







Presbyterian Spine Management Program

Evolut Program Agenda

Our MSK Program

-  Authorization Process
 - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

Evolut Specialty Solutions

Connecting Our Brands is About Connecting Care

evolent CARE PARTNERS

evolent HEALTH SERVICES



New Century Health

 **Vital Decisions**

iPG

NIA



Our Motivation

Patients

- Better Treatment
- Better Health

Providers

- Less Friction
- Appropriate Care



The Evolent Prior Authorization Program



Presbyterian Health Plan, Inc and Presbyterian Insurance Company, Inc. (Presbyterian) began a prior authorization program through Evolent for the management of musculoskeletal (MSK) services.



- **Program start date:** Spine surgery management began on Jan. 1, 2015
- Advanced imaging and cardiac procedure management began Oct. 1, 2016



- Surgery center
- In-office providers
- Hospital



- Medicaid
- Exchange programs
- Medicare



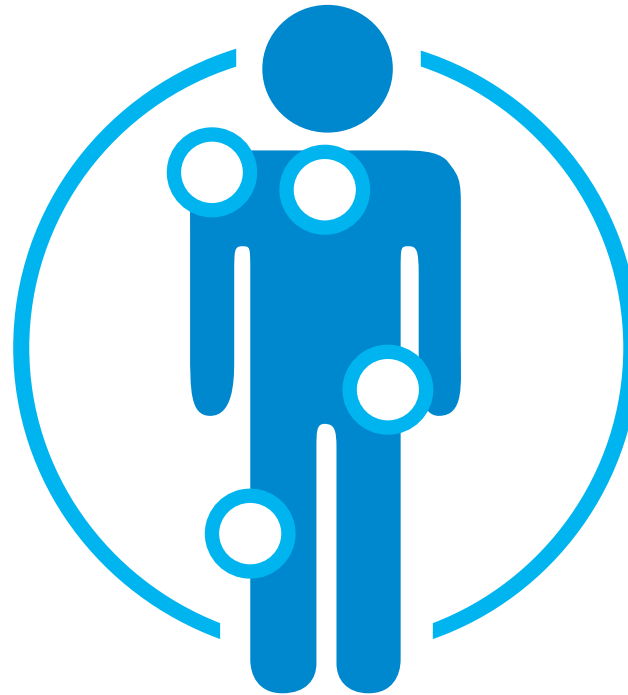
Evolent manages services for Presbyterian contractual relationships.

Evolut Lumbar and Cervical Spine Surgery



Targeted Lumbar and Cervical Spine Surgery Procedures Performed in an Inpatient and Outpatient Facility

- 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)





Excluded from the Program Surgeries Performed in the Following Settings:

- Emergency surgery – admitted via the Emergency Room


Reconstructive spinal deformity surgery does not require prior authorization. However, Evolut will monitor provider use of Current Procedural Terminology (CPT) codes 22800-22819.

List of CPT Codes Requiring Prior Authorization

 Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.

 CPT Codes and their Allowable Billable Groupings.

 Located on [RadMD.com](https://www.radmd.com).

 Defer to Presbyterian's Policies for Procedures not on Claims/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	Microdiscectomy: 62380, 63030, +63035	
Lumbar Fusion – Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939



Prior Authorization Process Overview

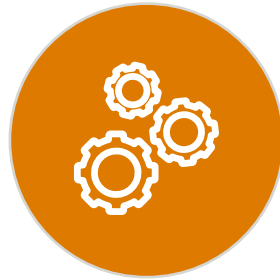


Ordering physician is responsible for obtaining prior authorization.

MSK provider may be both ordering and rendering.



Submit requests online through [RadMD.com](https://www.radmd.com) or by phone.



Information evaluated via algorithm and medical records.



