



Partners Health Management Tailored Plan Musculoskeletal (MSK) Surgery Program

Provider Training

How We Will Spend Our Time Together

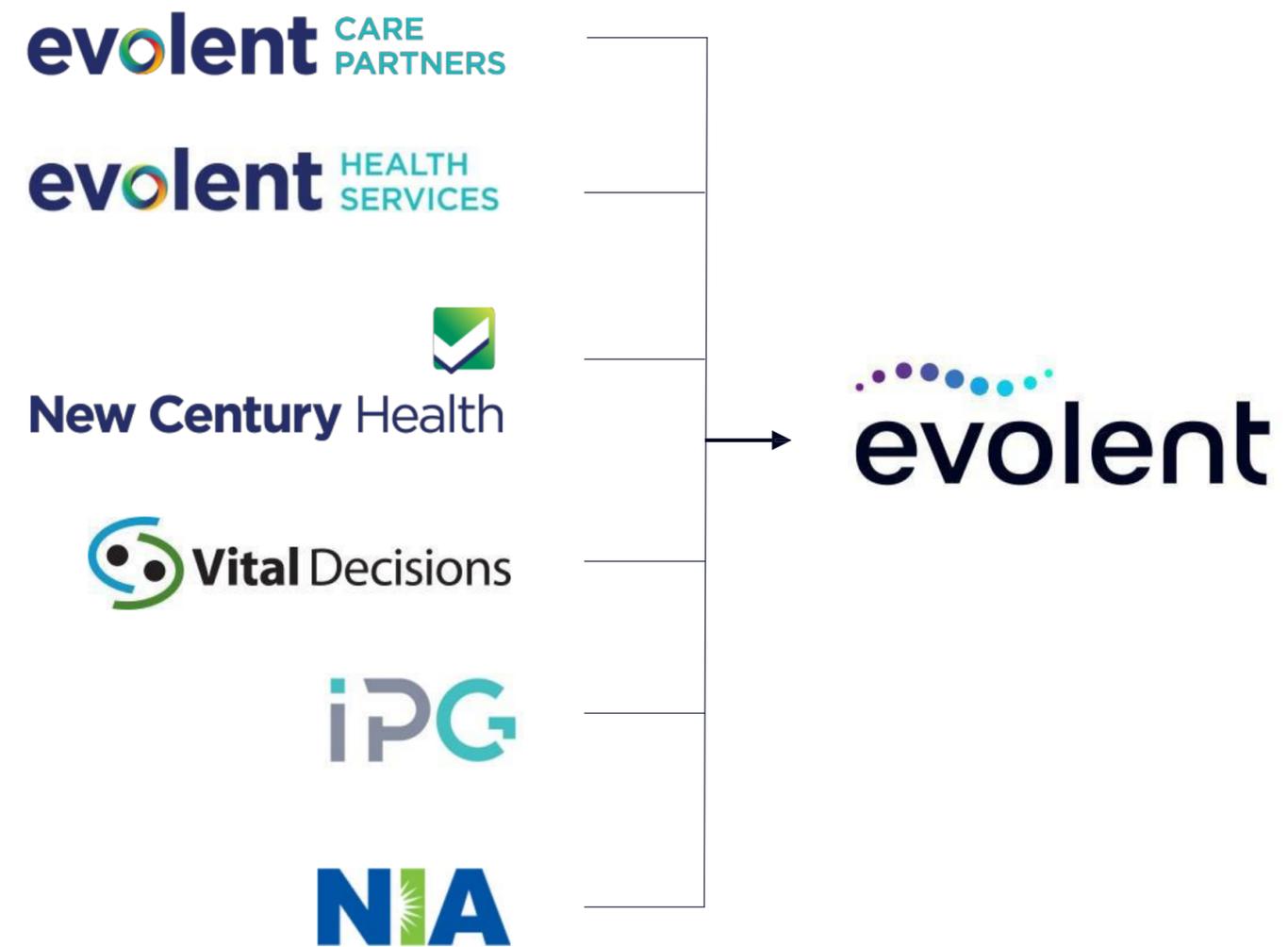
01 | Evolent Program Scope

02 | Authorization Process

03 | Provider Tools and Contact Information

NIA and New Century Health Are Now Evolent

Connecting Our Brands is About Connecting Care



MSK Prior Authorization Program



Partners Health Management Tailored Plan implemented a prior authorization program through Evolent for the management of medical specialty services including musculoskeletal (MSK) surgery services.



