

## Healthy Blue Interventional Pain Management (IPM) Program

**Provider Training** 



## Evolent Program Agenda

Our IPM Program



Authorization Process

Other Program Components



Provider Tools and Contact Information



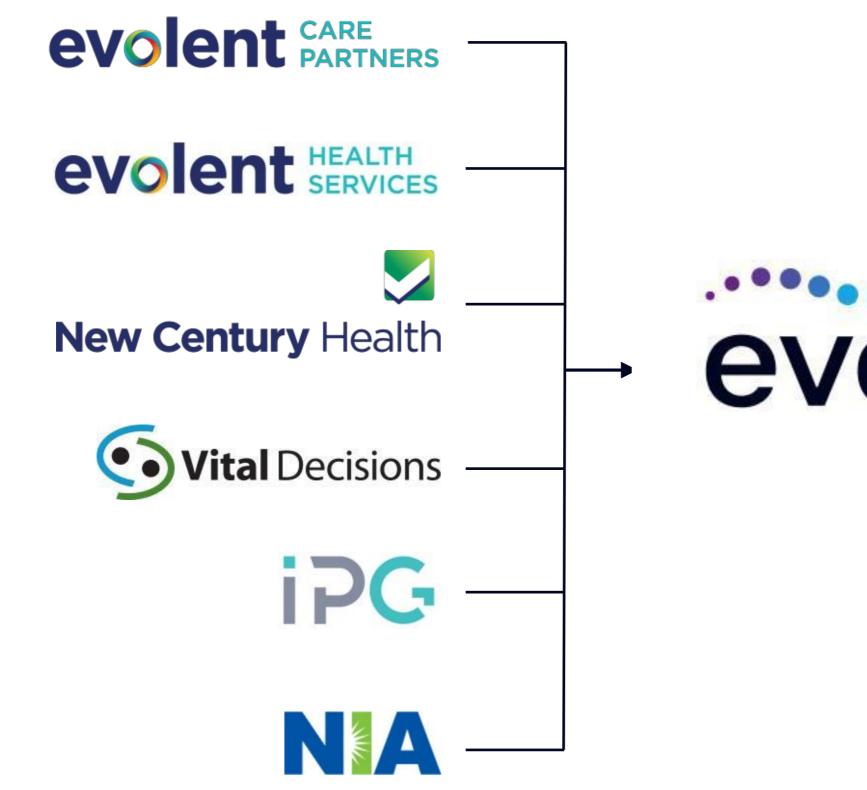
RadMD Demo



**Questions and Answers** 



### Connecting Our Brands is About Connecting Care



# evolent -

### **Our Motivation**

### **Patients**

- **Better Treatment** ۲
- **Better Health** •

### **Providers**

- Less Friction
- Appropriate Care

## **IPM Prior Authorization Program**

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**IMPORTANT** 

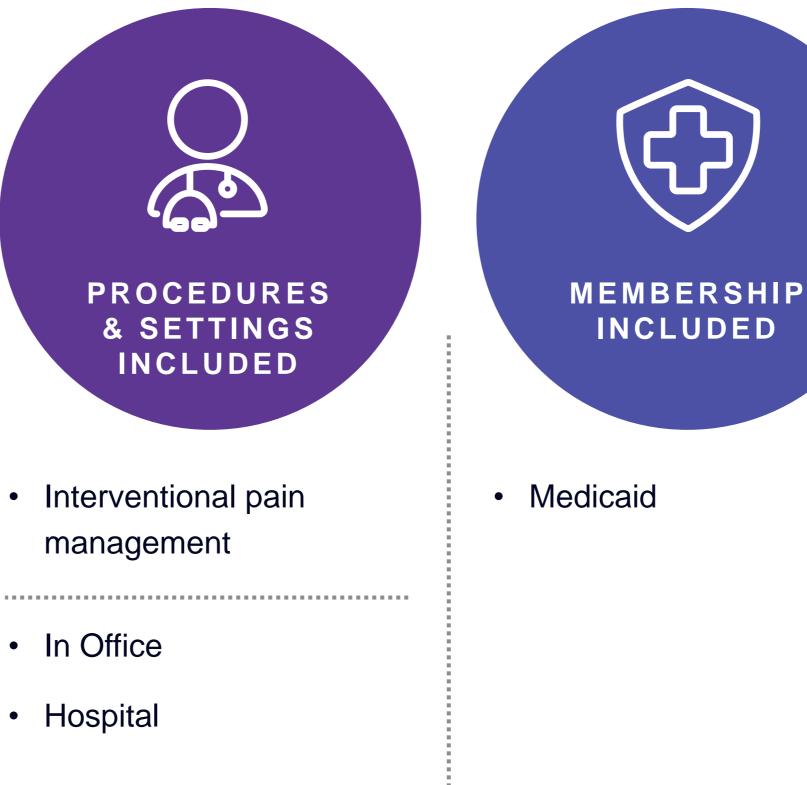
DATES



• Healthy Blue will begin a prior authorization program through Evolent for the management of **IPM Services.** 

• Program start date: January 1, 2024

- In Office
- Hospital





• Evolent will manage services through Healthy Blue's contractual relationships.







