








# Blue Cross Blue Shield of Nebraska Musculoskeletal (MSK) Management Program

Provider Training Presented by:  
Andrew Dietz

Updated March 2024



# Evolut Program Agenda

-  Introduction to Evolut (formerly National Imaging Associates, Inc.)
-  Our MSK Program
  - Authorization Process
  - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

# National Imaging Associates, Inc. (NIA) is now **Evolent**

Connecting Our Brands is About Connecting Care



## Our Motivation

### Patients

- Better Treatment
- Better Health

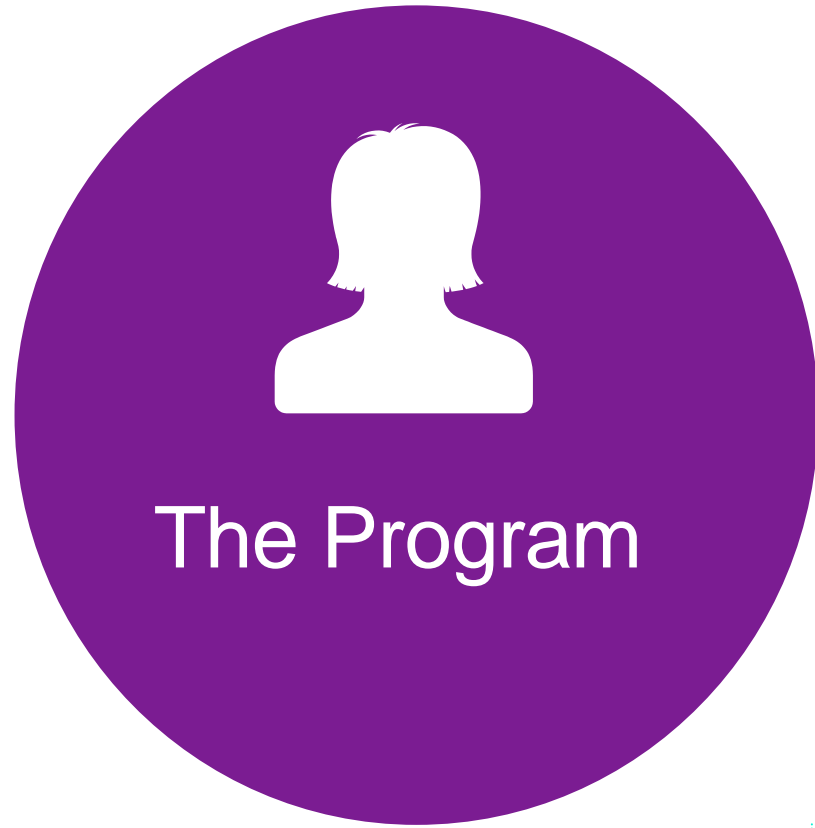
### Health Plans & Risk Providers

- Higher Quality
- Lower Costs

### Providers

- Less Friction
- Appropriate Care

# Evolent's MSK Prior Authorization Program



## The Program

- BlueCross Blue Shield of Nebraska will begin a prior authorization program through Evolent for the management of MSK Services.



