









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

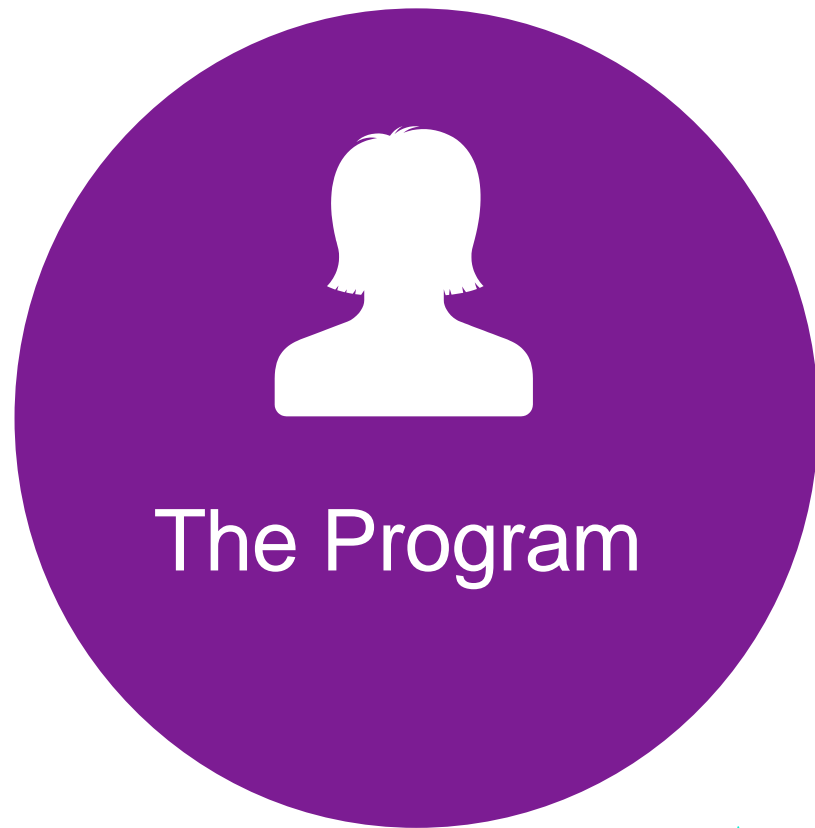
Patients

- 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



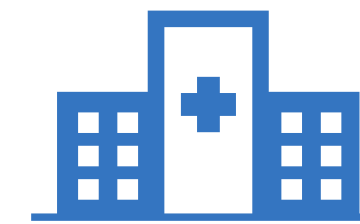
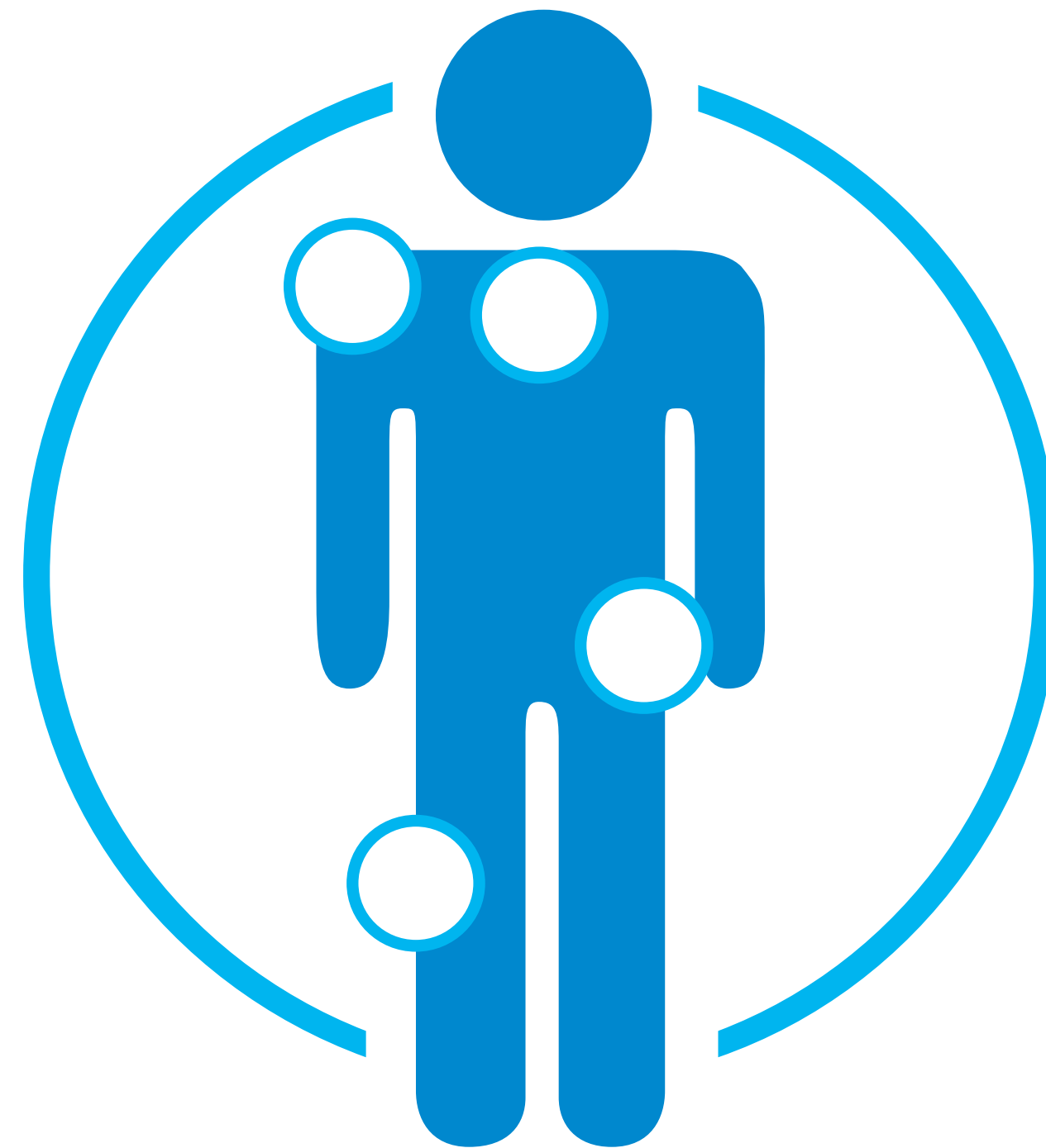
Evolent will be managing authorization requests for MSK surgeries that are performed by Maryland Physicians Care in-network and out of network surgery providers.

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>Instrumentation: +22840, +22841, +22842, +22845, +22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 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>Instrumentation: +22840, +22841, +22842, +22845, +22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 20939</p>

CPT Codes Requiring Prior Authorization (Joint Surgery)