## Interventional Pain Management (IPM)

**IPM Procedures Performed Outpatient** 

- Spinal Epidural Injections  $\bullet$
- Paravertebral Facet Joint Injections of Blocks  $\bullet$
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) •

## **IPM Exclusions**

### Exclusions

- Hospital Inpatient •
- Observation  $\bullet$
- Emergency Room/Urgent Care Facility

# 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



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

Procec
Sacroiliac J
Spinal Cord Trial
Spinal Cord Insertion, Re Removal
Sympathetic

IPM PROCEDURES				
edure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Code	
Joint Injection	27096	27096, G0260		
d Stimulator	63650	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002	
d Stimulator Revision, or	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	
tic Nerve Block	64510	64510, 64517, 64520, 64530	77003	

## **Prior Authorization Process Overview**



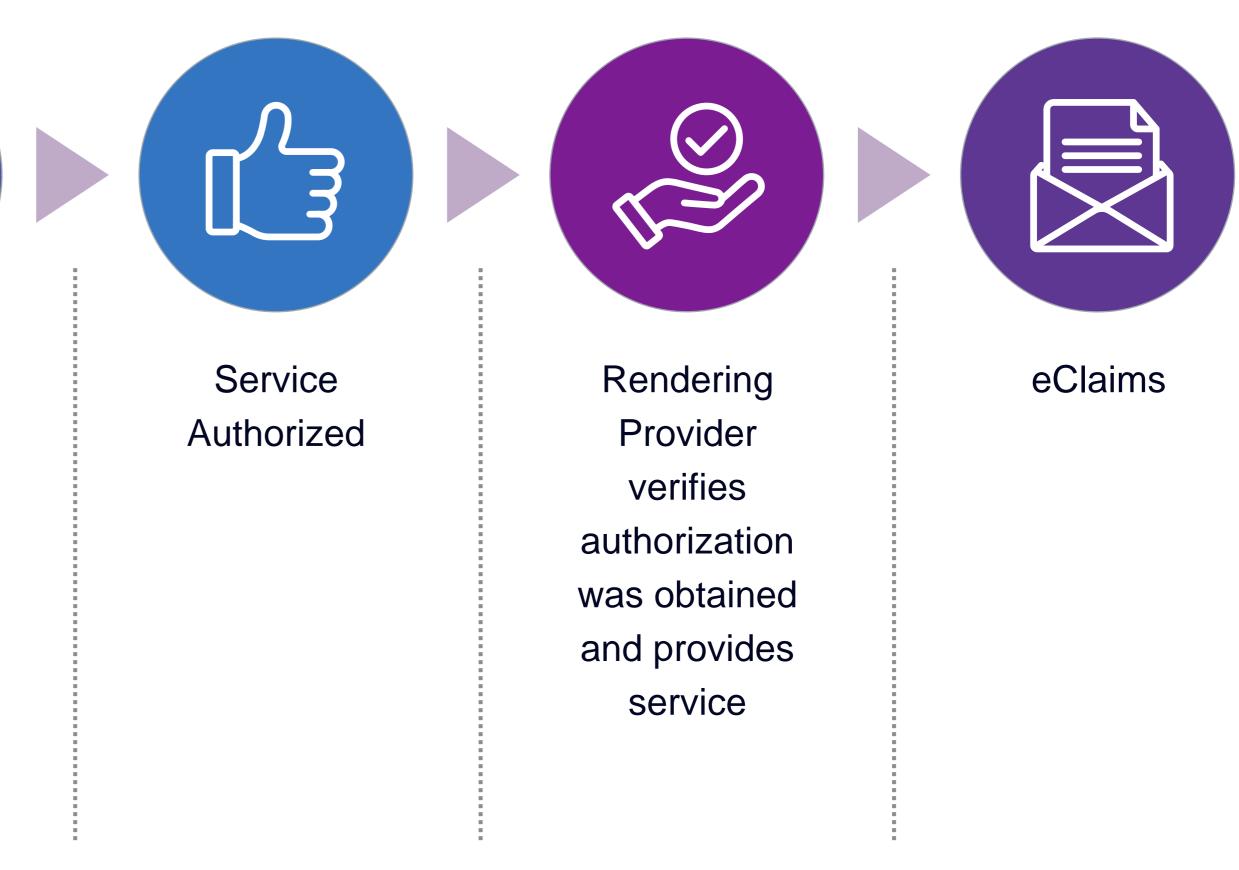
Ordering Physician is responsible for obtaining prior authorization

