



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

April 1, 2024

Sunflower’s KanCare, Ambetter from Sunflower Health Plan, Wellcare by Allwell and Wellcare Complete members (known collectively as Sunflower Health Plan) has entered into an agreement 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 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 procedures are included in the MSK Program for Sunflower Health Plan members and providers may begin contacting Evolent on April 1, 2024, to obtain prior authorization for the procedures below scheduled on or after April 1, 2024.

- Outpatient interventional spine pain management services
- 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:*

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

Outpatient Interventional Spine Pain Management Services:

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections
- Sympathetic Nerve Blocks
- Intrathecal Pump Trials
- Spinal Cord Stimulators

Outpatient and Inpatient Hip Surgery Services:

- 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 Surgery Services:**

- 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 Surgery Services:**

- 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 Surgery Services:

- 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

Evolent will manage non-emergent outpatient interventional spine pain management services, and inpatient and outpatient hip, knee, shoulder, and spine surgeries through the existing contractual relationships with Sunflower Health Plan. 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 1-877-644-4623 (Medicaid), 1-800-424-4801 (Exchange), 1-800-424-4830 (Medicare Advantage), and 1-800-424-4808 (Medicare DSNP) in Kansas.

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

Prior Authorization Information

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

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 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 Musculoskeletal Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Room) does not require prior authorization through Evolent.
- Non-emergent outpatient and inpatient hip, knee, shoulder, and 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 authorization.** The facility authorization will be built automatically once the procedure authorization is approved through Evolent. However, the facility should ensure that an Evolent prior 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 the Sunflower Health Plan with the surgery type requested and authorization determination.
- Authorizations for inpatient and outpatient surgeries are valid for 30 days from the date of request.

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 will continue to go directly to Sunflower Health Plan. Please send your claims for MSK procedures to:

www.sunflowerstatehealth.com (Sunflower Health Plan)

<https://ambetter.sunflowerhealthplan.com> (Ambetter from Sunflower Health)

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
- 1-877-644-4623 (Medicaid)
- 1-800-424-4801 (Exchange)
- 1-800-424-4830 (Medicare Advantage)
- 1-800-424-4808 (Medicare DSNP)

Providers are encouraged to use EDI claims submission.

Sunflower Health Plan payor ID number is **68069**.

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 Sunflower 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 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 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 will referring/ordering physicians know who Evolent is?

Sunflower Health Plan sends orientation materials to referring/ordering providers. Sunflower Health Plan and Evolent are also coordinating additional outreach and orientation activities.

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

The Sunflower Health Plan member ID card will not have Evolent identifying information on it.

