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Musculoskeletal Care Management Program
Hip, Knee, and Shoulder Surgeries
Frequently Asked Questions

Updated April 2024

General	

Why did HMSA implement a musculoskeletal (MSK) care management program focused on hip, knee, and shoulder surgeries? What surgeries require prior authorization?	The MSK program is designed to improve quality and manage nonemergent surgeries in outpatient and inpatient settings.
	
	MSK surgeries are a leading driver of health care spending trends.
	
	Variations in patient care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care).
	
	Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than patient symptoms.
	
	Medical device companies are marketing directly to consumers, resulting in patient requests for inappropriate treatments and services.
	
	Surgeries are occurring too soon, leading to additional or revision surgeries.
	
	The following procedures require prior authorization through Evolent:
	• Outpatient and inpatient hip surgery services:
	  ○ Revision/conversion hip arthroplasty.
	  ○ Total hip arthroplasty/resurfacing.
	  ○ Femoroacetabular impingement hip surgery (includes CAM/pincer and labral repair).
	  ○ Hip surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy).
	
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	• Outpatient and inpatient knee surgery services: *
	  ○ Revision knee arthroplasty.
	  ○ Total knee arthroplasty.
	  ○ Partial-unicompartmental knee arthroplasty.
	  ○ Knee manipulation under anesthesia.
	  ○ 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).
	• 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, claviculectomy, diagnostic shoulder arthroscopy).
	
	*Surgeon must request authorization for each joint even if bilateral joint surgery is to be performed on the same date.
	
	Evolent doesn't manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room or for MSK surgery procedures outside of those procedures listed.

Why did HMSA select Evolent to manage its MSK program for hip, knee, and shoulder surgeries?	Evolent was selected because its clinically driven program is designed to effectively manage quality and patient safety while ensuring appropriate utilization of resources for HMSA members.
Which HMSA members are covered under this program?	Evolent manages nonemergent outpatient and inpatient hip, knee, and shoulder surgeries for HMSA members.

Prior Authorization	
When is prior authorization required?	Prior authorization is required for inpatient and outpatient nonemergent hip, knee, and shoulder surgeries listed. Facility admissions don't require a separate prior authorization. However, the facility should ensure that prior authorization has been obtained with Evolent before scheduling the surgery.
Who can order an MSK surgery?	Orthopedic surgeons.
Who reviews the surgery requests and medical information provided?	Specialty-matched surgeons and nurses conduct medical necessity reviews and make determinations for MSK surgeries.
Does Evolent's prior authorization process change the requirements for facility-related prior authorization?	No, Evolent's medical necessity review and determination is for the authorization of a surgeon's services and type of surgery.
How does the ordering surgeon obtain a prior authorization?	Ordering surgeons can request prior authorization via the Evolent website at RadMD.com or by calling 1-866-306-9729.

What information is required for prior authorization?	To expedite the process, have the following information ready before requesting prior authorization:
	• Name and office phone number of ordering physician*.
	• Patient name and HMSA subscriber ID number*.
	• Requested surgery type*.
	• CPT codes.
	• Name of facility where the surgery will be performed*.
	• Anticipated date of surgery*.
	• Details justifying the surgical procedure*:
	  ○ Clinical diagnosis*.
	  ○ Date of onset of joint pain or symptoms and length of time the patient has had pain*.
	  ○ Physician exam findings (including findings applicable to the requested services).
	  ○ Diagnostic imaging results.
	  ○ Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication).

	• Be prepared to provide the following information, if requested:
	  o Clinical notes outlining type and onset of symptoms.
	  o Length of time with pain/symptoms.
	  o Nonoperative care modalities to treat pain and amount of pain relief.
	  o Physical exam findings.
	  o Diagnostic imaging results.
	  o Specialist reports/evaluation.
	
	*Required information.

