

Ambetter from WellCare of Kentucky Interventional Pain Management (IPM) Provider Training







FROM |





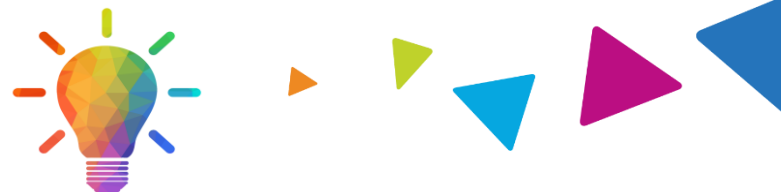
Our IPM Program

-  Prior Authorization Process and Overview
 - Clinical Foundation and Review
 - Clinical Review Process
 - Notification of Determination
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

¹Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as “Evolent.”

NIA Medical Specialty Solutions

National Footprint / Ambetter Experience



National Footprint

- ✓ **Providing Client Solutions since 1995** – one of the *go-to* care partners in industry.
- ✓ **79 health plans/markets** – partnering with NIA for management of advanced and/or cardiac imaging solutions.
- ✓ **32.78M national lives - participating** in a NIA medical specialty solutions program nationally.
- ✓ **Diverse populations** - Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Ambetter-Exchange Expertise/Insights

- ✓ **21 Ambetter plans/markets** with NIA specialty solutions in place.
- ✓ **1.74M Ambetter lives** – participating in a NIA medical specialty solutions program nationally.

Intensive Clinical Specialization & Breadth

- ✓ **Specialized Physician Teams**
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

NIA's IPM Solution



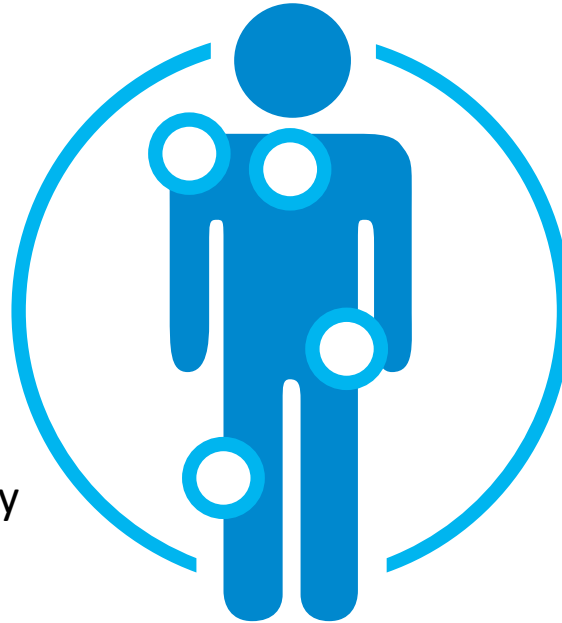
**Procedures Performed on or after January 1,2022 Require Prior Authorization
NIA's Call Center and RadMD will open January 1,2022.**



Targeted IPM

Procedures Performed in an
Outpatient Facility or Office

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation(Radiofrequency (RF) Neurolysis)
- Sacroiliac joint injections



Excluded from the Program
IPM Procedures Performed in the
following Settings:

- Hospital Inpatient
- Emergency Room/Urgent Care Facility

- NIA will use the Ambetter from WellCare of Kentucky's network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Ambetter from WellCare of Kentucky members throughout Kentucky.

List of CPT Procedure Codes Requiring Prior Authorization



Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA.



CPT Codes and their Allowable Billable Groupings.



Located on www.RadMD.com.



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



Ambetter from WellCare of Kentucky Utilization Review Matrix 2022 Interventional Pain Management (IPM)

The matrix below contains all of the CPT 4 codes that National Imaging Associates, Inc. (NIA) manages on behalf of WellCare of Kentucky.

NIA issues authorizations based on the primary CPT code and its allowable billed groupings. A procedure can be billed under any **one** of the given CPT codes for that allowable billed grouping as long as a valid authorization number has been issued within the validity period.

