



Wellcare by Ohana Health Plan Medicare Advantage Primary Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Physicians/Surgeons

Effective April 1, 2024

Wellcare by Ohana Health Plan is committed to continuous improvement of quality services for the Wellcare by Ohana Health Plan Medicare Advantage Primary Members. With that in mind, Wellcare has entered into an expanded partnership with Evolent (formerly National Imaging Associates, Inc. (NIA)), to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: 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 types of services are included in the MSK program for all Wellcare by Ohana Health Plan Medicare Advantage Primary Members. Providers may begin contacting Evolent on **April 1, 2024**, to obtain prior authorization for procedures scheduled on or after April 1, 2024.

- Inpatient and outpatient hip surgeries
- Inpatient and outpatient knee surgeries
- Inpatient and outpatient shoulder surgeries
- Inpatient and outpatient lumbar and cervical spine surgeries

For Ohana QUEST Integration Primary Members, please continue to follow the existing process and submit the Prior Authorizations directly to Ohana Health Plan. For HI Senior Medical Group IPA Members, please continue to follow the existing process and submit Prior Authorizations directly to Advanced Medical Management.

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.

Procedures Requiring Prior Authorization*

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

Outpatient and Inpatient Hip Surgeries:

- 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)

Outpatient and Inpatient Knee Surgeries:**

- 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 Surgeries:**

- 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)

Outpatient and Inpatient Spine Surgeries:

- 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

Evolut will manage the MSK program through existing contractual relationships with Wellcare. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolut immediately with the appropriate clinical information for an expedited review. The number to call to initiate a prior authorization request is **1-800-424-5388**.

Please refer to Evolut's website www.RadMD.com to obtain the Wellcare by Ohana Health Plan Medicare Advantage Primary/Evolut Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that Evolut authorizes on behalf of Wellcare by Ohana Health Plan Medicare Advantage Primary Members.

Prior Authorization Information

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

Outpatient and Inpatient MSK Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Room) do not require prior authorization through Evolut.
- Non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgery services require prior authorization through Evolut.
- **Note:** Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolut authorization has been obtained prior to scheduling the surgery.
- Evolut's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Evolut will provide Wellcare by Ohana Health Plan with the surgery type requested and authorization determination.
- Authorizations are valid for 90 days from the date of request.

Checking Authorizations

You can check on the status of authorization requests quickly and easily by going to the Evolut website, www.RadMD.com. After sign-in, select the **My Exam Requests** tab to view authorization requests and verify status.

Submitting Claims

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

Wellcare
Attn: Claims Department
P. O. Box 31372
Tampa, FL 33631-3372

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
- 1-800-424-5388

Providers are encouraged to use EDI claims submission.

Wellcare payor ID number is 14163.

Frequently Asked Questions

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

Where can I find Evolent's Guidelines for MSK procedures?

Guidelines can be found on Evolent's website at www.RadMD.com.

Is prior authorization necessary if Wellcare by Ohana Health Plan is not the member's primary insurance?

No.

What does the Evolent authorization number look like?

The Evolent authorization number consists of alpha/numeric characters (e.g., 1234X567). In some cases, the ordering provider 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. Providers 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, and 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.
- 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 do referring/ordering physicians know who Evolent is?

Wellcare by Ohana Health Plan and Evolent share training and education materials with physicians and surgeons prior to the implementation. Wellcare by Ohana Health Plan and Evolent also coordinate outreach and orientation for providers.

What will the member ID card look like? Will it have both Evolent and Wellcare by Ohana Health Plan information on the card? Or will there be two cards?

The Wellcare by Ohana Health Plan member ID card does not have Evolent identifying information on it.