

# Superior HealthPlan Musculoskeletal Care Management (MSK) Program Quick Reference Guide (QRG)

**Effective January 1, 2024**

Effective January 1, 2024, Texas National Imaging Associates (NIA), a Texas licensed URA (URA #5258) and subsidiary of Evolent Health will assume responsibility of performing utilization review through the Musculoskeletal Care Management Program for Superior Medicaid (STAR, STAR+PLUS, STAR Health, STAR Kids) and CHIP, STAR+PLUS Medicare-Medicaid Plan (MMP), Wellcare By Allwell (HMO and HMO SNP) and Ambetter from Superior HealthPlan (Marketplace) members. NIA will be performing utilization review for the following procedures for service dates on or after January 1, 2024.

- Hip surgeries
- Knee surgeries
- Shoulder surgeries
- Lumbar and cervical spine surgeries

Providers may begin contacting NIA on December 18, 2023, to request prior authorization for procedures scheduled for dates of service on or after January 1, 2024. Prior authorization requests service dates prior to January 1, 2024, must continue to be requested through TurningPoint.

## **Prior Authorization Requests**

- It is the responsibility of the ordering physician/surgeon and rendering facility to ensure that prior authorization is obtained before scheduling and/or rendering MSK services that are subject to prior authorization.
- If an urgent clinical situation exists outside of a hospital emergency department, please contact NIA immediately with the appropriate clinical information for an expedited review.
- Authorizations can be requested online at RadMD, by phone by calling 1-800-642-7554 or via fax at 1-800-784-6864. Radmd and the Call Center are the preferred options.
- Clinical and other Information required for submission of a prior authorization request (\*denotes required information):
  - Name, NPI and office phone number of ordering physician\*
  - Member name, Member date of birth, and ID number\*
  - Requested surgery type\*
  - CPT Codes
  - Name and NPI of the rendering provider
  - Name and NPI of facility where the surgery will be performed\*
  - Anticipated date of surgery\*
  - Clinical documentation confirming the medical necessity for the surgical procedure\*:
    - Clinical Diagnosis\*
    - Date of onset of back pain or symptoms /Length of time member 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

Below is a comprehensive listing of MSK services that require prior authorization:

### **Procedures Requiring Prior Authorization**

#### **Hip Surgery: \*\***

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

#### **Knee Surgery: \*\***

- 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.**

#### **Shoulder: \*\***

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

#### **Spine Surgery:**

- 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 – Single & Two Levels
- Cervical Anterior Decompression (without fusion)
- Sacroiliac Joint Fusion

### **Procedure Codes Requiring Authorization**

Please refer to the Utilization Review Matrix to determine CPT codes managed by NIA. Authorization is provided at the procedure level. The most complex and invasive surgery being performed should be selected as the primary surgery. Codes under Allowable Billed Groupings and Additional Covered Procedures/Codes can be associated with each procedure and do not require a separate authorization when completed in combination. They are assumed to be part of the primary request and will be approved or denied aligning with the determination of the primary procedure. An approved authorization is not a guarantee of payment. Authorization is based on medical necessity and contingent upon eligibility and benefits at the time of service.

### **Authorization Requirements**

- The physician must obtain prior authorization with NIA prior to performing the surgery.
- Inpatient facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained by the physician prior to scheduling the surgery/procedure.
- 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 valid 30 days from the date of request.

### **Verifying Authorization Status**

Providers can verify the status of online at [www.RadMD.com](http://www.RadMD.com); select the **My Exam Requests** tab and click on **view all** to see all outstanding authorizations.

### **MSK Clinical Policy and Guidelines**

Guidelines can be found on NIA's website at [www.RadMD.com](http://www.RadMD.com).