



For Alliance Health detailed prior authorization requirements, please visit the Alliance Health Procedure Code Look-up Tool at <https://www.alliancehealthplan.org/providers/procedure-code-lookup-tool/>

Alliance Health Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Physicians/Surgeons

July 1, 2024

In keeping with our commitment of promoting continuous quality improvement for services provided to Alliance Health members, Alliance Health has entered into an agreement with WellCare of North Carolina (WellCare) to perform certain Utilization Management administrative functions including Medical Necessity Reviews (Prior Authorization, Concurrent Review and Retrospective Reviews), member and provider notifications. WellCare has delegated the responsibility of medical necessity reviews for Alliance Health's NC Medicaid members, including prior authorization of non-emergent Musculoskeletal Surgery (MSK) procedures to Evolent (formerly National Imaging Associates, Inc.).

Prior authorization of non-emergent MSK procedures is limited to: **inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine** surgeries.

This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

The following types of services are included in the MSK Surgery program for all Alliance Health's NC Medicaid members.

- Inpatient and outpatient hip surgeries
- Inpatient and outpatient knee surgeries
- Inpatient and outpatient shoulder surgeries
- Inpatient and outpatient lumbar and cervical spine surgeries

Alliance Health, consistent with NC Medicaid guidance, is waiving prior authorization for these services for dates of service from July 1, 2024 through September 30, 2024. Prior authorization will be required for all dates of service October 1, 2024 and thereafter.

North Carolina Medicaid implemented several policy flexibilities at the launch of Tailored Plans to ease the administrative burden on providers and to ensure members receive uninterrupted care during the transition to Alliance Health.

To ensure continuous care for members during the transition, Alliance Health is extending certain policy flexibilities originally scheduled to expire September 30, 2024.

Please note that Alliance Health, consistent with North Carolina Medicaid guidance, **is waiving prior authorization for Musculoskeletal Surgery services for dates of service July 1, 2024 through January 31, 2025.** Prior authorization will be required for all dates of service February 1, 2025 and beyond.

Prior Authorization Implementation

As a provider of MSK surgery services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

It is the responsibility of the ordering physician/surgeon and rendering facility to ensure that prior authorization was obtained, when necessary. Payment will be denied for procedures performed without a prior authorization, including the MSK surgery hospital admission, and the member cannot be balance-billed for such procedures.

As a result of the contractual arrangement between Alliance Health and WellCare, WellCare will oversee the Evolent program and Alliance Health will continue to be responsible for claims adjudication. **Musculoskeletal Surgery (MSK) Management program procedures listed below Require Prior Authorization***

Outpatient and Inpatient Hip Surgeries:

- 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)

Outpatient and Inpatient Knee Surgeries:**

- 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)

**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.

Outpatient and Inpatient Shoulder Surgeries:**

- 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)

Outpatient and Inpatient Spine Surgeries:

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetomy & 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

If an urgent/emergent clinical situation exists outside of a hospital emergency department, please contact Evolent immediately with the appropriate clinical information for an expedited review. The number to call to initiate a prior authorization request is 1-800-327-0793.

Please refer to Evolent's website www.RadMD.com to obtain the Alliance Health / Evolent Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that Evolent authorizes on behalf of Alliance Health.

Prior Authorization Information

To ensure that authorization numbers have been obtained, please adhere to the following guidelines.

Outpatient and Inpatient MSK Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Department) does not require prior authorization through Evolent.
- Non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgery services require prior authorization through Evolent.
- **Note:** Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent authorization has been obtained prior to scheduling the surgery.
- Evolent's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Evolent will provide Alliance Health with the surgery type requested and authorization determination.

- Authorizations are valid for **60** calendar days from the date of request.

Checking Authorizations

You can check on the status of authorization requests quickly and easily by going to the Evolent website, www.RadMD.com. After sign-in, select the **My Exam Requests** tab to view authorization requests and verify status.

Submitting Claims

Claims continue to go directly to Alliance Health. Please send your claims for MSK Surgery procedures to the following address:

Alliance Health
5200 West Paramount Pkwy., Suite 200
Morrisville, NC 27560
ATTN: Claims Department

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
- 1-800-327-0793

Providers are encouraged to use EDI claims submission.

Frequently Asked Questions

In this section Evolent addresses commonly asked questions received from providers.

Where can I find Evolent's Guidelines for MSK Surgery procedures?

Guidelines can be found on Evolent's website at www.RadMD.com.

Is prior authorization necessary if Alliance Health is not the member's primary insurance?

No.

What does the Evolent authorization number look like?

The Evolent authorization number consists of alpha/numeric characters (e.g., 1234X567). In some cases, the ordering provider may instead receive an Evolent tracking number (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request on the RadMD website or via our Interactive Voice Response telephone system.

Who can I contact at Evolent for questions, complaints, and appeals, etc.?

Please use the following Evolent contacts by type of issue:

- To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent Area Provider Relations Manager – Priscilla Singleton at (314) 387-5023 or PSingleton@evolent.com.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.

How do referring/ordering physicians know who Evolent is?

Alliance Health and Evolent share training and education materials with physicians and surgeons prior to the implementation. Alliance Health and Evolent also coordinate outreach and orientation for providers.

What will the member ID card look like? Will it have both Evolent and Alliance Health information on the card? Or will there be two cards?

The Alliance Health member ID card does not have Evolent identifying information on it.