

Program	Musculoskeletal (MSK) Surgery
Service Area	South Carolina
Health Plan	BlueChoice HealthPlan of South Carolina
Lines of Business (LOB)	• Commercial (including Fully Insured and ASO) • Exchange • Healthy BlueSM (Medicaid)
Evolent Musculoskeletal Surgery (MSK) Prior Authorization Scope	Services: • Lumbar and cervical spine surgery • Hip, knee and shoulder surgery (joint 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: <i>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.</i> Spine surgery: <i>Multi-level or bilateral procedures performed on the same date of service only require one authorization. Anterior and posterior fusions require separate authorizations.</i> <i>Evolent is delegated approvals and adverse determinations (denials).</i>
Evolent Exclusions	• 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

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: 1.888.642.9181 • Healthy BlueSM (Medicaid): 1.855.569.6749 Contact information for the Evolent Provider Engagement Team can be located within RADMD in the BlueChoice HealthPlan 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 Healthy BlueSM (Medicaid): • Standard Request: 7 calendar 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 or re-review 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 the date of service.
Claims and Appeals	• Providers should continue to submit their claims to BlueChoice HealthPlan including Evolent's authorization number. • Evolent is not delegated appeals. Appeals should be initiated through BlueChoice HealthPlan.

**Evolent
Resources**

Resources available under the BlueChoice HealthPlan health plan page in Evolent's [RadMD](#) portal:

- Clinical Guidelines
- Scope of Service
- Tip Sheets and Checklists
- Utilization Review Matrix