







HMSA

Musculoskeletal (MSK) Management Program
Spine Surgery

Evolut*

Program Agenda

Our MSK Program

-  Authorization Process
 - Clinical Foundation and Review
 - Clinical Review Process
 - Notification of Determination
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

** Evolut performs medical specialty services for selected procedures on behalf of HMSA*

Evolent Specialty Solutions

National Footprint / Experience



National Footprint

- ✓ **Since 1995** – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ **88 health plans/markets** – partnering with Evolent for management of Medical Specialty Solutions.
- ✓ **32.79M national lives** – participating in an Evolent Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Commercial/Medicaid/Medicare Expertise/Insights

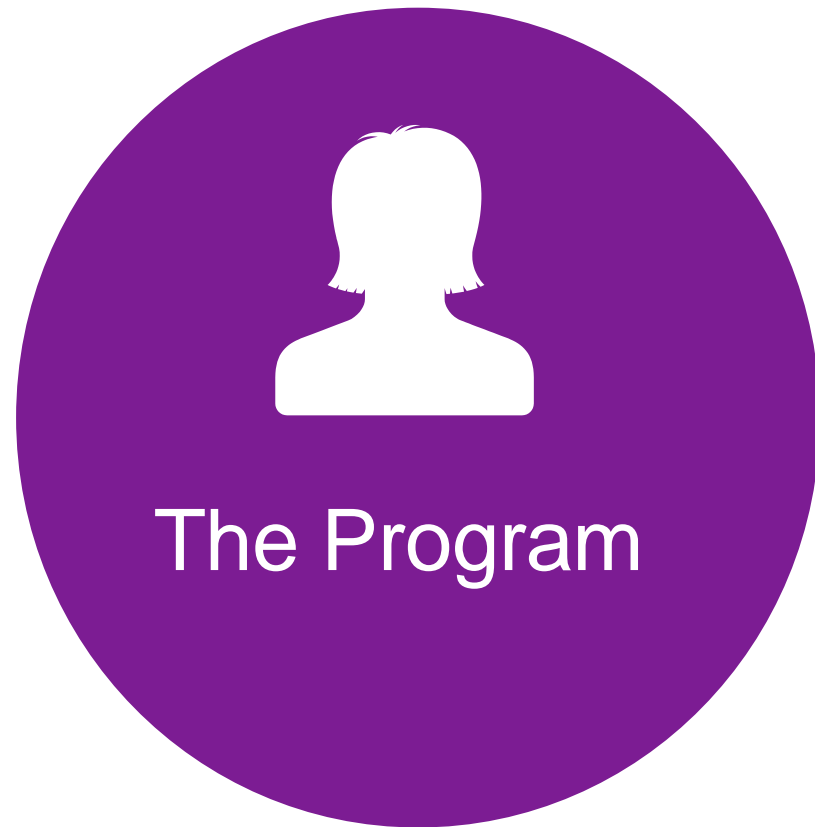
- ✓ **42 Commercial and 56 Medicaid plans/markets** with Evolent Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 22M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

Intensive Clinical Specialization & Breadth

- ✓ **Specialized Physician Teams**
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

Evolut's MSK Prior Authorization Program



- HMSA will begin a prior authorization program through Evolut for the management of MSK Services.



- Procedures:
- Inpatient and outpatient lumbar and cervical surgeries
- Settings:
- Surgery Center
 - In Office Provider
 - Hospital