***Please note: IPM services rendered in an Emergency Room, Intraoperatively, or as a Hospital Inpatient are not managed by NIA.**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Sacroiliac Joint Injection	27096	27096, G0260
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321, 64479, +64480
Cervical/Thoracic Transforaminal Epidural	64479	62320, 62321, 64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323, 64483, +64484
Lumbar/Sacral Transforaminal Epidural	64483	62322, 62323, 64483, +64484
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636

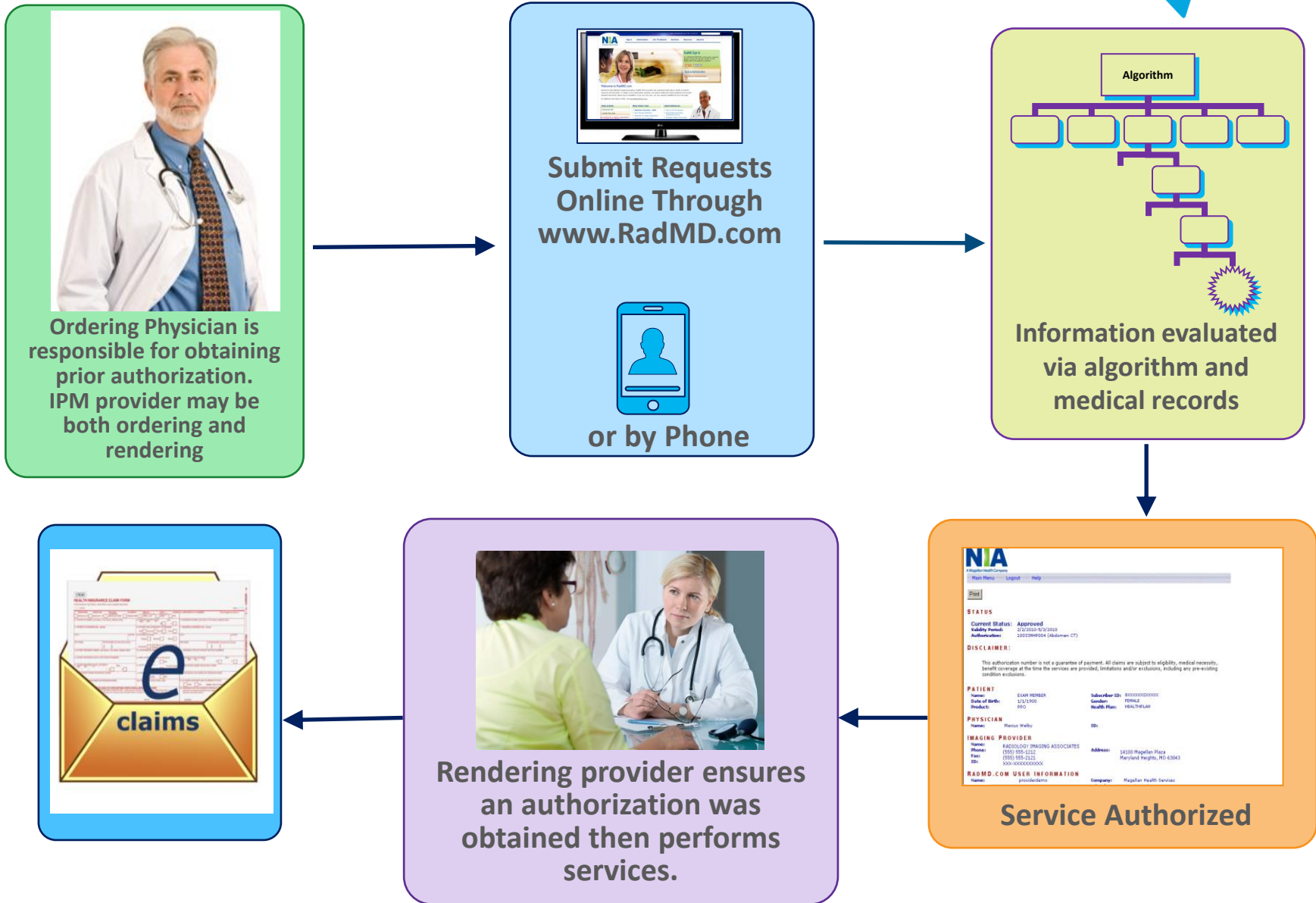
- Add-on codes (+) do not require separate authorization and are to be used in