IPM provider may be both ordering and rendering

Submit requests online through RadMD.com or by phone



Information evaluated via algorithm and medical records



## **Evolent's Clinical Foundation & Review**



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 Healthy Blue 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** 

- Bi-lateral IPM injections performed on the same date of ulletservice 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.

### • Every IPM procedure performed requires a prior authorization; Evolent will not authorize a series of epidural injections.

## **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	
AX NUMBER:		TRACKING NUMBER:
E: Authorization Reques	t MEMBER ID:	
ATIENT NAME: Cindy		
EALTH PLAN:	CALLER OF THE	
		mpression. We are unable to approve based on the information provided to
date, please respond to this t	ax as soon as possib	ble.
	of the following: p	of conservative treatment for 6 consecutive weeks in the last 6 months. ohysical therapy, physician-directed home exercise plan, epidural steroid
	Add	litional information is still needed.
provided still does not sup	port the medical ne	Decompression along with additional records. However, the information ecessity of these services to make a determination on this case. Please see y allow us to make a positive determination. Only sending daily notes may
	least two of the	on of conservative treatment for 6 consecutive weeks in the last 6 following: physical therapy, physician-directed home exercise plan, ations.
rou may submit records for resend the information pre-		are as requested by uploading them on <u>www.radmd.com</u> . Please do not
		aining prior authorizations and for submitting the clinical records if ble with the clinical information identified above.
	clinician, and you v	er to process your request. Once this information has been received, the will be notified of the determination. The ordering provider may call to
Sul	omitting a prior au	thorization request on RadMD is fast and efficient!
Our provider portal, RadM	D, is the easiest w	vay to request authorizations, upload documents, access clinical guideline

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 1-855-569-6749



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

Exam Re
Upload Clin
Cases in thi
Member
Name:
Gender:
Date of Birth
Member ID:
Health Plan:
Spoken Lan

### quest Verification: Detail

ical Document

Print Fax Cover Sheet

**Request Additional Visits** 

### s Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender: Date of Birth:	Female 5/24/1971	Address:	123 Main St, New City, ST
Member ID:	AB123456	Phone:	12345 123-456-7890
Health Plan:	ABC Health Plan HMO	Tax ID: UPIN:	987654321
Spoken Language: Written Language:		Specialty:	



