



# Wellcare Musculoskeletal (MSK) Management Program

Provider Training

# Evolent Program Agenda

## Our MSK Program



Authorization Process

- Other Program Components



Provider Tools and Contact Information



RadMD Demo



Questions and Answers

# Evolent

Connecting Our Brands is About Connecting Care



# MSK Prior Authorization Program



## THE PROGRAM

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



## IMPORTANT DATES

- Program start date: January 1, 2024



## PROCEDURES & SETTINGS INCLUDED

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



## MEMBERSHIP INCLUDED

- Medicare
- **Effective January 1, 2026: DSNP-POS, DSNP (FIDE/Coordinated)**



## NETWORK

- Evolent will manage services through Wellcare's contractual relationships.

# 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

# Hip and Knee 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 Surgery

## 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, claviclelectomy, diagnostic shoulder arthroscopy)

# Surgery Exclusions

## Exclusions

- Emergency Surgery – admitted via the Emergency Room



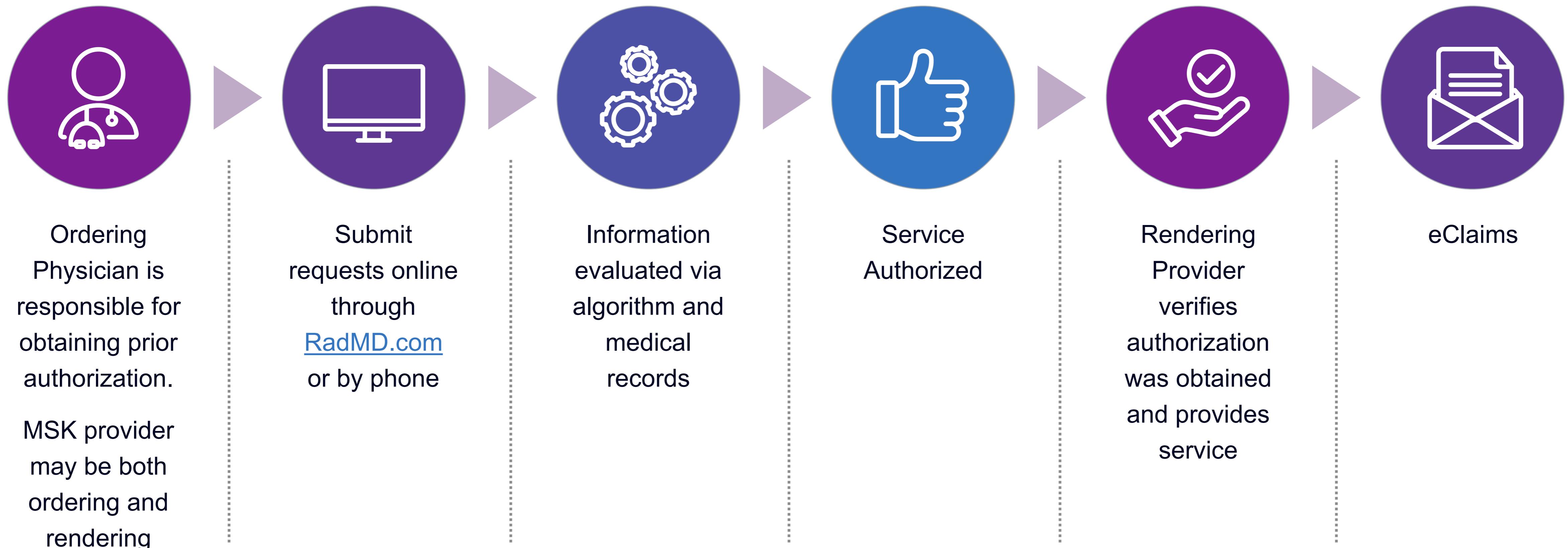
Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

