

Interventional Pain Management Program: Frequently Asked Questions

GENERAL

Why does Blue Cross and Blue Shield of Nebraska (BCBSNE) have a spine management program focused on interventional pain management procedures?

BCBSNE implemented this program to improve quality and manage the use of non-emergent spine care, including interventional pain management procedures for our members. National Imaging Associates, Inc. (NIA) is the vendor manager for BCBSNE's advanced imaging program, and these spine modalities are an extension of that management program. Interventional pain procedures include:

- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radiofrequency neurolysis)

Why did BCBSNE select NIA?

We selected NIA to partner with us because of its clinically driven program designed to effectively manage quality, patient safety and appropriate use of resources for BCBSNE members.

Which BCBSNE members are covered under this relationship?

NIA will manage the preauthorization process for non-emergent, outpatient interventional pain management spine procedures through BCBSNE's provider relationships. This program applies to all BCBSNE members, excluding those covered by the following groups or products:

- Federal Employee Program
 - Basic plan with no out-of-network coverage
 - Standard plan with out-of-network coverage
- Medicare Supplemental and Medicare Primary
- Nebraska Department of Correctional Services
- Nebraska Department of Health and Human Services

PREAUTHORIZATION

What spine management services will require a provider to obtain a preauthorization?

The following procedures require preauthorization through NIA:

- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radiofrequency neurolysis)

When is preauthorization required?

Preauthorization is required for outpatient, non-emergent interventional pain procedures. Ordering providers must obtain preauthorization of these procedures prior to the service being performed.

Note: Only outpatient procedures are within the program's scope. All interventional pain management procedures performed in the emergency room or as part of inpatient care do not require preauthorization.

Who orders the spine interventional pain management procedures?

Interventional pain procedures requiring medical necessity review are usually ordered by one of the following specialties:

- Anesthesiologists
- Neurologists
- Pain specialists
- Orthopedic spine surgeons
- Neurosurgeon

- Other physicians with appropriate pain procedure training and certification

Are inpatient IPM procedures included in this program?

Inpatient interventional pain management procedures are not included in this program.

How does the ordering provider obtain a preauthorization from NIA for an outpatient interventional pain management procedure?

Providers will be able to request preauthorization via the NIA website, RadMD.com, or by calling the NIA toll-free number [866-972-9642](tel:866-972-9642).

What information will NIA require in order to receive preauthorization?

To expedite the process, please have the following information ready before logging onto the website or calling the NIA call center staff: Interventional pain management procedures:

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service*
- Details justifying the pain procedure*:
 - Date of onset of pain or exacerbation
 - Physician exam findings and patient symptoms (including findings applicable to the requested services)
 - Clinical diagnosis
 - Date and results of prior interventional pain management procedures
 - Diagnostic imaging results, where available. Conservative treatment modalities completed, duration and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)

Please be prepared to fax the following information, if requested:

- Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam findings
- Date and results of prior interventional pain management procedures
- Effectiveness of prior procedures at reducing pain
- Diagnostic imaging results
- Specialist reports/evaluation

*Denotes required information

Can a provider request more than one procedure at a time for a member (e.g., a series of epidural injections)?

No. NIA requires preauthorization for each pain procedure being requested and will not authorize more than one procedure at a time.

What kind of response time can ordering providers expect for preauthorization?

The best way to maximize the efficiency and turnaround time of an authorization request is by going online to RadMD.com or by calling [866-972-9642](tel:866-972-9642) and having the following case information ready:

- The patient's history and diagnosis
- Onset of pain
- Findings on physical examination
- Response and type of non-operative management the patient has undergone
- History of medical or surgical treatment
- Rationale for the procedure

Generally, a determination will be made within two business days after receipt of the request with full clinical documentation. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

What will the NIA authorization number look like?

The NIA authorization number will consist of eight or nine alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA tracking number (not the same as an authorization number)

if the provider's authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request online or through an interactive voice response telephone system.

If requesting an authorization through [RadMD.com](https://www.radmd.com) and the request pends, what happens next?

You will receive a tracking number and NIA will contact you to complete the process.

Can [RadMD.com](https://www.radmd.com) be used to request retrospective or expedited authorization requests?

Retrospective requests are not allowed. Expedited requests should be called into NIA's call center at [866-972-9642](tel:866-972-9642).

How long is the preauthorization number valid?

The authorization number is valid for 90 days from the date of service, if provided, or from date of request.

If a provider obtains a preauthorization number, does that guarantee payment?

An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

Does NIA allow retroauthorizations?

It is important to educate key physicians and office staff on the preauthorization requirements. Claims for interventional pain management procedures, as outlined above, that have not been properly authorized will not be reimbursed, and the member cannot be balance-billed for such procedures. Physicians administering these procedures should not schedule or perform procedures without preauthorization.

Can a provider verify an authorization number online?

Yes. Providers can check the status of a member's authorization quickly and easily by going to the NIA website, [RadMD.com](https://www.radmd.com).

Will the NIA authorization number be displayed on the BCBSNE website?

No. The authorization number will not be displayed on BCBSNE's website.

What if I disagree with NIA's determination?

In the event of a preauthorization or claims payment denial, providers may appeal the decision through BCBSNE. Providers should follow the instructions on their nonauthorization letter or explanation of payment notification.

SCHEDULING PROCEDURES

Will NIA make a final determination based on the anticipated date of service?

NIA does not guarantee final determination of the request by the anticipated date of service. The anticipated date of service (provided during the request for authorization) is used to determine timing between procedures. Please be advised that NIA needs two business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved authorization.

MEDICAL PROVIDERS

Which medical providers are affected by the spine management program?

The spine management program applies to specialized providers who perform interventional pain management spine procedures in an outpatient setting. BCBSNE's provider partners must request a preauthorization from NIA to bill a service. Providers who perform interventional pain management procedures are generally located at:

- Ambulatory surgical centers
- Hospital outpatient facilities
- Provider offices

CLAIMS

Where do providers send their claims for outpatient, nonemergent pain management services?

BCBSNE network providers should continue to send claims directly to BCBSNE. Providers are encouraged to use electronic data interchange processes for claims submission.

How can providers check claims status?

Providers should continue to check claims status by calling [800-284-4640](tel:800-284-4640) or logging into NaviNet.net.

Who should a provider contact if they want to appeal a preauthorization or claims payment denial?

Providers should follow the appeal instructions given in their non-authorization letter or explanation of benefits notification.

MISCELLANEOUS

How is medical necessity defined?

NIA defines medical necessity as services that:

- Meet generally accepted standards of medical practice, appropriate for the symptoms, consistent with diagnosis and otherwise in accordance with sufficient evidence and professionally recognized standards
- Are appropriate for the illness or injury for which it is performed as to type of service and expected outcome
- Are appropriate to the intensity of service and level of setting
- Provide unique, essential and appropriate information when used for diagnostic purposes
- Are the lowest cost alternative that effectively addresses and treats the medical problem and rendered for the treatment or diagnosis of an injury or illness
- Are not furnished primarily for the convenience of the member, the attending physician or other provider

Where can a provider find NIA's guidelines for clinical use of pain management procedures?

The guidelines for NIA's interventional pain management procedures can be found online at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.

CONTACT INFORMATION

Who can a surgeon contact at NIA for more information?

Ordering physicians can contact Andrew Dietz, provider relations manager, at dietza@magellanhealth.com