## Important Dates

- Program start date: September 1, 2015



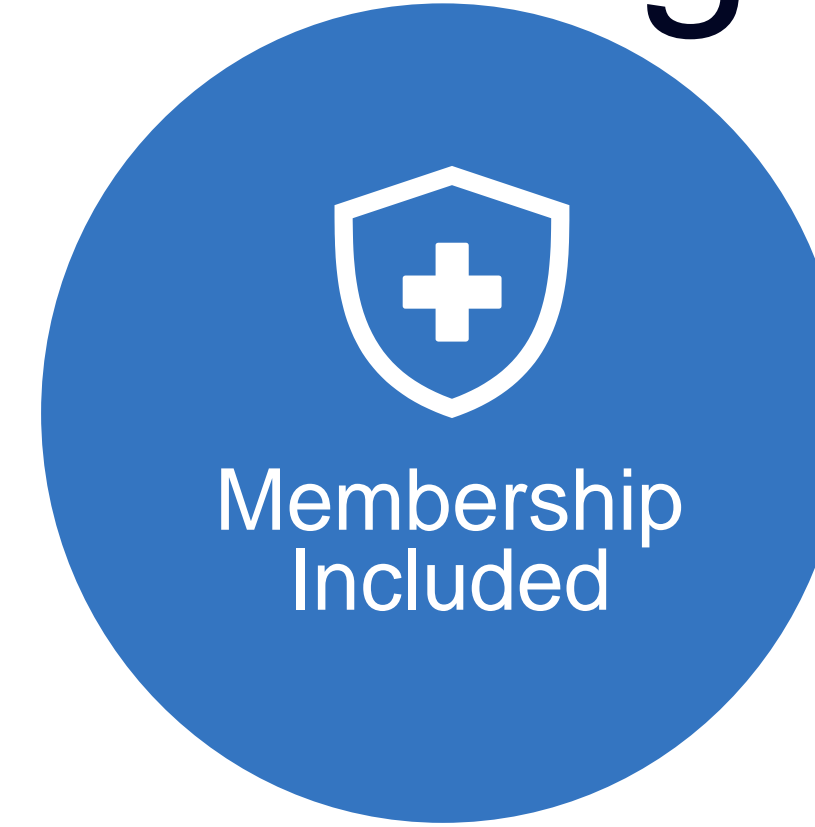
## Procedures & Settings Included

### Procedures:

- Outpatient/Office interventional spine pain management services (IPM)
- Inpatient and outpatient lumbar and cervical spine surgeries

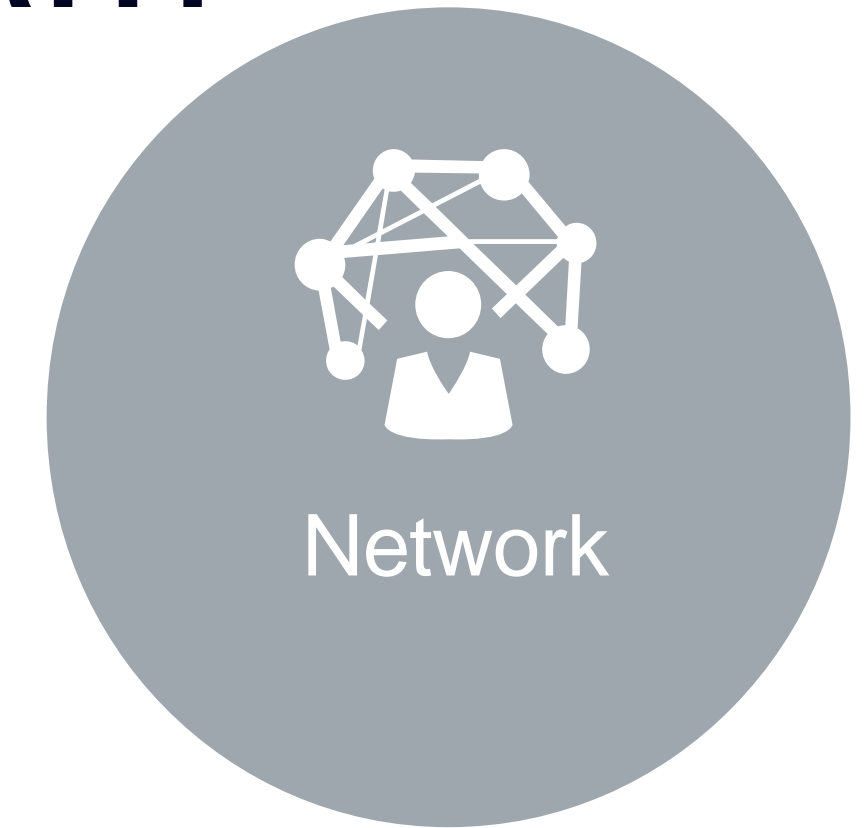
### Settings:

- Outpatient/Office Provider
- Hospital Inpatient



## Membership Included

- Exchange Programs
- Commercial Programs



## Network

Evolent will manage non-emergent select services for Blue Cross Blue Shield of Nebraska Line of Business (LOB) effective September 1, 2015 through Blue Cross Blue Shield of Nebraska's contractual relationships.