Program start date

April 1, 2026



Procedures: Hip, knee, shoulder, lumbar and cervical spine surgeries

- 19 – Outpatient off-campus
- 21 – Inpatient hospital (Elective professional services only)
- 22 – Outpatient on-campus
- 24 – Ambulatory surgery center



Medicaid

Program Scope Overview: Scope of Service (SOS)



Program	Musculoskeletal Surgery (MSK)
Service Area	North Carolina
Lines of Business (LOB)	Partners Health Management Tailored Plan Medicaid
Effective Date	Effective April 1, 2026
Evolent Interventional Pain Management (IPM) Scope	<p>Places of Service: 19 - Outpatient hospital off-campus 21 - Inpatient hospital (elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center</p> <p>Services:</p> <ul style="list-style-type: none"> Lumbar and cervical spine surgery Hip, knee and shoulder surgery <p>Authorization Required for: All planned/elective procedures listed, ordered by all provider specialties performed in the covered places of service.</p> <p><i>Evolent is delegated approvals and adverse determinations (denials).</i></p>
Authorization Process and Provider Support	<p>Ordering provider's office must submit prior authorization requests to Evolent.</p> <ul style="list-style-type: none"> Via the Evolent RadMD provider portal at evolent.com/provider-portal Telephonic intake, physician discussions and authorization status inquiries: <ul style="list-style-type: none"> 1.800.327.0639 Contact information for the Evolent Provider Engagement Manager can be located on RADMD on the "Partners Health Management" page within the Provider Resources section. <p style="text-align: center;">Hours of Operation Monday – Friday, 8:00 a.m. – 8:00 p.m. ET</p> <p style="text-align: center;">RadMD Support RadMDSupport@Evolent.com 1.800.327.0641</p>
Turnaround Time (TAT)	Standard: 7 calendar days Expedited: 72 calendar hours
Expedited Requests	The Evolent website RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Expedited requests must be submitted by calling the Evolent call center.

Retrospective Authorizations	Retrospective requests are in scope <u>for</u> Evolent within 3 business days from the date of service.
Post Adverse Determination	<ul style="list-style-type: none"> Re-reviews are available within 5 business days from the initial denial date prior to submitting an appeal to the health plan. Peer-to-Peer discussions are available for consultation purposes or to clarify existing documentation by calling Evolent's call center at 1.800.327.0639.
Authorization Validity Period	Authorizations are valid for 60 calendar days from the date of service.
Claims and Appeals	<ul style="list-style-type: none"> Providers should continue to submit their claims to the Health Plan, including Evolent's authorization number. Evolent is not delegated appeals. Directions to submit an appeal to the health plan are included in the denial notification.
Evolent Resources	Resources available under "Partners Health Management" section of the Provider Resources page in Evolent's RadMD portal: <ul style="list-style-type: none"> Evolent Scope of Service, CPT Utilization Matrix, Evolent Clinical Guidelines, Tip Sheets and Checklists
Exclusions	<ul style="list-style-type: none"> All places of service not specifically listed in defined scope Claims management/provider contracting CPT codes, places of treatment, and lines of business outside defined scope Emergent/non-elective services

MSK Surgery Points: Lumbar/Cervical Spine Surgery

- For spinal surgeries, only one authorization request per surgery. For example, a lumbar fusion authorization includes decompression, instrumentation, etc.
- ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- **Program Exclusions:** Surgeries addressing the following are not included in the MSK program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, palsy/plegia, tumor, cyst, cancer, joint dislocation, hardware and foreign body removal
- Reconstructive spinal deformity surgery (CPT codes 22800-22819) is not within Evolent's review scope.