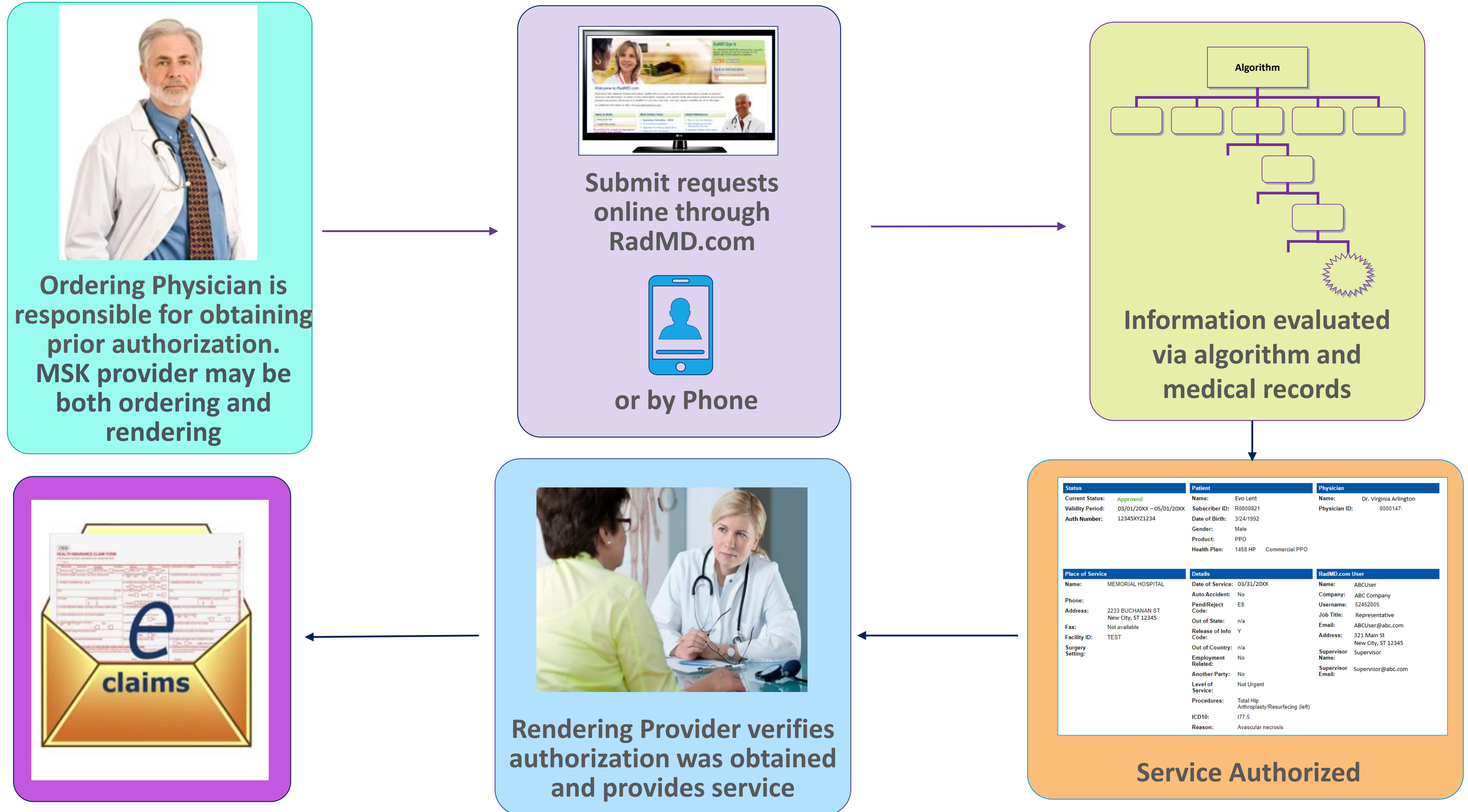


Utilization Review Matrix 2024
Maryland Physicians Care

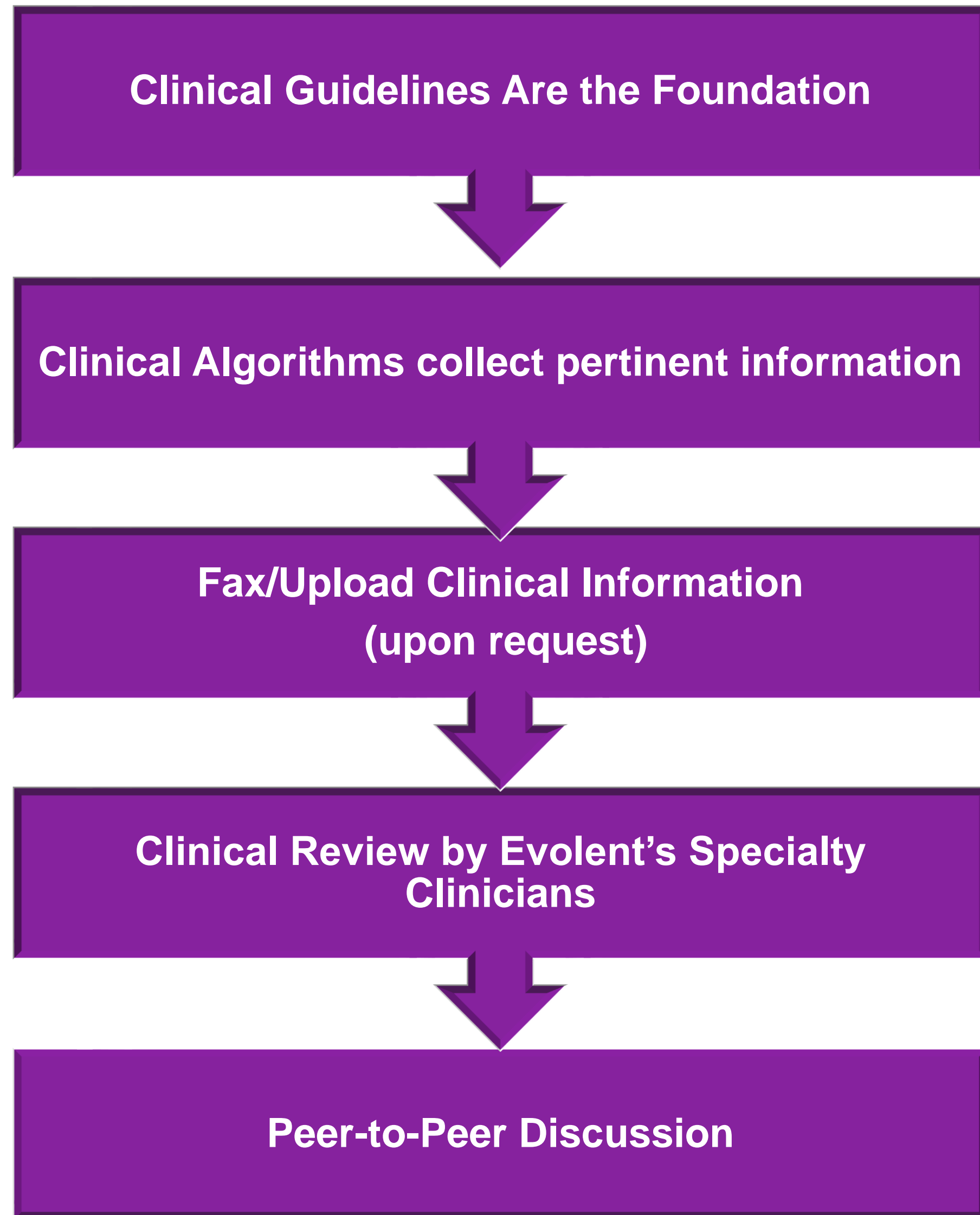
Joint Surgery

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>Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p>Autologous chondrocyte implantation: 27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Loose Body Removal: 29874</p> <p>Synovectomy: 29875, 29876</p> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>OCD Lesion: 29885, 29886, 29887</p>

Prior Authorization Process Overview



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**
- 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