# Evolut's IPM Solution

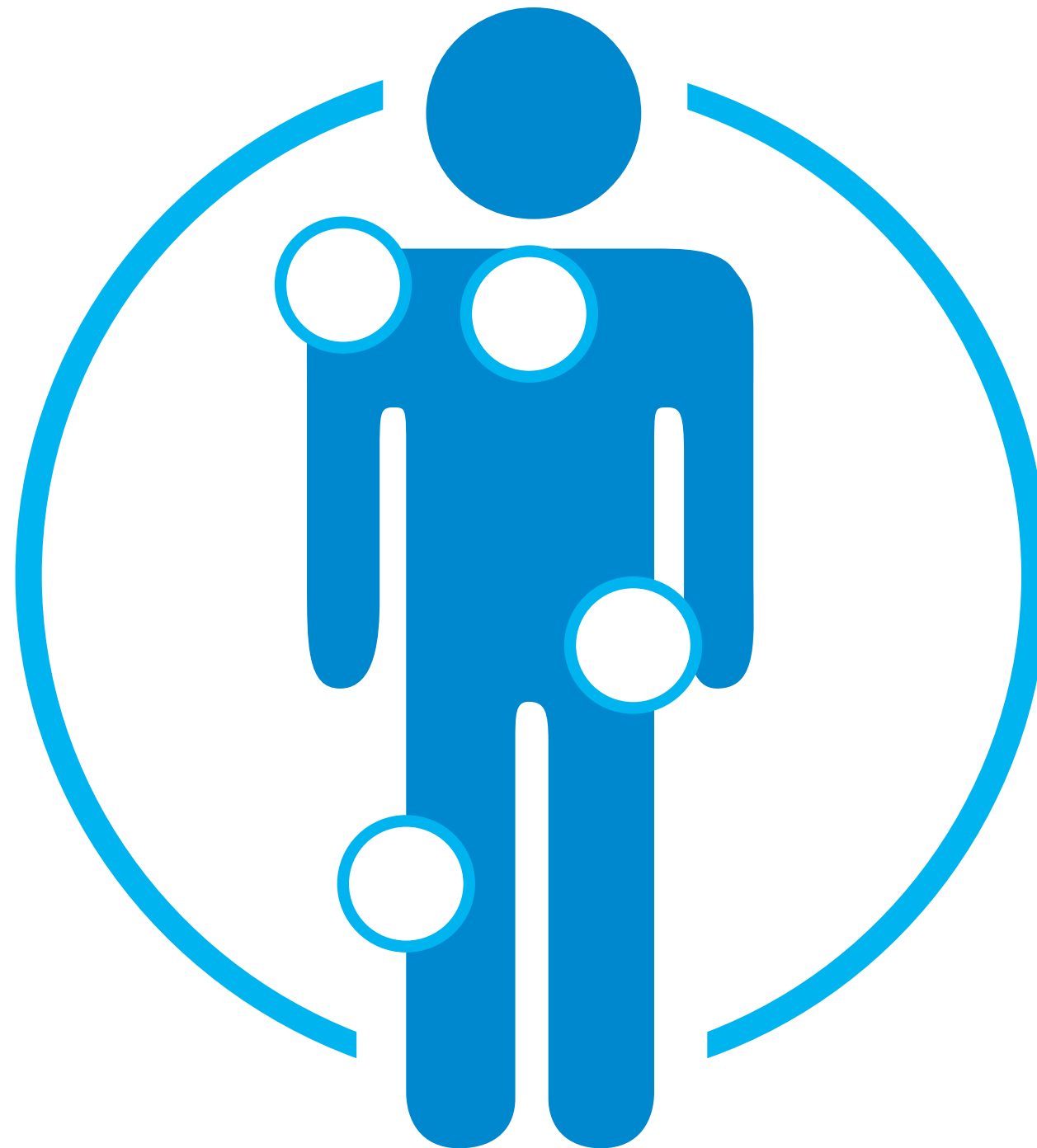
**Procedures Performed on or after September 1, 2015 Require Prior Authorization through the Evolent RadMD portal or Call Center**



## Targeted IPM

### Procedures Performed in an Outpatient Facility or office

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation(Radiofrequency (RF) Neurolysis)