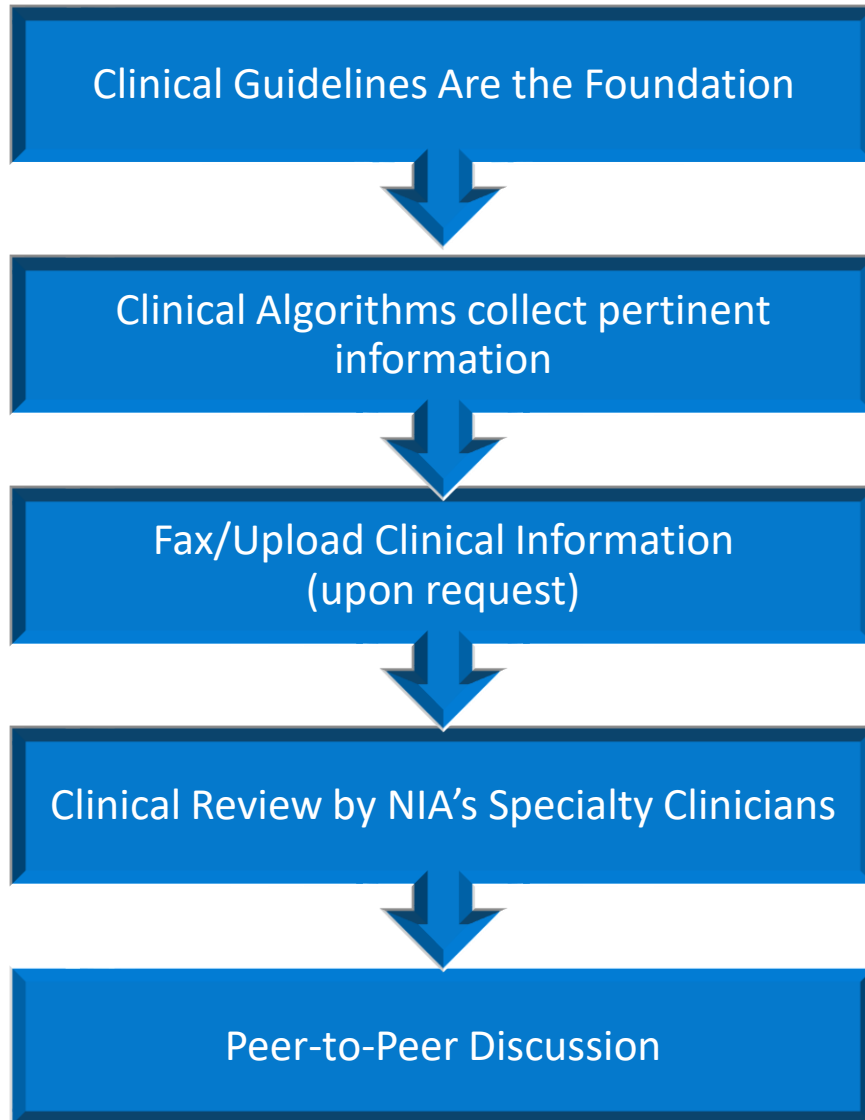
Special Information

- Every IPM procedure performed requires a prior authorization. NIA does not pre-approve 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.
- Add on codes do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

Prior Authorization Process Overview



NIA'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 the Plan and NIA Medical Officers and clinical experts. **Clinical Guidelines are available on 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.
 - NIA 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.**


IPM Clinical Checklist Reminders



IPM Documentation:

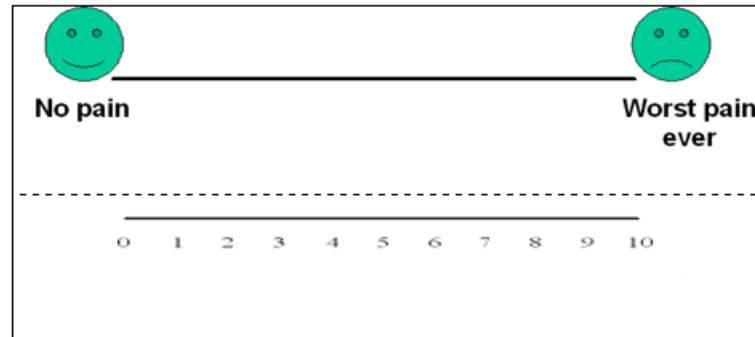
-  **Conservative Treatment**
 - Frequently, specifics of conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of 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 (ie - 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 visit is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

Sample Pain Rating Scales

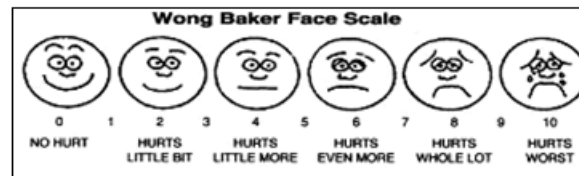
Visual Analogue Scale (VAS)



Numerical Rating Scale (NRS)



Faces Rating Scale (FRS)



NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER		FAXC
 <p>DO NOT WRITE ABOVE THIS LINE THIS COVER SHEET MUST BE THE FIRST PAGE OF YOUR FAX SEND ONLY ONE PATIENT PER FAX PLEASE FAX THIS FORM TO: 1-800-784-6864</p>		
Date: TODAY		
ORDERING PHYSICIAN:	REQ_PROVIDER	
FAX NUMBER:	FAX_RECV_PHONE	TRACKING NUMBER: CC_TRACKING_NUMBER
RE: Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME	
HEALTH PLAN:	CLIENT_BRAND_NAME	
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION). We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.		
<input type="checkbox"/> I attest this fax contains all relevant clinical documentation which exists for this authorization request. No additional information will be submitted for National Imaging Associates Inc. (NIA) review.		
URGENT- REPLY REQUIRED FOR CASE REVIEW Request for Additional Clinical Information		
Study Requested was: PROC_DESC Please PROVIDE: REQ_CLINICAL_DOCS For [initial] procedure request to NIA: <ol style="list-style-type: none"> Notes and exam findings related to pain: <ol style="list-style-type: none"> Location; intensity; provocative maneuvers; and any nerve problems. Notes that say the date the back or neck pain started. Notes of non-operative therapy tried for at least six weeks in the last six months: <ol style="list-style-type: none"> Formal physical therapy; a directed home exercise program; chiropractic care; or a combination of these. Notes of any prior treatments to manage pain. <ol style="list-style-type: none"> Notes should include: <ol style="list-style-type: none"> the date of the spinal procedure; the spinal region; how much the therapy reduced pain and improved function; and ongoing therapy since the prior treatment (formal physical therapy; a directed home exercise program; chiropractic care; or a combination of these). 		
For repeat procedure request to NIA: <ol style="list-style-type: none"> Date of the prior procedure and spinal region Documentation of the effectiveness in reducing the patient's pain and improving functional ability Office visit note and physical exam findings related to patient's current pain, intensity, and any neurological deficits Conservative therapy measures being done in conjunction with the interventional pain procedure requested REQ_CLINICAL_DOCSREQUESTED_CLINICAL_DOCS		
<i>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.</i>		
FAXC	CC_TRACKING_NUMBER	
<small>CONFIDENTIAL NOTICE</small> <small>If you received this message in error, please notify immediately by the number that you have received this message to error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access to anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.</small>		



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.

Submitting Additional Clinical Information



- Records may be submitted:
 - Upload to www.RadMD.com
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from www.RadMD.com
 - Call **1-800-424-9230**
- Use the case specific fax coversheets when faxing clinical information to NIA

Request Verification Details
Exam Request Verification: Detail

Print Fax Coversheet Upload Clinical Document

Member	Provider
Name:	Name:
Gender:	Address:
Date of Birth:	Phone:
Member ID:	Tax ID:
Health Plan:	UPIN:
	Specialty:

Case

Case Description:	Request ID:
Request Date:	Status:
Entry Method:	Validity Dates:
ICD10:	Contact Name:
Final Determination Date:	



IPM Reviews

Initial clinical review
performed by NIA
IPM team nurses

The clinical specialties
supporting our IPM
program include
anesthesiology and pain
specialists

IPM Clinical Review Process



Physicians' Office Contacts NIA for Prior Authorization



RadMD



Telephone



NIA Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review



Designated & Specialized Clinical IPM Team interacts with Provider Community.

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System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Clinical information complete – Procedure Approved
- Additional clinical information required



NIA can tier clinical review approach for high-performing physicians—procedures approved, clinical information captured for potential audit purposes

NIA Specialty Physician Reviewers

- NIA Physician approves case *without* peer-to-peer



Peer-to-peer outbound attempt made if case is not approvable

- NIA Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria



Key NIA
Differentiators

Generally the turnaround time for completion of these requests is within two to three business days upon receipt of sufficient clinical information.



Urgent/Expedited IPM Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA Website 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 NIA call center at **1-800-424-9230**
- Turn around time is within 1 business day not to exceed 72 calendar hours.



Authorization Notification

- Validity Period - Authorizations are valid for:
IPM
 - 60 days from the request date
- The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of service changes, please contact NIA to update.

