







# Blue Shield of California Interventional Pain Management (IPM) Program and Musculoskeletal (MSK) Surgery

Provider Training

# Evolent Program Agenda

## Our IPM and MSK Surgery Program

-  Program Overview
-  Authorization Process
  - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

# IPM and MSK Surgery Prior Authorization Program



- Evolent manages authorizations for select Interventional Pain Management (IPM) and Musculoskeletal (MSK) Surgery services on behalf of Blue Shield of California (Blue Shield).



- Program start date:
- Exchange: 01/01/2017
  - Commercial: 01/01/2017
  - **Group Medicare Advantage PPO: 01/01/2026**



## **Interventional Pain Management (IPM)**

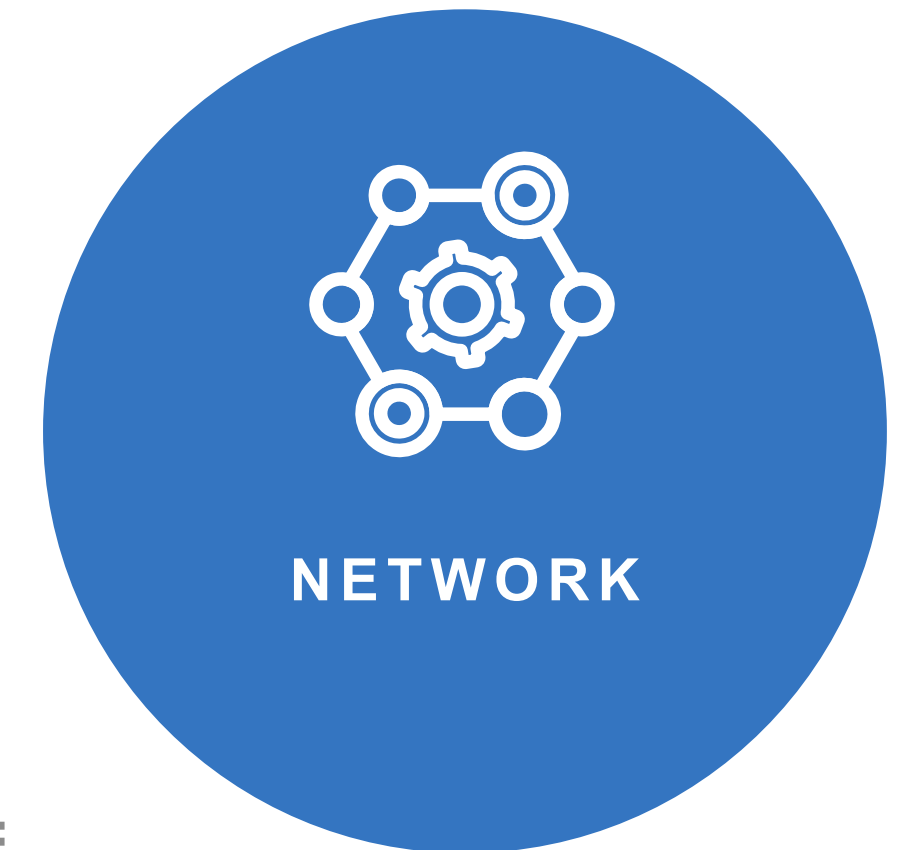
- In Office (POS11)
- Surgery Center (POS24)
- Hospital (POS19/22)

## **Musculoskeletal (MSK) Surgery**

- Surgery Center (POS24)
- Hospital (POS21/22)



- Commercial
- **Group Medicare Advantage PPO**



- Evolent will manage services through Blue Shield of California's contractual relationships.

# Interventional Pain Management (IPM)

Evolent manages the following non-emergent IPM services performed in outpatient settings: Provider Office (POS11), Ambulatory Surgical Center (POS24) and Outpatient Hospital (POS19/22)

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections of Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections

## Program Exclusions:

- Hospital Inpatient (POS21)
- Emergency Room (POS23)
- Observation (POS22 following ER admit)

# CPT Codes Requiring Prior Authorization (IPM Example)

- ✓ Review Utilization Review Matrix to determine CPT codes managed by Evolent.
- ✓ Includes CPT Codes and their Allowable Billable Groupings.
- ✓ Located on [RadMD.com](https://www.radmd.com)
- ✓ Defer to Blue Shield of California’s Medical Policies for Procedures not on the Evolent Utilization Review Matrix.