### Excluded from the Program IPM Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility

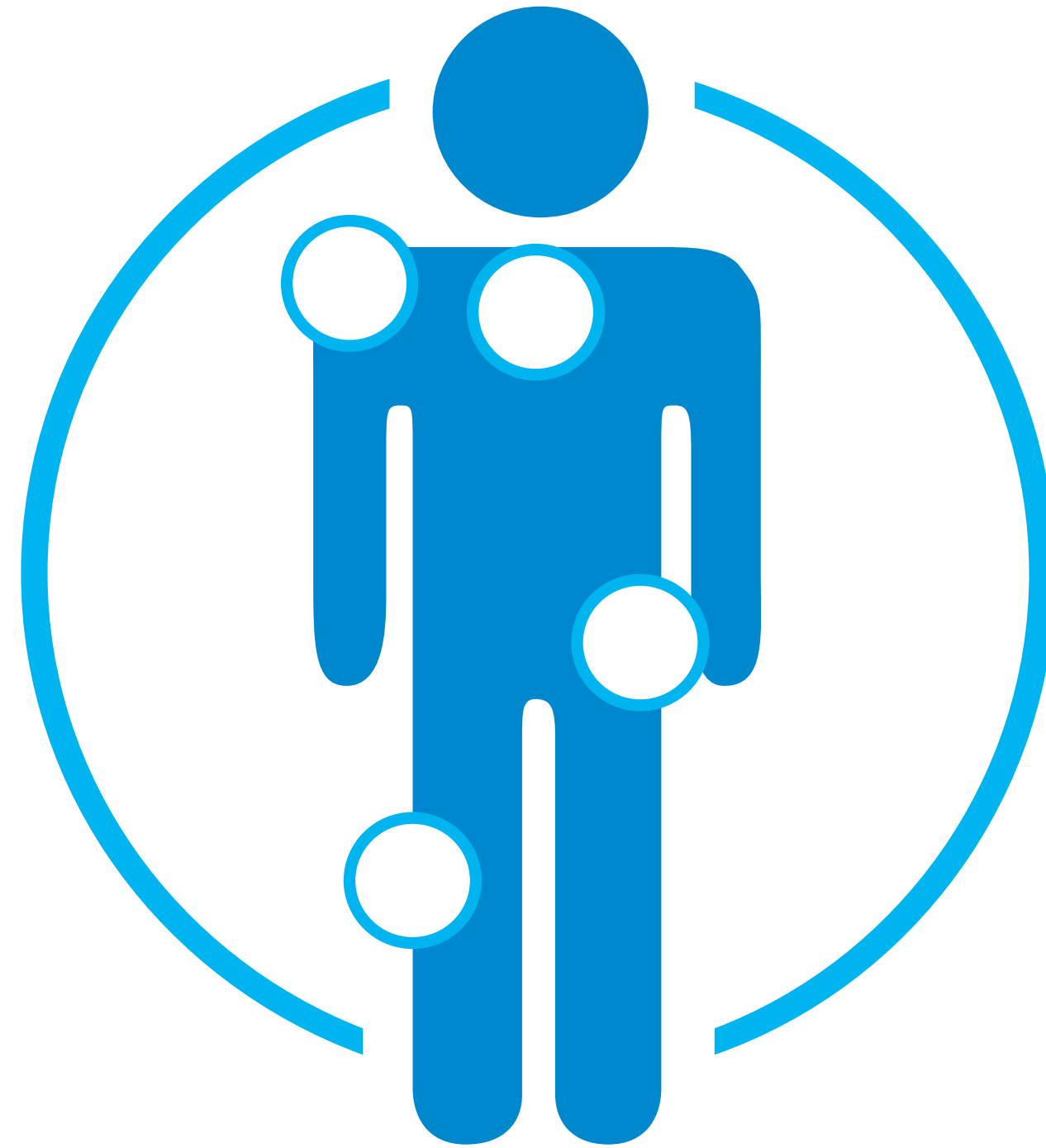
- Evolent will use the Blue Cross Blue Shield of Nebraska network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Blue Cross Blue Shield of Nebraska members throughout Nebraska.

# Evolut's 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
- Lumbar Spine Artificial Disc – 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

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require Evolent/Blue Cross Blue Shield of Nebraska prior authorization. Evolent will monitor the use of these CPT codes, but prior authorization is not currently required. As long as the deformity surgery coded does not include CPT codes on Evolent/Blue Cross Blue Shield of Nebraska prior authorization list, the case will process in Blue Cross Blue Shield of Nebraska claims accordingly.



