









# Maryland Physicians Care Musculoskeletal (MSK) Management Program

Provider Training Presented by:

Date:



# Evolut Program Agenda

-  Introduction to Evolut (formerly National Imaging Associates, Inc.)
-  Our MSK Program
  -  Authorization Process
  -  Other Program Components
-  Provider Tools and Contact Information
-  Questions and Answers

# National Imaging Associates, Inc. (NIA) is now **Evolent**

Connecting Our Brands is About Connecting Care

**evolent** CARE PARTNERS

**evolent** HEALTH SERVICES

  
**New Century Health**

 **Vital Decisions**

**iPG**

**NIA**



  
**evolent**

## Our Motivation

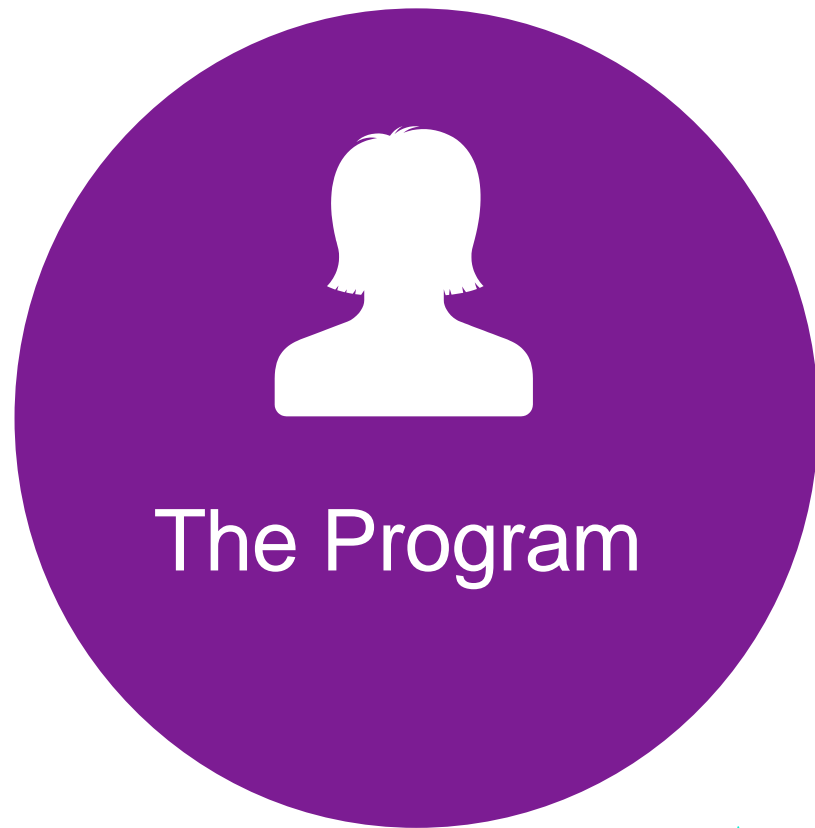
### Patients

- Better Treatment
- Better Health

### Providers

- Less Friction
- Appropriate Care

# MSK Prior Authorization Program



- Maryland Physicians Care will begin a prior authorization program through Evolent for the management of MSK Services.



- Program start date: October 1, 2024
- Begin obtaining authorizations from Evolent on October 1, 2024 for services rendered on or after October 1, 2024
- Maryland Physicians Care and Evolent will honor authorizations approved prior to and extending beyond October 1, 2024.



- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
- Surgery Center
- In Office
- Hospital