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Code
Sacroiliac Joint Injection	27096	27096, G0260	
Spinal Cord Stimulator Trial	63650	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002
Spinal Cord Stimulator Insertion, Revision, or Removal	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688	L8679, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, C1767, C1816, C1820, C1822, C1823, 95970, 95971 95972, 77002
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530	77003

# Musculoskeletal (MSK) Surgery - Lumbar and Cervical Spine

Evolent manages the following non-emergent lumbar and cervical spine surgeries performed in inpatient and outpatient settings: Inpatient Hospital (POS21), Outpatient Hospital (POS22) and Ambulatory Surgical Center (POS24)

- 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

## Program Exclusions:

- Emergency Room (POS23)
- Observation (POS22 following ER admit)
- Reconstructive spinal deformity surgery

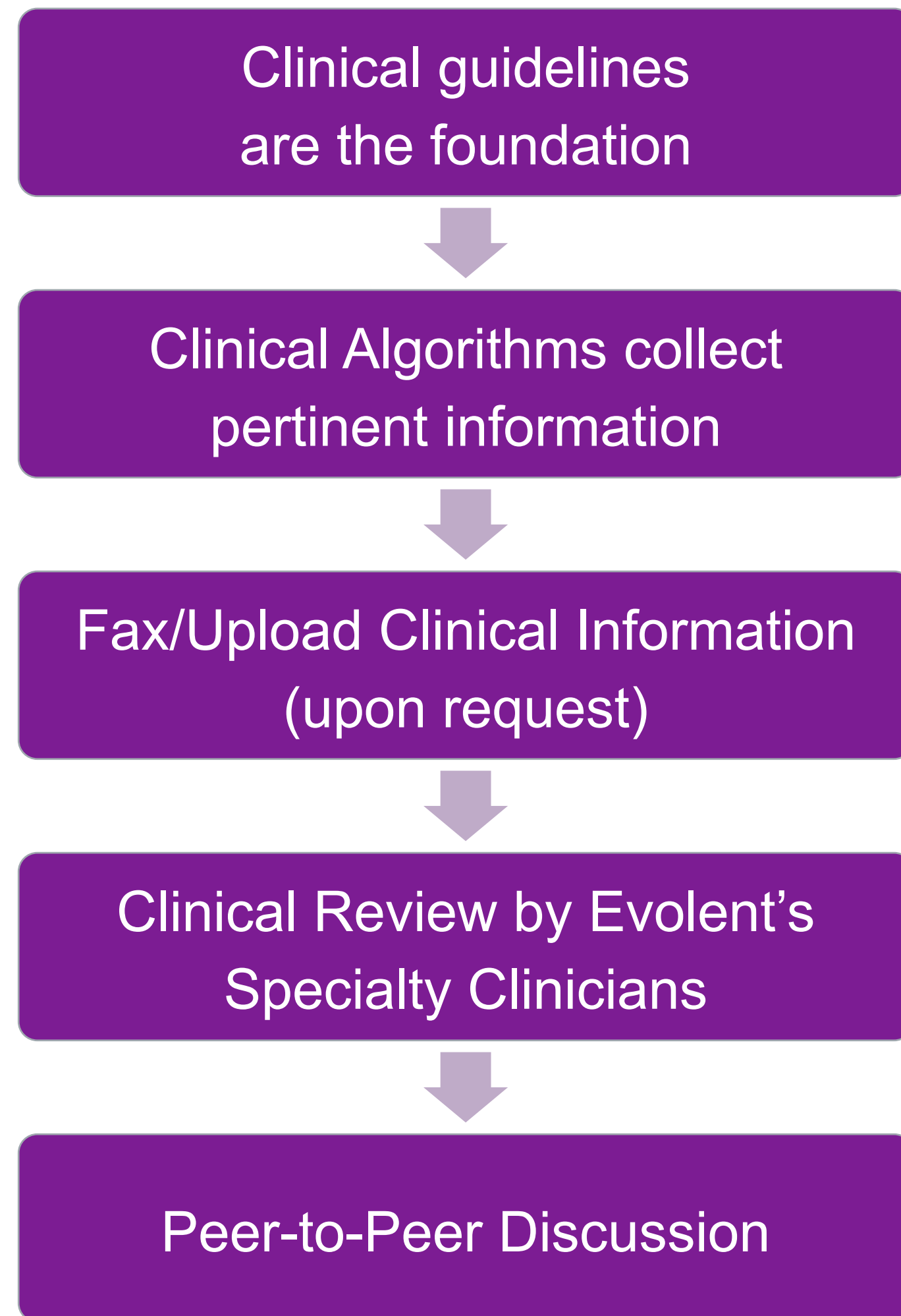


# CPT Codes Requiring Prior Authorization (MSK Surgery Example)

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- ✓ Located on [RadMD.com](https://www.radmd.com)
- ✓ Defer to Blue Shield of California’s Medical Policies for Procedures not on the Evolent Utilization Review Matrix.

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Code	Ancillary Procedures/Code
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	Microdiscectomy: 62380, 63030, +63035  Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853  Bone Grafts: +20930, +20931, +20936, +20937, +20938  Bone Marrow Aspiration: 20939

# Evolent's Clinical Foundation & Review



- **Clinical guidelines** are developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Blue Shield of California and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.radmd.com)**
- RadMD portal 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.
- Evolent's clinical team consists of specialized board-certified physician specialists.
- 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.**



# Clinical Specialty Team: Focused on IPM



## IPM Review

Initial clinical review  
performed by specialty  
trained IPM nurses

Clinical review team  
will contact provider for  
additional clinical  
information, if needed.

Anesthesiologists and pain  
management specialists  
conduct clinical reviews and  
peer-to-peer discussions on  
IPM requests

