



Frequently Asked Questions: Musculoskeletal Care (MSK) Interventional Pain Management (IPM)

**WellCare of North Carolina (WellCare) Medicaid,
WellCare of North Carolina by Celtic Insurance Company (WellCare) Exchange, and
Wellcare Medicare.**

Effective April 1, 2024

- **Who is Evolent?**
 - Evolent (formerly National Imaging Associates, Inc.) is a comprehensive musculoskeletal care ('MSK') and interventional pain management ('IPM') company whose goal is to apply evidence-based treatment to the delivery care.
- **What is the Specialty Healthcare Management Program?**
 - The Specialty Healthcare Management Program provides prior authorization management for musculoskeletal care (MSK) services and interventional pain management (IPM) services rendered in a physician's office, outpatient hospital, ambulatory setting, or inpatient (MSK planned professional services only). The program emphasizes and supports the selection of preferred pathways for patient care and authorizations are administered by Evolent.
- **What members are included in this program?**
 - WellCare Medicaid, Exchange and Wellcare Medicare members of all ages.
- **When will the program begin?**
 - The program will begin **April 1, 2024**.
- **How can a physician's office request training for this program?**
 - A provider solution specialist will contact you to schedule an introductory meeting and training. If you have any questions prior to the introductory meeting, please contact Evolent at **1-800-327-0641** or email RadMDSupport@Evolent.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations for treatment care pathways
 - Real-time status of authorization requests
 - Speak with clinicians to discuss treatment options
 - Support staff with dedicated provider solutions representatives available to assist as needed

- **How do I contact Evolent authorization support?**
 - Call **1-800-327-0641**. Staff is available Monday-Friday 8:00 a.m. to 8:00 p.m. EST.
- **What is the transition of care process?**
 - WellCare/Wellcare approvals issued before **April 1, 2024**, are effective until the authorization end date. Starting **April 1, 2024**, please submit prior authorization requests to Evolent.
- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering services must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Online [RadMD.com](https://www.radmd.com)
 - Via telephone at **1-866-249-1583** (Medicaid), **1-800-642-7339** (Exchange), **1-800-424-5388** (Wellcare). Staff is available Monday-Friday from 8:00 a.m. to 8:00 p.m. EST.
- **What is the turn-around time (TAT) for processing prior authorization requests?**
 - Standard Medical: 14 calendar days.
 - Expedited Medical: 72 hours.
- **What services / specialists are included in the program?**

The Evolent program will apply to all specialists for the following MSK services:

Inpatient (planned professional services only) and Outpatient Hip Surgeries:

- 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)

Inpatient (planned professional services only) and Outpatient Knee Surgeries:

- 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)

Inpatient (planned professional services only) and Outpatient Shoulder Surgeries:

- 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, claviclectomy, diagnostic shoulder arthroscopy)

Inpatient (planned professional services only) and Outpatient Spine Surgeries:

- 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)
- Sacroiliac Joint Fusion

Outpatient IPM Procedures Requiring Prior Authorization Include:

- Epidural Injections
- Facet Joint Injections or Blocks
- Facet Joint Neurolysis
- Sacroiliac Joint Injections
- Spinal Cord Stimulators
- Sympathetic Nerve Blocks

• What happens if the authorization request does not meet guidelines?

- If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.

• What will the Evolent authorization number look like, and how long is it valid?

- The Evolent authorization number consists of alpha/numeric characters (e.g., 1234X567). In some cases, the ordering provider may instead receive a tracking number (not the same as an authorization number) if the authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request on the RadMD website or via our Interactive Voice Response telephone system.

• Which place(s) of service are included in this program?

- Prior authorization will be required for services rendered in inpatient settings (MSK Surgery only – Hospitals (planned professional services only), Ambulatory Surgical Centers, In-Office) and outpatient facilities and offices.

- **Does prior authorization guarantee payment?**
 - No. Prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to your Provider Manual.

- **Who is responsible for responding to grievances and appeals?**
 - WellCare/Wellcare will maintain the grievance and appeal processes.

- **What will happen if the physician does not request and obtain an authorization?**
 - If authorization is not obtained, WellCare/Wellcare may deny payment for the relevant services. Members may not be held responsible or billed for denied charges / services. Providers may only be able to collect the applicable cost share amount directly from the member.