- Medicaid



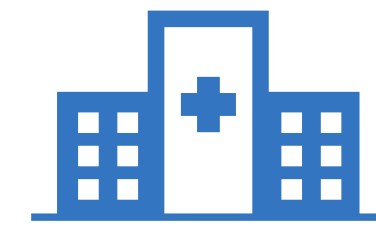
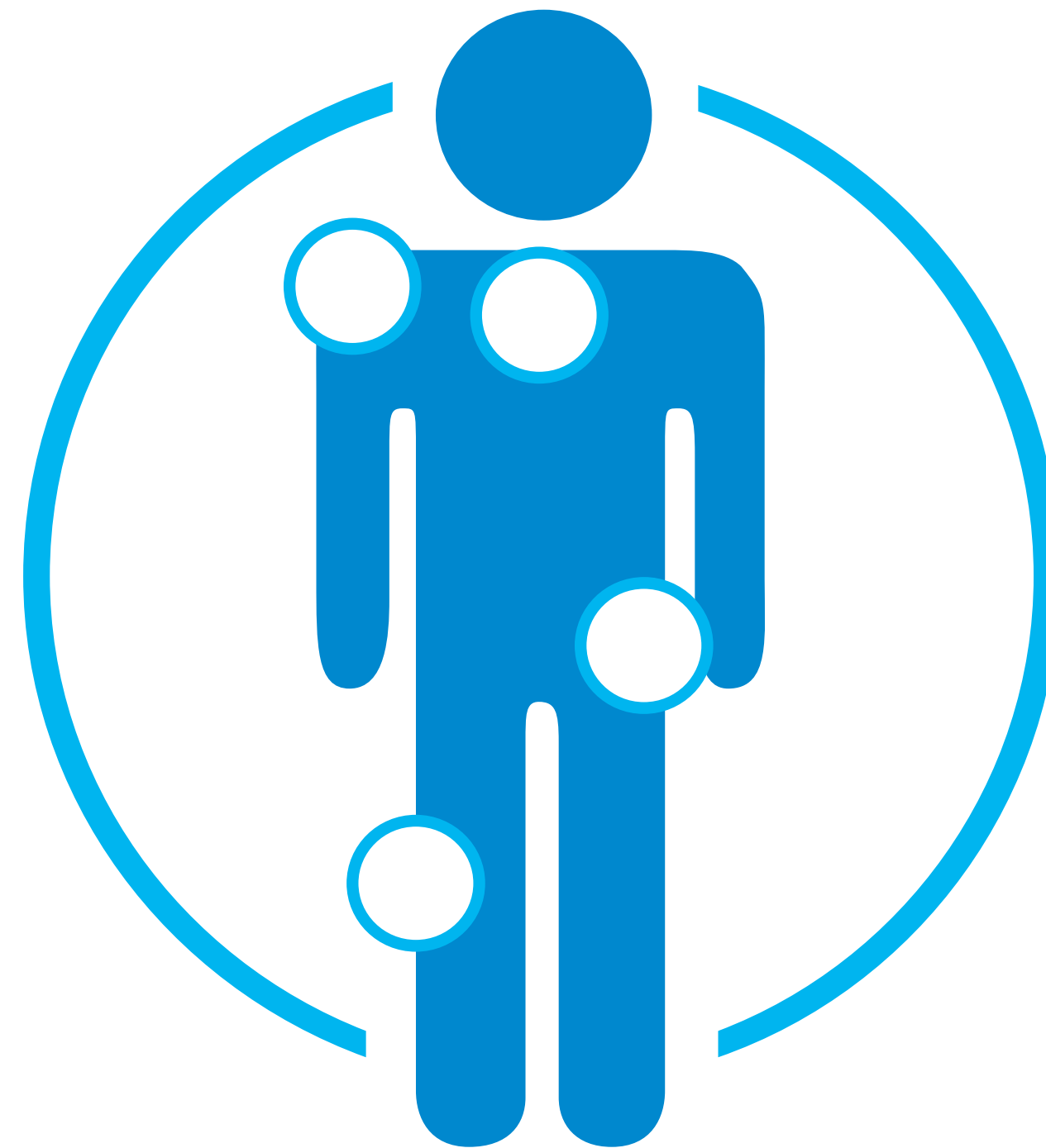
Evolent will be managing authorization requests for MSK surgeries that are performed by Maryland Physicians Care in-network and out of network surgery providers.

# Lumbar and Cervical Spine Surgery

## Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & 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)
- Lumbar Artificial Disc – Single & Two Levels
- Sacroiliac Joint Fusion

**Procedures Performed on or after 10.1.2024 Require Prior Authorization. Evolent's Call Center and RadMD will open 10.1.2024**



## Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Room

Reconstructive spinal deformity surgery does not require prior authorization from Evolent.



# Hip, Knee and Shoulder Surgery



## Hip Surgeries Performed Inpatient and Outpatient

- 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 knee)

## Knee Surgeries Performed Inpatient and Outpatient

- 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)

## Shoulder Surgeries Performed Inpatient and Outpatient

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder 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)



## Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Room

# CPT Codes Requiring Prior Authorization (Spine Surgery)



## Utilization Review Matrix 2024 Maryland Physicians Care

### Spine Surgery

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</p>				<p>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	<p>Microdiscectomy: 62380, 63030, +63035</p> <p>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p>	<p><b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938</p> <p><b>Bone Marrow Aspiration:</b> 20939</p>
Lumbar Fusion - Multiple Levels	22614	+22534, +22585, +22614, +22632, +22634, +63052, +63053	<p>Microdiscectomy: 62380, 63030, +63035</p> <p>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p> <p>Single Level Fusion: 22533, 22558, 22612, 22630, 22633</p>	<p><b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938</p> <p><b>Bone Marrow Aspiration:</b> 20939</p>