# Clinical Specialty Team: Focused on MSK Surgery



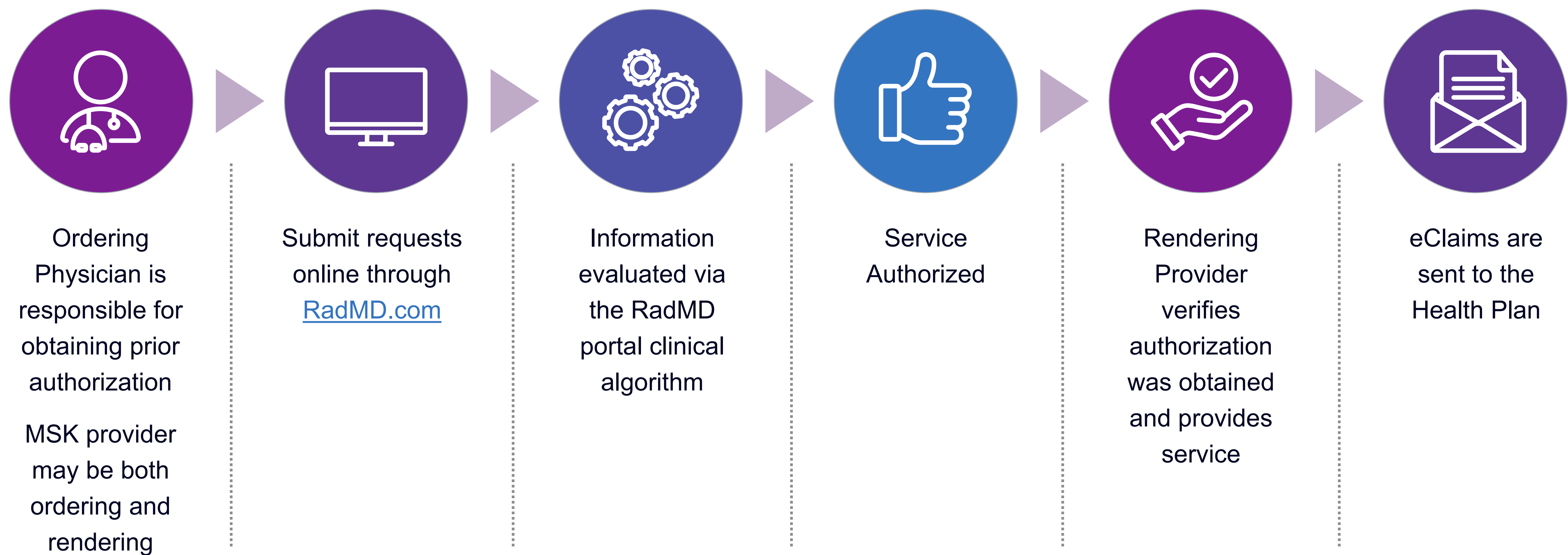
## MSK Surgery Review

Initial clinical review  
performed by specialty  
