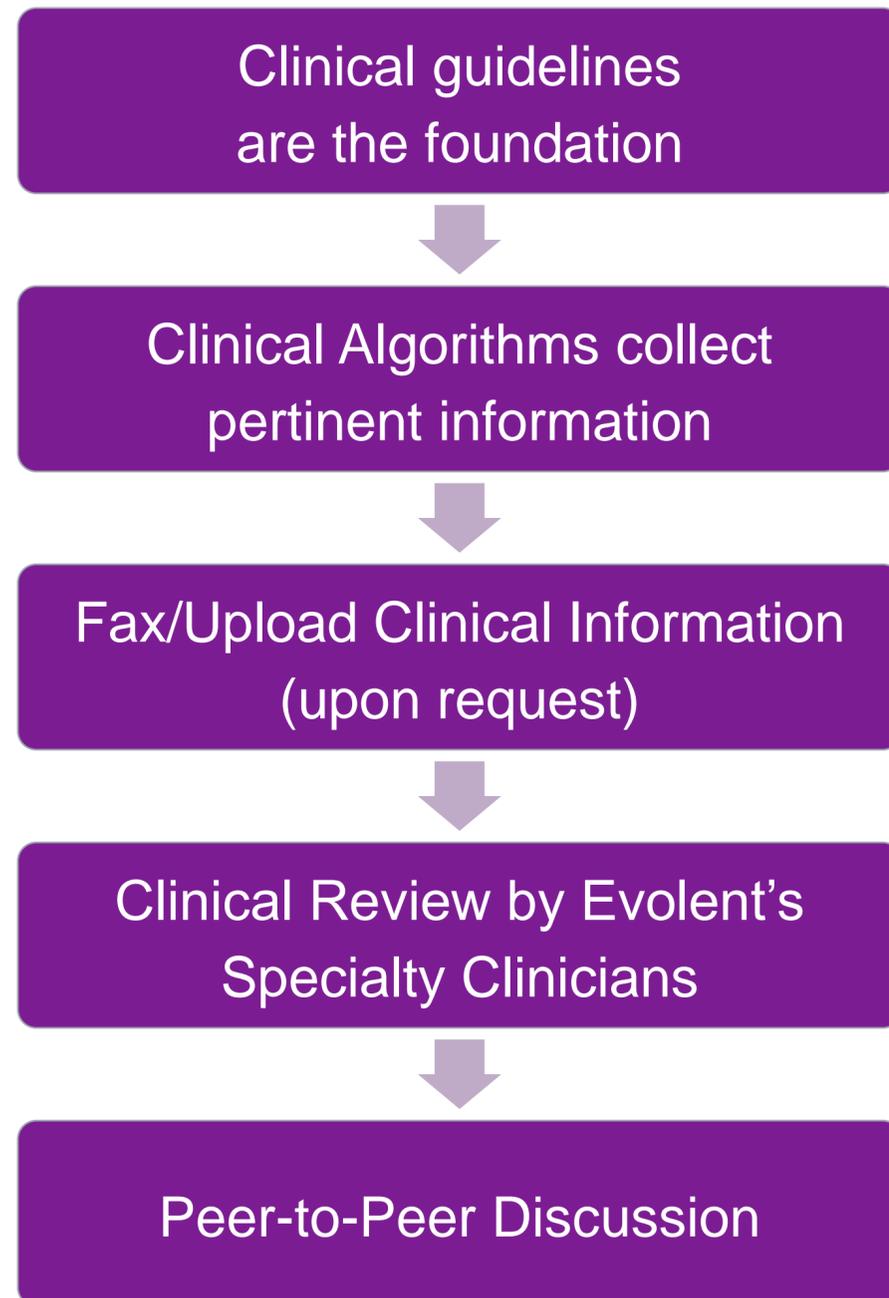
-  Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.radmd.com)
-  Defer to Ambetter from WellCare of New Jersey's Policies for Procedures not on Claims/Utilization Review 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** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Ambetter from WellCare of New Jersey and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.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		
FAX NUMBER:		TRACKING NUMBER:	
RE:	Authorization Request	MEMBER ID:	
PATIENT NAME:	Cindy I		
HEALTH PLAN:			

We have received your request for Lumbar Decompression. We are unable to approve based on the information provided to 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](http://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](http://www.RadMD.com), select **New User** and submit an **Application for New Account**.

# Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to [RadMD.com](https://www.radmd.com)
  - Fax using Evolent coversheet

- Location of Fax Coversheets:
  - Can be printed from [RadMD.com](https://www.radmd.com)
  - Call 1-800-642-7821

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

## Exam Request Verification: Detail

Upload Clinical Document

Print Fax Cover Sheet

Request Additional Visits

### Cases in this Request

#### Member

**Name:** Evo Lent  
**Gender:** Female  
**Date of Birth:** 5/24/1971  
**Member ID:** AB123456  
**Health Plan:** ABC Health Plan  
HMO  
**Spoken Language:** ENGLISH  
**Written Language:** ENGLISH

#### Provider

**Name:** Memorial Hospital  
**Address:** 123 Main St, New City, ST  
12345  
**Phone:** 123-456-7890  
**Tax ID:** 987654321  
**UPIN:**  
**Specialty:**

# Clinical Specialty Team: Focused on IPM



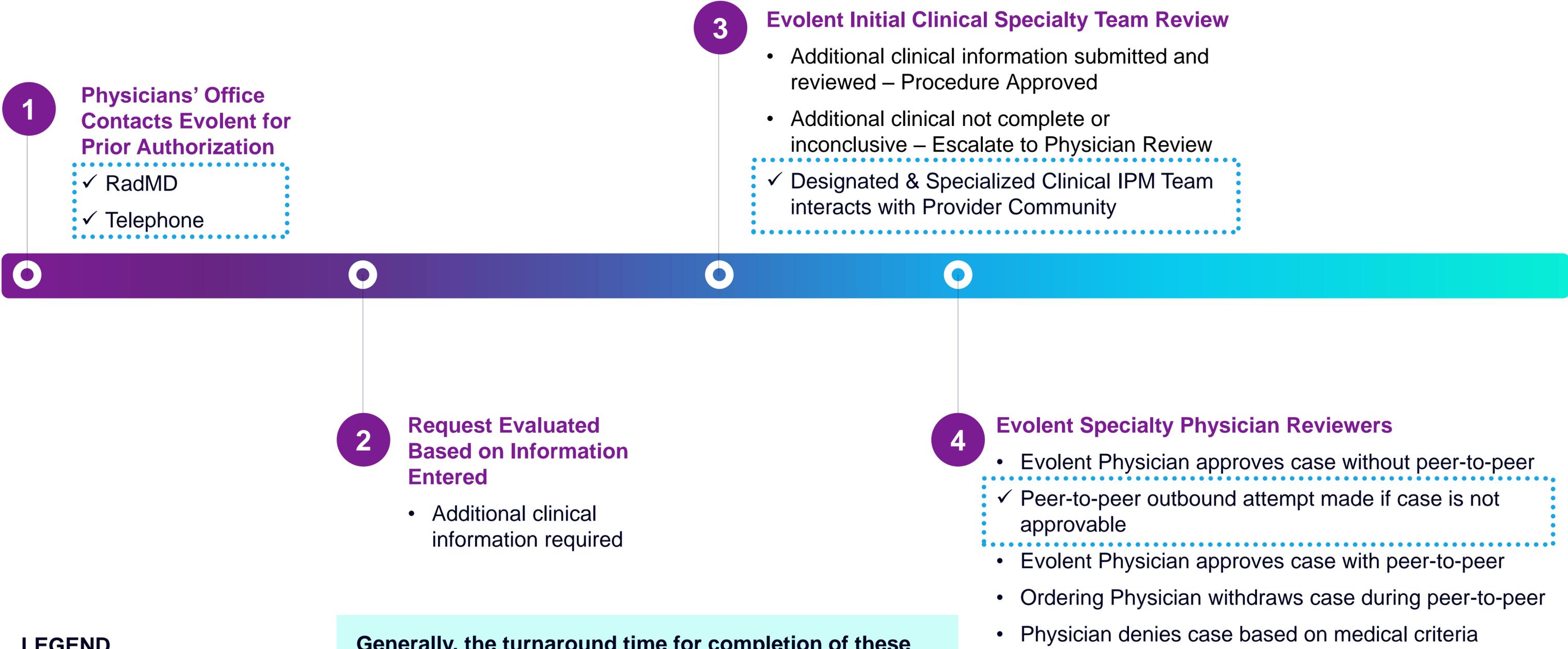
## IPM Review

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



**LEGEND**

✓ Key Evolent differentiator

Generally, the turnaround time for completion of these requests is within two or 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 Evolent immediately.
- The Evolent website [RadMD.com](https://www.radmd.com) 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 1-800-642-7821.
- Turnaround time is within 1 business day not to exceed 72 business 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 180 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 New Jersey.
- 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 New Jersey.
- 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



RadMD.com

Available 24/7



1-800-642-7821

Available Monday - Friday

8:00 AM – 8:00 PM EST

# Evolent Website

[RadMD.com](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

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



The screenshot displays two main sections of the RadMD website. The top section, titled "RadMD Sign In", has a green background and contains the text: "For URGENT/EXPEDITED authorization requests, please contact the Evolent call center." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section, titled "Track an Authorization", has a light beige background and features the text "Authorization Tracking Number" above a white input field. To the right of the input field is an orange "Go" button.

# 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.

1



