



Superior HealthPlan and Evolent Interventional Pain Management Program (IPM) Frequently Asked Questions (FAQs)

Question	Answer
GENERAL	
Why did Superior HealthPlan (Superior) implement an IPM Program?	<p>Superior is contracted with Texas Evolent (formerly National Imaging Associates, Inc.), and a Texas licensed Utilization Review Agent (URA #5258), to manage utilization review for Interventional Pain Management. Providers utilize Evolent's website, RadMD.com, phone or fax to request IPM procedures.</p> <p>IPM Procedures include:</p> <ul style="list-style-type: none">▪ Spinal Epidural Injections▪ Paravertebral Facet Joint Injections or Blocks▪ Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)▪ Sacroiliac Joint Injections▪ Sympathetic Nerve Blocks (Effective 1/1/2024)▪ Spinal Cord Stimulators (Effective 1/1/2024) <p>Providers should access the Superior website to confirm the specific MSK surgical procedure codes that require prior authorization at: superiorhealthplan.com/providers/preauth-check.html</p>
IMPLEMENTATION	
What was the implementation date for this IPM Program?	<p>The program start date was January 1, 2021, with a current expansion effective January 1, 2024. Superior and Evolent collaborated to offer provider training activities prior to the start date.</p> <p>ICHRA: Effective January 1, 2026 DSNP (FIDE/HIDE/ Coordinated): Effective January 1, 2026</p>

PRIOR AUTHORIZATION	
What IPM services require prior authorization?	<p>The following procedures require prior authorization through Evolent:</p> <ul style="list-style-type: none"> • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) • Sacroiliac Joint Injections • Sympathetic Nerve Blocks (Effective 1/1/2024) • Spinal Cord Stimulators (Effective 1/1/2024)
Are there any exceptions to prior authorization requirements for IPM?	<p>Prior authorization is required for all outpatient, non-emergent interventional pain procedures. Ordering providers must obtain prior authorization prior to performing the service.</p> <p>Prior authorization for IPM procedures performed in the emergency department or as part of inpatient care do not require prior authorization from Evolent.</p>
Is prior authorization required for members currently undergoing treatment?	<p>Prior authorization requirements are being added for specific procedure codes for sympathetic nerve blocks and spinal cord stimulators on or after January 1, 2024. Members who are currently undergoing treatment as of January 1, 2024 will require prior authorization for all applicable IPM procedures that require prior authorization as of January 1, 2024.</p>
Who is responsible for requesting prior authorization for IPM procedures?	<p>The member/patient's physician is responsible for requesting prior authorization for IPM procedures.</p>
Are inpatient IPM procedures included in this program?	<p>Inpatient IPM procedures do not require prior authorization through Evolent; only outpatient, non-emergent IPM procedures require prior authorization.</p> <p>The facility's inpatient admission notification and other authorization requirements continue to be required from Superior for any inpatient admission during which a member receives medically necessary IPM procedures. Please refer to Superior for policies regarding inpatient IPM authorization requirements.</p>
How is prior authorization requested Evolent for an outpatient IPM procedure?	<p>Providers may submit prior authorization requests to Evolent through RadMD.com, through facsimile at 1-800-784-6864, or by calling:</p> <ul style="list-style-type: none"> • 1-800-642-7554 - Superior (Medicaid) • 1-800-424-4916 - Ambetter • 1-866-214-1703 - Wellcare By Allwell • 1-866-510-9630 - Duals

