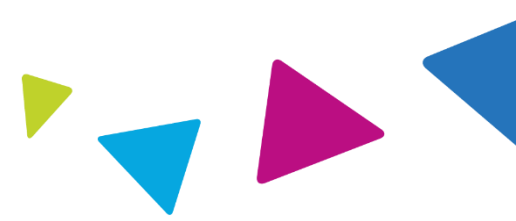


# Wellcare of North Carolina Interventional Pain Management (IPM)





Provider Training Presented by:  
Priscilla W. Singleton



# National Imaging Associates, Inc. (NIA) Program Agenda



## 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

# NIA Specialty Solutions

National Footprint / Medicaid Experience



## National Footprint

- ✓ Since 1995 – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ 91 health plans/markets – partnering with NIA for management of Medical Specialty Solutions.
- ✓ 33.69M national lives – participating in an NIA Medical Specialty Solutions Program nationally.
- ✓ Diverse populations – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

## Medicaid/Medicare Expertise/Insights

- ✓ 54 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- ✓ 18.65M Medicaid lives – in addition to 2.15M Medicare Advantage lives participating in an 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

Any services rendered after **September 29, 2021** performed in an outpatient setting for non emergent procedures, requires an authorization with NIA.



## 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
- Sympathetic Nerve Blocks
- Intrathecal Pump Trial
- Implantable Infusion Pump Insertion
- Spinal Cord Stimulators



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

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

▪ NIA will use the Wellcare of North Carolina network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Wellcare of North Carolina members throughout North Carolina.

# 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 [RadMD.com](https://www.radmd.com).



Defer to Wellcare of North Carolina's Policies for Procedures not on Claims/Utilization Review Matrix.





**Wellcare of North Carolina  
Utilization Review Matrix 2023  
Outpatient Interventional Pain Management (IPM)**

The matrix below contains all of the CPT 4 codes for which National Imaging Associates Inc. (NIA) authorizes on behalf of Wellcare of North Carolina.

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, Observation 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, G0280
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323
Lumbar/Sacral Transforaminal Epidural	64483	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
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530

• *Add-on codes (+) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered. NOTE: due the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.*

1—Wellcare of North Carolina IPM Utilization Review Matrix 2023 NIA


# Information for Authorization for IPM Injections




## 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. (Please refer to guidelines for potential restrictions)
- 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



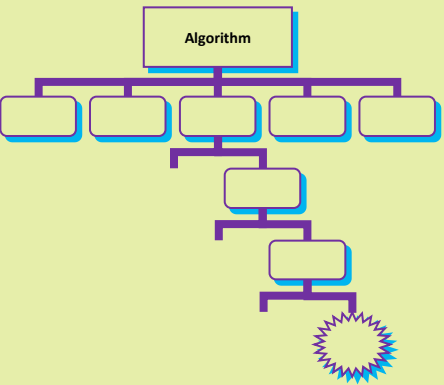
Ordering Physician is responsible for obtaining prior authorization. IPM provider may be both ordering and rendering



Submit Requests Online Through RadMD.com



or by Phone




Information evaluated via algorithm and medical records

Status	Patient	Physician
Current Status: <b>Approved</b>	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147
Auth Number: 12345XY21234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone: 2233 BUCHANAN ST New City, ST 12345	Auto Accident: No	Company: ABC Company
Fax: Not available	Pend/Reject Code: EB	Username: 52452005
Facility ID: TEST	Out of State: n/a	Job Title: Representative
Surgery Setting:	Release of Info Code: Y	Email: ABCUser@abc.com
	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