# CPT Codes Requiring Prior Authorization (Joint Surgery)



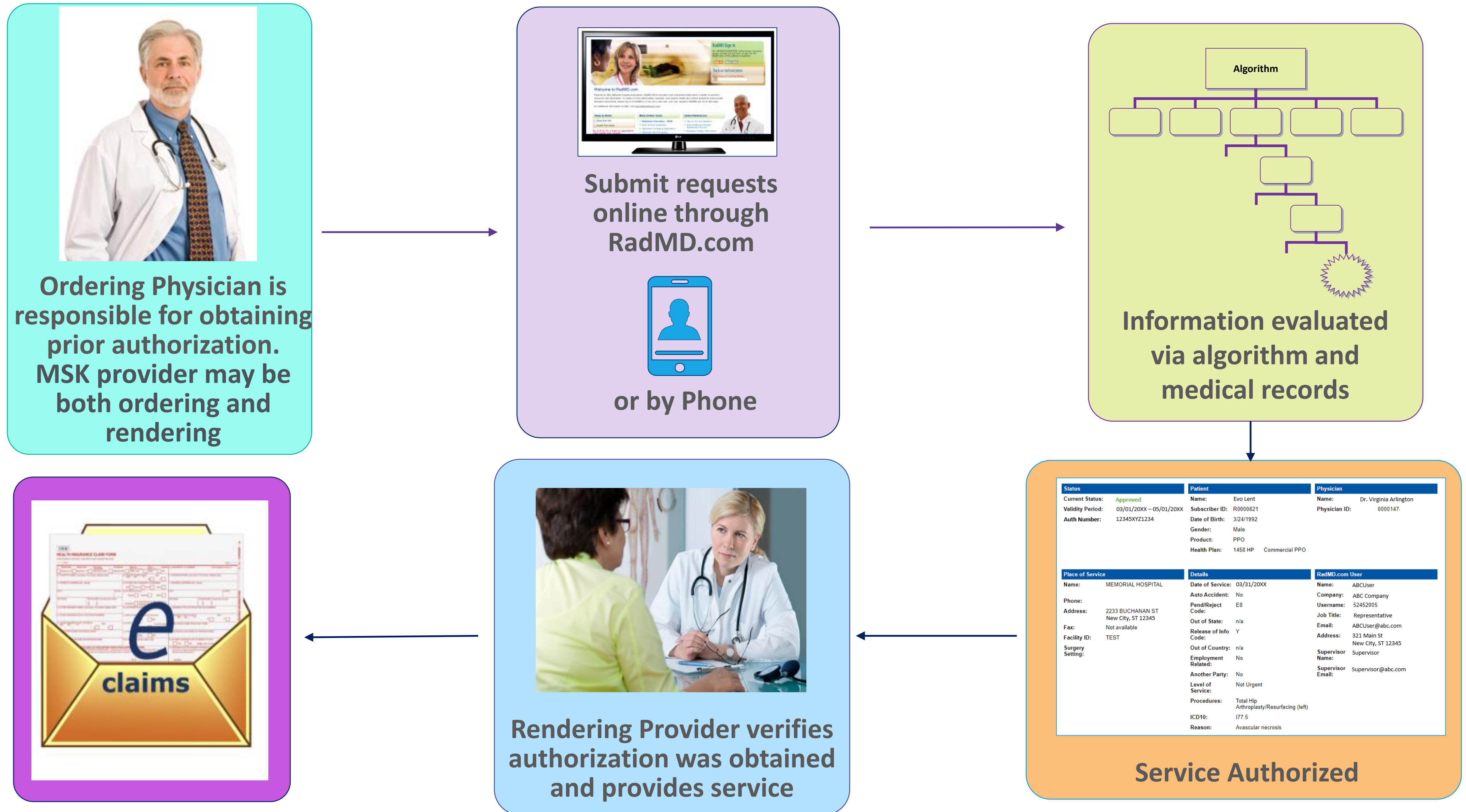
Utilization Review Matrix 2024  
Maryland Physicians Care

Joint Surgery

KNEE SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i>			
Knee Ligament Reconstruction/Repair	29888	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889	<p><b>Meniscectomy:</b> 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p><b>Autologous chondrocyte implantation:</b> 27412</p> <p><b>Osteochondral Allograft/Autograft:</b> 27415, 27416, 29866, 29867</p> <p><b>Anterior tibial tubercleplasty:</b> 27418</p> <p><b>Reconstruction of Dislocating Patella:</b> 27420, 27422, 27424</p> <p><b>Lateral Release:</b> 27425, 29873</p> <p><b>Loose Body Removal:</b> 29874</p> <p><b>Synovectomy:</b> 29875, 29876</p> <p><b>Chondroplasty:</b> 29877</p> <p><b>Microfracture:</b> 29879</p> <p><b>OCD Lesion:</b> 29885, 29886, 29887</p>



