



# Presbyterian Spine Management Program





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# Evolut Program Agenda

## Our MSK Program

-  Evolut (formerly National Imaging Associates, Inc.)  
Authorization Process
  - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

# Evolut Specialty Solutions

National Footprint/Medicaid Experience

## National Footprint

- ✓ Since 1995 – delivering Medical Specialty Solutions; one of the **go-to** care partners in industry.
- ✓ **91 health plans/markets** – partnering with Evolut for management of Medical Specialty Solutions.
- ✓ **33.01M national lives** – **participating** in an Evolut Medical Specialty Solutions program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

## Medicaid/Medicare Expertise/Insights

**55 Medicaid plans/markets** with Evolut Medical Specialty Solutions in place.

**20M Medicaid lives** – in addition to 2.89M Medicare Advantage lives participating in an Evolut Medical Specialty Solutions program nationally.

## Intensive Clinical Specialization & Breadth

### Specialized Physician Teams

- 160+ actively practicing, licensed, board-certified physicians
- 28 specialties and sub-specialties

Utilization review accreditation commission (URAC) Accreditation  
& National Committee for Quality Assurance NCQA Certified



# The Evolent Prior Authorization Program



Presbyterian Health Plan, Inc and Presbyterian Insurance Company, Inc. (Presbyterian) began a prior authorization program through Evolent for the management of spine management on Jan. 1, 2015.



- Spine pain management began Jan. 1, 2015
- Advanced imaging and cardiac procedure management began Oct. 1, 2016



## Procedures:

- Lumbar microdiscectomy
- Lumbar decompression
- Lumbar spine fusion
- Cervical anterior decompression
- Cervical posterior decompression
- Cervical artificial disc replacement
- Cervical interior decompression

## Settings:

- Surgery center
- In-office provider
- Hospital



- Medicaid
- Exchange programs
- Medicare



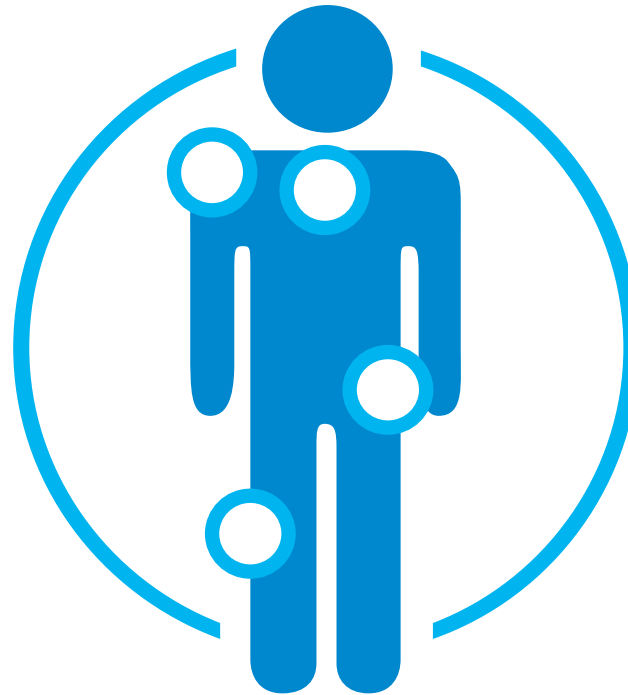
Evolent manages non-emergent select services for Presbyterian Medicaid, Exchange and Medicare members effective Jan. 1, 2015, through our contractual relationships.

# Evolut 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 Current Procedural Terminology (CPT) Codes 22800-22819 used for reconstructive spinal deformity surgery do not require Evolut/Presbyterian prior authorization. Evolut will monitor the use of these CPT codes, but prior authorization is not currently required.

# List of CPT 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](https://www.radmd.com).
-  Defer to Presbyterian's Policies for Procedures not on Claims/Utilization Review Matrix.




**Evolent**  
**Presbyterian Health Plan**  
**Utilization Review Matrix 2024**  
**Musculoskeletal Surgery (Spine)**


LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<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>				<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> <i>*Please note: This is not an all-inclusive list of every ancillary code.</i>
<b>Lumbar Microdiscectomy</b>	<b>63030</b>	62380, 63030, +63035		
<b>Lumbar Decompression</b>	<b>63047</b>	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Microdiscectomy:</b> 62380, 63030, +63035	




# Prior Authorization Process Overview



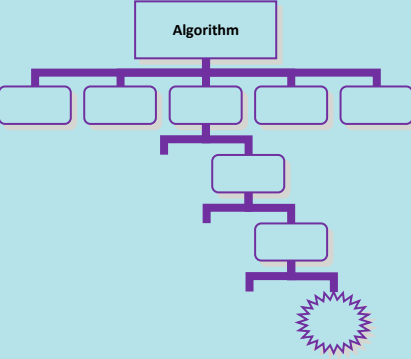
Ordering Physician is responsible for obtaining prior authorization.