# CPT Codes Requiring Prior Authorization (Spine Surgery Example)

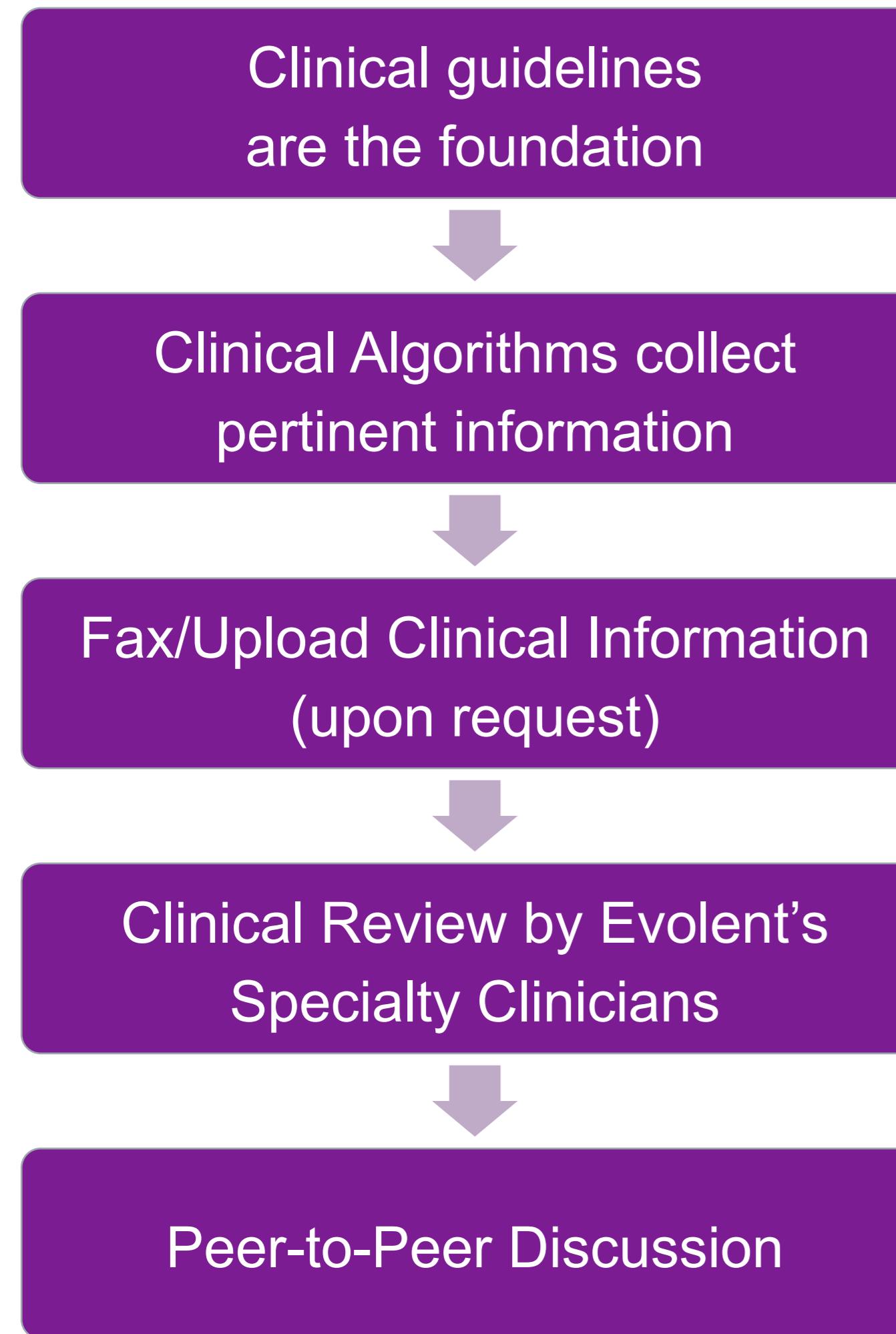
-  Review the Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com).
-  Defer to Wellcare's Policies for Procedures not on Utilization Review Matrix.

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	<b>Microdiscectomy:</b> 62380, 63030, +63035	
Lumbar Fusion – Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035  <b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939

# Prior Authorization Process Overview



# Evolent'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 Wellcare and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.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.
- Evolent 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, knee, or shoulder surgeries require authorization for both the left and right side. Anterior cervical discectomy and fusion (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 Wellcare.
- 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.