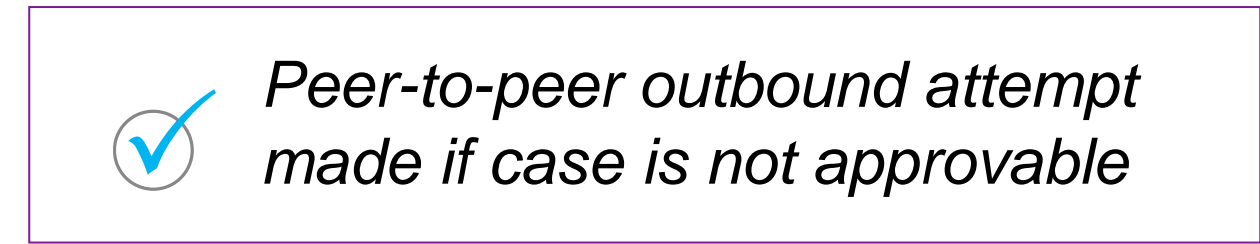


Request Evaluated Based on Information Entered

- 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

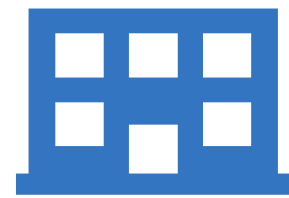
Authorization Notification

- 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

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

