

Evolent	
Musculoskeletal Care Management (MSK) Program	
Lumbar and Cervical Spine Surgeries	
Frequently Asked Questions (FAQs)	
For Presbyterian Health Plan, Inc. (Presbyterian)	
Ordering Physicians/Surgeons	
Question	Answer
GENERAL	
Why did Presbyterian implement an MSK program focused on lumbar and cervical spine surgeries and what requires prior authorization?	<p>The Musculoskeletal Care Management program is designed to improve quality and manage the utilization of non-emergent surgeries occurring in outpatient and inpatient settings. The following were considered in implementing this program:</p> <ul style="list-style-type: none"> • Musculoskeletal surgeries are a leading cost of healthcare spending trends • Variations in member care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care) • Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than member symptoms • Medical device companies marketing directly to consumers • Surgeries are occurring too soon leading to the need for additional or revision surgeries. <p>The following procedures require prior authorization through Evolent (formerly National Imaging Associates, Inc.):</p> <ul style="list-style-type: none"> • Lumbar microdiscectomy • Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy) • Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels • Cervical anterior decompression with fusion – single and multiple levels • cervical posterior decompression with fusion – single and multiple levels • Cervical posterior decompression (without fusion) • Cervical artificial disc replacement – single & two levels • Cervical anterior decompression (without fusion)

	<p>Evolent does not manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room or for MSK surgery procedures outside of those procedures listed.</p>
<p>Why did Presbyterian select Evolent to manage its MSK program for lumbar and cervical spine surgeries?</p>	<p>Evolent was selected to partner with Presbyterian because of its clinically-driven program designed to effectively manage quality and member safety while ensuring appropriate utilization of resources for Presbyterian membership.</p>
<p>Which Presbyterian members are covered under this relationship and what networks are used?</p>	<p>Evolent began managing non-emergent outpatient and inpatient lumbar and cervical spine surgeries for Presbyterian Medicaid, Medicare and Exchange members effective Jan. 1, 2015, through Presbyterian's contractual relationships.</p>
<p>IMPLEMENTATION</p>	
<p>What was the implementation date for this MSK program for lumbar and cervical spine surgeries?</p>	<p>Implementation began on Jan. 1, 2015.</p>
<p>PRIOR AUTHORIZATION</p>	
<p>When is prior authorization required?</p>	<p>Prior authorization is required through Evolent for inpatient and outpatient non-emergent lumbar and cervical spine surgeries listed in the Presbyterian Spine Management Surgery Utilization Review Matrix.</p> <p>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.</p>
<p>Who can order a musculoskeletal surgery?</p>	<p>Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties:</p> <ul style="list-style-type: none"> • Orthopedic surgeons • Neurosurgeons
<p>Who reviews surgery requests and medical information provided?</p>	<p>As a part of the Evolent clinical review process, actively practicing orthopedic surgeon specialists or neurosurgeons (spine) will conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.</p>

<p>Does the Evolent prior authorization process change the requirements for facility-related prior authorization?</p>	<p>Evolent’s medical necessity review and determination is for the authorization of the surgeon’s professional services and the type of surgery being performed.</p>
<p>How does the ordering physician obtain a prior authorization from Evolent?</p>	<p>Ordering Physicians can request prior authorization via the Evolent website or by calling the Evolent toll-free number at 1-866-236-8717.</p>
<p>What information does Evolent require to receive prior authorization?</p>	<p>To expedite the process, please have the following information ready before logging on to the website or calling the Evolent call center at 1-866-236-8717 for prior authorization of non-emergent inpatient and outpatient lumbar and cervical spine surgeries: (*denotes required information)</p> <ul style="list-style-type: none"> • Name and office phone number of ordering physician* • Member name and ID number* • Requested surgery type* • Current Procedural Terminology (CPT) Codes • Name of facility where the surgery will be performed* • Anticipated date of surgery* • Details justifying the surgical procedure*: <ul style="list-style-type: none"> ○ Clinical Diagnosis* ○ Date of onset of back pain or symptoms/length of time member has had episodes of pain* ○ Physician exam findings (including findings applicable to the requested services) ○ Diagnostic imaging results ○ Non-operative treatment modalities completed, date, duration of pain relief and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p>Please be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> • Clinical notes outlining type and onset of symptoms • Length of time with pain/symptoms • Non-operative care modalities to treat pain and amount of pain relief • Physical exam findings • Diagnostic Imaging results • Specialist reports/evaluation

