



MVP Health Care[®]

Musculoskeletal Care Management (MSK) Program

Quick Reference Guide for Ordering Physicians/Surgeons

Effective: January 1, 2019

MVP Health Care[®] (MVP) has entered into an agreement with Magellan Healthcare¹, to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: outpatient interventional spine pain management services; and inpatient and outpatient hip, knee, shoulder, 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.

The following procedures will be included in the Musculoskeletal Care Management Program for MVP members:

- Outpatient interventional spine pain management services
- Inpatient and outpatient hip surgeries
- Inpatient and outpatient knee surgeries
- Inpatient and outpatient shoulder surgeries
- Inpatient and outpatient lumbar and cervical spine surgeries

Prior Authorization Implementation

As a provider of MSK services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

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

¹ National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

Procedures Requiring Prior Authorization

Outpatient Interventional Spine Pain Management Services*:

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections

Outpatient and Inpatient Hip Surgery Services: **

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher & labral repair)
- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)

Outpatient and Inpatient Knee Surgery Services: **

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.

Outpatient and Inpatient Shoulder Surgery Services: **

- Revision Shoulder Arthroplasty
- Total/Reverse Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

*A separate prior authorization number is required for each procedure ordered.

Outpatient and Inpatient Spine Surgery Services:

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetomy & Foraminotomy)

- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Cervical Anterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement
- Cervical Anterior Decompression (without fusion)

Magellan Healthcare will manage non-emergent outpatient interventional spine pain management services, and inpatient and outpatient hip, knee, shoulder and spine surgeries through the existing contractual relationships with MVP. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is **1-866-249-1578** for MVP providers.

Please refer to Magellan Healthcare’s website **www.RadMD.com** to obtain the MVP/Magellan Healthcare Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that Magellan Healthcare authorizes on behalf of MVP Health Care.

Prior Authorization Information

To ensure that authorization numbers have been obtained, please adhere to the following guidelines.

Interventional Pain:

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization through Magellan Healthcare.
- All outpatient interventional pain management services require a prior authorization through Magellan Healthcare for each procedure performed.
- It is the responsibility of the ordering physician to obtain authorization for all interventional pain management procedures outlined. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 90 days from the date of service/request.

Outpatient and Inpatient Musculoskeletal Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Room) does not require prior authorization through Magellan Healthcare.
- Non-emergent outpatient and inpatient hip, knee, shoulder and spine surgery services require prior authorization through Magellan Healthcare.
- The ordering physician must obtain prior authorization with Magellan Healthcare prior to performing the surgery. Facility admissions do not require a separate prior authorization. However, the facility should ensure that a Magellan Healthcare prior authorization has been obtained prior to scheduling the surgery/procedure.

- Magellan Healthcare’s medical necessity review and determination is for the authorization of the surgeon’s professional services and type of surgery being performed. Magellan Healthcare will provide MVP with the surgery type requested and authorization determination.
- Authorizations are valid for 90 days from the date of service/request.

Checking Authorizations

You can check on the status of patients’ authorizations quickly and easily by going to the Magellan Healthcare website, **www.RadMD.com**. After obtaining a secure password sign-in to select, the **My Exam Requests** tab to **view all** outstanding authorizations.

Submitting Claims

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

MVP Health Care
Attn: Claims Department
PO Box 2207
Schenectady, NY 12301

Quick Contacts

- Website: **www.RadMD.com**
- Toll Free Phone Numbers:
 - 1-866-249-1578

Providers are encouraged to use EDI claims submission.

Frequently Asked Questions

In this section Magellan Healthcare addresses commonly asked questions received from providers.

Where can I find Magellan Healthcare’s Guidelines for these MSK procedures?

Guidelines can be found on Magellan Healthcare’s website at **www.RadMD.com**.

Is prior authorization necessary if MVP is not the member’s primary insurance?

Yes.

What does the Magellan Healthcare authorization number look like?

The Magellan Healthcare authorization number consists of 8 or 9 alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive a Magellan Healthcare 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 the RadMD Web site or via our Interactive Voice Response telephone system.

Who can I contact at Magellan Healthcare for questions, complaints, and appeals, etc.?

Please use the following Magellan Healthcare contacts by type of issue:

- To educate your staff on Magellan Healthcare procedures and to assist you with any provider issues or concerns, contact your Magellan Healthcare Area Provider Relations Manager.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.

How will referring/ordering physicians know who Magellan Healthcare is?

MVP sends orientation materials to referring/ordering providers. MVP and Magellan Healthcare are also coordinating additional outreach and orientation activities.

What will the member ID card look like? Will it have both Magellan Healthcare and MVP information on the card? Or will there be two cards?

The MVP member ID card will not have Magellan Healthcare identifying information on it.