

Musculoskeletal Care Management Spine Surgery Program Quick Reference Guide

Updated April 2024

HMSA partners with Evolent Health (formerly Magellan Hawai'i) to manage a Spine Surgery Musculoskeletal (MSK) Care Management Program. This program requires prior authorization for nonemergent inpatient and outpatient lumbar and cervical spine 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 lumbar and cervical spine surgeries.

Prior Authorization Implementation

As a provider of MSK surgery 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. Payment will be denied for procedures performed without prior authorization, including the MSK surgery hospital admission. Patients cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization:*

Outpatient and inpatient spine surgery services:

- Lumbar microdiscectomy.
- Lumbar decompression (laminotomy, laminectomy, facetectomy, and foraminotomy).
- Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels.
- Cervical anterior decompression with fusion –single and multiple levels.
- Cervical posterior decompression with fusion – single and multiple levels.
- Cervical posterior decompression (without fusion).
- Cervical artificial disc replacement – single and two levels.
- Cervical anterior decompression (without fusion).

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

Evolent manages nonemergent inpatient and outpatient spine 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.

Evolent Specialty Services, Inc. is a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries are collectively referred to as "Evolent." Evolent performs medical specialty management services for selected procedures on behalf of HMSA.

Refer to [RadMD.com](https://www.radmd.com) for the HMSA Utilization Review Matrix for CPT-4 codes that Evolent authorizes on behalf of HMSA.

Prior Authorization Information

Please note the following guidelines:

Outpatient and Inpatient Musculoskeletal Surgeries

- Emergency spine surgery (admitted through the emergency room) doesn't require prior authorization.
- Nonemergent outpatient and inpatient spine surgery services require prior authorization.
- The ordering surgeon must obtain prior authorization before performing the surgery. Facility admissions don't require 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 [RadMD.com](https://www.radmd.com). After getting a secure password, select My Exam Requests to view outstanding authorization requests.

Submitting Claims

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

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

Quick Contacts

- Website: [RadMD.com](https://www.radmd.com)
- Phone: 1-866-306-9729

Frequently Asked Questions

Where can I find Evolent's guidelines for spine surgery procedures?

- Visit [RadMD.com](https://www.radmd.com) and search for HMSA.

Is prior authorization necessary if HMSA isn't the patient's primary insurance?

- 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 on RadMD.com or through our interactive voice response phone 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, contact your Evolent area provider relations manager.
 - 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.