Service Authorized

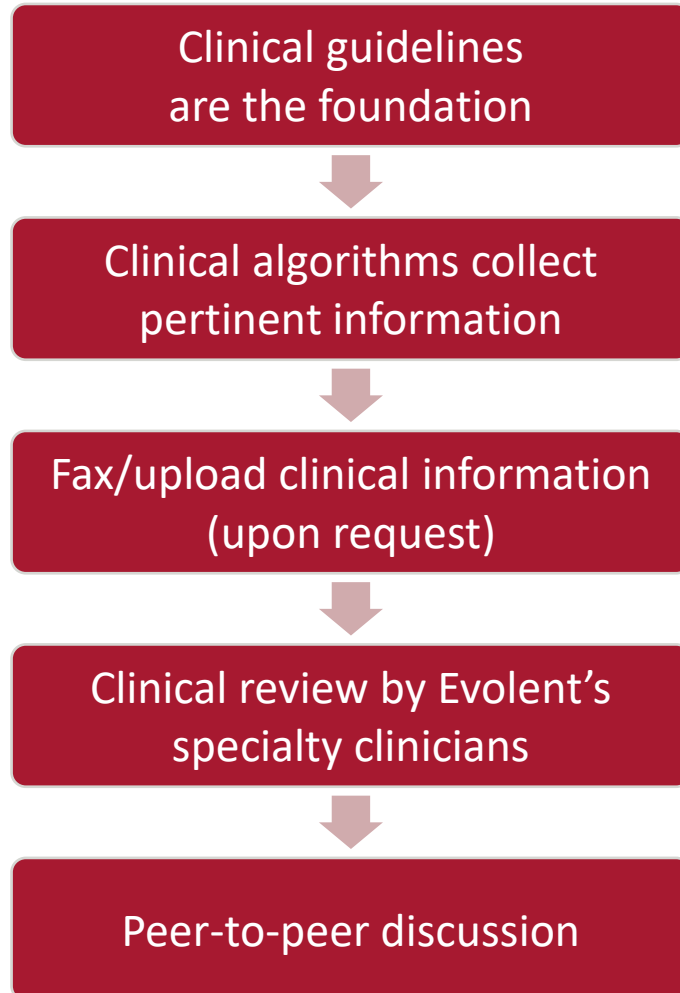


Rendering provider verifies authorization was obtained and provides service.



eClaims

Evotent 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 Presbyterian and Evotent 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
- Evotent 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**

Information for Authorization for Surgery Procedures






Special Information

- Most surgeries will require only one authorization request. Evolent will provide a list of surgery categories to choose from. 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 will continue to be subject to concurrent review by Presbyterian
- 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



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)

Evolut to Physician: Request for Clinical Information

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. 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, select **New User** and submit an **Application for New Account**.



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.



Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to www.RadMD.com
 - Fax using that Evolent coversheet
- Location of fax cover sheets:
 - Can be printed from www.RadMD.com
 - Call 1-866-236-8717
- Use the case specific fax coversheets 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	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female	Address:	123 Main St, New City, ST 12345
Date of Birth:	5/24/1971	Phone:	123-456-7890
Member ID:	AB123456	Tax ID:	987654321
Health Plan:	ABC Health Plan HMO	UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

Clinical Specialty Team: Focused on MSK



MSK Surgery Review

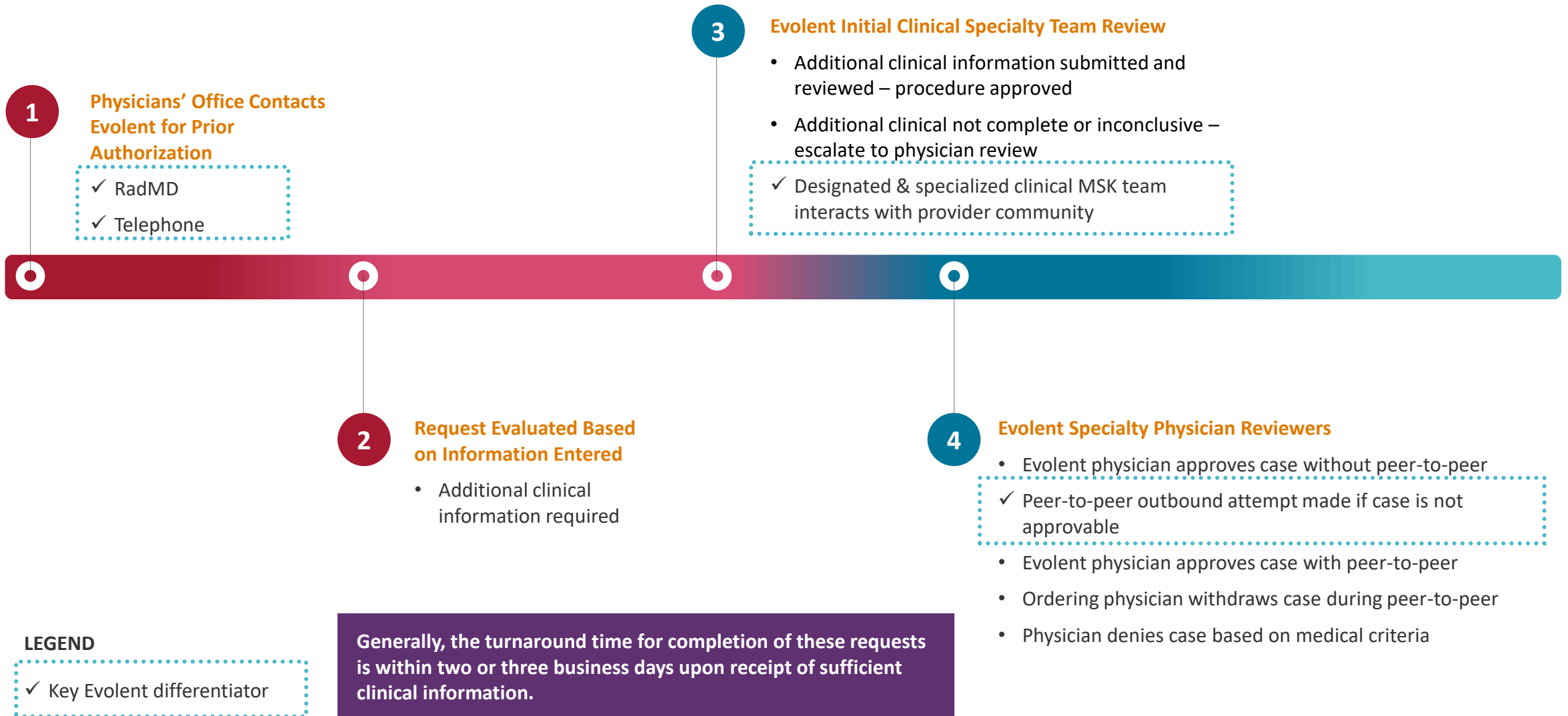
Initial clinical review performed by specialty trained surgery nurses