# List of CPT Procedure 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 Blue Cross Blue Shield of Nebraska's Policies for Procedures not on Claims/Utilization Review Matrix.





**Utilization Review Matrix 2024  
BCBS Nebraska**

**Musculoskeletal Surgery (Spine)**

LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>Authorization is provided for the primary surgery requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				<p><i>These codes do not require prior authorization. If the main surgical procedure is approved, these codes are understood to be included in conjunction and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every ancillary code.</i></p>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		

# Prior Authorization Process Overview



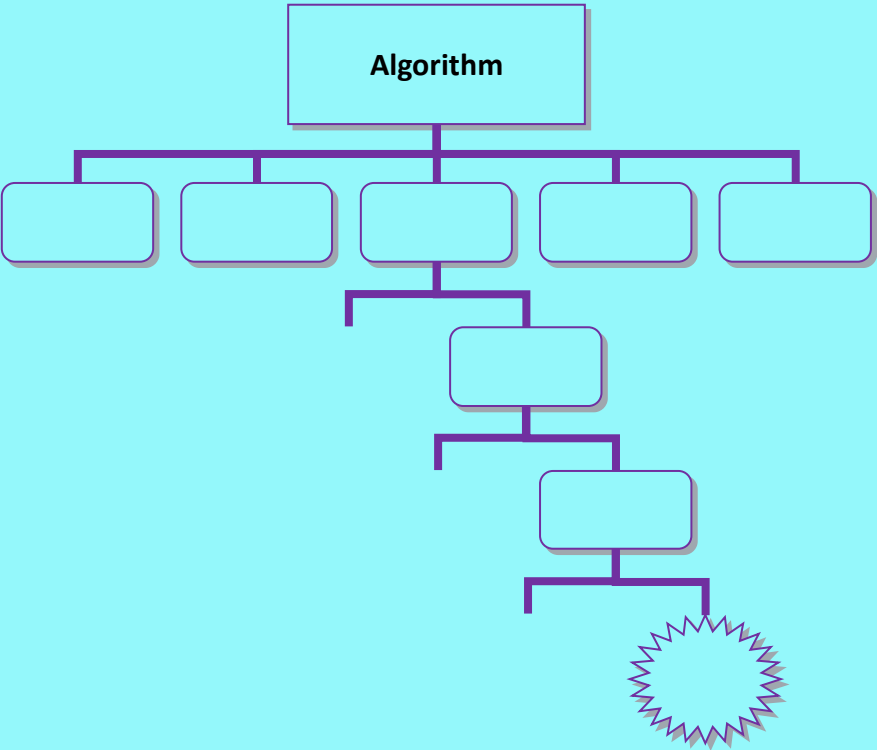
**Ordering Physician is responsible for obtaining prior authorization. Provider may be both ordering and rendering**



**Submit Requests Online Through RadMD.com**



**or by Phone**



**Information evaluated via algorithm and medical records**




**Rendering Provider Performs Service and ensures authorization was obtained**

Status	Patient	Physician
Current Status: <b>Approved</b>	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147
Auth Number: 12345XYZ1234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

