

**Superior HealthPlan and Evolent
Musculoskeletal Care Management (MSK) Program
Hip, Knee, Shoulder & Spine Surgeries
Frequently Asked Questions (FAQs)**

Question	Answer
GENERAL	
What is changing for the Superior HealthPlan (Superior) MSK Program focused on hip, knee, shoulder, and spine surgeries effective 01/01/2024?	<p>Effective January 1, 2024, Superior is contracted with Texas Evolent (formerly National Imaging Associates, Inc.), a Texas licensed URA (URA #5258) and Evolent to manage the Plans Musculoskeletal Care Management Program. The program, is designed to improve quality of care and manage the utilization review of non-emergent surgeries, occurring in outpatient and inpatient settings.</p> <p>Providers should submit prior authorization requests for the following MSK to Evolent effective for services provided on and after January 1, 2024.</p> <p>Providers should access the Superior website to confirm the specific MSK surgical procedure codes that require prior authorization at: superiorhealthplan.com/providers/preauth-check.html.</p> <p>Outpatient and Inpatient Hip Surgery Services: *</p> <ul style="list-style-type: none"> • 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) <p>Outpatient and Inpatient Knee Surgery Services: *</p> <ul style="list-style-type: none"> • 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)

	<p>Outpatient and Inpatient Shoulder Surgery Services: *</p> <ul style="list-style-type: none"> • 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) <p>Outpatient and Inpatient Spine Surgery Services:</p> <ul style="list-style-type: none"> • 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 <p>*Surgeon must request authorization for each joint, even if bilateral joint surgery is to be performed on the same date.</p>
Which members will be covered under this relationship and what networks will be used?	Evolent will manage non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgeries for Superior CHIP, Medicaid (STAR, STAR+PLUS, STAR Health, STAR Kids), STAR+PLUS Medicare- Medicaid Plan (MMP), Wellcare By Allwell Medicare (HMO and HMO SNP) and Ambetter from Superior HealthPlan (Marketplace) members effective January 1, 2024.
IMPLEMENTATION	
What is the implementation date for this MSK program for hip, knee, shoulder, and spine surgeries?	Implementation is January 1, 2024. Prior authorization requests may be submitted as early as December 18, 2023, for services on January 1, 2024, or beyond. Prior authorization requests for dates of service prior to January 1, 2024, must continue to be requested through TurningPoint. ICHRA: Effective January 1, 2026. DSNP (FIDE/HIDE/ Coordinated): Effective January 1, 2026

PRIOR AUTHORIZATION	
When is prior authorization required?	<p>Prior authorization is required through Evolent for inpatient and outpatient non-emergent emergent hip, knee, shoulder, and spine surgeries listed.</p> <ul style="list-style-type: none"> • 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.
Is a prior authorization required for members who already have a musculoskeletal surgery scheduled?	Yes. Any non-emergent hip, knee, shoulder, and spine surgery performed on or after, January 1, 2024, requires a prior authorization through Evolent.
Are pain management procedures included in this program?	<p>Yes. Non-emergent outpatient Interventional Pain Management (IPM) procedures that require a prior authorization are also managed through Evolent. These include:</p> <ul style="list-style-type: none"> • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) • Sacroiliac Joint Injections • Sympathetic Nerve Blocks (Effective 1/1/2024) • Spinal Cord Stimulators (Effective 1/1/2024) <p>Please refer to the IPM Frequently Asked Questions (FAQ) document for information on IPM.</p>
Who will be reviewing the surgery requests and medical information provided?	As a part of the Evolent clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee, and shoulder) or neurosurgeons (spine) will be consulted for some medical necessity review approvals and are responsible for all adverse determinations for musculoskeletal surgery cases.
How does the ordering physician obtain a prior authorization from Evolent?	<p>Physicians will be able to request prior authorization through RadMD on the Evolent website, by calling Evolent at:</p> <ul style="list-style-type: none"> • 1-800-642-7554 - Superior (Medicaid) • 1-800-424-4916 - Ambetter • 1-866-214-1703 - Wellcare By Allwell • 1-866-510-9630 - Duals <p>Initial requests for prior authorization may also be faxed (1-800-784-6864) but the preferred method of submission is through our online portal, RadMD.com, or through Evolent's Call Center.</p>