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A reconsideration is available with new or additional information.
- Timeframe for a reconsideration is 14 calendar days from the date of the denial.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

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 will review IPM requests



RadMD Website
www.RadMD.com



Available
24/7 (except during
maintenance)



Toll Free Number
1-800-424-9230



Available
Monday - Friday
8:00 AM – 8:00 PM
Eastern Time

- 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

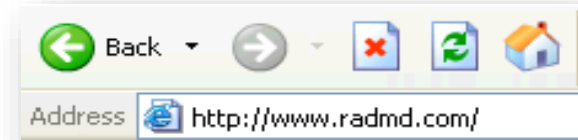


RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved authorizations for their facility.
- IPM providers are typically both the ordering and the rendering provider.

Online Tools Accessed through www.RadMD.com:

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



Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization 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

The image shows the RadMD.com application form for a new account. The page title is 'RADMD.COM: APPLICATION FOR A NEW ACCOUNT'. It includes a warning: 'Please fill out this form only for yourself. Shared accounts are not allowed.' Below this is a dropdown menu for 'Which of the following best describes your company?' with the selected option being 'Physician's office that orders procedures'. There are several text input fields for 'Choose a User ID', 'Name' (First and Last), 'Phone' and 'Fax', 'Company Name' and 'Job Title', 'Email' and 'Confirm Email', and 'Address'. There is also a section for 'Your Superior' with fields for 'Name', 'Phone', and 'Email'. A 'Submit Application' button is at the bottom. A footer note says 'If you have problems, please contact us at RadMDsupport@magellanhealth.com.'

RadMD: Shared Access



NIA offers a **Shared Access** feature on our www.RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

Want to see requests from other users in your practice? Try the new Shared Access feature under "Admin".

Dismiss

Request

[Request an exam or specialty procedure](#)

(including Cardiac, Ultrasound, Sleep Assessment)

[Request Physical Medicine](#)

[Initiate a Subsequent Request](#)

[Request a Radiation Treatment Plan](#)

[Request Pain Management or Minimally Invasive](#)

Procedure

[Request Spine Surgery or Orthopedic Surgery](#)

Search

[View Request Status](#)

[Search by Tracking Number](#)

[View All Online Requests](#)

[View Customer Service Calls](#)

Admin

[Shared Access](#)

1 share offer requires your attention

[Clinical Guidelines](#)

[Edit your Personal Information](#)

[Change your Password](#)

150 days until your password expires.

[View the Online User Agreement](#)

[Health Plan Specific Educational Docs](#)

Account Information

Tip Of The Day:

RadMD is a lot of things to a lot of people. We have hundreds of thousands of active users all across America and must comply with all laws in all states simultaneously.

Quick Links:

[Hours of Operation](#)

[Authorization Call Center Phone Numbers](#)

Please take the 2020 Ordering Provider Satisfaction Survey here:
[Ordering Provider Satisfaction Survey](#)

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 www.RadMD.com, allowing them to communicate with patients and facilitate treatment.

Allows Users the ability to view all approved authorizations for facility

IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

- Click the “New User” button on the right side of the home page.
- Select “Facility/office where procedures are performed”
- Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.

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

A screenshot of the RadMD application form for a new account. The page title is 'RADMD.COM: APPLICATION FOR A NEW ACCOUNT'. It includes a 'Please fill out this form only for yourself. Shared accounts are not allowed.' warning. Below is a dropdown menu for 'Please Select an Appropriate Description --' with 'Facility/office where procedures are performed' selected. The form fields include: 'Choose a User ID' (6-20 Characters), 'Name' (First and Last), 'Phone' and 'Fax' (with area code dropdowns), 'Company Name' and 'Job Title', 'Email' (with 'Confirm Email' field), 'Address' (Street, Suite A (optional), City, State, Zip), and 'Your Superior' (Name, First, Last, Phone, Email). A 'Submit Application' button is at the bottom.

When to Contact NIA



Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">Website:<ul style="list-style-type: none">www.RadMD.comToll-free number:<ul style="list-style-type: none">1-800-424-9230
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">1-800-424-9230
<p>Technical Issues/ Provider Service Line</p>	<ul style="list-style-type: none">RadMDSupport@Evolent.comCall 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<ul style="list-style-type: none">Andrew Dietz, DPTProvider Relations Manager1-800-450-7281 Ext. 34636adietz@Evolent.com

RadMD Demonstration



Confidentiality Statement



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Ambetter from WellCare of Kentucky members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Ambetter from WellCare of Kentucky and Evolent Health, LLC.

A large blue triangle occupies the left and bottom portions of the slide. Several smaller, colorful triangles are scattered around it: a large orange triangle on the left, a lime green triangle above it, a purple triangle in the upper right, a cyan triangle to its right, and a magenta triangle below the purple one.

Thanks