Does the ordering surgeon need separate authorizations for each procedure to be performed at the same surgery on the same date?	No. Evolent provides a list of surgery categories to choose from. The surgeon should select the most complex, invasive surgery as the primary surgery. Example: Knee ligament reconstruction/repair. If the surgeon is planning a knee ligament reconstruction/repair, they'll select the knee ligament reconstruction/repair procedure. There's no need to request a separate authorization for a meniscectomy as it's included in knee ligament reconstruction/repair.
Does the ordering surgeon need to enter each CPT procedure code being performed for a hip, knee, or shoulder surgery?	No. The ordering surgeon must select the primary surgery (i.e., most invasive) to be performed. There's a summary of CPT codes that fall under each procedure category in the HMSA Hip Knee Shoulder Surgery Utilization Review Matrix.
What's the response time for a determination?	Generally, a determination will be made in two to three business days after receiving the request with complete clinical documentation. In certain cases, the review process can take longer if additional information is required.
What does the authorization number look like?	The authorization number consists of alphanumeric characters. In some cases, the ordering surgeon may receive a tracking number (not the same as an authorization number) if the surgeon's authorization request isn't approved at the initial contact. Ordering surgeons can use either number to track the status of their request online or through an interactive voice response phone system.

If requesting authorization through RadMD and the request pends, what happens next?	You'll receive a tracking number and Evolent will contact you to complete the process.
Can RadMD be used to request expedited requests for authorization?	No, expedited review requests must be called in to 1-866-306-9729.
How long is the prior authorization number valid?	The authorization number is valid for 90 days from the date of service.
Is prior authorization necessary for hip, knee, or shoulder surgery if HMSA isn't the patient's primary insurance?	Yes, prior authorization is required if HMSA is the secondary insurer to another health plan. Exception: If Medicare Part B is the primary insurer, then NO authorization is needed.
Is prior authorization required if HMSA is secondary to another carrier or coverage?	Yes, prior authorization is required if HMSA is the secondary plan to another non-HMSA plan. If the patient has more than one HMSA plan, then only ONE prior authorization is needed under their primary plan. Exception: If Medicare Part B is the primary insurer, NO prior authorization is needed.
If an ordering surgeon obtains a prior authorization number, does that guarantee payment?	No, an authorization number isn't a guarantee of payment. Authorizations are based on medical necessity and are contingent on eligibility and health plan benefits. Benefits may be subject to limitations and/or qualifications. Evolent's medical necessity review and determination is for the authorization of the surgeon's services and type of surgery.
Are retro-authorizations allowed?	Yes. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization. Surgeons performing hip, knee, or shoulder surgeries shouldn't schedule or perform these surgeries without prior authorization. Retro-authorization requests must be called in to 1-866-306-9729.

Can an ordering physician verify an authorization number online?	Yes. Ordering physicians can check the status of authorizations quickly and easily at RadMD.com.
Will the authorization number be displayed on the HMSA website?	No.
What if I disagree with Evolent's determination?	If a request for prior authorization or if a claim is denied, surgeons may appeal through HMSA. Surgeons should follow the instructions on their denial letter or explanation of payment notification.
Scheduling Procedures	
Do ordering surgeons have to obtain authorization before they schedule an appointment?	Yes. Ordering surgeons must obtain prior authorization before scheduling a patient for surgery.
Which Surgeons are Affected?	
Which surgeons are impacted by the MSK program?	Orthopedic surgeons are the key physicians impacted by this program. Procedures performed in any setting are included in this program: • Hospital (inpatient and outpatient) • Ambulatory surgical centers
Claims	
Where do rendering surgeons send claims for outpatient, nonemergent MSK services?	Surgeons should continue to send claims to HMSA. Providers are encouraged to use EDI claims submission.
How can I check the status of claims?	Check claims status on the HMSA website at hhinplus.hmsa.com/.
Who should I contact if I want to appeal a prior authorization or claims denial?	Rendering surgeons are asked to follow the appeal instructions on their denial letter or explanation of benefits notification. Surgeons may request a peer-to-peer consultation with an Evolent reviewer regarding a denied prior authorization.

