



Musculoskeletal Program  
Spine Surgery and Interventional Pain Management  
Effective January 1, 2017

Overview and Frequently Asked Questions

Blue Shield of California has engaged National Imaging Associates (NIA), a subsidiary of Magellan Healthcare, to implement a spine surgery and interventional pain management program for Blue Shield PPO plan members for dates of service on and after January 1, 2017.

The program will replace our current agreement with eviCore and will require prior authorization through NIA for the following interventional pain and spine surgery procedures:

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

For this program, we will work with NIA and our providers as follows:

- Blue Shield will oversee the program and continue to be responsible for claims adjudication and medical policies.
- NIA will review authorizations for non-emergent outpatient interventional pain management services, and inpatient and outpatient lumbar and cervical spine surgeries through existing contractual relationships with Blue Shield.

Please review the information below to learn more about the program. If you have any questions about this information, please contact the representatives listed in the Frequently Asked Questions section.

**Changes to medical policies to become effective January 1, 2017:**

Blue Shield will adopt the following NIA medical policies for musculoskeletal program management for Blue Shield commercial plan PPO members, as part of the program implementation.

NIA's medical policies may be found online at [www.RadMD.com](http://www.RadMD.com).

<b>Blue Shield medical policy effective for dates of service through December 31, 2016</b>	<b>NIA policy to become effective January 1, 2017, replacing the Blue Shield medical policy</b>
BSC6.03 Facet Joint Injections and Facet Joint Nerve Blocks BSC6.03	NIA_CG_301 PARAVERTEBRAL FACET JOINT INJECTIONS OR BLOCKS (no U/S)
BSC7.05 Cervical Spinal Fusion 7.01.108 Artificial Intervertebral Disc: Cervical Spine	NIA_CG_307 CERVICAL SPINE SURGERY: <ul style="list-style-type: none"> <li>• Cervical ACDF - Anterior Decompression with Fusion – Single or Multiple Levels</li> <li>• Cervical Posterior Decompression without Fusion</li> <li>• Cervical Posterior Decompression with Fusion – Single or Multiple Levels</li> <li>• Cervical Artificial Disc Replacement (Single or Two Level)</li> <li>• Cervical Anterior Decompression without Fusion</li> </ul>
2.01.94 Epidural Steroid Injections for Back Pain	NIA_CG_300 EPIDURAL SPINE INJECTIONS NIA_CG_300
6.01.23 Diagnosis and Treatment of Sacroiliac Joint Pain	NIA_CG_305 SACROILIAC JOINT INJECTIONS (with image guidance (fluoroscopy or CT)
7.01.87 Artificial Intervertebral Disc: Lumbar Spine 7.01.130 Axial Lumbosacral Interbody Fusion 7.01.141 Lumbar Spinal Fusion 7.01.145 Laminectomy 7.01.146 Discectomy	NIA_CG_304 <ul style="list-style-type: none"> <li>• Lumbar Spinal Fusion Surgery</li> <li>• Lumbar Decompression Procedures</li> <li>• Lumbar Microdiscectomy only Procedure</li> </ul>
7.01.16 Facet Joint Denervation	NIA_CG_302 Clinical guidelines PARAVERTEBRAL FACET JOINT DENERVATION (RADIOFREQUENCY NEUROLYSIS)
None	NIA_CG_308 THORACIC SPINE SURGERY

## Frequently Asked Questions

### General Information

#### 1. Why is Blue Shield implementing this program focused on interventional pain and spine surgery?

We are implementing this program to improve quality and manage the utilization of non-emergent outpatient interventional pain management procedures as well as lumbar and cervical spine surgery procedures occurring in outpatient and inpatient settings. For dates of service on and after January 1, 2017, the following procedures require prior authorization\* through NIA:

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

\*NIA will not manage prior authorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery or interventional pain management procedures outside of those listed above.

#### 2. What date will the program become effective?

This program is effective for dates of service on or after January 1, 2017. Beginning December 19, 2016, providers can contact NIA regarding authorizations for services on or after January 1, 2017. For services scheduled to be provided before January 1, 2017, you should continue the current process for obtaining these authorizations.

#### 3. Why did Blue Shield select NIA to help manage this program?

We selected NIA because of its clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for Blue Shield. NIA has been managing other programs on behalf of Blue Shield and has functioned as one of our trusted business associates for many years.

#### 4. Which Blue Shield members will be covered under this relationship and what networks will be used?

NIA will manage this program for Blue Shield's PPO commercial plan members, through Blue Shield's existing PPO contractual provider relationships.