# Prior Authorization Process Overview

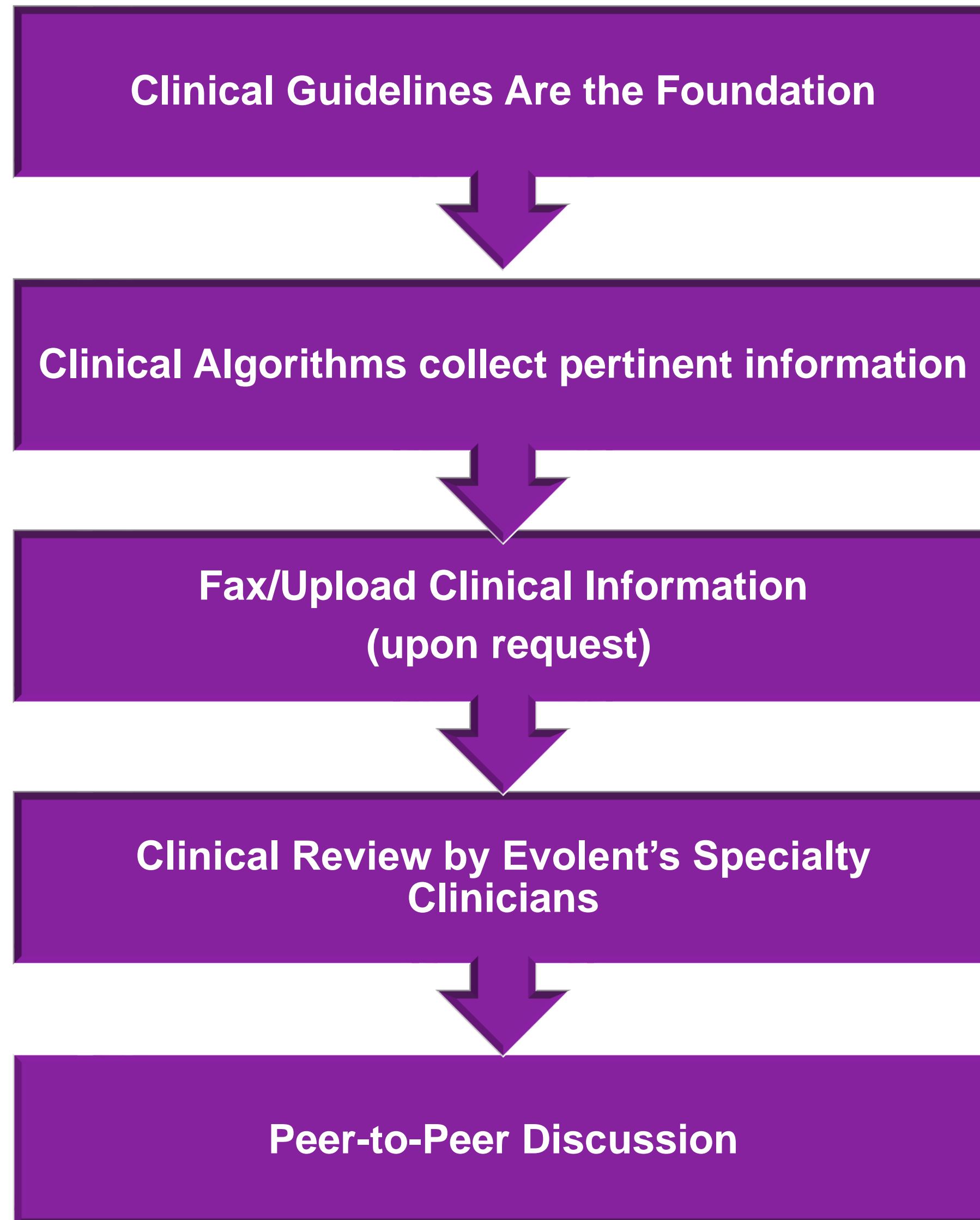


Status	Patient	Physician
Current Status: <b>Approved</b>	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX – 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147
Auth Number: 12345XYZ1234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

# Evolut's Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Maryland Physicians Care and Evolut Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](http://RadMD.com)**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolut has a specialized clinical team focused on MSK.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**

# Authorization for Surgery






## Special Information

- Most surgeries require only one authorization request. Evolent provides a list of surgery categories to choose from and the surgeon's office must select the most complex and invasive surgery being performed as the **primary** surgery.
  - Example 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
  - Example 2: A knee ligament reconstruction includes meniscectomy, debridement, etc.
- Bilateral hip or knee surgeries require authorization for both the left **and** right side. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- Date of Service is required.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.
- The Maryland Physicians Care Site of Service policy is applicable to this program.
- Authorizations for facility admissions will not require a separate authorization for the surgery date however, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery.
- Inpatient admissions must continue to follow Maryland Physicians Care formal notification process for continued care after the surgery date and will continue to be subject to concurrent review by Maryland Physicians Care.