# 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)

# Evolent 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:
  - 1-800-424-5388 (Medicare)
  - 1-866-510-6520 (Duals)



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
<b>Name:</b> Evo Lent	<b>Name:</b> Memorial Hospital
<b>Gender:</b> Female	<b>Address:</b> 123 Main St, New City, ST 12345
<b>Date of Birth:</b> 5/24/1971	<b>Phone:</b> 123-456-7890
<b>Member ID:</b> AB123456	<b>Tax ID:</b> 987654321
<b>Health Plan:</b> ABC Health Plan HMO	<b>UPIN:</b>
<b>Spoken Language:</b> ENGLISH	<b>Specialty:</b>
<b>Written Language:</b> ENGLISH	

# Clinical Specialty Team: Focused on MSK



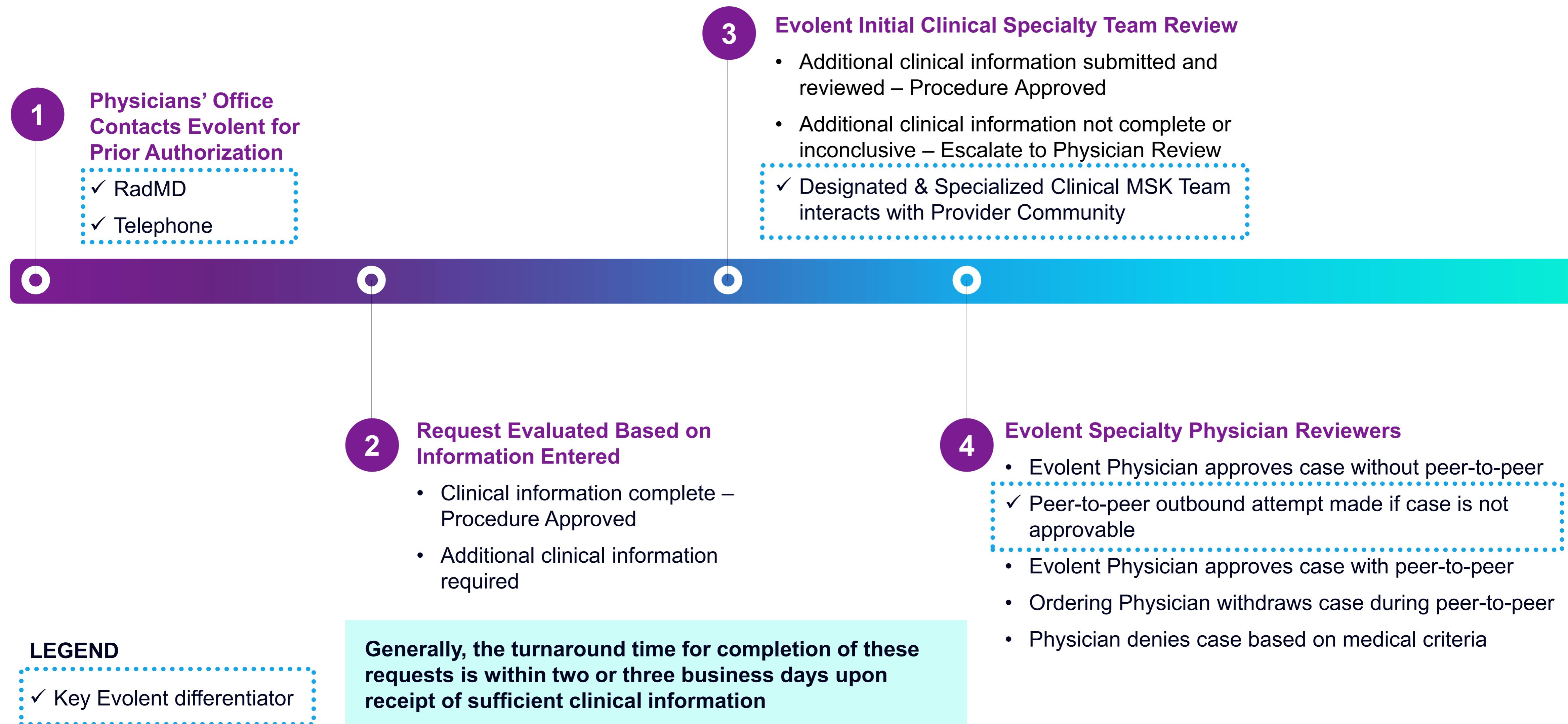
## MSK Surgery Review

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



# 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://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:
  - 1-800-424-5388 (Medicare)
  - 1-866-510-6520 (Duals)
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

# Authorization Validity Period

- Surgery
  - Inpatient — 90 days from date of request.
  - Outpatient — SDC/Ambulatory –90 days from date of request.

# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- Peer-to-peer discussions must be performed before a final determination has been made on the request.
- 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 Wellcare.
- Providers are strongly encouraged to use EDI claims submission.