Submit Requests Online Through RadMD.com



or by Phone

Information evaluated via algorithm and medical records



System	Patient	Physician
Current Status: Approved	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 05/01/2008 - 05/01/2008	Subscriber ID: 10001023	Physician ID: 000147
Auth Number: 1234567890	Date of Birth: 3/24/1982	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 05/31/2008	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pand/Reject Code: ES	Username: 52452055
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
	Out of Country: n/a	Address: 321 Main St New City, ST 12345
Surgery Setting:	Employment Status: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.9	
	Reason: Arteriosclerosis	

Service Authorized



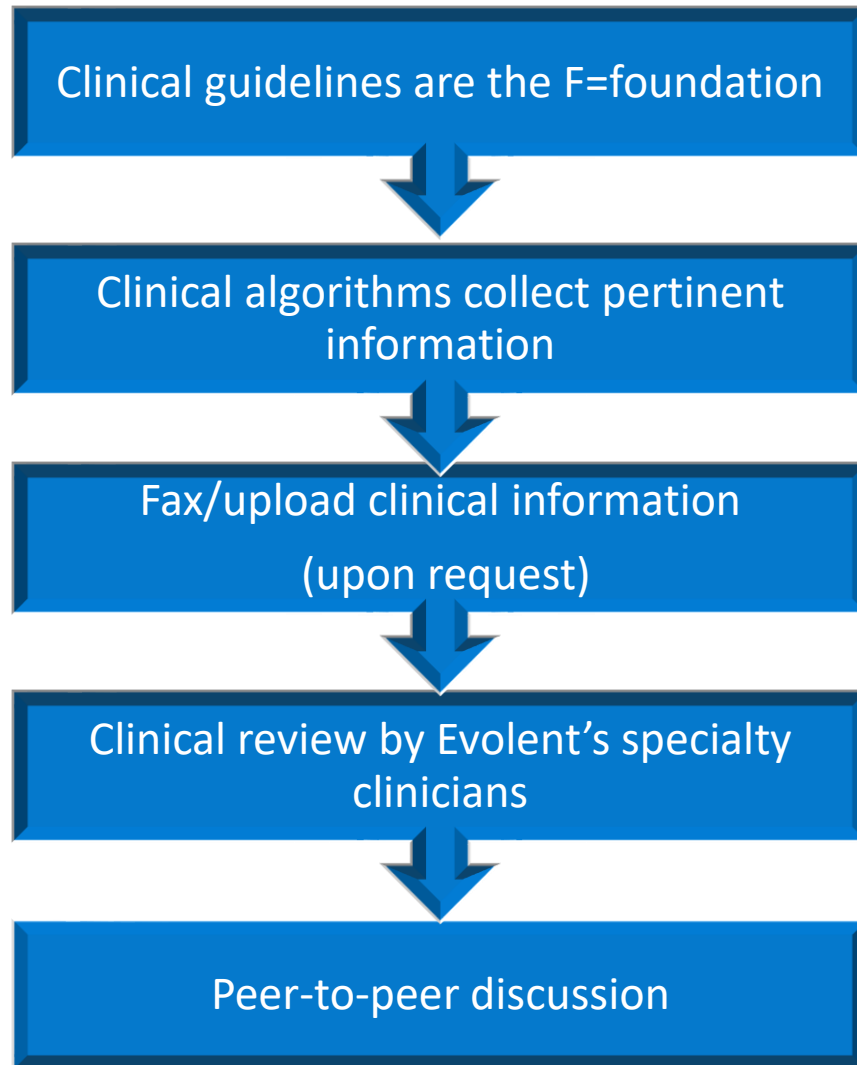

Rendering Provider Performs Service and ensures authorization was obtained




Recommendation to rendering providers: Do not schedule test until authorization is received.