## Clinical Specialty Team: Focused on IPM



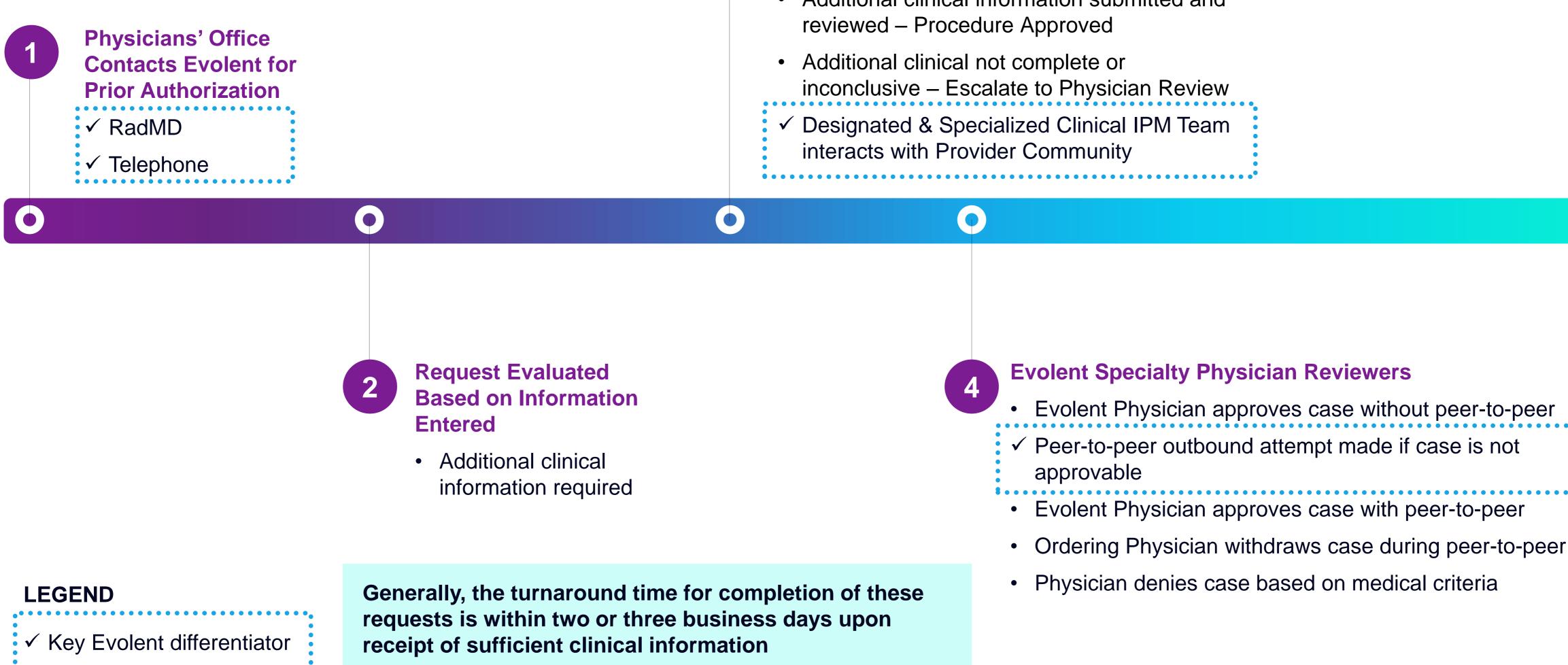
**IPM Review** 

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**



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### **Evolent Initial Clinical Specialty Team Review**

- Additional clinical information submitted and

## **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 1-855-569-6749.
- Turnaround time is within 1 calendar hour not to exceed 72 calendar hours.

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## Authorization Validity Period

- IPM

### 30 calendar days from date of request or final determination

## **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.

## Claims and Appeals

### **Claims Process:**

- Providers should continue to submit their claims to Healthy Blue.
- 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 ٠ through Healthy Blue.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment  $\bullet$ (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**  $\bullet$
- View Authorization Status  $\bullet$
- View and manage Authorization Requests with other users  $\bullet$
- Upload Additional Clinical Information  $\bullet$
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents  $\bullet$
- Interactive Voice Response (IVR) System  $\bullet$ for authorization tracking



Available 24/7



## 1-855-569-6749

**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 Sign In

For URGENT/EXPEDITED authorization requests, please contact the Evolent call center.