# Surgery Clinical Checklist Reminders

## Surgery Documentation:

-  Details regarding the member's symptoms and their onset/duration
-  Physical exam findings
-  Conservative treatment modalities with dates and duration (e.g., physical therapy, home exercise plan, injections, medications, activity modification)
-  Diagnostic imaging results
-  Ordering physician's surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI, smoking history, mental status for some surgeries)



# Evolut to Physician: Request for Clinical Information

CC\_TRACKING\_NUMBER      FAXC

**NIA**  
NIA Health Plans

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER:
FAX NUMBER:	FAX RECIP PHONE
TRACKING NUMBER:	CC TRACKING NUMBER:
RE: Authorization Request	MEMBER ID: MEMBER ID
PATIENT NAME:	MEMBER NAME
HEALTH PLAN:	CAR NAME

**Request for Further Clinical Information**

We have received your request for PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # \_\_\_\_\_) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call \_\_\_\_\_

1. Treating condition/diagnosis: \_\_\_\_\_
2. Brief relevant medical history and summary of previous therapy: \_\_\_\_\_
3. Surgery Date and Procedure (if any): \_\_\_\_\_
4. Date of initial evaluation: \_\_\_\_\_ Date of Re-evaluation: \_\_\_\_\_

RESULTS OF OBJECTIVE TESTS AND MEASURES: \_\_\_\_\_

\_\_\_\_\_



A fax is sent to the provider detailing what clinical information that is needed, along with a fax coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.

# Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to [RadMD.com](https://www.radmd.com)
  - Fax using Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from [RadMD.com](https://www.radmd.com)
  - Call: 1-800-424-4836
- Use the case specific fax coversheet when faxing clinical information to Evolent

## Exam Request Verification: Detail

Upload Clinical Document

Print Fax Cover Sheet

Request Additional Visits

### Cases in this Request

#### Member

**Name:** Evo Lent  
**Gender:** Female  
**Date of Birth:** 5/24/1971  
**Member ID:** AB123456  
**Health Plan:** ABC Health Plan  
HMO  
**Spoken Language:** ENGLISH  
**Written Language:** ENGLISH

#### Provider

**Name:** Memorial Hospital  
**Address:** 123 Main St, New City, ST  
12345  
**Phone:** 123-456-7890  
**Tax ID:** 987654321  
**UPIN:**  
**Specialty:**

# Clinical Specialty Team: Focused on MSK

## MSK Surgery Review

Initial clinical review  
performed by  
specialty trained  
surgery nurses

Surgery concierge  
team will contact  
provider for  
additional clinical  
information

Orthopedic surgeons  
or neurosurgeons  
conduct clinical  
reviews and peer-to-  
peer discussions on  
surgery requests

# MSK Clinical Review Process

## Physicians' Office Contacts Evolent for Prior Authorization



## Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

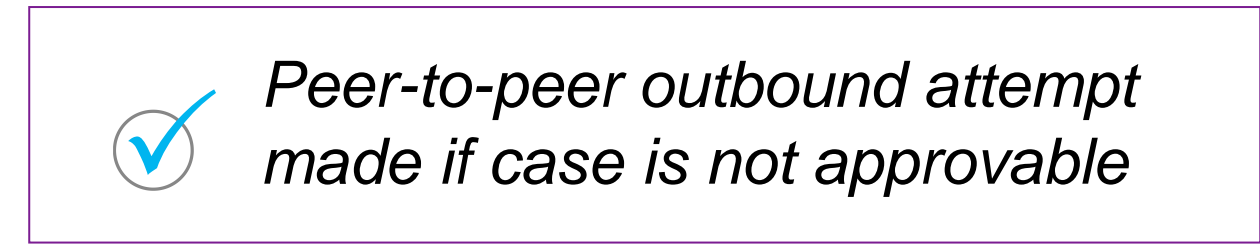


## Request Evaluated Based on Information Entered

- Additional clinical information required

## Evolent Specialty Physician Reviewers

- Evolent Physician approves case without peer-to-peer



- Evolent Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

**Generally, the turnaround time for completion of these requests is within two or three business days upon receipt of sufficient clinical information**



# Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website [RadMD.com](https://www.RadMD.com) cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolent call center:
  - 1-800-424-4836
  - Turnaround time is within 24 calendar hours not to exceed 72 calendar hours.