List of Procedure Codes Requiring Prior Authorization



Utilization Review Matrix 2026
Centene NC – Carolina Complete Health
Medicaid Members

Spine Surgery

Evolut manages all codes listed on the Utilization Review Matrix

- Copies are available on RadMD.com
- Includes CPT codes and their allowable billable groups
- For codes not managed by Evolut refer to the health plan's policies for procedures

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<small>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.</small>				<small>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require pre-certification from the health plan.</small> <small>*Please note: This is not an all-inclusive list of every possible ancillary code.</small>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63055, +63057	Microdiscectomy: 62380, 630	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	Microdiscectomy: 62380, 630 Decompressions: 63005, 63011, +63044, 63047, +63048, 63051	

CERVICAL SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<small>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.</small>				<small>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require pre-certification from the health plan.</small> <small>*Please note: This is not an all-inclusive list of every possible ancillary code.</small>
Cervical Anterior Decompression (without fusion)	63075	63075, +63076		Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Instrumentation: +22859
Cervical ACDF - Anterior Cervical Decompression with Fusion - Single Level	22551	22548, 22551, 22554	Decompression: 63075, +63076 Removal of Artificial Disc: 22864	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Instrumentation: +22845, 22853, 22854 Bone Grafts: +20930, +20931, +20936, +20937, +20938
Cervical ACDF - Anterior Cervical Decompression with Fusion - Multiple Levels	22552	+22552, +22585	Decompression: 63075, +63076 Single-Level ACDF: 22548, 22551, 22554 Removal of Artificial Disc: 22864	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Instrumentation: +22845, +22846, 22853, 22854 Bone Grafts: 20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939



Utilization Review Matrix 2026
Centene NC – Carolina Complete Health
Medicaid Members

Joint Surgery

Authorizations will be approved with an "Authorized CPT Code"

- Select codes from the "Allowable Billed Groupings" and "Ancillary Procedure/Codes" that best matches the procedure performed when submitting claims

HIP SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<small>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.</small>				
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138		
Total Hip Arthroplasty/Resurfacing	27130	27130, S2118		
Femoracetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863	
Hip Surgery – Other	29863	29860, 29861, 29862, 29863		

KNEE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<small>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.</small>				
Revision Knee Arthroplasty	27487	27486, 27487		

SHOULDER SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<small>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.</small>				
Revision Shoulder Arthroplasty	23474	23473, 23474		
Total/Reverse Shoulder Arthroplasty or Resurfacing	23472	23472		
Partial Shoulder Arthroplasty/Hemiarthroplasty	23470	23470		
Frozen Shoulder Repair/Adhesive Capsulitis	29825	29825		Manipulation under Anesthesia: 23700

Clinical Guidelines

- Evolent Clinical Guidelines
- Evolent's guidelines are developed by practicing clinicians through literature reviews using evidence-based research.
- All guidelines have been reviewed and approved by the Health Plan and Evolent's medical leadership
- Guidelines are available on RadMD.com

Resources and Tools

Shared Access

Clinical Guidelines

Request access to Tax ID

Prior Authorization Process



Documentation Requirements

- Clinical documentation is required when the request pends for review
- Documents can be submitted via upload on RadMD (faster) or fax using an Evolent Coversheet

Conservative treatment history forms can be located in the Resources page of RadMD



Clinical Documentation to Include:

- Clinical notes including symptoms and their duration
- Physical exam findings applicable to the requested services
- Conservative treatment completed for six weeks within the most recent six months on the targeted body part (e.g., physical therapy, chiropractic or physician directed home exercise program)
 - Can be included in physician's notes, official therapy notes, or the Evolent conservative treatment history form
 - If contraindicated, please document
- Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures)
- Clinical rationale/reason for the requested study
- For patients with previously approved procedures:
 - Rationale for the follow-up procedure and results of the prior injection or procedure
 - If not performed, please withdraw the prior request or document the reason it was not performed
- Reports of previous procedures
- Specialist reports/evaluation

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Conservative Treatment History Form (Hip/Knee/Shoulder)

Conservative treatment provides significant clinical value to patients who are experiencing joint issues. As such, proper documentation of recent efforts at conservative care is crucial to establishing the need for further treatment or surgery.