<p>What information will Evolent require to receive prior authorization?</p>	<p>The following information must be included with prior authorization requests for non-emergent inpatient and outpatient hip, knee, shoulder, and spine surgeries:</p> <p>(*denotes required information)</p> <ul style="list-style-type: none"> • Name, NPI and office phone number of ordering physician* • Member name, Member date of birth, and ID number* • Requested surgery type* • CPT Codes • Name and NPI of the rendering provider • Name and NPI of facility where the surgery will be performed* • Anticipated date of surgery* • Clinical documentation confirming the medical necessity for the surgical procedure*: <ul style="list-style-type: none"> ○ Clinical Diagnosis* ○ Date of onset of back pain or symptoms /Length of time member has had episode of pain* ○ Physician exam findings (including findings applicable to the requested services) ○ Diagnostic imaging results ○ Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p>Please be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> • Clinical notes outlining type and onset of symptoms • Length of time with pain/symptoms • Non-operative care modalities to treat pain and amount of pain relief • Physical exam findings • Diagnostic Imaging results • Specialist reports/evaluation
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<p>Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?</p>	<p>No. Evolent will provide a list of surgery categories to choose from and the Superior surgeon <u>must</u> select the most complex and invasive surgery being performed as the primary surgery.</p> <p>Example: Lumbar Fusion</p> <ul style="list-style-type: none"> • If the Superior surgeon is planning a single level Lumbar Spine Fusion with decompression, the surgeon will select the single level fusion procedure. The surgeon <u>does not need</u> to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request. <p>Example: Laminectomy</p> <ul style="list-style-type: none"> • If the Superior surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon <u>does not need</u> to request a separate authorization for the Microdiscectomy procedure. <p>If the Superior surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.</p>
<p>Will the ordering physician need to enter each CPT procedure code being performed for a hip, knee, shoulder, or spine surgery?</p>	<p>No. Evolent will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.</p>
<p>Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the spine or joint fusion authorizations?</p>	<p>Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with musculoskeletal surgeries are included in the authorization; however, the amount of instrumentation must align with the procedure authorized.</p>
<p>What is the timeframe to process prior authorization requests?</p>	<p>Required regulatory timeframes to respond to a prior authorization request are included in the Superior Provider Manuals online at: superiorhealthplan.com/providers/training-manuals.html.</p>
<p>How does a provider receive the identifier for a processed prior authorization request, and how is that number communicated to the provider?</p>	<p>The Evolent authorization number consists of 11 alpha-numeric characters. In some cases, the ordering provider may instead receive an Evolent tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. This number is available on RadMD and on the notification. Providers will be able to use either number to check the status of their request online or through an Interactive Voice Response (IVR) telephone system.</p>
<p>If requesting an authorization through RadMD and the request pends for additional information, what happens next?</p>	<p>The provider will be contacted by Evolent with details on what is needed to complete the process.</p>

How can a provider submit an authorization request for retrospective utilization review or urgent authorization requests?	<p>During business hours, retrospective and urgent requests must be requested for processing by calling:</p> <ul style="list-style-type: none"> • 1-800-642-7554 - Superior (Medicaid) • 1-800-424-4916 - Ambetter • 1-866-214-1703 - Wellcare By Allwell • 1-866-510-9630 - Duals <p>After business hours, providers should submit an urgent PA request or request for retrospective review through RadMD. A fax option is available (1-800-784-6864) but the preferred method of submission is through the Call Center during business hours or Evolent's online portal, RadMD, after business hours.</p>
How long is the prior authorization number valid?	<p>The authorization number is valid for 30 days from the date of service for inpatient and 30 days from the date of request for outpatient.</p>
Is an approved prior authorization a guarantee of payment?	<p>An approved authorization is not a guarantee of payment. Authorization is based on medical necessity and contingent upon eligibility and benefits at the time of service.</p>
Are MSK surgical services retrospectively reviewed to determine medical necessity?	<p>Outpatient, non-emergent IPM services require 'prior' authorization, and physicians administering these procedures <u>should not</u> schedule or perform procedures without prior authorization. However, extenuating circumstances may require retrospective review. These requests are evaluated for medical necessity and reviewed to determine whether a situation occurred that prevented the provider from obtaining authorization prior to providing services.</p>
What happens if I have a service scheduled for January 1, 2024?	<p>An authorization can be obtained for all non-emergent hip, knee, shoulder, lumbar and cervical spine surgeries, occurring in outpatient and inpatient settings, beginning on December 18, 2023, for service dates on and after January 1, 2024.</p>
Can a provider verify an authorization number online?	<p>Yes. Providers can check the status of authorization quickly and easily online at RadMD.com.</p>
Is the Evolent authorization number displayed on the Superior secure provider authorization portal?	<p>No. Providers can check the status of Evolent authorization requests at RadMD.com or by calling Evolent:</p> <ul style="list-style-type: none"> • 1-800-642-7554 - Superior (Medicaid) • 1-800-424-4916 - Ambetter • 1-866-214-1703 - Wellcare By Allwell • 1-866-510-9630 - Duals
How can appeal of an adverse determination be requested?	<p>An appeal must be requested by filling out the "Appeal Request Form" included in the denial notification and mailing or faxing it to the address or fax number listed at the top of the form or by calling Evolent Appeals Department at 1-866-972-9842.</p> <p>Medicare plans: Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.</p>