# Notification of Determination

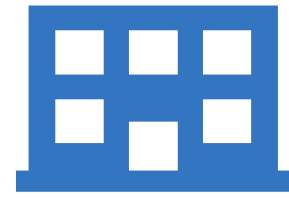
## Authorization Notification

- Authorizations are valid for:  
**Surgery**
  - Inpatient - 60 days from date of request
  - Outpatient - SDC/Ambulatory - 60 days from date of request

## Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- Re-review may be available with new or additional information.
- Re-review must occur within 2 business days from the date of denial and prior to submitting a formal appeal.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# MSK Surgery Points – Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries



Spine Surgery is focused on lumbar and/or cervical spine surgeries



For spinal surgeries, only one authorization request per surgery. For example, a Lumbar fusion authorization includes decompression, instrumentation, etc.



Reconstructive spinal deformity surgery does not require prior authorization from Evolent, CPT codes 22800-22819.

# MSK Surgery Points – Hip, Knee and Shoulder Surgery



Bilateral hip or knee surgeries require authorization for both the left **and** right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.



Surgeries addressing the following are not included in the MSK program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), hardware & foreign body removal.



# MSK Surgery Points – All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Maryland Physicians Care.



The Maryland Physicians Care Site of Service policy is applicable to this program.

Authorizations for facility admissions will not require a separate authorization for the surgery date however, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery.

Facilities must continue to follow Maryland Physicians Care formal notification process for continued care after the surgery date and will continue to be subject to concurrent review by Maryland Physicians Care.



Authorizations are valid for 60 days from the date of request.

# Provider Tools



## RadMD Website RadMD.com

### Available

24/7 (except during  
maintenance, performed every  
third Thursday of the month from  
9 pm – midnight PST)



## Toll-Free Numbers

1-800-424-4836

### Available

Monday - Friday  
7:00 AM – 7:00 PM EST



- Request Authorization
  - View Authorization Status
  - View and manage Authorization Requests with other users
  - Upload Additional Clinical Information
  - View Requests for additional Information and Determination Letters
  - View Clinical Guidelines
  - View Frequently Asked Questions (FAQs)
  - View Other Educational Documents
- 
- Interactive Voice Response (IVR) System for authorization tracking

# Evolut Website

[RadMD.com](http://RadMD.com)

## RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – View approved, pended and in review authorizations for their facility.
- MSK providers are typically both the ordering and the rendering provider.

## Online Tools Available on RadMD

- Evolut's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- MSK Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices





# RadMD New User Application Process - Ordering

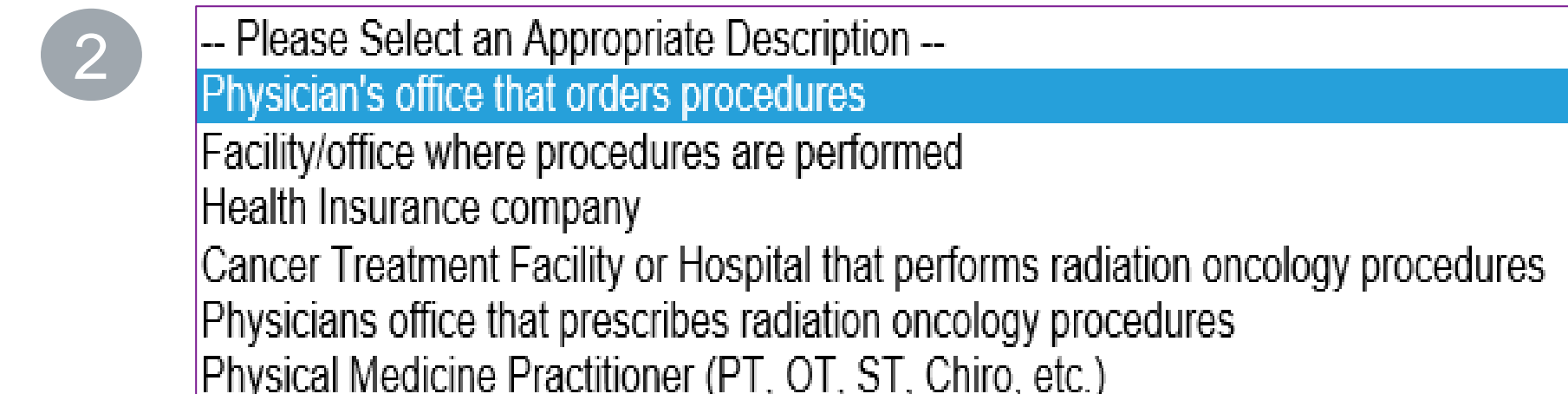
**Users are required to have their own separate usernames and passwords due to HIPAA regulations.**