IMPORTANT: Please type or print CLEARLY. Once completed and attested, upload this document via RadMD. Processing may be delayed if information submitted is illegible or incomplete.

Today's Date:	Patient Name:
Tracking Number:	Date of Birth:

Clinical Questions:

How long has the patient had these symptoms?	
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Conservative Treatment History Form (Back/Neck)

Conservative treatment provides significant clinical value to patients who are experiencing neck or back issues. As such, proper documentation of recent efforts at conservative care is crucial to establishing the need for further treatment or surgery.

IMPORTANT: Please type or print CLEARLY. Once completed and attested, upload this document via RadMD. Processing may be delayed if information submitted is illegible or incomplete.

Today's Date:	Patient Name:
Tracking Number:	Date of Birth:

Clinical Questions:

How long has the patient had these symptoms?	
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RadMD Access Types

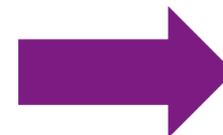
Ordering Access

Application Type: Physician's office that orders procedures

Ideal User: Physician's team submitting and managing authorization requests

Functionality:

- Need to setup shared access or use alternative method to view requests submitted by other users
- Most options to submit and manage authorizations



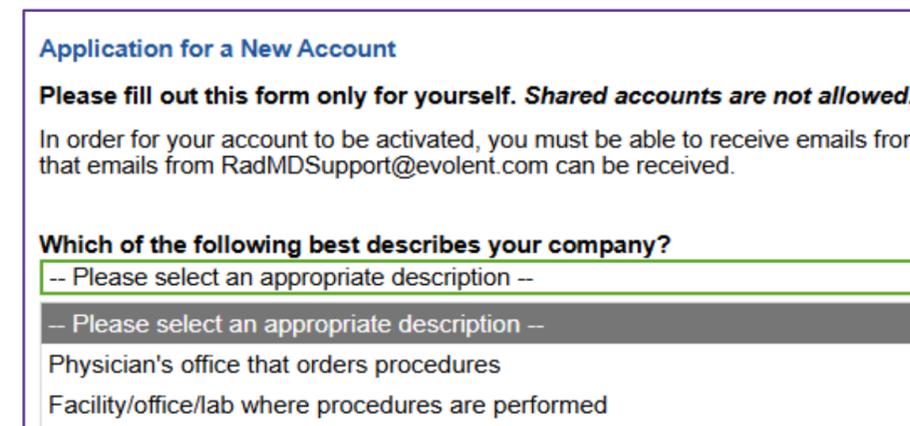
Rendering Access

Application Type: Facility/office where procedures are performed

Ideal User: Facility staff or administrators wanting to ensure the member has an approved authorization for associated facility

Functionality:

- Allows users to see authorizations for pre-approved tax IDs
- Limited ability to manage the authorization



Shared Access

Evolut offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering provider users to view authorization requests initiated by other RadMD users within their practice.

Shared Access can be enabled for any period of time **up until a maximum of 90 days**. Shared Access must be refreshed every 90 days.

Tip: If a practice staff member will be unavailable or out of office, access can be shared with other users in the practice. Doing so will allow them to view and manage the authorization requests initiated online via [RadMD.com](https://www.radmd.com) by the user that will be out of office.

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Provider Resources

Request

- Exam or Specialty Procedure
(Non-Cardiac Advanced Imaging, Sleep Assessment)
- Cardiovascular Services
- 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
- Clinical Guidelines
- Request access to Tax ID

News and Updates

Hot Topic(s):

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Shared Access

How does this work? [Show]

Share Requests

RadMD Username:

End Date: [7d] [30d] [90d max]

Send Share Offer

When to Contact Evolent

Initiating or checking the status of an authorization request

- RadMD.com
- 1.800. 327.0639

Initiating a peer-to-peer consultation

- 1.800.327.0639

Provider service line (General questions and technical RadMD issues)

- RadMDSupport@evolent.com
- 1.800. 327.0641

Provider education requests or questions specific to Evolent

PracticeSuccess@evolent.com



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.

Evolent is an independent company providing MSK and IPM solution programs for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.