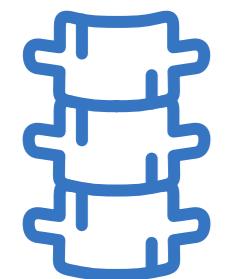
## Appeals Process:

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

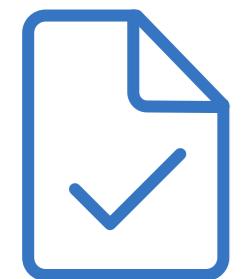
# MSK Surgery Points: Lumbar/Cervical Spine Surgery



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.

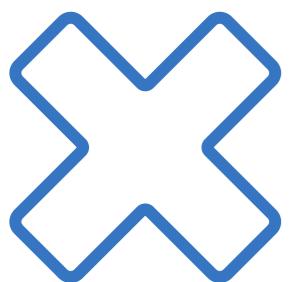


Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

# MSK Surgery Points: Hip, Knee, or Shoulder Surgery



Bilateral hip, knee, or shoulder 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 (hip, knee and shoulder), 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 Wellcare.



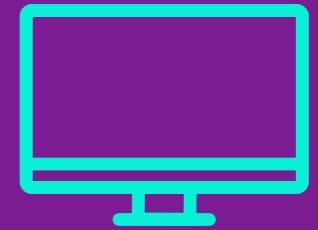
The ordering physician must obtain prior authorization from Evolent prior to performing the surgery/procedure. Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained.



Authorizations are valid for 90 days from the date of request. Evolent must be notified of any changes to the date of service.

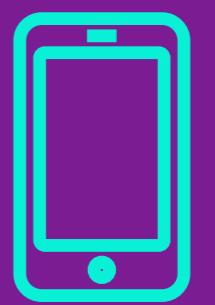
# Provider Tools

- 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 Frequently Asked Questions (FAQs)
- View Other Educational Documents



[RadMD.com](https://www.RadMD.com)

Available 24/7



1-800-424-5388 (Medicare)

1-866-510-6520 (Duals)

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- Interactive Voice Response (IVR) System for authorization tracking

Available Monday - Friday

8:00 AM – 8:00 PM ET

# Evolent 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

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Checklists
- RadMD Quick Start Guide
- Utilization Review Matrices



