

<b>Prior Authorization for Select Hip, Knee, and Shoulder Surgeries: Frequently Asked Questions for Providers</b>	
<b>Question</b>	<b>Response</b>
<b>General</b>	
<b>Which hip, knee, and shoulder procedures require prior authorization?</b>	<p>Harvard Pilgrim requires prior authorization through National Imaging Associates, Inc. (NIA) for the procedures listed below.</p> <p><b>Outpatient and Inpatient Hip Surgery Services</b> (<i>Effective on Dec. 11, 2017 for commercial members and Jan. 1, 2018 for Medicare Advantage members</i>):</p> <ul style="list-style-type: none"> <li>• Revision/Conversion Hip Arthroplasty</li> <li>• Total Hip Arthroplasty/Resurfacing</li> <li>• Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher &amp; labral repair)</li> <li>• Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)</li> </ul> <p><b>Outpatient and Inpatient Knee Surgery Services</b> (<i>Effective on Dec. 11, 2017 for commercial members and Jan. 1, 2018 for Medicare Advantage members</i>):</p> <ul style="list-style-type: none"> <li>• Revision Knee Arthroplasty</li> <li>• Total Knee Arthroplasty (TKA)</li> <li>• Partial-Unicompartmental Knee Arthroplasty (UKA)</li> <li>• Knee Manipulation under Anesthesia (MUA)</li> <li>• Knee Ligament Reconstruction/Repair</li> <li>• Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</li> <li>• Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)</li> </ul> <p><b>Outpatient and Inpatient Shoulder Surgery Services</b> (<i>Effective on Dec. 11, 2017 for commercial members and Jan. 1, 2018 for Medicare Advantage members</i>):</p> <ul style="list-style-type: none"> <li>• Revision Shoulder Arthroplasty</li> <li>• Total/Reverse Arthroplasty or Resurfacing</li> <li>• Partial Shoulder Arthroplasty/Hemiarthroplasty</li> <li>• Shoulder Rotator Cuff Repair</li> <li>• Shoulder Labral Repair</li> <li>• Frozen Shoulder Repair/Adhesive Capsulitis</li> <li>• Shoulder Surgery–Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)</li> </ul>

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	Please keep in mind that the surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.
<b>Start Date and Transition</b>	
<b>What is the effective date?</b>	Implementation for hip, knee, and shoulder surgeries will occur on Dec. 11, 2017 for commercial members and Jan. 1, 2018 for Medicare Advantage members.
<b>When can I begin contacting NIA for hip, knee, and shoulder surgery prior authorization?</b>	NIA's call center and RadMD will be available for hip, knee, and shoulder surgery prior authorization requests beginning Nov. 27, 2017 for commercial members and Dec. 26, 2017 for Medicare Advantage members. If you have a procedure scheduled for a Medicare Advantage member in January and cannot until Dec. 26 <sup>th</sup> to submit your request, please call our Medicare Advantage Provider Service Center at 888-609-0692 or fax your request to 866-874-0857, and Harvard Pilgrim will process the authorization request for you.
<b>Clinical Criteria</b>	
<b>Where can I find NIA's clinical guidelines?</b>	NIA's Clinical Guidelines are available on <a href="http://www.RadMD.com">www.RadMD.com</a> 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.
<b>How is medical necessity defined?</b>	NIA defines medical necessity as services that: <ul style="list-style-type: none"> <li>• Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;</li> <li>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>• Be appropriate to the intensity of service and level of setting;</li> <li>• Provide unique, essential, and appropriate information when used for diagnostic purposes;</li> <li>• Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and</li> <li>• Not furnished primarily for the convenience of the member, the attending physician, or other surgeon.</li> </ul>
<b>Requesting Prior Authorization</b>	
<b>Is prior authorization required if surgery is already scheduled?</b>	Yes, non-emergent hip, knee, and shoulder surgeries (listed above) to be performed on or after the effective dates (Dec. 11, 2017 commercial members; Jan. 1, 2018 for Medicare Advantage members) require prior authorization.
<b>Who can order a hip, knee, or shoulder surgery?</b>	Orthopedic surgeons may order hip, knee, or shoulder surgeries requiring medical necessity review.
<b>Who is responsible for requesting authorization?</b>	Ordering physicians are responsible for requesting authorization. Harvard Pilgrim will deny payment for procedures performed without a prior authorization, and the member cannot be balance billed for such procedures. Therefore, servicing providers should also verify that any