Service Authorized

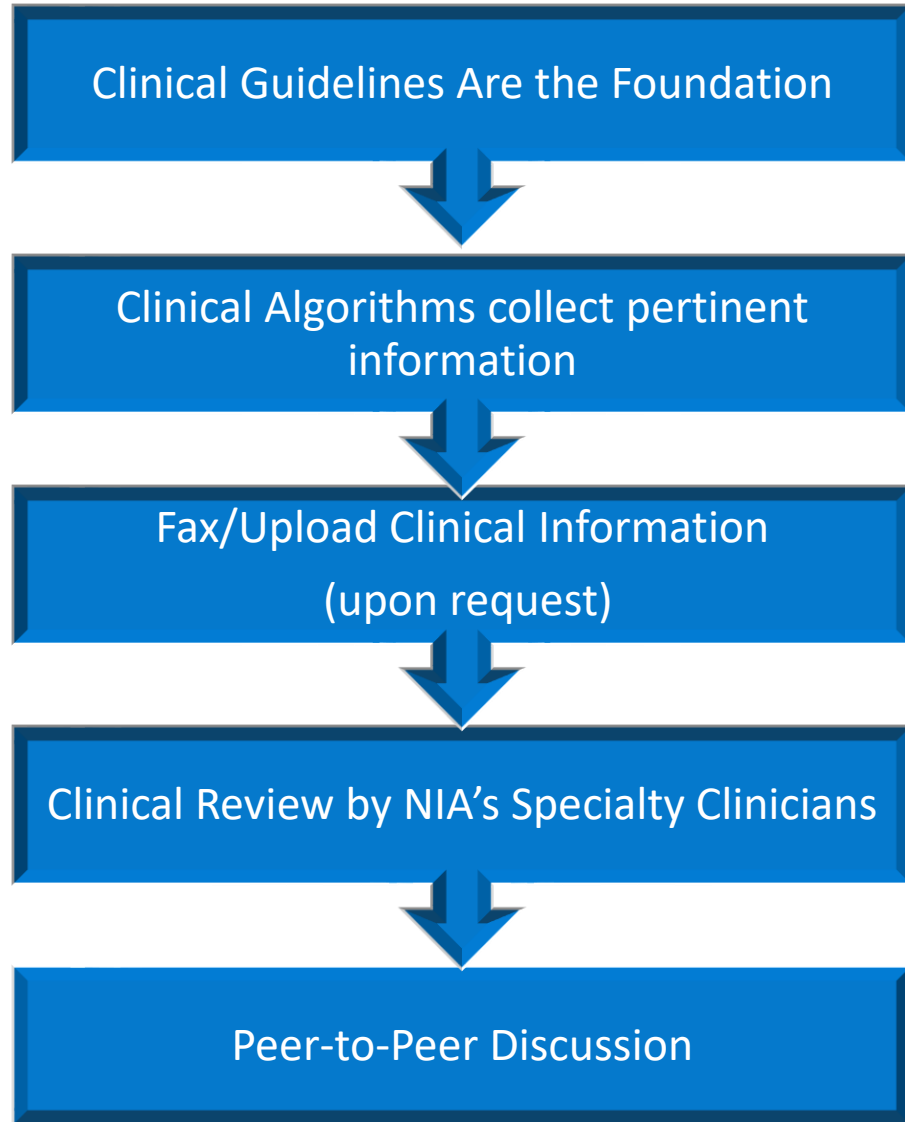


Rendering Provider Performs Service and ensures authorization was obtained



claims

# 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 [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.
- 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 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 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 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 (ie - noting that the member is no longer able to perform work duties, daily care, etc).

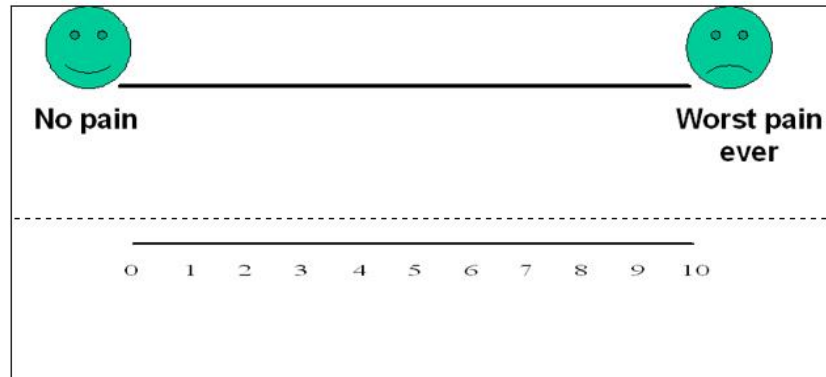


### **Follow Up To Prior Pain Management Procedures**

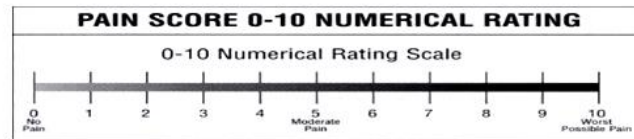
- For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone 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