<p>Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?</p>	<p>No. Evolent provides a list of surgery categories to choose from and the Presbyterian surgeon must select the most complex and invasive surgery being performed as the primary surgery.</p> <p>Example: Lumbar Fusion If the Presbyterian surgeon is planning a single-level lumbar spine fusion with decompression, the surgeon will select the single-level fusion procedure. The surgeon does not need to request a separate authorization for the decompression procedure being performed as part of the lumbar fusion surgery. This is included in the lumbar fusion request.</p> <p>Example: Laminectomy If the Presbyterian surgeon is planning a laminectomy with a microdiscectomy, the surgeon will select the lumbar decompression procedure. The surgeon does not need to request a separate authorization for the Microdiscectomy procedure.</p> <p>If the Presbyterian surgeon is only performing a microdiscectomy (CPT 63030 or 63035), then the surgeon should select the microdiscectomy-only procedure.</p>
<p>Does the ordering physician need to enter each CPT procedure code being performed for lumbar and cervical spine surgery?</p>	<p>No. Evolent provides a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.</p>
<p>Are instrumentation (medical device), bone grafts and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?</p>	<p>Yes. The instrumentation (medical device), bone grafts and bone marrow aspiration procedures commonly performed in conjunction with musculoskeletal surgeries are included in the authorization; however, the amount of instrumentation must align with the procedure authorized.</p>
<p>What kind of response time can an ordering physician expect for prior authorization?</p>	<p>Having the following information available prior to calling Evolent at 1-866-236-8717 or online at RadMD.com will create the most efficient turnaround time for a medical necessity decision:</p> <ul style="list-style-type: none"> • Clinical Diagnosis • Date of onset of back pain or symptoms/length of time member has had episodes of pain • Physician exam findings (including findings applicable to the requested services)

	<ul style="list-style-type: none"> • Pain/member symptoms • Diagnostic imaging results • Non-operative treatment modalities completed, date, duration of pain relief and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p>Generally, a determination will be made within two to three business days after receipt of request with full clinical documentation. In certain cases, the review process can take longer if additional clinical information is required to make a determination.</p>
What does the Evolent authorization number look like?	The Evolent authorization number consists of alphanumeric characters. In some cases, the ordering surgeon may instead receive an Evolent tracking number (not the same as an authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an Interactive Voice Response telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Evolent will contact you to complete the process.
Can RadMD be used to request retrospective or expedited authorization requests?	No, those requests will need to be referred to the Evolent call center for processing at 1-800-236-8717.
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of final determination for outpatient surgeries and three days from the date of final determination for inpatient surgeries.
Is prior authorization necessary for lumbar and cervical surgery if Presbyterian is NOT the member's primary insurance?	No.

<p>If an ordering physician obtains a prior authorization number does that guarantee payment?</p>	<p>An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.</p> <p>Evolent’s medical necessity review and determination is for the authorization of the surgeon’s professional services and type of surgery being performed.</p>
<p>Does Evolent allow retroactive authorizations?</p>	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for lumbar and cervical spine surgeries as outlined above that have not been properly authorized will not be reimbursed.</p> <p>Physicians performing lumbar and cervical spine surgeries should not schedule or perform these surgeries without prior authorization.</p>
<p>Can an ordering physician verify an authorization number online?</p>	<p>Yes. Ordering physicians can check the status of member authorization quickly and easily by visiting RadMD.com.</p>
<p>Is the Evolent authorization number displayed on the Presbyterian website?</p>	<p>No.</p>
<p>What if I disagree with Evolent’s determination?</p>	<p>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.</p>
<p>SCHEDULING PROCEDURES</p>	
<p>Do ordering physicians have to obtain an authorization before they call to schedule an appointment?</p>	<p>Evolent asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the member and the facility or hospital admission.</p>
<p>WHICH MEDICAL SURGEONS ARE AFFECTED?</p>	
<p>Which physicians are impacted by the MSK Program?</p>	<p>Neurosurgeons and orthopedic surgeons are the key physicians impacted by this program.</p> <p>All procedures performed in any setting are included in this program:</p> <ul style="list-style-type: none"> • Hospital (inpatient & outpatient settings) • Ambulatory surgical centers