trained surgery nurses

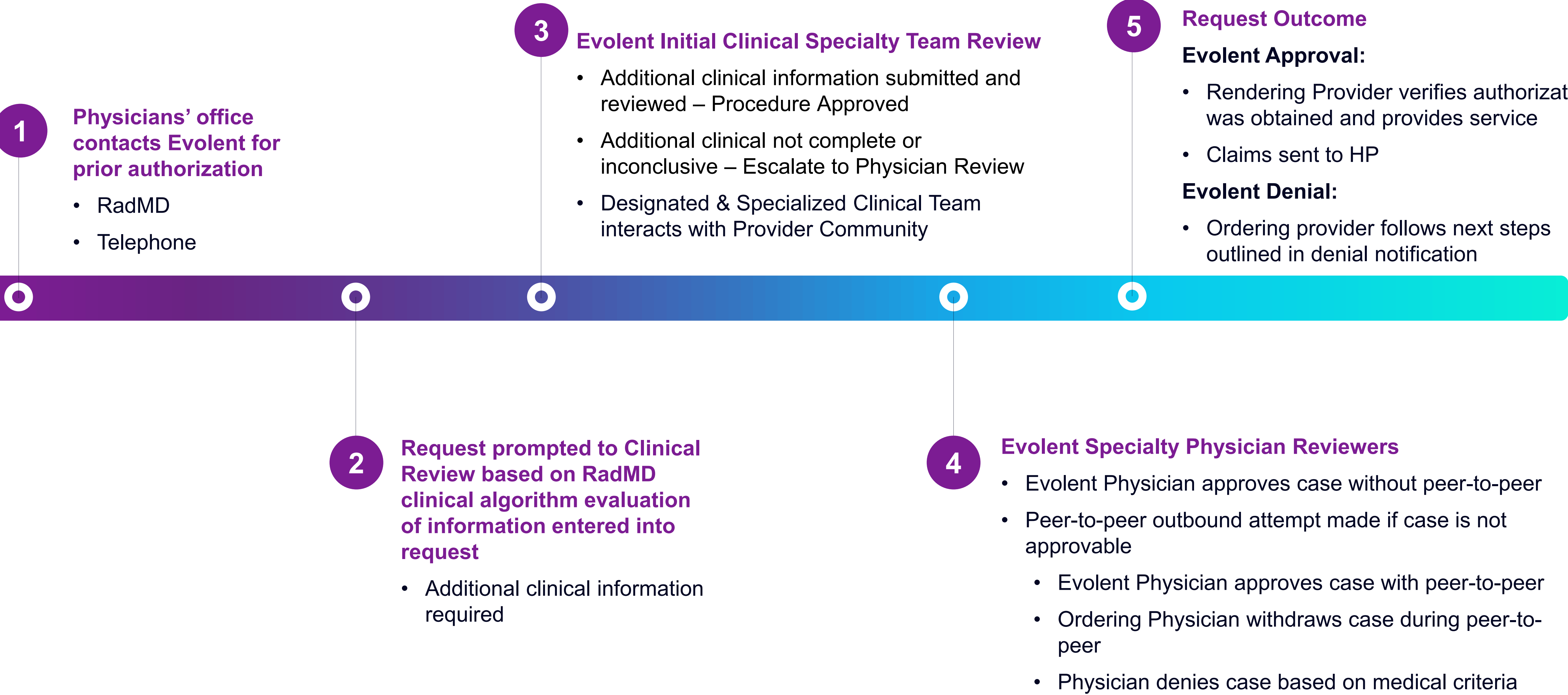
Surgery concierge team  
will contact provider for  
additional clinical  
information, if needed.