- QUEST Integration
- Commercial Programs
- Akamai Advantage



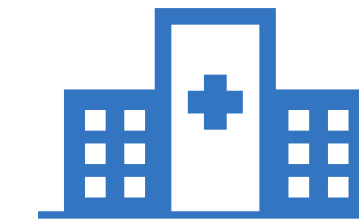
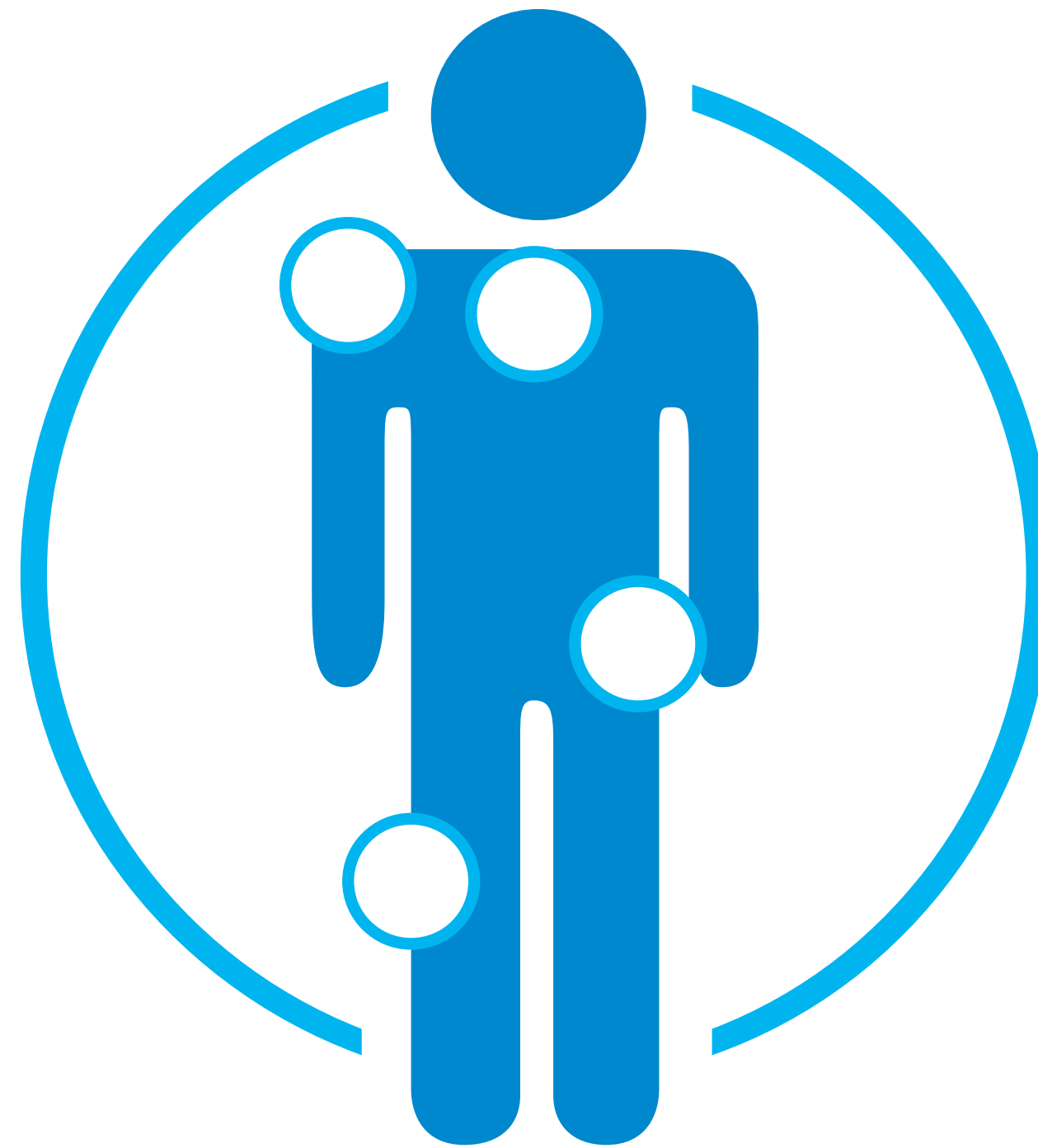
- Evolut will manage non-emergent select services for HMSA Lines of Business (LOB) through HMSA's contractual relationships.

Evolut's Lumbar and Cervical Spine Surgery



Targeted Lumbar and Cervical Spine Surgery Procedures Performed in an Inpatient and Outpatient Facility

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & 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 – Single & Two Levels
- Cervical Anterior Decompression (without fusion)



Excluded from the Program Surgeries Performed in the following Settings:

- Emergency Surgery – admitted via the Emergency Room


Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require Evolent/HMSA prior authorization. Evolent will monitor the use of these CPT codes, but prior authorization is not currently required.