# 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

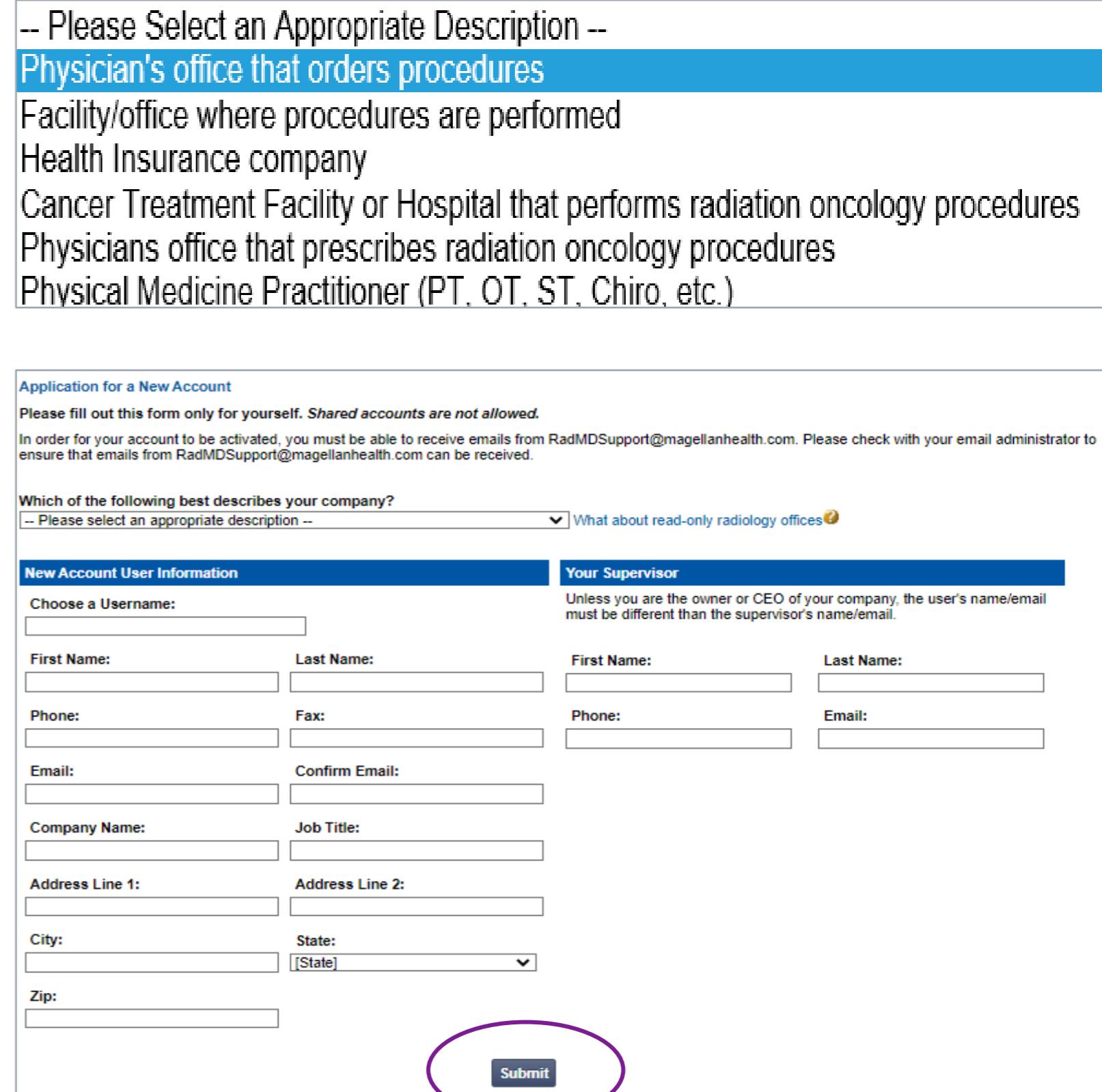
Health Insurance company

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 –

New Account User Information

Choose a Username:

First Name:  Last Name:  First Name:  Last Name:

Phone:  Fax:  Phone:  Email:

Email:  Confirm Email:

Company Name:  Job Title:

Address Line 1:  Address Line 2:

City:  State:  [State]

Zip:

# 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

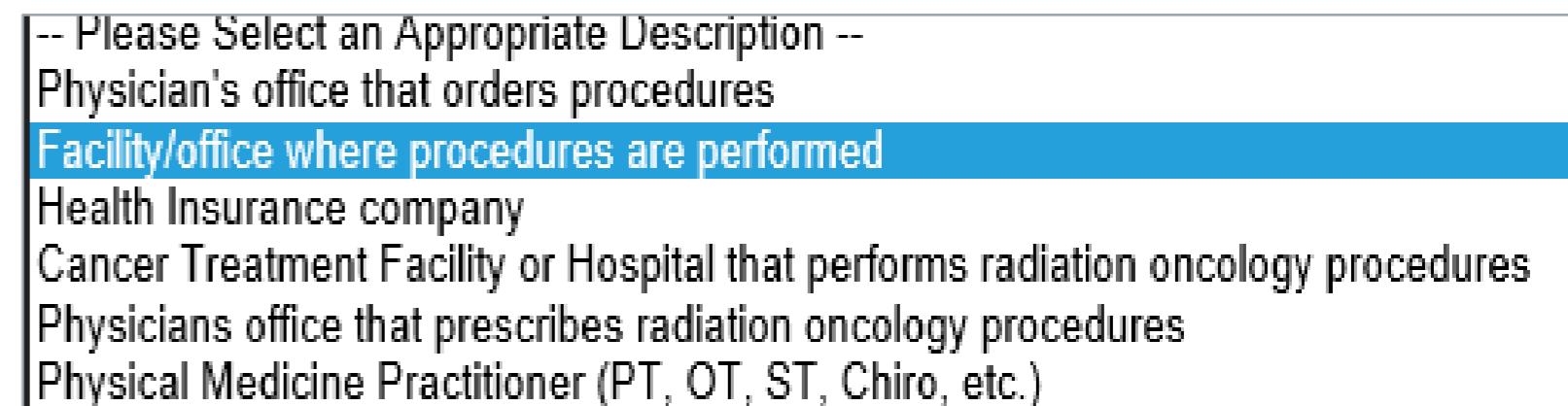
### IMPORTANT

- 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.