	Medicare 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.
MISCELLANEOUS	
How will surgeons know who Evolent is?	Superior will send notification letters and educational materials to plan surgeons. Superior and Evolent will also conduct educational webinars prior to the implementation date for ordering physicians/surgeons.
Will provider trainings be offered closer to the January 1, 2024, implementation date?	Evolent will conduct provider training sessions during December 2023.
Where can Evolent's Clinical Guidelines for MSK procedures be found?	Evolent's Clinical Guidelines can be found on the website at RadMD.com . They are presented in a PDF file format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
Will the Superior member ID card change with the implementation of this MSK Program?	No. The Superior member ID card will not contain any Evolent information on it and the member ID card will not change with the implementation of this MSK Program.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for MSK procedures?	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by Evolent.
What option should I select to receive access to initiate authorizations?	Selecting " Physician's office that orders procedures " will allow you access to initiate authorizations for MSK procedures.
How do I apply for RadMD access to initiate authorization requests if I don't have access?	<p>User would go to our website RadMD.com.</p> <ul style="list-style-type: none"> • Click on NEW USER. • Choose "Physician's office that orders procedures" from the drop-down box • Complete application with necessary information. • Click on Submit <p>Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.</p>

What is rendering provider access?	<p>Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator.</p> <ul style="list-style-type: none"> • User would go to our website RadMD.com • Select “Facility/Office where procedures are performed” • Complete application • Click on Submit <p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location <p>Another user in location who is not interested in initiating authorizations</p>
Which link on RadMD will I select to initiate an authorization request for MSK procedures?	<p>Clicking the “Request Spine Surgery or Orthopedic Surgery” link will allow the user to submit a request for an MSK procedure.</p>
How can providers check the status of an authorization request?	<p>Providers can check on the status of an authorization by using the “View Request Status” link on RadMD’s main menu.</p>
How can I confirm what clinical information has been uploaded or faxed to Evolent?	<p>Clinical Information that has been received via upload or fax can be viewed by selecting the member on the View Request Status link from the main menu. On the bottom of the “Request Verification Detail” page, select the appropriate link for the upload or fax.</p>
Where can providers find their case-specific communication from Evolent?	<p>Links to case-specific communication to include requests for additional information and determination letters can be found via the View Request Status link.</p>
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	<p>The “Track an Authorization” feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.</p>
Paperless Notification: How can I receive notifications electronically instead of paper?	<p>Evolent defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request.</p> <p>Users will be sent an email when determinations are made.</p> <ul style="list-style-type: none"> • No PHI will be contained in the email. • The email will contain a link that requires the user to log into RadMD to view PHI. <p>Providers who prefer paper communication will be given the option to opt out and receive communications via fax.</p>

CONTACT INFORMATION

Who can I contact if we need RadMD support?	For assistance, please contact RadMDSupport@Evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST.
Who can a surgeon contact at Evolent for more information?	Ordering Physicians can contact: Karla Lowery Provider Engagement Manager 1-952-225-5701 klowery@evolent.com