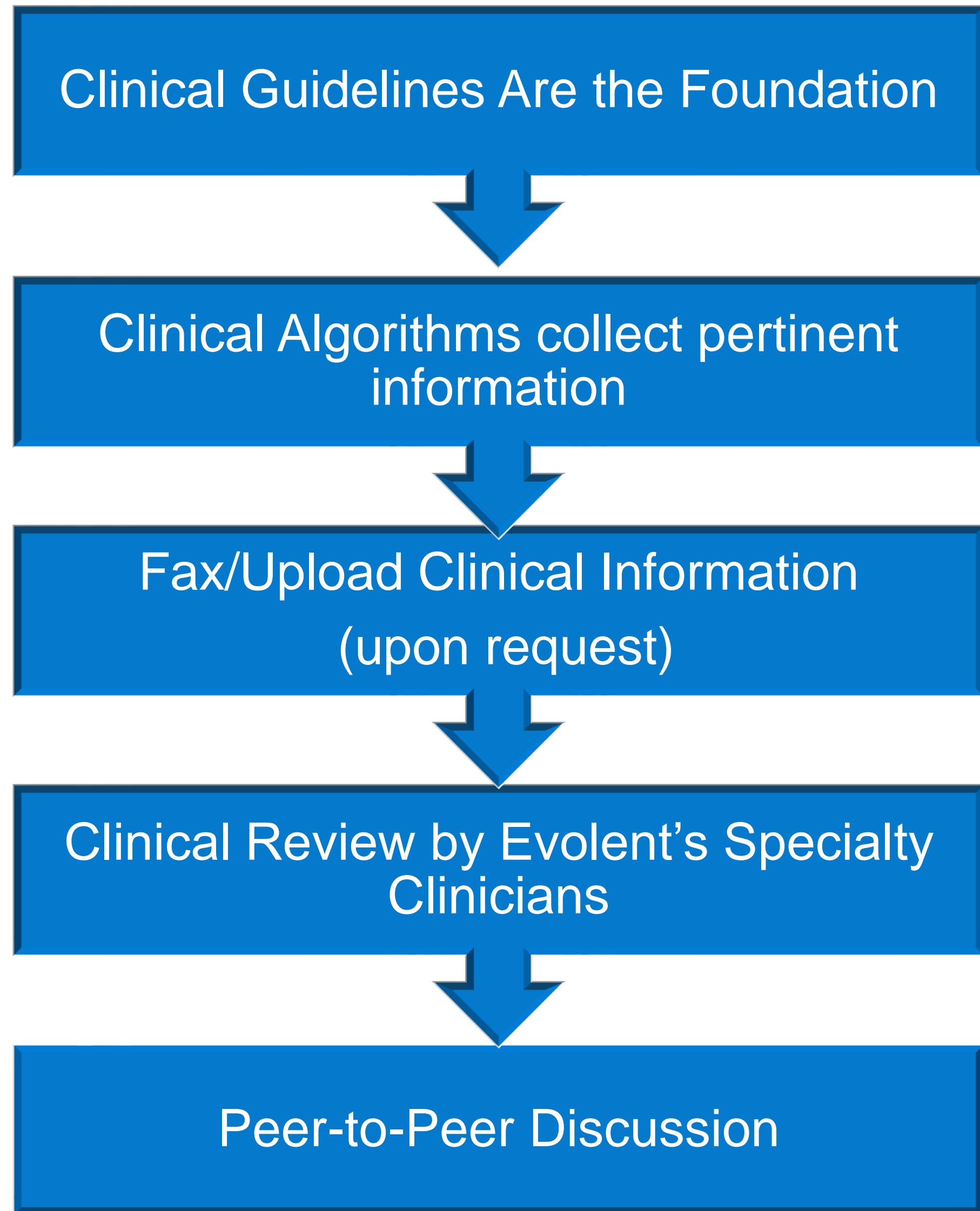
  

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

**Service Authorized**



# Evolent's 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 the Plan and Evolent 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.
- Evolent 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 IPM Injections

## Special Information

- Every IPM procedure performed requires a prior authorization; Evolent does not pre-approve a series of epidural injections.
- Bi-lateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bi-lateral as well as multiple levels on the same date of service. (Please refer to guidelines for potential restrictions)
- Add on codes do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

# IPM Clinical Checklist Reminders

## IPM Documentation:



### **Conservative Treatment**

- Frequently, specifics of active conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of active conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.



### **Visual Analog Scale (VAS) Score and/or Functional Disability**

- A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).