What information does Evolent require to receive prior authorization?	<p>The following information must be included for IPM prior authorization requests (*required information):</p> <p>IPM Procedures:</p> <ul style="list-style-type: none"> • Name, NPI, and office phone number of ordering physician* • Member name, Member date of birth, and ID number* • Requested procedure(s)* • Name, NPI of provider office or facility where the service will be performed* • Date of service* • Clinical documentation confirming the medical necessity for the pain management procedure* <ul style="list-style-type: none"> ○ Diagnosis ○ Date of onset of pain or exacerbation ○ Physician exam findings and member symptoms ○ Date and results of prior IPM procedures ○ Diagnostic imaging results, <i>when applicable</i>. ○ Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) ○
What if the date of service changes after the authorization is issued?	<p>The requested date of service must fall within the date span of the authorization for authorized services to be reimbursed. If the date of service is outside of the authorization date span, please contact Evolent to either have the date of service in the approved authorization updated or to request a new authorization.</p>
Where can a provider find Evolent's Guidelines for Clinical Use of Pain Management Procedures?	<p>Evolent's IPM clinical guidelines can be found at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.</p>
Can a provider request more than one procedure at a time for a member (i.e., a series of epidural injections)?	<p>Evolent requires separate prior authorization for each pain procedure requested.</p>
What is the timeframe to process prior authorization requests?	<p>Required regulatory timeframes to respond to a prior authorization request are included in Superior Provider Manuals online at: superiorhealthplan.com/providers/training-manuals.html.</p>

How does a provider receive the identifier for a processed prior authorization request, and how is that number communicated to the provider?	The Evolent authorization number consists of 11 alpha-numeric characters. In some cases, the ordering provider may instead receive an Evolent tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. This number is available on RadMD and on the notification. Providers will be able to use either number to check the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting an authorization through RadMD and the request pends for additional information, what happens next?	The provider will be contacted by Evolent with details on what is needed to complete the process.
How long is the prior authorization number valid?	The timeframe for the IPM procedures approved or denied is communicated in the prior authorization determination notice, but typically no less than 30 days.
Is an approved prior authorization a guarantee of payment?	An approved authorization is not a guarantee of payment. Authorization is based on medical necessity and contingent upon eligibility and benefits at the time of service.
Are IPM services retrospectively reviewed to determine medical necessity?	Outpatient, non-emergent IPM services require 'prior' authorization, and physicians administering these procedures <u>should not</u> schedule or perform procedures without prior authorization. However, extenuating circumstances may require retrospective review. These requests are evaluated for medical necessity and reviewed to determine whether a situation occurred that prevented the provider from obtaining authorization prior to providing services.
How can a provider submit an authorization request for retrospective utilization review or urgent authorization requests?	<p>During business hours, retrospective and urgent requests must be requested for processing by calling:</p> <ul style="list-style-type: none"> • 1-800-642-7554 - Superior (Medicaid) • 1-800-424-4916 - Ambetter • 1-866-214-1703 - Wellcare By Allwell • 1-866-510-9630 - Duals <p>After business hours, providers should submit an urgent PA request or request for retrospective review through RadMD. A fax option is available (1-800-784-6864) but the preferred method of submission is through Evolent's online portal, RadMD, or the Call Center.</p>
Can a provider verify an authorization number online?	Yes. Providers can check the status of authorization quickly and easily online at RadMD.com .
Is the Evolent authorization number displayed on the Superior secure provider authorization portal?	No. Providers can check the status of Evolent authorization requests at RadMD.com or by calling Evolent:
	<ul style="list-style-type: none"> • 1-800-642-7554 - Superior (Medicaid) • 1-800-424-4916 - Ambetter • 1-866-214-1703 - Wellcare By Allwell • 1-866-510-9630 - Duals

How can appeal of an adverse determination be requested?	<p>An appeal must be requested by filling out the “Appeal Request Form” included in the denial notification and mailing or faxing it to the address or fax number listed at the top of the form or by calling Evolent Appeals Department at 1-866-972-9842.</p> <p>Medicare plans: Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.</p> <p>Medicare re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan’s process.</p>
CONTACT INFORMATION	
Whom can a provider contact at Evolent for more information?	<p>Providers can contact:</p> <p>Karla Lowery Provider Engagement Manager 1-952-225-5701 klowery@evolent.com</p>