

Presbyterian Health Plan Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

Updated March 30, 2023

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) entered into an agreement with Evolent (formerly National Imaging Associates, Inc.) to implement a Musculoskeletal Care Management (MSK) Program effective Jan. 1, 2015. This program includes prior authorization for non-emergent MSK procedures: 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.

The following procedures are included in the MSK Program for Presbyterian members:

- 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:*

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

Outpatient and Inpatient Spine Surgery Services:

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Lumbar Artificial Disc Replacement
- 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)

Evolent manages inpatient and outpatient spine surgeries through the existing contractual relationships with Presbyterian. 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 obtain a prior authorization is 1-866-236-8717 for Presbyterian providers in New Mexico.

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

Prior Authorization Information

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

Outpatient and Inpatient Musculoskeletal Surgeries:

- Non-emergent outpatient and inpatient spine surgery services require prior authorization through Evolent.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery. 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/procedure.
- Authorizations are valid for 60 days from the date of determination for outpatient surgeries and 3 days from the date of determination for inpatient surgeries.

Checking Authorizations

You can check on the status of members’ authorizations quickly and easily by going to the Evolent website, www.RadMD.com. After obtaining a secure password sign-in to select, the **My Exam Requests** tab to **view all** outstanding authorizations.

Submitting Claims

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

Quick Contacts

- Website: www.RadMD.com
- Toll-Free Phone Numbers:
- 1-866-236-8717

Presbyterian Health Plan
P. O. Box 27489
Albuquerque, NM 87125-7489

Providers are encouraged to use Electronic Data Interchange (EDI) for claims submission.

Frequently Asked Questions

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

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

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

Is prior authorization necessary if Presbyterian 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 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, 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.

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

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