**5. Which types of providers, specialists, medical offices or facilities are affected by the program?**

Specialized providers are the key providers affected by this program, including:

- Anesthesiologists
- Neurologists
- Pain Specialists
- Orthopedic Spine Surgeons
- Neurosurgeons
- Other physicians with appropriate pain procedure training and certification

All outpatient interventional pain procedures and inpatient or outpatient spine surgeries performed in any setting are included in this program:

- Hospital (inpatient and outpatient settings)
- Ambulatory surgical centers
- Provider offices

Please note that inpatient interventional pain management procedures are **not** included in this program.

**6. How will referring/ordering physicians know who NIA is?**

In addition to this notification and FAQ, Blue Shield will include information about the NIA program in provider webinars this fall as part of Blue Shield's annual open enrollment support. Blue Shield has also posted information about the program in the News & Education pages *Announcements* section of Provider Connection at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider), as well as in the Medical Policy section of the website. NIA will conduct additional provider webinars before January 1, 2017 to help providers prepare for the implementation of the program.

**7. Will physician training be offered closer to the January 1, 2017 implementation date?**

Yes, NIA will be conducting training sessions especially for surgeons during November and December. If you would like to be invited to training, please call **Kevin Apgar, Provider Relations Manager for NIA, at (800) 450-7281 x 65080.**

**8. Where can a provider find the applicable medical policies for these services?**

Medical policies for the musculoskeletal program will be available online at NIA's website at [www.RadMD.com](http://www.RadMD.com), presented in a PDF file format that can be downloaded for reference.

**9. Will information appear on the back of Blue Shield members' ID cards showing how to reach NIA for authorizations?**

No, authorizations can be requested at [www.RadMD.com](http://www.RadMD.com) or by calling NIA at **(888) 642-2583.**

## Prior Authorization requirements

### 10. When is prior authorization required?

Prior authorization is required for those services described above through NIA for non-emergent inpatient and outpatient spine surgery and non-emergent outpatient interventional pain management.

The ordering physician must obtain prior authorization with NIA prior to performing these procedures.

Separate authorizations for facility admissions are not required, but a facility should ensure that the authorization has been obtained prior to scheduling a procedure or surgery.

### 11. How will medical necessity be defined?

Medical necessity will be defined as a service that meets the following criteria:

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

### 12. Who at NIA will be reviewing the spine surgery and interventional pain management authorization requests?

Practicing neurosurgeons will conduct the medical necessity reviews and determinations for spine surgeries. Pain management specialists or orthopedists will review for interventional pain management procedures.

### 13. How does the ordering physician obtain a prior authorization from NIA?

Ordering physicians will be able to request prior authorization via NIA's website at [www.RadMD.com](http://www.RadMD.com) or by calling NIA's toll-free number at (888) 642-2583.

### 14. What information will NIA require in order to receive prior authorization?

#### Spine surgeries

To expedite the process, please have the following information ready before logging on to the website or calling the NIA call center for prior authorization of non-emergent inpatient and outpatient spine surgeries. \*Denotes required information:

- Name and office phone number of ordering physician\*
- Member name and ID number\*
- Requested surgery type\*

- Name of facility where the surgery will be performed\*
- Anticipated date of surgery\*
- Details justifying the surgical procedure\*:
  - Clinical diagnosis\*
  - Date of onset of back pain or symptoms /length of time patient has had episode of pain\*
  - Physician exam findings (including findings applicable to the requested services)
  - Diagnostic imaging results
  - Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)

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

- Clinical notes outlining type and onset of symptoms
- Length of time with pain/symptoms
- Non-operative care modalities to treat pain and amount of pain relief
- Physical exam findings
- Diagnostic imaging results
- Specialist reports/evaluation

### **Interventional pain management procedures**

To expedite the process, please have the following information ready before logging on to the website or calling NIA call center staff. \*Denotes required information:

- 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 provide 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 on reducing pain
- Diagnostic imaging results
- Specialist reports/evaluation

**15. Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?**

No. NIA will provide a list of surgery categories to choose from and the surgeon must select the most complex and invasive surgery being performed as the primary surgery.

**Example 1: Lumbar Fusion**

If Blue Shield's surgeon is planning a single level lumbar spine fusion with decompression, the surgeon will select the single level fusion procedure. The surgeon does not need to request a separate authorization for the decompression procedure being performed as part of the lumbar fusion surgery. This is included in the lumbar fusion request.

**Example 2: Laminectomy**

If the surgeon is planning a laminectomy with a micro discectomy, the surgeon will select the lumbar decompression procedure. The surgeon does not need to request a separate authorization for the micro discectomy procedure.