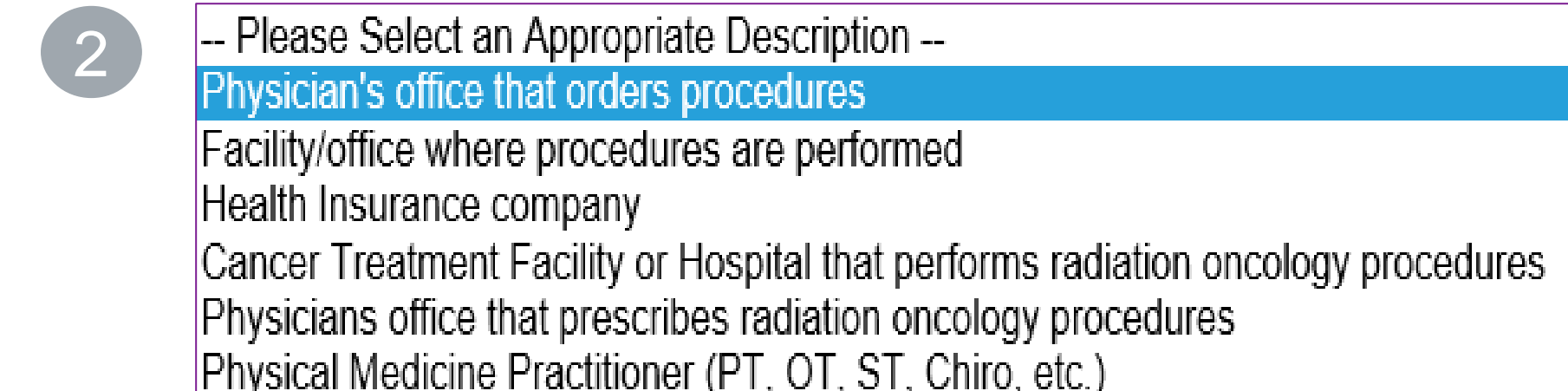
Users are required to have their own separate usernames and passwords due to HIPAA regulations.

STEPS:

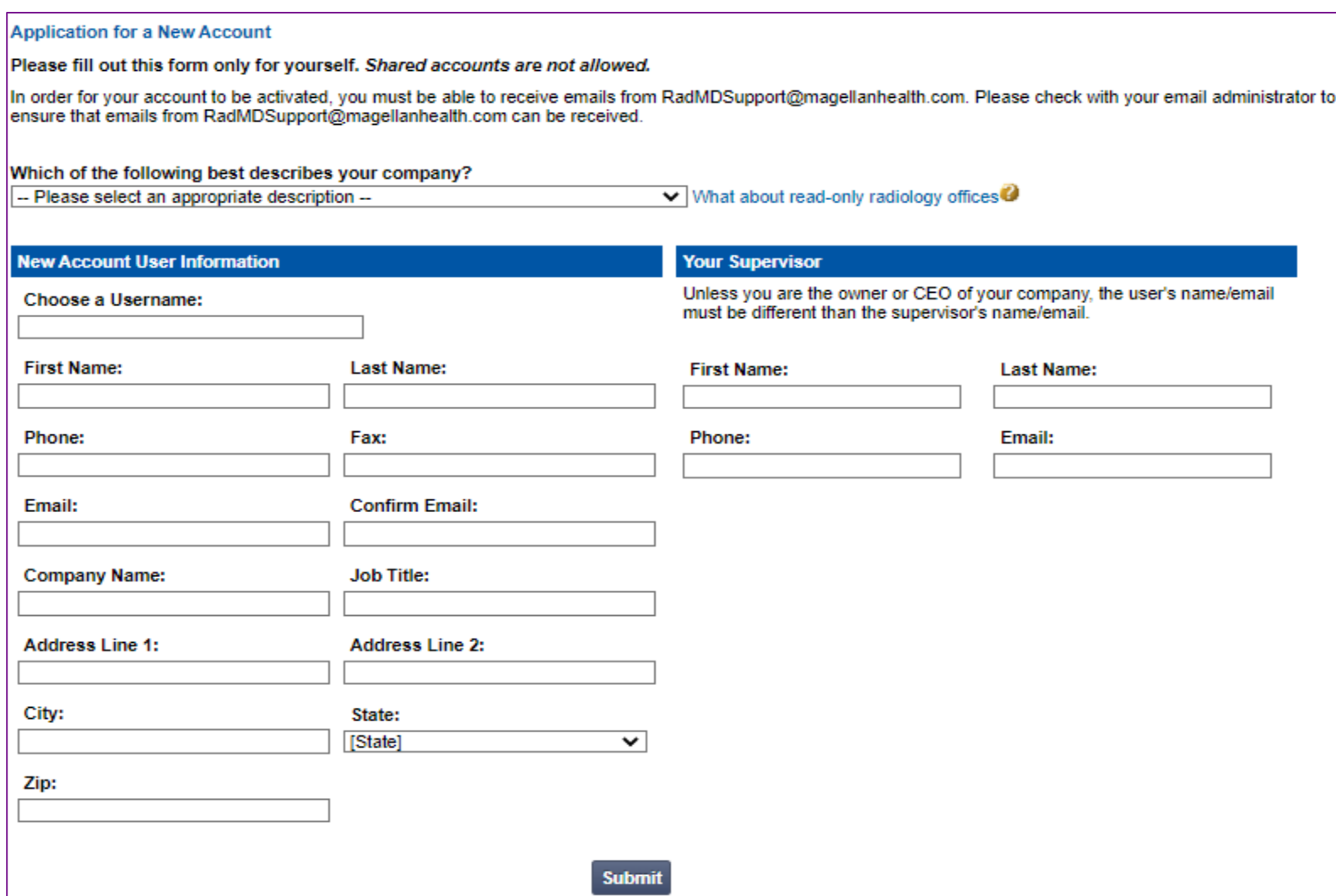
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Complete the application and click “Submit”.
4. Open email from Evolent webmaster with new user password instructions