List of CPT Procedure Codes Requiring Prior Authorization

 Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.


 CPT Codes and their Allowable Billable Groupings.

 Located on RadMD.com.


 Defer to HMSA's Policies for Procedures not on Claims/Utilization Review Matrix.

LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				<p><i>These codes do not require prior authorization. If the main surgical procedure is approved, these codes are understood to be included in conjunction and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every ancillary code.</i></p>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939
Lumbar Fusion - Multiple Levels	22614	+22534, +22585, +22614, +22632, +22634, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057 Single Level Fusion: 22533, 22558, 22612, 22630, 22633	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939

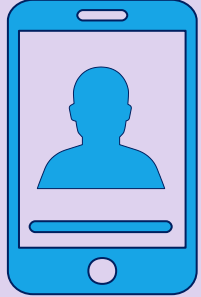
Prior Authorization Process Overview



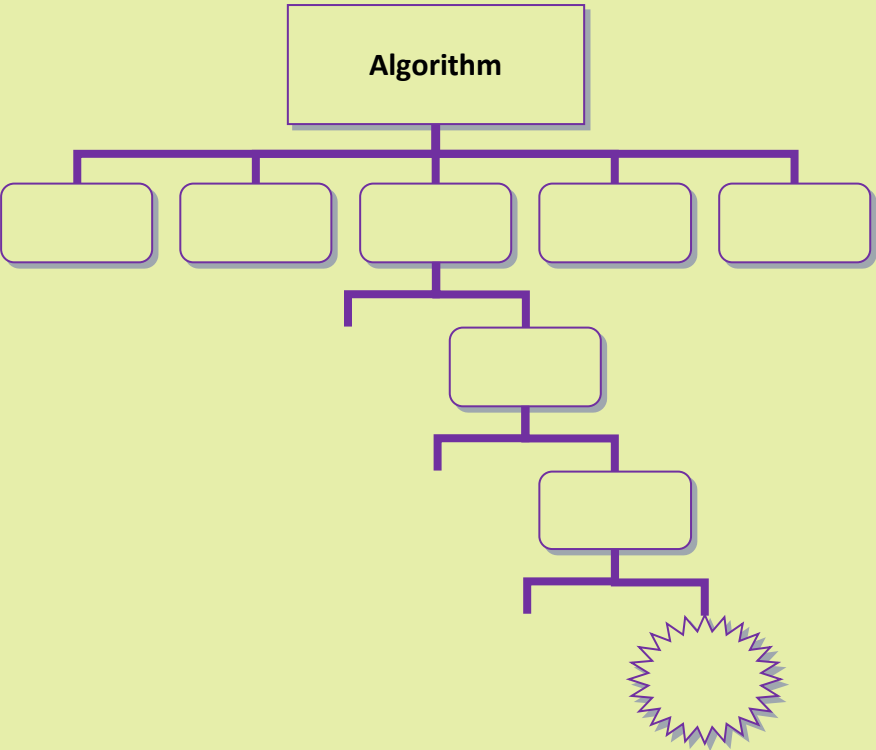
Ordering Physician is responsible for obtaining prior authorization.



Submit Requests Online Through RadMD.com



or by Phone



Information evaluated via algorithm and medical records

Status	Patient	Physician
Current Status: Approved	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX – 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147.
Auth Number: 12345XYZ1234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