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	necessary prior authorizations have been obtained prior to performing the procedure by requiring evidence of an approved NIA transaction number.
<b>How do I obtain prior authorization from NIA?</b>	You may request prior authorization via the NIA website ( <a href="http://www.RadMD.com">www.RadMD.com</a> ) or by calling NIA toll-free at 1-800-642-7543.
<b>Who reviews the surgery requests and medical information provided?</b>	As a part of the NIA clinical review process, actively practicing orthopedic surgeon specialists conduct the medical necessity reviews and determinations of hip, knee, and shoulder surgery cases.
<b>What information will NIA need from me?</b>	<p>To expedite the process, please have the following information ready before contacting NIA:</p> <ul style="list-style-type: none"> <li>• Name and office phone number of ordering physician</li> <li>• Member name and ID number</li> <li>• Requested surgery type</li> <li>• Name of facility where the surgery will be performed</li> <li>• Anticipated date of surgery</li> <li>• Details justifying the surgical procedure: <ul style="list-style-type: none"> <li>○ Clinical diagnosis</li> <li>○ Date of onset of symptoms /Length of time patient has had episode of pain</li> <li>○ Physician exam findings (including findings applicable to the requested services)</li> <li>○ Diagnostic imaging results</li> <li>○ Non-operative treatment modalities completed, date, duration of pain relief, and results</li> </ul> </li> </ul> <p>Please be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> <li>• Clinical notes outlining type and onset of symptoms</li> <li>• Length of time with pain/symptoms</li> <li>• Non-operative care modalities to treat pain and amount of pain relief</li> <li>• Physical exam findings</li> <li>• Diagnostic Imaging results</li> <li>• Specialist reports/evaluation</li> </ul>
<b>What is the response time for prior authorizations?</b>	Typically, we will make a determination within 2 business days after receipt of request with full clinical documentation. The review process can take longer if additional clinical information is required; having complete information upon initiating a prior authorization request helps minimize turnaround time.
<b>What do I need to know about the NIA authorization number?</b>	The NIA authorization number consists of 8 or 9 alpha-numeric characters. In some cases, you may receive a NIA tracking number (not the same as an authorization number) if your request is not approved at the time of initial contact. You can use either number to track the status of your request with NIA online or through an Interactive Voice Response (IVR) telephone system.
<b>Will the NIA authorization number be displayed on the Harvard Pilgrim web site?</b>	Yes, you can find the authorization number in <i>HPHConnect</i> , as well as on the RadMD site.

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<b>For how long is the prior authorization number valid?</b>	The authorization number is valid for 4 days from the scheduled date of service for inpatient surgery and 1 day from the date of service for outpatient surgery.
<b>If my request through RadMD pends, what happens next?</b>	You will receive a tracking number and NIA will contact you to complete the process.
<b>Is prior authorization necessary if Harvard Pilgrim is NOT the member's primary insurance?</b>	Yes.
<b>Does obtaining a prior authorization number guarantee payment?</b>	No, an authorization number is not a guarantee of payment. NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. 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.
<b>Does NIA allow retro- authorizations?</b>	It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for hip, knee, or shoulder surgeries, as outlined above that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians performing hip, knee, shoulder or spine surgeries <u>should not</u> schedule or perform these surgeries without prior authorization.
<b>What if I disagree with NIA's determination?</b>	If your authorization request is denied, please follow the appeal instructions provided on your non-authorization letter.
<b>Claims</b>	
<b>Where do I send claims for these services?</b>	Continue to send claims directly to Harvard Pilgrim as you do today.
<b>How can I check claims status?</b>	Continue to check claims status with Harvard Pilgrim — electronically at <i>HPHConnect</i> or by calling the Harvard Pilgrim provider service center at 800-708-4414.
<b>Who should I contact to appeal a claims payment denial?</b>	Please follow Harvard Pilgrim's typical claims appeal process. For more information, see the <a href="#">claims appeals section</a> of the Harvard Pilgrim <i>Provider Manual</i> .
<b>Additional information</b>	
<b>Will provider trainings be offered?</b>	Yes, NIA will conduct provider training sessions in November and December 2017. Watch for information in Harvard Pilgrim's <a href="#">online provider newsletter, Network Matters</a> .
<b>Who can I contact for more information?</b>	You may contact April J. Sabino, NIA Provider Relations Manager, at 410-953-1078 or <a href="mailto:ajsabino@magellanhealth.com">ajsabino@magellanhealth.com</a> .