

Medical Specialty Solutions Quick Reference Guide

Updated April 2024

HMSA partners with Evolent (formerly Magellan Hawai'i) to manage medical specialty services including certain imaging, cardiac, musculoskeletal, and physical medicine procedures on behalf of HMSA members. This partnership protects the health and well-being of HMSA members and helps to ensure that their health care dollars are spent wisely.

The program requires prior authorization from Evolent for the following nonemergent outpatient procedures:

- MR, CT/CCTA, PET, MUGA scan, MPI, stress echo, echocardiography.
- Left heart catheterization*.
- Cardiac implantable devices (defibrillator, pacemaker)*.
- Interventional pain management-spine (spinal epidural injections, paravertebral facet joint injections or blocks, paravertebral facet joint denervation (radiofrequency neurolysis))*.
- Inpatient and outpatient musculoskeletal surgeries*.
- Physical medicine (physical and occupational therapy, chiropractic care)*.

***See the specific quick reference guide for each of the Medical Specialty Solutions Program services.**

Please refer to Evolent's website at [RadMD.com](https://www.radmd.com) to see the HMSA and Evolent Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of HMSA. (Note: Physical medicine doesn't have a CPT code matrix.)

Medical Specialty Solutions services performed in the following settings don't require prior authorization:

- Inpatient (excluding elective spine surgery).
- Observation room.
- Emergency room/urgent care facility.
- Ambulatory surgical facility (non-cardiac services only)**.

**Exception: Prior authorization is required for left heart cardiac catheterizations performed at an ambulatory service center. See the Cardiac Solutions Quick Reference Guide for more information.

Clinically Urgent Care

If a clinically urgent situation exists outside of a hospital emergency room during normal business hours, call 1-866-306-9729 to request authorization. Services ordered from emergency rooms and inpatient hospital stays don't need prior authorization.

Clinically urgent requests are intended to evaluate a condition that requires prompt intervention to prevent additional consequences to the patient's health and well-being. Conditions that require urgent intervention include any condition that:

- Cannot be postponed for 24 hours without risking progression to an emergent condition.
- Cannot be postponed for 24 hours without risking the loss of life or limb, or risk of permanent disability.
- In the opinion of a physician with knowledge of the patient's condition, any delay would subject the patient to severe pain that cannot be adequately managed without the care or treatment that's the subject of the case.

RadMD.com may be used for requests that meet clinically urgent criteria. Providers will be asked to:

- Select the clinically urgent indication.
- Answer a few demographic and clinical questions.
- State that the case is clinically urgent.
- Attest and provide reasons why the case is clinically urgent.

Clinically urgent authorizations are valid for three days from the date of the request. No extensions will be granted.

Obtaining Authorizations

The ordering provider is responsible for obtaining prior authorizations for the Medical Specialty Solutions services listed previously.

It's the responsibility of the provider rendering the service to:

- Ensure that an authorization was obtained.
- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the services listed previously.
- If a referring provider's office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If the referring provider hasn't obtained prior authorization, inform the provider of this requirement, and advise them to obtain authorization.
- If a patient calls to schedule an appointment for a procedure that requires authorization and doesn't have an authorization number, they should be directed back to the referring provider who ordered the procedure.

Prior Authorization Process

There are two ways to obtain authorizations: Either through Evolent's website at [RadMD.com](https://www.RadMD.com) (preferred method) or by calling Evolent. Call center hours are Monday through Friday, 6 a.m. to 6 p.m. Hawaii time.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, refer to the specific required documentation for each Medical Specialty Solutions service. Have the appropriate information ready before logging in to Evolent's website or calling Evolent.

- Name and office phone number of ordering provider*.
- Member name and ID number*.
- Requested procedure*.
- Name of provider office or facility where the service will be performed*.
- Anticipated date of service.
- Details justifying procedure*:
 - Symptoms and their duration.
 - Physical exam findings.
 - Conservative treatment member was completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications).
 - Preliminary procedures were completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation).
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder).

*Required information.

Be prepared to provide the following information, if requested:

- | | |
|--|---|
| <input type="checkbox"/> Clinical notes | <input type="checkbox"/> X-ray reports |
| <input type="checkbox"/> Specialist reports/evaluation | <input type="checkbox"/> Ultrasound reports |
| <input type="checkbox"/> Previous related test results | |

To help collect information for the authorization process, refer to the specific Medical Specialty Solutions Clinical Checklists and Tip Sheets at [RadMD.com](https://www.RadMD.com).

RadMD.com Access

- It's the responsibility of the provider ordering the Medical Specialty Solutions services to access Evolent's website or call for prior authorization.
- Go to [RadMD.com](https://www.RadMD.com), click New User, and submit an application for new account by selecting Physician's office that orders procedures. Your log in information shouldn't be shared.
- If a user already has access to RadMD.com to initiate authorizations, they can request authorization for any procedure or product managed by Evolent.



- To request prior authorization at [RadMD.com](https://www.radmd.com) and click “Request an exam or specialty procedure including cardiac” in the main menu. RadMD.com is available 24/7, except when maintenance is performed every third Thursday of the month from 6–9 p.m. Hawaii time.
 - **Pended requests:** If you’re requesting prior authorizations through the Evolent website and your request pends, you’ll receive a tracking number. You’ll be required to submit additional clinical information to complete the process.
- Authorization status: To check the status of authorization requests, use View Request Status on RadMD’s main menu. In addition to viewing clinical documentation submitted to Evolent, users can view links to case-specific communications such as requests for additional information and determination letters.
- Track an Authorization allows users who didn’t initially request an authorization to view it as well as upload clinical information. This option is also available in the main menu using Search by Tracking Number. A tracking number is required.

Access Provider Self-service at
[RadMD.com](https://www.radmd.com)

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 96804-4500

Important Notes

- Authorizations are valid for 90 days from the date of service or date of request if no service date is given. Clinically urgent authorizations are valid for three days from the date of the request.
- The authorization number consists of alphanumeric characters. In some cases, you may receive a tracking number (not the same as an authorization number) if your request isn’t approved at the initial contact. You can use either number to track the status of the request on RadMD.com or via our interactive voice response telephone system.
- Evolent’s clinical guidelines can be found at [RadMD.com](https://www.radmd.com) under Online Tools/Clinical Guidelines. Select HMSA.
- An authorization number isn’t a guarantee of payment. Whether a service is covered is subject to the terms and conditions of the patient’s health plan, including eligibility, health plan benefits at the time the services are provided, and any pre-existing condition exclusions referenced in their plan.
- For technical assistance, email RadMDSupport@evolent.com or call 1-800-327-0641.
- To educate your staff on Evolent procedures and to help you with any issues or concerns, contact your Evolent area provider relations manager.
- The HMSA membership card doesn’t contain Evolent-identifying information.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or explanation of payment.

