

# Spine Surgery and Pain Management Quick Reference Guide for Ordering Physicians/Surgeons

Effective September 1, 2015

Revised March 22, 2024

Blue Cross and Blue Shield of Nebraska (BCBSNE) entered into an agreement with Evolent (formerly National Imaging Associates, Inc.), to implement a spine pain management program. This program includes prior authorization for two components of non-emergent spine care: outpatient interventional pain management (IPM) services, along with inpatient and outpatient 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.

## Prior Authorization Implementation Recommendations

As a provider of spine pain management services that require prior authorization, it is essential you develop a process to ensure 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 spine surgery hospital admission, and the member cannot be balance-billed for such procedures.

## Procedures Requiring Prior Authorization Outpatient and Inpatient Spine Surgery Services:

- Lumbar microdiscectomy
- Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy)
- Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels
- Lumbar Artificial Disc Replacement – Single & 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)

## Outpatient Interventional Pain Management Services\*:

- Spinal epidural injections
- Paravertebral facet joint injections or blocks

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

- Paravertebral facet joint denervation (radiofrequency neurolysis)

Evolent manages non-emergent outpatient IPM services, along with inpatient and outpatient lumbar and cervical surgeries, through the existing contractual relationships with BCBSNE. If an urgent/emergent clinical situation exists outside of a hospital emergency room (ER), please contact Evolent immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is **(866) 972-9642**.

Please refer to Evolent's website, **www.RadMD.com**, to obtain BCBSNE's/Evolent Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes Evolent authorizes on behalf of BCBSNE.

### **Prior Authorization Recommendations**

To ensure that authorization numbers have been obtained, the following recommendations should be considered.

### **Interventional Pain**

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization through Evolent.
- All outpatient interventional pain management services require a prior authorization through Evolent for each procedure performed.
- It is the responsibility of the ordering physician to obtain authorization for all interventional spine pain management procedures outlined above. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 60 days from the date of service or date of request if the date of service is not provided.

### **Outpatient and Inpatient Spine Surgeries**

- Emergency spine surgery (when a patient is admitted via the ER) does not require prior authorization through Evolent.
- Non-emergent outpatient and inpatient lumbar and cervical spine surgery services require prior authorization through Evolent.
- The ordering physician/surgeon must obtain prior authorization with Evolent prior to performing the above procedures and prior to obtaining the prior authorization with BCBSNE for the facility or hospital admission.
- Any BCBSNE prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Evolent's medical necessity criteria.
- Evolent's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Evolent will provide BCBSNE with the surgery type requested and authorization determination.
- Facilities must continue to follow BCBSNE's pre-certification processes for hospital admissions and elective surgery.
- Authorizations are valid for 60 days from the date of service, or date of request if the date of service is not provided.

#### **Quick Contacts**

- **Website:** [www.RadMD.com](http://www.RadMD.com)
- **Phone:** (866) 972-9642

## Checking Authorizations

You can check on the status of patients' authorizations quickly and easily by going to the Evolent website, [www.RadMD.com](http://www.RadMD.com). After obtaining a secure password, sign in and then select the "My Exam Requests" tab to view all outstanding authorizations.

## Submitting Claims

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

Blue Cross and Blue Shield of Nebraska  
Attn: Claims Department  
PO Box 3248  
Omaha, NE 68180-0001

Providers are encouraged to submit claims using BCBSNE's electronic data interchange process. BCBSNE's payor ID number is 77780.

## Frequently Asked Questions

In this section, Evolent addresses commonly asked questions received from providers.

### Where can I find Evolent's Guidelines for these spine procedures?

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

### Is prior authorization necessary for all BCBSNE members?

Yes, prior authorization is necessary for all BCBSNE members, excluding those covered by the following groups or products:

- Federal Employee Program
  - Basic plan with no out-of-network coverage
  - Standard plan with out-of-network coverage
- Medicare Supplemental and Medicare Primary
- Nebraska Department of Correctional Services
- Nebraska Department of Health and Human Services
- University of Nebraska student athletes

### Is prior authorization necessary if BCBSNE is not the member's primary insurance?

Yes, prior authorization is still necessary, even if BCBSNE is not the member's primary insurance. If Medicare coverage is primary, however, prior authorization is not necessary.

### What does the Evolent authorization number look like?

The Evolent authorization number consists of eight or nine alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive an Evolent 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 website or via our interactive voice response telephone system.

### Who can I contact at Evolent for questions, complaints, appeals, etc.?

Please use the following Evolent contacts by type of issue:

To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent area provider relations manager, Andrew Dietz, at **407-967-4636** or **adietz@evolent.com**.

For preauthorization and claims payment complaints/appeals, follow the instructions on your non-authorization letter or explanation of benefit/explanation of payment notification.

**How do referring/ordering physicians know who Evolent is?**

BCBSNE sends orientation materials to referring/ordering providers. BCBSNE and Evolent also coordinate outreach and orientation activities.

**What does the member ID card look like? Does it have both Evolent and BCBSNE information on the card? Or is there two cards?**

BCBSNE's member ID card does not have Evolent information on it.