## Evolent 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 Presbyterian and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.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
- Evolent has a specialized clinical team
- 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 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
  - Example 2: A knee ligament reconstruction includes meniscectomy, debridement, etc.
- Bilateral hip or knee surgeries require authorization for both the left **and** right side. These requests can be entered at the same time and will be reviewed concurrently. Anterior cervical discectomy and fusion (ACDF) and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently
- Inpatient admissions will continue to be subject to concurrent review by Presbyterian
- 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

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 [www.RadMD.com](http://www.RadMD.com)
  - Fax using that Evolent coversheet
- Location of fax coversheets:
  - Can be printed from [www.RadMD.com](http://www.RadMD.com)
  - Call 1-866-236-8717
- 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 Interventional Pain Management (IPM) and Musculoskeletal (MSK)



## IPM Reviews

Initial clinical review performed by specially trained IPM nurses

Clinical review team will proactively reach out for additional clinical information

Anesthesiologists and pain management specialists conduct clinical reviews and peer-to-peer discussions on IPM requests



## 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



# Clinical Review Process

## Physicians' Office Contacts Evolent for Prior Authorization



1

Key Evolent Differentiators

2

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

- Clinical information complete – procedure approved
- Additional clinical information required – pends for clinical validation of medical records

3

## Evolent Initial Clinical Specialty Team Review

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

Designated & Specialized Clinical Team interacts with Provider Community.

4

## 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

Peer-to-peer outbound attempt made if case is not approvable

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

## Evolut Urgent/Expedited Authorization Process

### Urgent/Expedited Musculoskeletal (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 [www.RadMD.com](http://www.RadMD.com) cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolut call center at 1-866-236-8717
- Turnaround time:
  - Medicaid - 24 calendar hours not to exceed three calendar days
  - Medicare - one business day not to exceed 72 calendar hours
  - Commercial - ASO one business day not to exceed 72 calendar hours
  - Commercial ASO & FI - 24 calendar hours not to exceed three calendar days



# Notification of Determination

## Authorization Notification

- Validity Period - authorizations are valid for:
  - 60 days from the 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 is available with new or additional information
- Timeframe for reconsideration/re-review/re-open is five business days from the date of denial and prior to submitting a formal appeal
- In the event of a denial, providers are asked to follow the appeal 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 or neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Presbyterian.



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 60 days from the date of service for outpatient surgeries and three days from the date of request for inpatient. Evolent must be notified of any changes to the date of service.

## Provider Tools



### RadMD Website

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

#### Available



24/7 (except during maintenance, performed every third Thursday of the month from 9 p.m. – Midnight PST)



### Toll-Free Number

1-866-236-8717

#### Available



Monday - Friday

7:00 a.m. – 7:00 p.m. MST

- 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



# The Evolent Website

[www.RadMD.com](http://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. Ability to submit outpatient imaging requests on behalf of ordering provider.

## Online Tools Accessed through

[www.RadMD.com](http://www.RadMD.com):

- Evolent Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices



# Registering on [www.RadMD.com](http://www.RadMD.com) to Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

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 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.

1



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.)

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 --

New Account User Information		Your Supervisor	
Choose a Username:		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:	Last Name:	First Name:	Last Name:
Phone:	Fax:	Phone:	Email:
Email:	Confirm Email:		
Company Name:	Job Title:		
Address Line 1:	Address Line 2:		
City:	State:		
Zip:			

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 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. Each user will need to complete an application on RadMD. This will allow users to see all approved, pended and in-review authorizations under your tax ID number. Rendering access will also allow facility to submit outpatient imaging requests on behalf of ordering provider.

1



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

Physician office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

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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?  
[Facility/office/lab where procedures are performed] 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"/>	Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>	Your Tax IDs: [none]	
City: <input type="text"/>	State: [State] <input type="text"/>		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			



# RadMD Enhancements

Evレント offers a **Shared Access** feature on [www.RadMD.com](http://www.RadMD.com). Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot displays the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column, titled "Request", lists various medical services: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link to "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column, titled "Resources and Tools", includes "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 fields: "Login As Username:" with a "Login" button, and "Tracking Number:" with a "Search" button and a link for "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 [www.RadMD.com](http://www.RadMD.com), allowing them to communicate with members and facilitate treatment.



## When to Contact Evolent

### Providers:

<p><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>▪ <a href="http://www.RadMD.com">www.RadMD.com</a></li><li>▪ Toll-free number 1-866-236-8717 - IVR system</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>▪ Call 1-866-236-8717</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>▪ <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a></li><li>▪ Call 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to Evolent</b></p>	<ul style="list-style-type: none"><li>▪ Debbie Patterson Provider Relations Manager 1-314-387-4799 <a href="mailto:DPatterson@evolent.com">DPatterson@evolent.com</a></li></ul>





# 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 Presbyterian 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 Presbyterian and Evolent.**



**Thank You**