## STEPS:

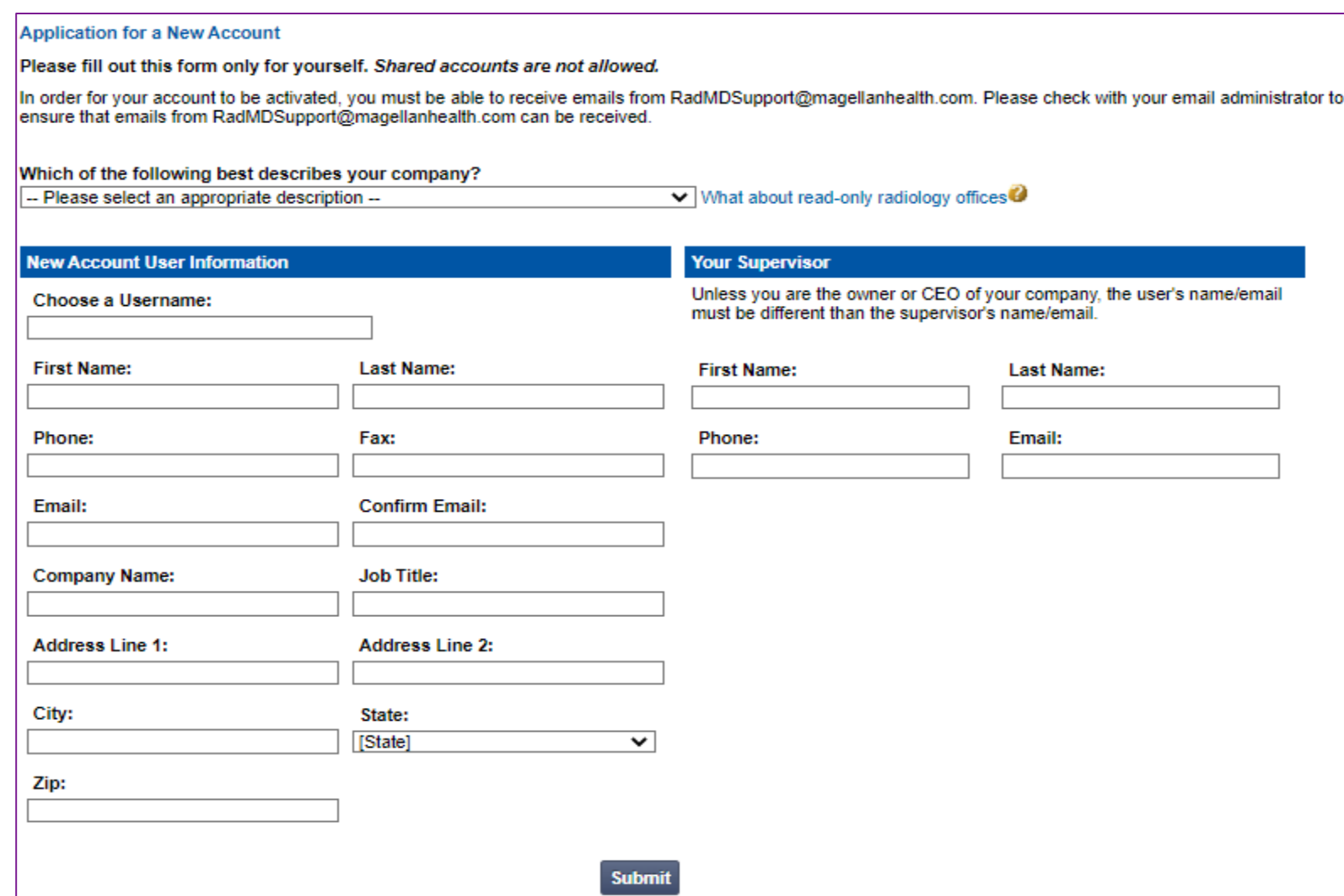
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Complete the application and click “Submit”.
4. Open email from Evolent webmaster with new user password instructions

**NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.**

Offices that are both ordering and rendering procedures should request ordering provider access. This will allow you to request authorization on RadMD and see the status of requests.