Sign In New User

Track an Authorization

**Authorization Tracking Number** 

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## RadMD New User Applica 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" butto 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 du
- Offices that are both ordering and rendering procedures should request or This will allow you to request authorization on RadMD and see the status of

	RadMD S	ign In			
ntion 1		EXPEDITED authorized to the Evolent call certain the Evolent			
	Sign In N	ew User			
	Track an A	uthorization			
	Authorization	Tracking Number	Go		
e. 2		an Appropriate Descr	-		
5.		e that orders procedu			
on	Health Insurance	ere procedures are po	enormea		
		nt Facility or Hospital	that performs radiati	on oncology proce	dura
		that prescribes radia	-		uur
		e Practitioner (PT, O	071	10100	
			<u> </u>		
	Application for a New Account				
3	In order for your account to be act	yourself. Shared accounts are not allo tivated, you must be able to receive emails upport@magellanhealth.com can be received.	from RadMDSupport@magellanhealth.c	com. Please check with your email a	dministr
	Which of the following best des		ieu.		
	Please select an appropriate de		What about read-only radiology	∕ offices <sup></sup>	
	New Account User Information Choose a Username:		Your Supervisor Unless you are the owner or CE	O of your company, the user's name	/email
			must be different than the super		
	First Name:	Last Name:	First Name:	Last Name:	
	Phone:	Fax:	Phone:	Email:	
	Email:	Confirm Email:			
	Company Name:	Job Title:			
ue to HIPAA regulations.	Address Line 1:	Address Line 2:			
dering provider access.	City:	State:			
	Zip:	[State]	<b>~</b>		
of requests.					
		s	ubmit		



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## RadMD New User Applica 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" butt to proceed.
- 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 in

### **IMPORTANT**

- Users are required to have their own separate username and password d
- Designate an "Administrator" for the facility who manages access for use
- If multiple staff members entering authorizations need to view approved, authorization requests, they will each need to complete and submit a new account administrator is responsible for granting rendering access for each

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	Authorizatio	Authorization on Tracking Number	Go		
e. 2		t an Appropriate Des ce that orders proced			
e. <b>2</b>	r r	here procedures are			
ton	Health Insurance company Cancer Treatment Facility or Hospital that performs radiation oncology procedur Physicians office that prescribes radiation oncology procedures Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)				
3	In order for your account to be	for yourself. Shared accounts are not activated, you must be able to receive en IDSupport@magellanhealth.com can be re describes your company?	nails from RadMDSupport@magellanhealth		minis
	New Account User Informat	tion	Your Supervisor		
nstructions.	Choose a Username:		Unless you are the owner or C must be different than the sup	EO of your company, the user's name/e ervisor's name/email.	emai
	First Name:	Last Name:	First Name:	Last Name:	
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pended, and in-review	Zip:	[State]	~		
user application. The					
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ch employee.					



## 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 <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

### Request Exam or specialty procedure **Physical Medicine** Initiate a Subsequent Request Radiation Treatment Plan Pain Management or Minimally Invasive Procedure Spine Surgery or Orthopedic Surgery **Genetic Testing**

Request Status Search for Requ View All My Req **View Customer** 

(including Cardiac, Ultrasound, Sleep Assessment)

### **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: Login	
s Jest Juests Service Calls	Tracking Number: Search Forgot Tracking Number?	



## When to Contact Evolent

Initiating or checking the status of an authorization request	<ul> <li>Website: <u>RadMD.con</u></li> <li>1-855-569-6759</li> </ul>
Initiating a Peer-to-Peer Consultation	<ul> <li>1-855-569-6759</li> </ul>
Provider Service Line	<ul> <li><u>RadMDSupport@Evc</u></li> <li>Call 1-800-327-0641</li> </ul>
Provider Education requests or questions specific to Evolent	Priscilla Singleton <i>Sr. Provider Relations I</i> 1-314-387-5023 • psingl



### volent.com

Manager gleton@evolent.com

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# RadMD Demonstration

# evolent

# 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.