**NIA**

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER:		
FAX NUMBER:	FAX RECIP PHONE:	TRACKING NUMBER:	CC_TRACKING_NUMBER:
RE: Authorization Request	MEMBER ID:	MEMBER ID:	
PATIENT NAME:	MEMBER NAME:		
HEALTH PLAN:	CAR NAME:		

**Request for Further Clinical Information**

We have received your request for PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # \_\_\_\_\_) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call \_\_\_\_\_.

1. Treating condition/diagnosis: \_\_\_\_\_
2. Brief relevant medical history and summary of previous therapy: \_\_\_\_\_
3. Surgery Date and Procedure (if any): \_\_\_\_\_
4. Date of initial evaluation: \_\_\_\_\_ Date of Re-evaluation: \_\_\_\_\_

RESULTS OF OBJECTIVE TESTS AND MEASURES: \_\_\_\_\_

\_\_\_\_\_



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 <https://www.RadMD.com>
  - Fax using that NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from <https://www.RadMD.com>
  - Call **1-866-249-1583**
- Use the case specific fax coversheets when faxing clinical information to NIA

**Exam Request Verification: Detail**

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

**Cases in this Request**

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

# Clinical Specialty Team: Focused on IPM

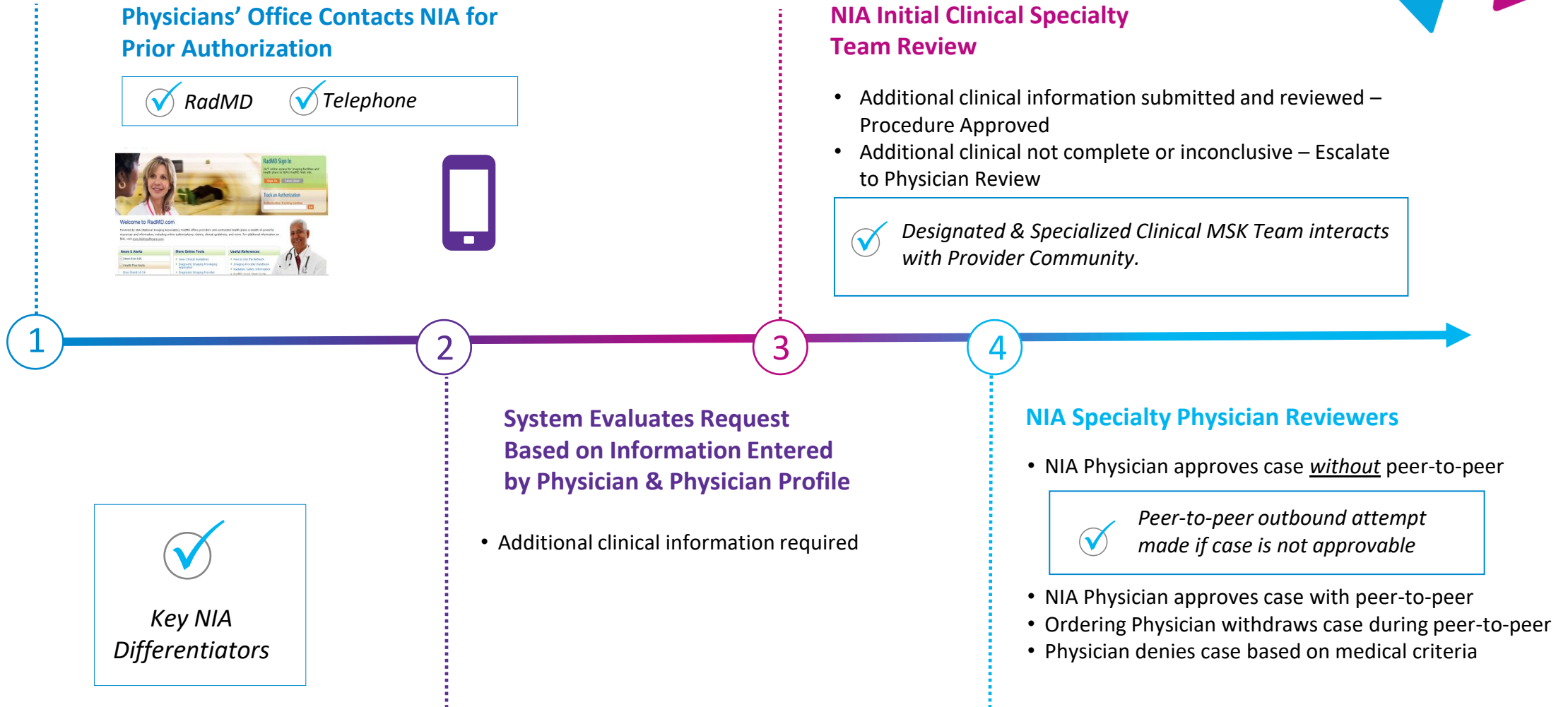


## IPM Reviews

Initial clinical  
review performed  
by NIA IPM team  
nurses

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

# MSK Clinical Review Process



Generally the turnaround time for completion of these requests is within **two to three** business days upon receipt of sufficient clinical information **(Please confirm with business rules if TAT is more stringent)**

# NIA Urgent/Expedited MSK Authorization Process



## Urgent/Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website <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 NIA call center at 1-866-249-1583.
- Turnaround time is within 1 Business day not to exceed 72 Business Calendar Hours.

# Notification of Determination



## Authorization Notification

- Validity Period - Authorizations are valid for:  
**IPM**
  - 60 days from date of service
- 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 re-review is available with new or additional information.
- Timeframe for re-review is 10 business days.
- In the event of a denial, providers are asked to follow the 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

# Provider Tools



## RadMD Website

[RadMD.com](http://RadMD.com)

### Available



24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



## Toll-Free Number

1-866-249-1583

### Available



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

- 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

# NIA's Website

<https://www.RadMD.com>

## RadMD Functionality varies by user:

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

## Online Tools Accessed through

<https://www.RadMD.com>:

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