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 company description, a "What about read-only radiology offices?" link, and two columns of input fields: "New Account User Information" and "Your Supervisor". 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 at the bottom right.

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.

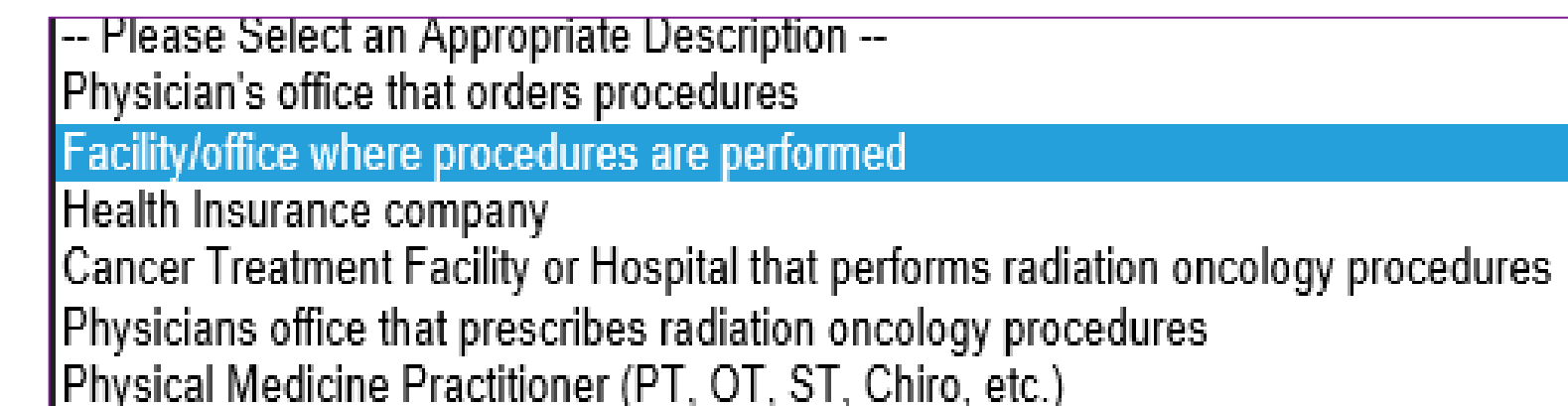
NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.

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

A screenshot of the "Application for a New Account" form. The form includes a dropdown menu for "Which of the following best describes your company?" with "Facility/office/lab where procedures are performed" selected. Below this are two columns of input fields: "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:". Below these is the "Affiliated Facilities" section with a "Facility Tax ID #:" field and an "Add" button. At the bottom right 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.

The screenshot shows the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column has a "Request" section with links for "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", and "Genetic Testing". The right column has a "Resources and Tools" section with links for "Shared Access", "Clinical Guidelines", and "Request access to Tax ID", and a "News and Updates" section. Below these sections are two search fields: "Login As Username:" with a text input and a "Login" button, and "Tracking Number:" with a text input, a "Search" button, and a link for "Forgot Tracking Number?".

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>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">■ Website: RadMD.com■ Toll-free number: 1-800-424-4836■ Interactive Voice Response (IVR) System
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">■ Call: 1-800-424-4836
<p>Provider Service Line</p>	<ul style="list-style-type: none">■ RadMDSupport@Evolent.com■ Call: 1-800-327-0641
<p>Provider Education requests or questions specific to Evolent</p>	<ul style="list-style-type: none">■ Andrew Dietz, Senior Manager, Provider Relations 407-967-4636 adietz@evolent.com

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Thanks!