Miscellaneous	
How is medical necessity defined?	Evolent defines medical necessity as services that would: • Meet generally accepted standards of medical practice, be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards. • Be appropriate to the illness or injury for which it's performed as to type of service and expected outcome. • Be appropriate to the intensity of service and level of setting. • Provide unique, essential, and appropriate information when used for diagnostic purposes. • Be the lowest-cost alternative that effectively addresses and treats the medical problem and rendered for the treatment or diagnosis of an injury or illness. • Not be furnished primarily for the convenience of the patient, attending physician, or other surgeon.
Where can an ordering surgeon find Evolent's Guidelines for Clinical Use of MSK Procedures?	Evolent's clinical guidelines can be found at RadMD.com. They're in a PDF format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets, and empirical data.
Will the HMSA membership card change with the implementation of this MSK program?	No. The HMSA membership card won't contain any Evolent information.
Re-review/Reconsideration/Reopen and Appeals Process	
Is the re-review/ reconsideration/reopen process available for the MSK program once a denial is received?	To initiate the process, the provider's office can upload new or additional information to RadMD or fax it (using the case-specific fax cover sheet) to Evolent. A reconsideration/re-review (for commercial and QUEST Integration plans) must be initiated within 60 calendar days from the date of denial and before submitting a formal appeal. A reopen (for HMSA Akamai Advantage® plans) must be initiated within one year of the date of denial. Evolent has a specialized clinical team focused on hip, knee, and shoulder surgeries. Peer-to-peer discussions are offered for any request that doesn't meet medical necessity guidelines. The surgeon may call 1-866-306-9729 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the patient based on the clinical information.

RadMD Access	
If I have RadMD access, do I need to apply for additional access to request authorizations for MSK procedures?	No, if you already have access to RadMD, you can request authorization for any procedure managed by Evolent.
What option should I select to request prior authorizations?	Select Physician's office that orders procedures.
How do I apply for RadMD access?	Go to our website at RadMD.com. Click NEW USER. Choose Physician's office that orders procedures in the drop-down menu. Complete the application. Click Submit. You'll receive an email from our RadMD support team within a few hours with an approved username and a temporary passcode. Contact the RadMD Support Team at 1-800-327-0641 if you don't receive a response within 72 hours.
What is "rendering provider access"?	Rendering provider access allows users to view approved authorizations for their office or facility. Examples of a rendering facility that only needs to view approved authorizations: • Hospital facility. • Billing department. • Offsite location. • Another user who doesn't need to request prior authorizations. To sign up for rendering access, an office must designate an administrator. • Go to RadMD.com • Select Facility/Office where procedures are performed. • Complete the application. • Click Submit.

Which link on RadMD do I select to request prior authorization for MSK procedures?	Click Request Spine Surgery or Orthopedic Surgery.
How can surgeons check the status of an authorization request?	Click View Request Status in RadMD's main menu.
How can I confirm what clinical information has been uploaded or faxed to Evolent?	Select the patient's name in View Request Status in the main menu. On the Request Verification Detail page, select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from Evolent?	Click View Request Status.
If I didn't make the initial request for a prior authorization, how can I view the status of a case or upload clinical documentation?	Track an Authorization allows users who didn't submit the original request to view the status of an authorization and upload clinical information. This option is also available in the main menu using Search by Tracking Number. A tracking number is required.
Paperless notification: **How can I receive notifications electronically instead of paper?**	Evolent's default communications are paperless/electronic. Correspondence for each case is emailed to the person who initially requested prior authorization. Users will be sent an email when determinations are made. • No PHI will be in the email. • The email will contain a link that requires the user to log in to RadMD to view PHI. Providers who prefer paper communications can opt out and receive communications via fax.

Contact Information	
Who can I contact at Evolent for more information?	Email HMSAProviderConcerns@evolent.com.
Who can I contact if I need RadMD support?	Email RadMDSupport@evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month, 6-9 p.m. Hawaii time.