



## **Meridian Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Physicians/Surgeons**

**April 1, 2024**

Meridian is committed to continuous improvement of quality services for our members. With that in mind, Meridian has entered into an expanded partnership with Evolent (formerly National Imaging Associates, Inc.), to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: outpatient interventional spine pain management (IPM) 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 types of services are included in the MSK program for all Meridian Medicaid members. Providers may begin contacting Evolent on April 1, 2024, to obtain prior authorization for procedures scheduled on or after April 1, 2024.

- Outpatient IPM – **(Effective 7/1/21 for Meridian)**
- 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.

### **Procedures Requiring Prior Authorization\***

#### **Outpatient IPM Procedures:**

#### **Effective 7/1/21 for Meridian Medicaid\*\***

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections
- Sympathetic Nerve Blocks
- Spinal Cord Stimulators **(Effective 4/1/24)**

\*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, 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)
- Sacroiliac Joint Fusion

Evolent will manage the MSK program through existing contractual relationships with Meridian. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolent immediately with the appropriate clinical information for an expedited review. The number to call to initiate a prior authorization request is 1-866-842-1767.

Please refer to Evolent's website [www.RadMD.com](http://www.RadMD.com) to obtain the Meridian/Evolent Billable CPT® Codes Claim Resolution/Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of Meridian.

### **Prior Authorization Information**

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

#### **IPM:**

- Procedures performed in the emergency room or on an inpatient basis do not require prior authorization through Evolent.
- Outpatient IPM services managed by Evolent require a prior authorization 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 **30** days from the date of request.

#### **Outpatient and Inpatient MSK Surgeries:**

- Emergency musculoskeletal surgery (admitted via the Emergency Room) do not require prior authorization through Evolent.
- Non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgery services require prior authorization through Evolent.
- **Note:** Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent authorization has been obtained prior to scheduling the surgery.
- 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 Meridian 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 Evolent website, [www.RadMD.com](http://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 Meridian.

Providers are encouraged to use EDI claims submission.

Meridian payor ID number is MHPMI.

#### **Quick Contacts**

- Website: [www.RadMD.com](http://www.RadMD.com)
- Toll Free Phone Numbers:
- 1-866-842-1767

## **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](http://www.RadMD.com).

### **Is prior authorization necessary if Meridian 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?**

Meridian and Evolent share training and education materials with physicians and surgeons prior to the implementation. Meridian and Evolent also coordinate outreach and orientation for providers.

### **What will the member ID card look like? Will it have both Evolent and Meridian information on the card? Or will there be two cards?**

The Meridian member ID card does not have Evolent identifying information on it.