



Musculoskeletal Care Management Program Hip, Knee, and Shoulder Surgeries Quick Reference Guide

Updated April 2024

HMSA partners with Evolent Health (formerly Magellan Hawai'i) to manage the Hip, Knee, and Shoulder Musculoskeletal (MSK) Care Management Program. This program requires prior authorization for nonemergent inpatient and outpatient hip, knee, and shoulder surgeries. This program is consistent with industrywide efforts to ensure clinically appropriate care and to manage the increasing utilization of these services.

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

- Inpatient and outpatient hip surgeries.
- Inpatient and outpatient knee surgeries.
- Inpatient and outpatient shoulder surgeries.

Prior Authorization Implementation

As a provider of MSK services that require prior authorization, it's essential that you develop a process to ensure that the appropriate authorization numbers have been obtained.

It's the responsibility of the ordering physician or surgeon and rendering facility to ensure that prior authorization is obtained from Evolent. *A separate prior

Procedures that Require Prior Authorization:*

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).

be performed on the same date.

**Surgeon must request surgery authorization for each joint even if bilateral joint surgery is to

ordered.

authorization number is

required for each procedure

Procedures that Require Prior Authorization, Continued:*

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).

Evolent manages nonemergent inpatient and outpatient hip, knee, and shoulder surgeries through their contract with HMSA. If an urgent or emergent clinical situation exists outside of a hospital emergency room, call Evolent immediately at 1-866-306-9729 with the appropriate information for an expedited review.

Refer to <u>RadMD.com</u> for the HMSA Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of HMSA.

Prior Authorization Information

Please note the following guidelines:

Outpatient and Inpatient Musculoskeletal Surgeries

- Emergency MKS surgery admitted via the emergency room doesn't require prior authorization.
- Nonemergent outpatient and inpatient hip, knee, and shoulder surgery services require prior authorization.
- The ordering surgeon must obtain prior authorization before performing the surgery. 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 procedure.
- Evolent's medical necessity review and determination authorizes a surgeon's services and type of surgery to be performed. Evolent will provide HMSA with the surgery type requested and authorization determination.
- Authorizations are valid for 90 days from the date of service. Date of service is required when requesting prior authorization.



Checking Authorizations

To check the status of requested prior authorizations, go to <u>RadMD.com</u>. After getting a secure password, select **My Exam Requests** to view outstanding authorizations.

Submitting Claims

Submit claims, preferably electronically, to HMSA. HMSA's payor ID number is 990040115.

Or mail claims to:

HMSA Claims Administration P.O. Box 44500 Honolulu, HI 96804-44500

Quick Contacts

Website: <u>RadMD.com</u>
 Phone: 1-866-306-9729

Frequently Asked Questions

Where can I find Evolent's guidelines for MSK procedures?

• Visit <u>RadMD.com</u> and search for HMSA.

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.

What does the authorization number look like?

The authorization number consists of alphanumeric characters. In some cases, the
ordering physician may receive a tracking number (not the same as an authorization
number) if the authorization request isn't approved at the initial contact. Physicians can
use either number to track the status of their request at RadMD.com or via our interactive
voice response telephone system.

Who can I contact at Evolent if I have questions, complaints, or to appeal a determination? Please use the following Evolent contacts by type of issue:

- To educate your staff on Evolent procedures and to help you with any provider issues or concerns, email <u>HMSAProviderConcerns@evolent.com</u>.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your denial letter or explanation of payment.

What will the HMSA membership card look like? Will it have Evolent and HMSA information on it?

The HMSA membership card won't have Evolent identifying information on it.