The screenshot shows the RadMD Sign In page. At the top, it says "RadMD Sign In" in blue text. Below that, it states "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." There are two buttons: "Sign In" in orange and "New User" in grey. Below this is a section titled "Track an Authorization" in blue text. It features a text input field labeled "Authorization Tracking Number" and a "Go" button in orange. The entire interface is reflected below it.

# 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.

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



RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In New User

Track an Authorization

Authorization Tracking Number  Go

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 --

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: [(State)] <input type="text"/>		
Zip: <input type="text"/>			

Submit

# Allows Users the ability to view all approved, pending and in review 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.
- New users will be granted immediate access

**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, pending and in review 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, pending and in review authorizations under your organization.

1

RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In New User

Track an Authorization

Authorization Tracking Number  Go

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?  
Facility/office/lab where procedures are performed  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"/>	Affiliated Facilities	
Company Name: <input type="text"/>	Job Title: <input type="text"/>	Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>	Your Tax IDs: [none]	
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

# RadMD Enhancements

NIA 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.

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column, titled "Request", lists various services: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link to "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column, titled "Resources and Tools", includes "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two search fields: "Login As Username:" with a text input box and a "Login" button, and "Tracking Number:" with a text input box, a "Search" button, and a link for "Forgot Tracking Number?".

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.

# When to Contact NIA



## Providers:

<p><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>▪ Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li><li>▪ Toll-free number 1-866-249-1583- Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>▪ Call 1-866-249-1583</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>▪ <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a></li><li>▪ Call 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to NIA</b></p>	<ul style="list-style-type: none"><li>▪ Priscilla W. Singleton Provider Relations Manager 1-314-387-5023 <a href="mailto:psingleton@evolent.com">psingleton@evolent.com</a></li></ul>

# 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 Wellcare of North Carolina 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 Wellcare of North Carolina and Evolent Health, LLC.*

Thanks