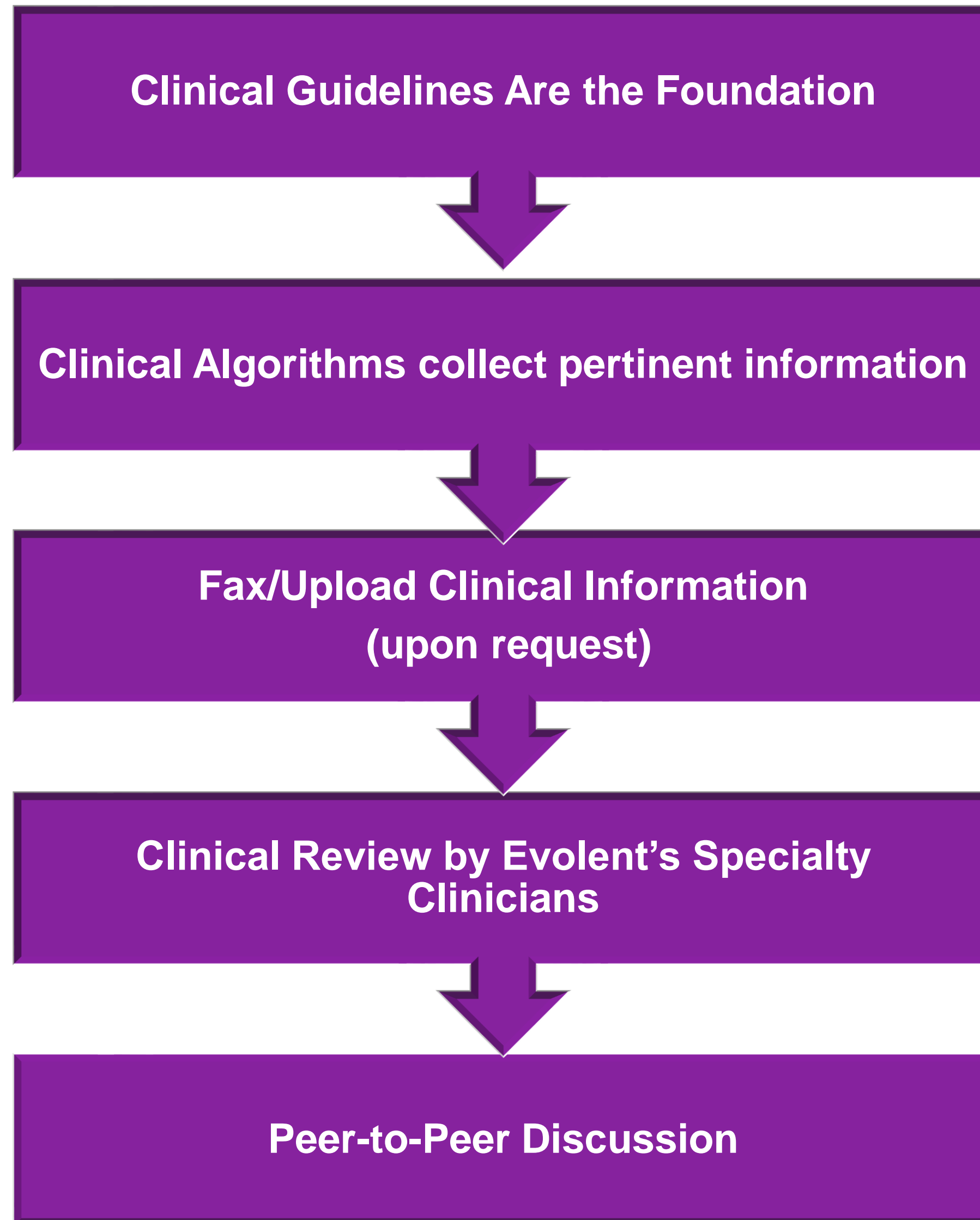
Service Authorized



Rendering Provider Performs Service and ensures authorization was obtained



Evolut's Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Plan and Evolut Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolut has a specialized clinical team focused on MSK.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**

Information for Authorization for Surgery Procedures

Special Information

- Most surgeries will require only one authorization request. Evolent will provide a list of surgery categories to choose from. The surgeon's office must select the most complex and invasive surgery being performed as the **primary** surgery.
 - Example: A lumbar fusion authorization includes decompression, instrumentation, etc.
- ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- Date of Service is required.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery.