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

# Prior Authorization Real-Time Approval Path



# Prior Authorization - Clinical Review



# IPM Authorization Highlights

- Every IPM procedure performed requires a prior authorization; Evolent will not authorize a series of epidural injections.
- Bi-lateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bi-lateral as well as multiple levels on the same date of service. (Please refer to clinical guidelines for potential restrictions)
- Add on codes do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered.



# IPM Key Points



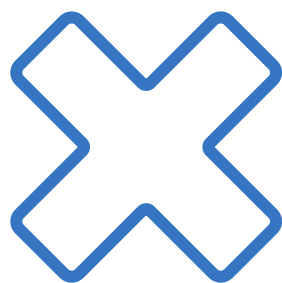
Injections in all regions of spine are managed



Date of Service is required for all requests



Each IPM procedure must be prior authorized






No series of epidural injections



Specialty Nurses and Physicians review IPM requests

# IPM Clinical Checklist Reminders

## IPM Documentation

-  **Conservative Treatment:** Frequently, specifics of active conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided to ensure 6 weeks has been attempted with the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of active conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.
-  **Visual Analog Scale (VAS) Score and/or Functional Disability:** A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (e.g., noting that the member is no longer able to perform work duties, daily care, etc.).
-  **Follow Up to Prior Pain Management Procedures:** For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

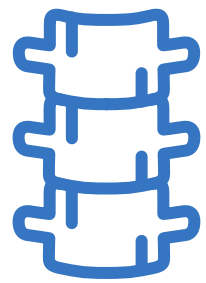
# MSK Surgery Authorization Highlights

- 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, knee, or shoulder 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.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.
- Date of service is required.
- Inpatient admissions continue to be subject to concurrent review by Blue Shield of California.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.

# MSK Surgery Key Points: Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries

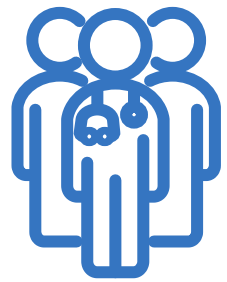


Spine Surgery is focused on lumbar and/or cervical spine surgeries



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

# MSK Surgery Key Points: All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Blue Shield of California.



The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.

Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.








Authorizations are valid for 180 days from the date of service or date of request, if no date of service is provided. Evolent must be notified of any changes to the date of service.



# MSK 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)

# Evoltent to Physician: Request for Clinical Information

- ✓ 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.

Date: March

ORDERING PHYSICIAN:	Dr. Clifford		
FAX NUMBER:		TRACKING NUMBER:	
RE:	Authorization Request	MEMBER ID:	
PATIENT NAME:	Cindy I		
HEALTH PLAN:			

We have received your request for Lumbar Decompression. We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

*Additional information is still needed.*

We have received your request for **Lumbar Decompression** along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

You may submit records for this episode of care as requested by uploading them on [www.radmd.com](http://www.radmd.com). Please do not resend the information previously submitted.

**The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above.**

Receipt of written records is required in order to process your request. Once this information has been received, the case will be reviewed by a clinician, and you will be notified of the determination. The ordering provider may call to have a peer to peer discussion.

**Submitting a prior authorization request on RadMD is fast and efficient!**

Our provider portal, RadMD, is the easiest way to request authorizations, upload documents, access clinical guidelines and much more! To get started, visit [www.RadMD.com](http://www.RadMD.com), select **New User** and submit an **Application for New Account**.



# Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to [RadMD.com](#)
  - Fax using Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from [RadMD.com](#)
  - Call 1-888-642-2583
- 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		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female		
Date of Birth:	5/24/1971	Address:	123 Main St, New City, ST 12345
Member ID:	AB123456	Phone:	123-456-7890
Health Plan:	ABC Health Plan HMO	Tax ID:	987654321
		UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

# 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 at 1-888-642-2583.

# Authorization Information

## Authorization Validity Period:

- **IPM:** 180 calendar days from the date of service, or date of request if no date of service is provided.
- **MSK Surgery:** 180 calendar days from the date of service, or date of request if no date of service is provided.

## 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.
- Commercial LOB: Reconsiderations are available with new or additional information for an unlimited timeframe and prior to submitting a formal appeal.
- Medicare LOB: Re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.



# Claims and Appeals

## Claims Process:

- Providers should continue to submit their claims to Blue Shield of California.
- Providers are strongly encouraged to use EDI claims submission.

## Appeals Process:

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Blue Shield of California.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# Provider Tools

- 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 Other Educational Documents
- 
- Interactive Voice Response (IVR) System for authorization tracking



RadMD.com

Available 24/7



1-888-642-2583

Available Monday - Friday

5:00 AM – 5:00 PM PST

# Evolut Website

[RadMD.com](https://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
- RadMD Quick Start Guide
- Claims/Utilization Matrices

The screenshot displays two main sections of the RadMD website. The top section, titled 'RadMD Sign In', has a green background and contains the text: 'For URGENT/EXPEDITED authorization requests, please contact the Evolut call center.' Below this text are two buttons: 'Sign In' (orange) and 'New User' (grey). The bottom section, titled 'Track an Authorization', has a light orange background. It features the label 'Authorization Tracking Number' in orange text above a white input field. To the right of the input field is an orange 'Go' button.

# RadMD New User Application Process - Ordering

## STEPS

1. Click the **“New User”** button on the right side of the home page.  
*NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.*
2. Under the Appropriate Description dropdown 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.

## IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- 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.

1



2

-- Please Select an Appropriate Description --

**Physician's office that orders procedures**

Facility/office where procedures are performed  
Health Insurance company  
Cancer Treatment Facility or Hospital that performs radiation oncology procedures  
Physicians office that prescribes radiation oncology procedures  
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

Please fill out this form only for yourself. *Shared accounts are not allowed.*  
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?  
-- Please select an appropriate description -- [What about read-only radiology offices?](#)

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			



# RadMD New User Application Process - Rendering

## STEPS

1. Click the **“New User”** button on the right side of the home page.  
*NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.*
2. Under the Appropriate Description dropdown 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.

## 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.
- 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

-- Please Select an Appropriate Description --

Physician's office that orders procedures

**Facility/office where procedures are performed**

Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

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Which of the following best describes your company?  
Facility/office/lab where procedures are performed [What about read-only radiology offices?](#)

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>		Affiliated Facilities	
Job Title: <input type="text"/>		Facility Tax ID #: <input type="text"/> <a href="#">Add</a>	
Address Line 1: <input type="text"/>		Your Tax IDs: [none]	
Address Line 2: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

[Submit](#)



# Shared Access

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

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](#), allowing them to communicate with members and facilitate treatment.

**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  
1 share offer requires your attention  
Clinical Guidelines  
Request access to Tax ID

**News and Updates**  

Hot Topic:

Login As Username:

Login

**Request Status**  
[Search for Request](#)  
View All My Requests  
View Customer Service Calls

Tracking Number:

Search

[Forgot Tracking Number?](#)

# When to Contact Evolent

Initiating or checking the status of an authorization request	<ul style="list-style-type: none"><li>• Website: <a href="https://RadMD.com">RadMD.com</a></li><li>• 1-888-642-2583</li></ul>
Initiating a Peer-to-Peer Consultation	<ul style="list-style-type: none"><li>• 1-888-642-2583</li></ul>
Provider Service Line	<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>
Provider Education requests or questions specific to Evolent	<p>April Fox <i>Provider Engagement Manager</i> 1-314-274-1934   <a href="mailto:afox@evolent.com">afox@evolent.com</a></p>

# RadMD Demonstration



# THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.