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.)

3

Application for a New Account  
Please fill out this form only for yourself. Shared accounts are not allowed.  
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?  
-- Please select an appropriate description -- [What about read-only radiology offices?](#)

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

**Submit**

# 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.

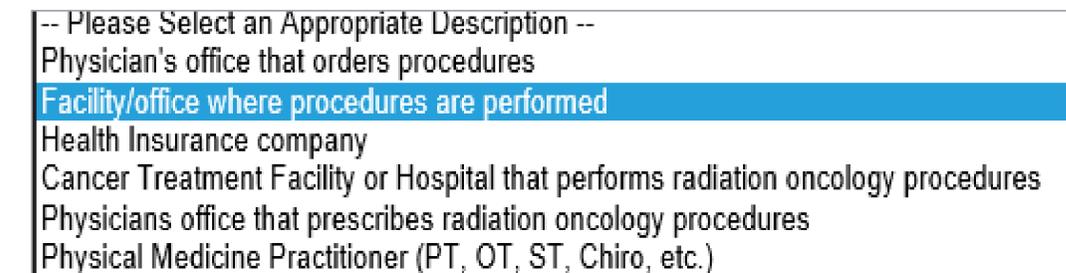
### IMPORTANT

- 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.

1



2



3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?  
Facility/office/lab where procedures are performed [What about read-only radiology offices?](#)

New Account User Information		Your Supervisor	
Choose a Username:		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name:	Last Name:	First Name:	Last Name:
Phone:	Fax:	Phone:	Email:
Email:	Confirm Email:		
Company Name:	Job Title:	Facility Tax ID #:	<input type="button" value="Add"/>
Address Line 1:	Address Line 2:	Your Tax IDs:	[none]
City:	State:		
Zip:			

# Shared Access

Evolent offers a Shared Access feature on our [RadMD.com](https://www.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](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

## Request

**Exam or specialty procedure**

(including Cardiac, Ultrasound, Sleep Assessment)

**Physical Medicine**

[Initiate a Subsequent Request](#)

**Radiation Treatment Plan**

**Pain Management**

or Minimally Invasive Procedure

**Spine Surgery or Orthopedic Surgery**

**Genetic Testing**

## Resources and Tools

Shared Access

1 share offer requires your attention

Clinical Guidelines

Request access to Tax ID

## News and Updates

**Hot Topic:**

Login As Username:

## Request Status

[Search for Request](#)

[View All My Requests](#)

[View Customer Service Calls](#)

Tracking Number:

[Forgot Tracking Number?](#)

# When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: [RadMD.com](https://www.RadMD.com)
- 1-800-642-7821

Initiating a Peer-to-Peer Consultation

- 1-800-642-7821

Provider Service Line

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

Provider Education requests or questions specific to Evolent

Seth Cohen  
*Provider Relations Manager*  
1-410-953-2418 • [seth.cohen@evolent.com](mailto:seth.cohen@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.