Programs	**Musculoskeletal (MSK) Surgery** **Interventional Pain Management (IPM)**
Service Area	**South Carolina**
Health Plan	**BlueCross BlueShield of South Carolina**
Lines of Business (LOB)	• Commercial (including Publix PPO, Fully Insured Small and Major Group and National Alliance ASO that elect the buy-up option) • Exchange
Evolent Musculoskeletal Surgery (MSK) Prior Authorization Scope	**Services:** • Lumbar and cervical spine surgery • Hip, knee and shoulder surgery **Places of Service:** 19 - Outpatient off-campus 21 - Inpatient hospital (Elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center **Authorization Required for:** All planned/elective services listed, ordered by all provider specialties performed in the covered places of service. ***Joint Surgery:*** *If any hip, knee or shoulder surgery is to be performed bilaterally on the same date of service, separate authorizations are required for each side.* ***Spine surgery:*** *Multi-level or bilateral procedures performed on the same date of service only require one authorization. Anterior and posterior fusions require separate authorizations.* ***Evolent is delegated approvals and adverse determinations (denials).***

Evolent Interventional Pain Management Prior Authorization Scope	**Services:** • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) *A separate prior authorization number is required for each procedure ordered. A series of injections will not be approved.* **Places of Service:** 11 – Provider Office 19 - Outpatient off-campus 24 - Ambulatory surgical center ***Evolent is delegated approvals and adverse determinations (denials).***
Exclusions	• All places of service not specifically listed in defined scope • Commercial ASO State Health Plan members • Claims management and provider contracting • CPT codes, places of treatment, and lines of business outside defined scope • Emergent/non-elective services

Authorization Process and Provider Support	**Ordering provider's office must submit prior authorization requests to Evolent.**
	
	• Via the Evolent RadMD provider portal at **evolent.com/provider-portal**
	• Telephonic intake, physician discussions and authorization status inquiries:
	  • Commercial and Exchange: 1.866.500.7664
	  • Commercial Publix members: 1.888.642.4810
	
	Contact information for the Evolent Provider Engagement Team can be located within RADMD in the BCBS of South Carolina section within Provider Resources.
	
	RadMD Support
	RadMDSupport@Evolent.com | 1.800.327.0641

Evolent Turnaround Time (TAT)	Exchange and Commercial: • Standard Request: 2 business days • Expedited Request: 2 business days
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 for Evolent within 3 business days from the date of service.

Post Adverse Determination	Once a denial determination has been made, if the office has new or additional information to provide, a reconsideration can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A reconsideration must be initiated within 180 calendar days from the date of denial and prior to submitting a formal appeal through the health plan.
Authorization Validity Period	Outpatient authorizations are valid for 30 days from the date of service. Inpatient authorizations are valid for 3 calendar days from date of service.
Claims and Appeals	• Providers should continue to submit their claims to BCBS of South Carolina including Evolent's authorization number. • Evolent is not delegated appeals. Appeals should be initiated through BCBS of South Carolina.
Evolent Resources	Resources available under the BCBS of South Carolina health plan page in Evolent's RadMD portal: • Clinical Guidelines • Scope of Service • Tip Sheets and Checklists • Utilization Review Matrix