3



The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for selecting a company description, followed by a "New Account User Information" section and a "Your Supervisor" section. The "New Account User Information" section includes fields for Username, First Name, Last Name, Phone, Fax, Email, Confirm Email, Company Name, Job Title, Address Line 1, Address Line 2, City, State, and Zip. The "Your Supervisor" section includes fields for First Name, Last Name, Phone, and Email. A "Submit" button is located at the bottom right of the form.



# RadMD New User Application Process - Rendering

## IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages access for users.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Complete the application and click “Submit”.
4. Open email from Evolent webmaster with new user password instructions.

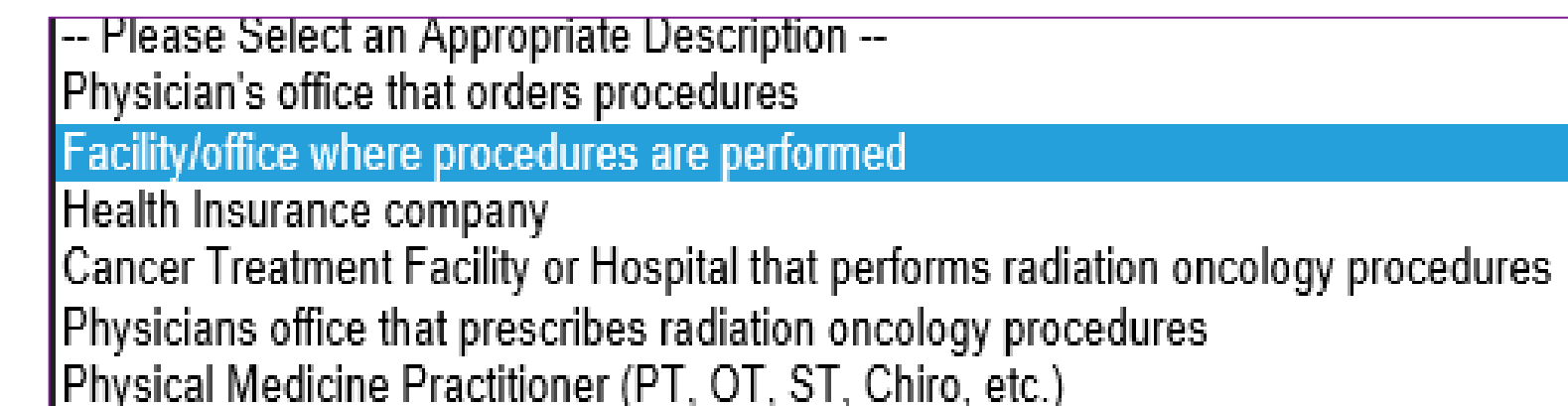
**NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.**

If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

1



2



3

The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for "Which of the following best describes your company?" with "Facility/office/lab where procedures are performed" selected. The form is divided into two main sections: "New Account User Information" and "Your Supervisor". The "New Account User Information" section includes fields for "Choose a Username:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Confirm Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". The "Your Supervisor" section includes fields for "First Name:", "Last Name:", "Phone:", and "Email:". There is also a section for "Affiliated Facilities" with a "Facility Tax ID #:" field and an "Add" button. At the bottom right, there is a "Submit" button.

# Shared Access

Evolent offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

[Provider Resources](#)   [User](#) ▼

---

**Request**

- Exam or specialty procedure  
(including Cardiac, Ultrasound, Sleep Assessment)
- Physical Medicine
  - [Initiate a Subsequent Request](#)
- Radiation Treatment Plan
- Pain Management  
or Minimally Invasive Procedure
- Spine Surgery or Orthopedic Surgery
- Genetic Testing

**Resources and Tools**

- Shared Access
- Clinical Guidelines
- Request access to Tax ID

**News and Updates**

Login As Username:  [Login](#)

---

Tracking Number:  [Search](#)  
[Forgot Tracking Number?](#)

**Request Status**

- [Search for Request](#)
- [View All My Requests](#)

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on [RadMD.com](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

# When to Contact Evolent

<p><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>■ Website: <a href="http://RadMD.com">RadMD.com</a></li><li>■ Toll-free number: 1-800-424-4836</li><li>■ Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>■ Call: 1-800-424-4836</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>■ <a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a></li><li>■ Call: 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to Evolent</b></p>	<ul style="list-style-type: none"><li>■ Charmaine Everett Director, Provider Relations 410-953-2615 <a href="mailto:Ceverett@evolent.com">Ceverett@evolent.com</a></li></ul>

# Confidentiality Statement

*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Maryland Physicians Care members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Maryland Physicians Care and Evolent.*





Thanks!