If the surgeon is only performing a micro discectomy (CPT 63030 or 63035) the surgeon should select the micro discectomy only procedure.

**16. Can a provider request more than one interventional pain management procedure at a time for a member, for example, a series of epidural injections?**

No. A prior authorization will need to be obtained for each pain procedure requested. More than one at a time will not be authorized.

**17. Will the ordering physician need to enter each common procedure terminology (CPT) code being performed for spine surgery or interventional pain management procedure?**

No. NIA will provide a list of surgery categories to choose from and the ordering physician must select the most invasive primary surgery being performed. There will be a summary of which CPT codes fall under each procedure category.

**18. Are medical devices, bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?**

Yes. The instrumentation (medical devices), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spine fusion are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.

**19. Is prior authorization necessary for lumbar or cervical spine surgery or interventional pain management if Blue Shield is not the member's primary insurance?**

No, an NIA prior authorization is not required if Blue Shield is not the member's primary insurance. Please check with the primary insurance for their prior authorization requirements.

**20. What kind of response time can the ordering physician expect for prior authorization?**

Having the correct information available, as outlined in question 14 of this document, will result in the most efficient turnaround time of a medical necessity decision.

A determination will generally be made for non-emergency, pre-service outpatient and inpatient authorizations within two business days (not to exceed five business

days) after receipt of a request that includes full clinical documentation. This timeline does not apply to emergency services.

**21. 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 surgeon 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. Ordering physicians will be able to use either number to track the status of their request online at [www.RadMD.com](http://www.RadMD.com) or through the interactive voice response (IVR) telephone system available at **(888) 642-2583**.

**22. If I am requesting authorization through [www.RadMD.com](http://www.RadMD.com) and the request pends, what happens next?**

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

**23. Can the [www.RadMD.com](http://www.RadMD.com) website be used to request retrospective or expedited authorization requests?**

No, those requests will need to be called into NIA's call center at **(888) 642-2583**.

**24. How long is the prior authorization number valid?**

The authorization number is valid for 90 days from the date of the requested date of service.

**25. If an ordering physician obtains a prior authorization 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.

The medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.

**26. Does NIA allow retro-authorizations?**

It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for interventional pain management or spine surgery described above that have not been properly authorized will not be reimbursed. Physicians should not schedule or perform procedures or surgery without prior authorization.

**27. Can an ordering physician verify an authorization online?**

Yes. Ordering physicians can check the status of a Blue Shield member's authorization for these procedures quickly and easily by visiting NIA's website at [www.RadMD.com](http://www.RadMD.com).

**28. Will the NIA prior authorization number be displayed on Blue Shield's Provider Connection website at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider)?**

No, NIA's authorization number will not appear on Blue Shield's website. Please visit NIA's website at [www.RadMD.com](http://www.RadMD.com) to obtain the number.



**29. What if I disagree with NIA's determination?**

In the event of a prior authorization or claims payment denial, providers may appeal the decision through Blue Shield. You should follow the instructions on the non-authorization letter or explanation of benefits (EOB) notification.

**Scheduling Procedures**

**30. Must ordering physicians obtain an authorization before they call to schedule the patient's appointment?**

Yes, ordering physicians should obtain prior authorization before scheduling.

**31. What happens if I have a service already scheduled for January 1, 2017 or after?**

Prior to December 19, 2016, providers should continue to follow the current process.

Beginning December 19, 2016, an authorization can be obtained by contacting NIA for dates of service on or after January 1, 2017.

**Claims**

**32. Are there any changes in the allowable billing codes effective January 1, 2017?**

Yes. The updated list of the procedures and billable codes can be found on NIA's website, [www.RadMD.com](http://www.RadMD.com), in the utilization management review matrix.

**33. Where will providers send their claims?**

Providers should continue to send claims directly to Blue Shield and they are encouraged to use electronic data interchange (EDI) for submission.

**34. How will providers check claims status?**

Providers should continue to check claims status with Blue Shield in the same way they do today, either online at Blue Shield's Provider Connection website at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider) or by calling Blue Shield's Provider Customer Service at **(800) 541-6652**.

**35. Whom should a provider contact if they want to appeal a prior authorization or claims payment denial?**

Please follow the appeal instructions given on the non-authorization letter or explanation of payment (EOB) notification.

**Contact Information**

If you have questions about the NIA program or processes, please call Blue Shield's Provider Information and Enrollment Department at **(800) 258-3091**.

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