Surgery Clinical Checklist Reminders

Surgery Documentation:



Details regarding the member's symptoms and their onset/duration



Physical exam findings



Conservative treatment modalities with dates and duration (e.g., physical therapy, home exercise plan, injections, medications, activity modification)



Diagnostic imaging results



Ordering physician's surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI, smoking history, mental status for some surgeries)

Evolut to Physician: Request for Clinical Information

CC_TRACKING_NUMBER FAXC

NIA

PLEASE FAX THIS FORM TO:

Date: TODAY





ORDERING PROVIDER:	REQ PROVIDER:		
FAX NUMBER:	FAX RECIP PHONE:	TRACKING NUMBER:	CC TRACKING NUMBER:
RE: Authorization Request	MEMBER ID:	MEMBER ID:	
PATIENT NAME:	MEMBER NAME:		
HEALTH PLAN:	CAR NAME:		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # _____) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call _____

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

-  A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet.
-  We stress the need to provide the clinical information as quickly as possible so we can make a determination.
-  Determination timeframe begins after receipt of clinical information.
-  Failure to receive requested clinical information may result in non certification.

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to <https://www.RadMD.com>
 - Fax using that Evolent coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call 1-866-306-9729
- Use the case specific fax coversheets when faxing clinical information to Evolent

Exam Request Verification: Detail

Upload Clinical Document Print Fax Cover Sheet Request Additional Visits

Cases in this Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female	Address:	123 Main St, New City, ST 12345
Date of Birth:	5/24/1971	Phone:	123-456-7890
Member ID:	AB123456	Tax ID:	987654321
Health Plan:	ABC Health Plan HMO	UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

Clinical Specialty Team: Focused on MSK



MSK Surgery Reviews

Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will proactively reach out for additional clinical information

Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests

MSK Clinical Review Process

Physicians' Office Contacts Evolent for Prior Authorization



Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

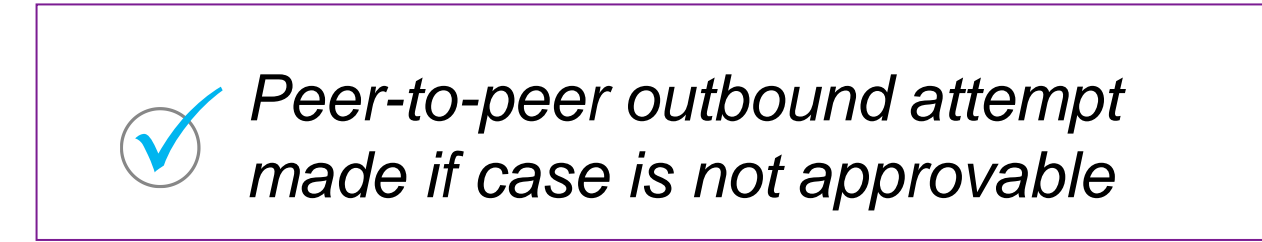


System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Additional clinical information required

Evolent Specialty Physician Reviewers

- Evolent Physician approves case without peer-to-peer



- Evolent Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Generally, the turnaround time for completion of these requests is within two business days upon receipt of sufficient clinical information

Evolut Expedited MSK Authorization Process

Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolut immediately.
- The Evolut website <https://www.RadMD.com> cannot be used for medically expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolut call center at 1-866-306-9729.
- Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.

Notification of Determination

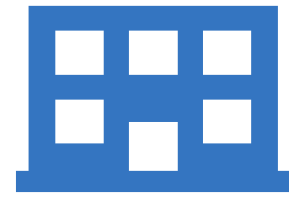
Authorization Notification

- Validity Period - Authorizations are valid for:
Surgical
 - Inpatient – 90 days from date of service
 - Outpatient- SDC/Ambulatory – 90 days from date of request

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A reconsideration/re-review/re-open may be available with new or additional information.
- Timeframe for reconsideration/re-review is 60 calendar days from date of determination.
- Timeframe for re-open is 1 year from date of determination.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

MSK Surgery Points – Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries



Spine Surgery is focused on lumbar and/or cervical spine surgeries



For spinal surgeries, only one authorization request per surgery. For example, a Lumbar fusion authorization includes decompression, instrumentation, etc.



CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require prior authorization. Evolent will monitor the use of these CPT codes.

MSK Surgery Points – For all Surgeries



Specialized Orthopedic Surgeons and Neurosurgeons will review surgery requests.



Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery.



Authorizations are valid for 90 days from the date of service. Evolent must be notified of any changes to the date of service.



ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.

Provider Tools



RadMD Website [RadMD.com](https://www.radmd.com)

Available



24/7 (except during maintenance, performed every third Thursday of the month from 6-9 pm Hawai'i Time)



Toll-Free Number
1-866-306-9729

Available



Monday - Friday
6:00 AM – 6:00 PM
Hawai'i Time

- Request Authorization
 - View Authorization Status
 - View and manage Authorization Requests with other users
 - Upload Additional Clinical Information
 - View Requests for additional Information and Determination Letters
 - View Clinical Guidelines
 - View Frequently Asked Questions (FAQs)
 - View Other Educational Documents
-

- Interactive Voice Response (IVR) System for authorization tracking

Evolut's Website

<https://www.RadMD.com>

RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility. .

Online Tools Accessed through <https://www.RadMD.com>:

- Evolut's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- MSK Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices

The image shows a screenshot of the RadMD website interface. The top section is titled "RadMD Sign In" and includes the text "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section is titled "Track an Authorization" and features a form with the label "Authorization Tracking Number" and a "Go" button (orange). The form is reflected below it.

Registering on RadMD.com To Initiate Authorizations

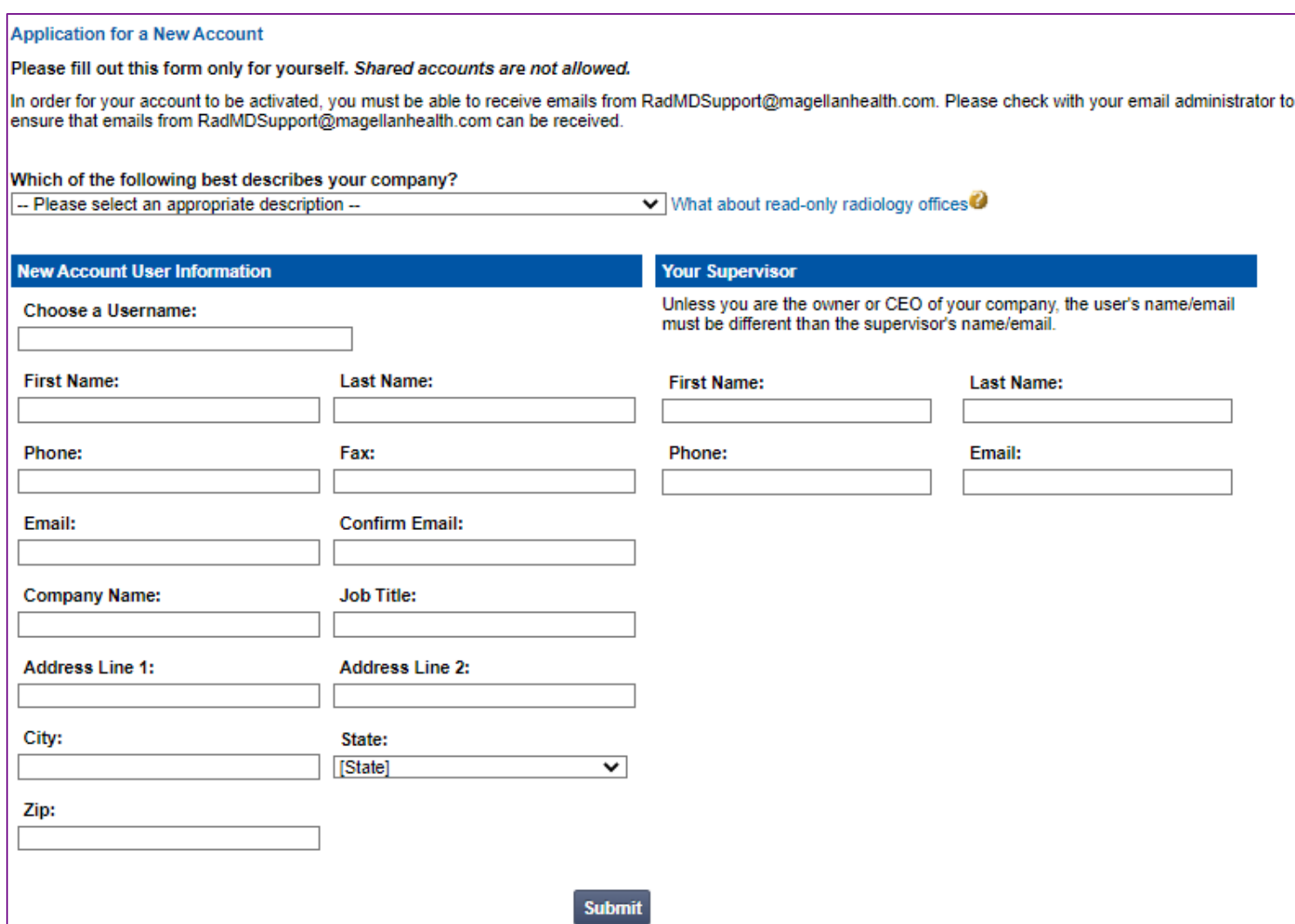
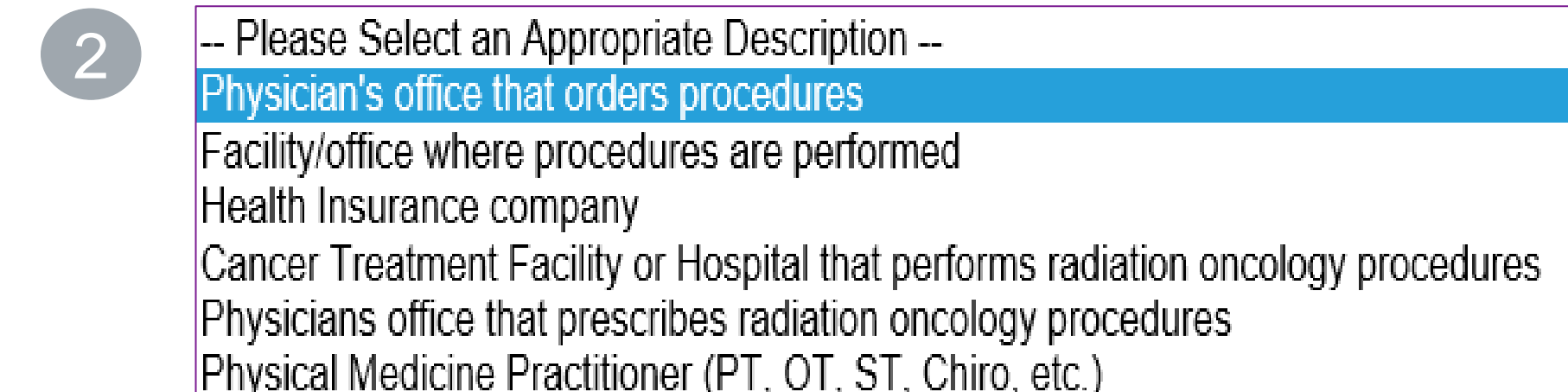
Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
-- Please select an appropriate description -- What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

Submit

Allows Users the ability to view all approved, pended and in review authorizations for facility

IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.
4. New users will be granted immediate access

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved, pended and in review authorizations under your organization.



2. -- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

RadMD Enhancements

Evolut offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot shows the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two search boxes. The first is labeled "Login As Username:" and has a "Login" button. The second is labeled "Tracking Number:" and has a "Search" button and a link "Forgot Tracking Number?".

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on [RadMD.com](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

When to Contact Evolent

Initiating or checking the status of an authorization request	<ul style="list-style-type: none">■ Website, https://www.RadMD.com■ Toll-free numbers 1-866-306-9729 - Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	<ul style="list-style-type: none">■ Call 1-866-306-9729
Provider Service Line Questions Related to RadMD, and Active Evolent Authorization Requests	<ul style="list-style-type: none">■ RadMDSupport@evolent.com■ Call 1-800-327-0641
Provider Education Requests	<ul style="list-style-type: none">■ HMSAProviderConcerns@evolent.com

RadMD Demonstration

Confidentiality Statement

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to HMSA members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of HMSA and Evolent.



Mahalo!