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



Clinical Review Process



Evolut Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolut immediately
- The Evolut website [RadMD.com](https://www.RadMD.com) cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolut call center at 1-866-236-8717
- Turnaround time:
 - Medicaid - 24 calendar hours not to exceed three calendar days
 - Medicare - One business day not to exceed 72 calendar hours
 - Commercial - ASO one business day not to exceed 72 calendar hours
 - Commercial ASO & FI - 24 calendar hours not to exceed three calendar days



Notification of Determination

Authorization Notification

- Validity Period - authorizations are valid for:
 - 60 days from the date of determination for outpatient surgeries and three days from the date of determination for inpatient surgeries

Denial Notification

- Notifications will include an explanation of services denied and the clinical rationale
- **Medicare plans:** Effective Aug. 5, 2024, peer-to-peer discussions must be performed before a final determination has been made
- **Medicare** 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 using health plan process
- A peer-to-peer discussion can be initiated once the adverse determination has been made (Exchange and Medicaid)
- A reconsideration/re-review is available with new or additional information
- Reconsideration/re-review is five business days from the date of denial and prior to submitting a formal appeal
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter



Claims and Appeals

Claims Process:

- Providers should continue to submit their claims to Presbyterian
- 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 Presbyterian
- 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 – For All Surgeries



Specialized orthopedic surgeons or neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Presbyterian.



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.



Authorizations are valid for 60 days from the date of service for outpatient surgeries and three days from the date of request for inpatient. Evolent must be notified of any changes to the date of service.

Provider Tools



RadMD Website

RadMD.com

Available 24/7



Toll-Free Number

1-866-236-8717

Available

Monday - Friday

7:00 a.m. – 7:00 p.m. MST

- 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
-
- Interactive Voice Response (IVR) system for authorization tracking

The Evolent Website

www.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. Ability to submit outpatient imaging requests on behalf of ordering provider.

Online Tools Accessed through

www.RadMD.com:

- Evolent Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization 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.

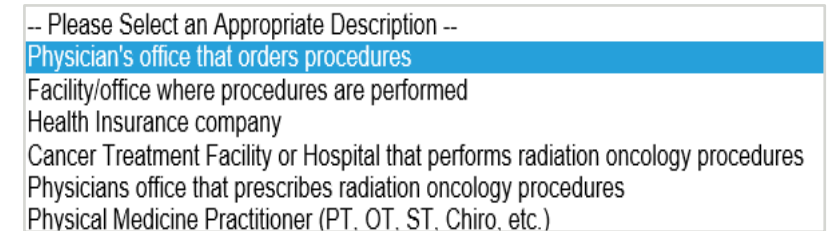
IMPORTANT

- 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

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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.

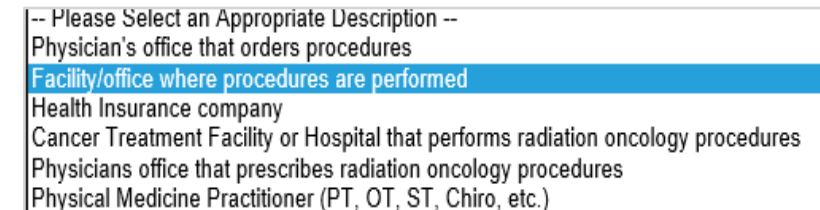
IMPORTANT

- 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

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Shared Access

Evolut offers a Shared Access feature on our [RadMD.com](https://www.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](https://www.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:

Request Status

[Search for Request](#)

[View All My Requests](#)

[View Customer Service Calls](#)

Tracking Number:

[Forgot Tracking Number?](#)



When to Contact Evolent

Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">▪ www.RadMD.com▪ Toll-free number 1-866-236-8717 - IVR system
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">▪ Call 1-866-236-8717
<p>Provider Service Line</p>	<ul style="list-style-type: none">▪ RadMDSupport@evolent.com▪ Call 1-800-327-0641
<p>Provider Education requests or questions specific to Evolent</p>	<p>Seth Cohen <i>Director, Provider Solutions</i> 1-410-953-2418 • seth.cohen@evolent.com</p>



RadMD Demonstration

Thank You