CLAIMS RELATED	
Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services?	<p>Presbyterian rendering providers/surgeons should continue to send claims directly to Presbyterian.</p> <p>Rendering providers/surgeons are encouraged to use EDI claims submission.</p>
How can claims status be checked?	Rendering providers/surgeons should check claims status via the Presbyterian website or by calling our Provider Services department at 1-866-236-8717.
Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?	Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
MISCELLANEOUS	
How is medical necessity defined?	<p>Evolent defines medical necessity as services that:</p> <ul style="list-style-type: none"> • Meet generally accepted standards of medical practice and are appropriate for the symptoms, consistent with diagnosis and otherwise in accordance with sufficient evidence and professionally recognized standards • Are appropriate to the illness or injury for which it is performed as to type of service and expected outcome • Are appropriate to the intensity of service and level of setting • Provide unique, essential, and appropriate information when used for diagnostic purposes • Are the lowest cost alternative that effectively addresses and treats the medical problem and rendered for the treatment or diagnosis of an injury or illness • Not furnished primarily for the convenience of the member, the attending physician or other surgeon.
Where can an ordering physician find the Evolent Guidelines for Clinical Use of MSK Procedures?	The Evolent Clinical Guidelines can be found at RadMD.com where they can be easily printed. The Evolent Clinical Guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
Did the Presbyterian member ID card change with the	No. The Presbyterian member ID card does not contain any Evolent information and the member ID card did not change with the implementation of the MSK Program.

implementation of this MSK Program?	
RE-REVIEW/RECONSIDERATION/RE-OPEN AND APPEALS PROCESS	
Is the re-review, reconsideration, re-open process available for the MSK program once a denial is received?	<p>Once a denial determination has been made, if the office has new or additional information to provide, a re-review (Medicaid), reconsideration (Exchange) 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, re-review must be initiated within five calendar days from the date of denial and prior to submitting a formal appeal.</p> <p>Medicare plans: Effective Aug. 5, 2024, peer-to-peer discussions must be performed before a final determination has been made on the request.</p> <p>Medicare re-opens are only allowed if the request complies with the Centers for Medicare and Medicaid Services (CMS) definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan’s process.</p> <p>Evolent has a specialized clinical team focused on spine care. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. The MSK provider may call 1-866-236-8717 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.</p>
RADMD ACCESS	
If I currently have RadMD access, do I need to apply for additional access to initiate authorizations for MSK procedures?	If the user already has access to RadMD, RadMD allows users to submit an authorization for any procedures managed by Evolent.
What option should I select to receive access to initiate authorizations?	Selecting “ Physician’s office that orders procedures ” allows access to initiate authorizations for MSK procedures.
How do I apply for RadMD access to initiate authorization requests if I don’t have access?	<p>Visit RadMD.com and follow these steps:</p> <ul style="list-style-type: none"> • Click on “New User.” • Choose “Physician’s office that orders procedures” from the drop-down box • Complete application with necessary information • Click on “Submit”

	<p>Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.</p>
<p>What is rendering provider access?</p>	<p>Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator.</p> <ul style="list-style-type: none"> • Visit RadMD.com • Select “Facility/office where procedures are performed” • Complete application • Click on “Submit” <p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location • Another user in a location who is not interested in initiating authorizations
<p>Which link on RadMD do I select to initiate an authorization request for MSK procedures?</p>	<p>Clicking the “Request Spine Surgery or Orthopedic Surgery” link allows users to submit requests for MSK procedures.</p>
<p>How can providers check the status of an authorization request?</p>	<p>Providers can check on the status of an authorization by using the “View Request Status” link on the RadMD main menu.</p>
<p>How can I confirm what clinical information has been uploaded or faxed to Evolent?</p>	<p>Clinical Information that has been received via upload or fax can be viewed by selecting the member on the “View Request Status” link from the main menu. On the bottom of the “Request Verification Detail” page, select the appropriate link for the upload or fax.</p>
<p>Where can providers find their case-specific</p>	<p>Links to case-specific communication to include requests for additional information and determination letters can be found via by using the “View Request Status” link.</p>

communication from Evolent?	
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The “Track an Authorization” feature allows users who did not submit the original request to view the status of an authorization as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required to use this feature.
Paperless Notification: How can I receive notifications electronically instead of on paper?	<p>Evolent defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request.</p> <p>Users are sent an email when determinations are made. No Protected Health Information (PHI) is contained in the email. The email contains a link that requires the user to log into RadMD to view PHI.</p> <p>Providers who prefer paper communication are given the option to opt-out and receive communications via fax.</p>
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	<p>For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641.</p> <p>RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. to Midnight PST.</p>
Who can a surgeon contact at Evolent for more information?	Ordering physicians can contact Seth Cohen, Director, Provider Solutions Manager, at (410) 953-2418 or Seth.Cohen@evolent.com .