

Spine Pain Management: Quick Reference Guide for Ordering Physicians/Surgeons

OVERVIEW

Blue Cross and Blue Shield of Nebraska (BCBSNE) entered into an agreement with National Imaging Associates, Inc. (NIA) to implement a spine pain management program. This program includes preauthorization for two components of non-emergent spine care: outpatient interventional pain management services, along with inpatient and outpatient lumbar and cervical spine surgeries. This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

PREAUTHORIZATION IMPLEMENTATION RECOMMENDATIONS

As a provider of spine pain management services that require preauthorization, it is essential you develop a process to ensure the appropriate authorization has been obtained.

It is the responsibility of the ordering physician/surgeon and rendering facility to ensure that preauthorization is obtained when necessary. Payment will be denied for procedures performed without a preauthorization, including spine surgery hospital admission, and the member cannot be balance-billed for such procedures.

PROCEDURES REQUIRING PREAUTHORIZATION

Outpatient and inpatient spine surgery services:

- Lumbar microdiscectomy
- Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy)
- Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels
- Cervical anterior decompression with fusion – single and multiple levels
- Cervical posterior decompression with fusion – single and multiple levels
- Cervical posterior decompression (without fusion)
- Cervical artificial disc replacement
- Cervical anterior decompression (without fusion)

Outpatient interventional pain management services*:

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

*A separate preauthorization number is required for each procedure.

NIA manages non-emergent outpatient interventional pain management services, along with inpatient and outpatient lumbar and cervical surgeries, through the existing contractual relationships with BCBSNE. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a preauthorization is [866-972-9642](tel:866-972-9642).

Please refer to NIA website, RadMD.com, to obtain BCBSNE's/NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes NIA will authorize on behalf of BCBSNE.

PREAUTHORIZATION RECOMMENDATIONS

To ensure that authorization numbers are obtained, please consider the following recommendations.

Interventional pain

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require preauthorization through NIA.
- All outpatient interventional pain management services require a preauthorization through NIA for each procedure performed.
- It is the responsibility of the ordering physician to obtain authorization for all interventional spine pain management procedures outlined above. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 60 days from the date of service or date of request, if the date of service is not provided.

Outpatient and inpatient spine surgeries

- Emergency spine surgery (when a patient is admitted via the ER) does not require preauthorization through NIA.
- Non-emergent outpatient and inpatient lumbar and cervical spine surgery services require preauthorization through NIA.
- The ordering physician/surgeon must obtain preauthorization with NIA prior to performing the above procedures and prior to obtaining the preauthorization with BCBSNE for the facility or hospital admission.
- Any BCBSNE preauthorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA's medical necessity criteria.
- NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. NIA will provide BCBSNE with the surgery type requested and authorization determination.
- Facilities must continue to follow BCBSNE's pre-certification processes for hospital admissions and elective surgery.
- Authorizations are valid for 60 days from the date of service or date of request, if the date of service is not provided.

CHECKING AUTHORIZATIONS

You can check on the status of patients' authorizations quickly and easily by going to the NIA website, RadMD.com. After obtaining a secure password, sign in and select the "My Exam Requests" tab to view all outstanding authorizations.

SUBMITTING CLAIMS

Claims will go directly to BCBSNE. Please send your claims for the procedures to the following address:

Blue Cross and Blue Shield of Nebraska
Attn: Claims Department
PO Box 3248
Omaha, NE 68180-0001

Providers are encouraged to submit claims using BCBSNE's electronic data interchange process. BCBSNE's payor ID number is 77780.

FREQUENTLY ASKED QUESTIONS

Where can I find NIA's guidelines for these spine procedures?

Guidelines can be found on NIA's website, RadMD.com.

Is preauthorization necessary for all BCBSNE members?

Yes, preauthorization is necessary for all BCBSNE members, except 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

Is preauthorization necessary if BCBSNE is not the member's primary insurance?

Yes, preauthorization is still necessary, even if BCBSNE is not the member's primary insurance. If Medicare coverage is primary; however, preauthorization is not necessary.

What does the NIA authorization number look like?

The NIA authorization number consists of eight or nine alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive an NIA tracking number (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use either number to track the status of their request on RadMD.com or via our interactive voice response telephone system.

Who can I contact at NIA for questions, complaints, appeals, etc.?

Please use the following NIA contacts by type of issue:

To educate your staff on NIA procedures and for assistance with any provider issues or concerns, contact your NIA area provider relations manager, Andrew Dietz, at dietza@magellanhealth.com.

For preauthorization and claims payment complaints/appeals, follow the instructions on your non-authorization letter or explanation of benefit/explanation of payment notification.