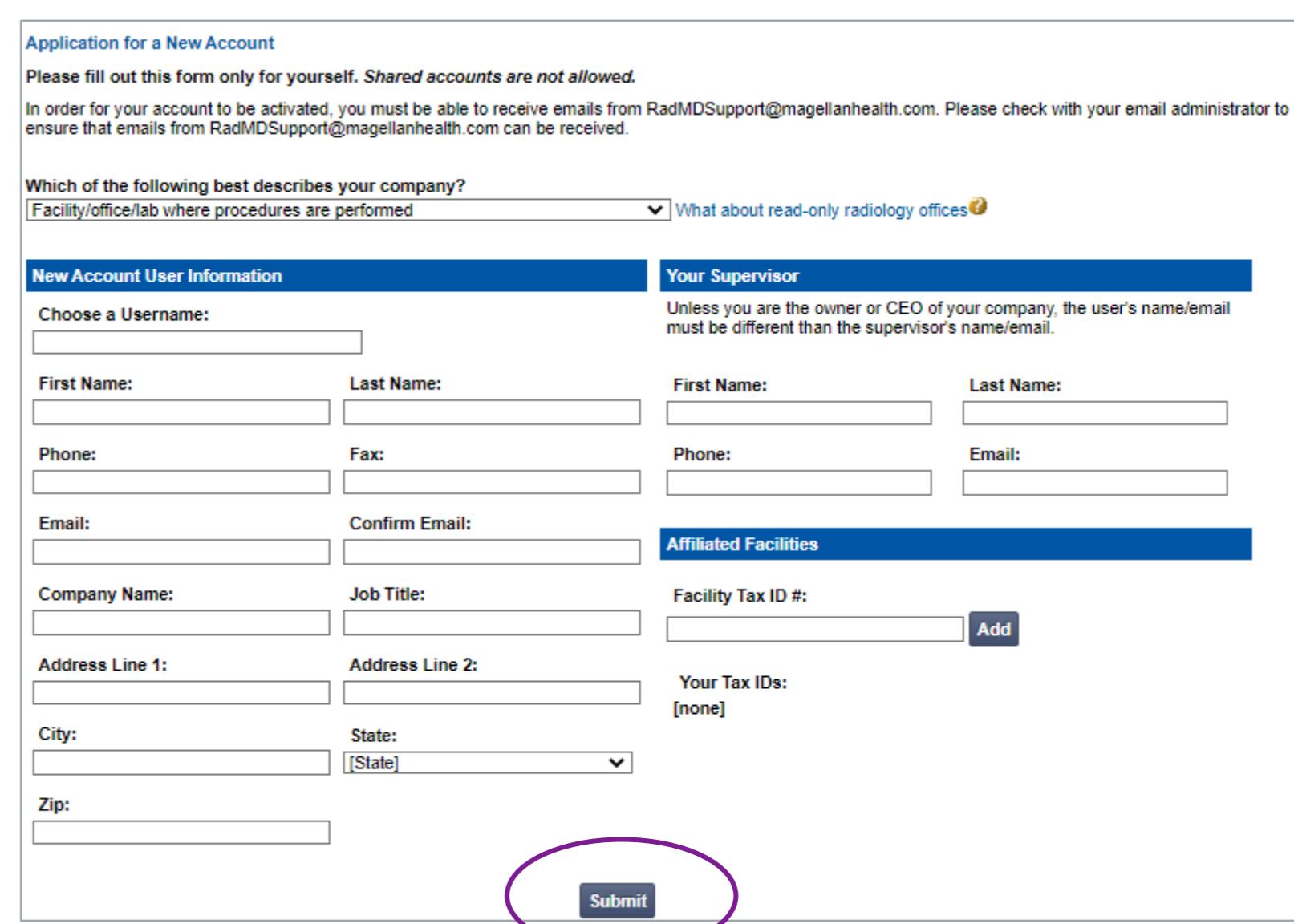
1



2



3



# 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:

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## Request Status

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

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

# When to Contact Evolent

**Initiating or checking  
the status of an authorization  
request**

- Website: [RadMD.com](http://RadMD.com)
- 1-800-424-5388 (Medicare)
- 1-866-510-6520 (Duals)

**Initiating a Peer-to-Peer  
Consultation**

- 1-800-424-5388 (Medicare)
- 1-866-510-6520 (Duals)

**Provider Service Line**

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

**Provider Education requests  
or questions specific to  
Evolent**

Sharee Adams  
*Provider Engagement Manager*  
1-314-387-5761 • [sadams@evolent.com](mailto:sadams@evolent.com)

# 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.