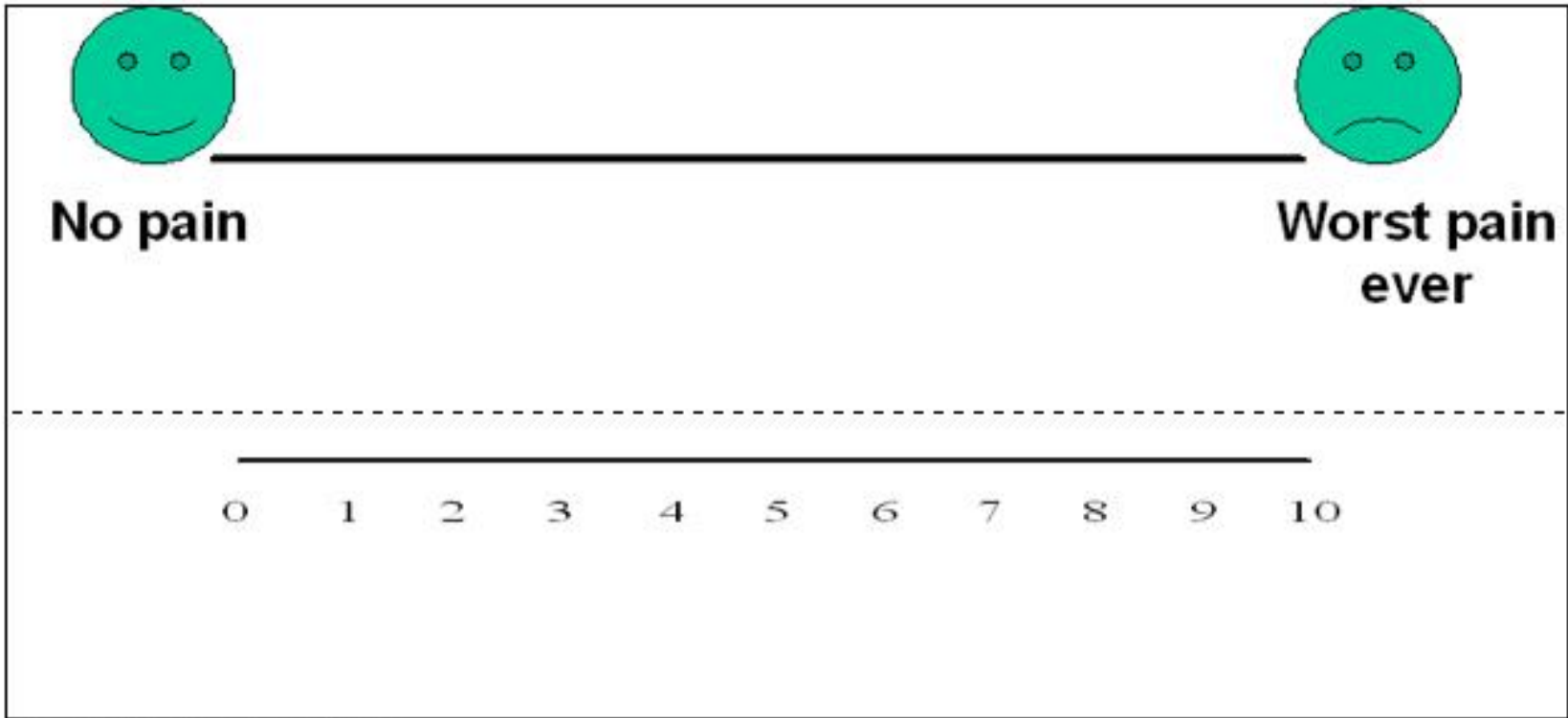


### **Follow Up To Prior Pain Management Procedures**

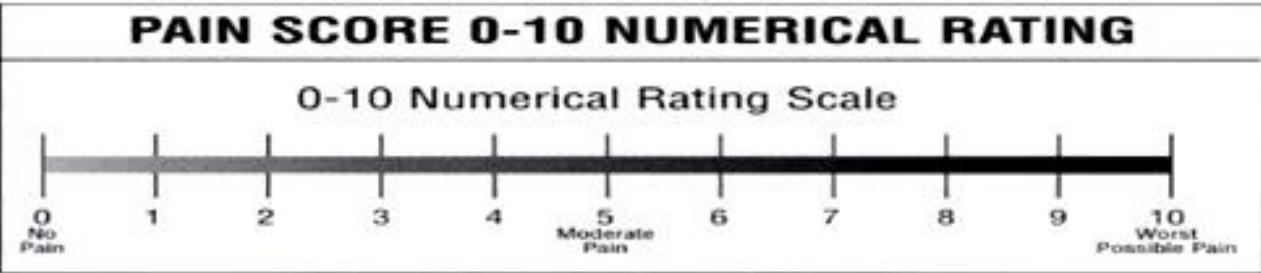
- For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

# Sample Pain Rating Scales

Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)








# 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.
- ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- Inpatient admissions will continue to be subject to concurrent review by Blue Cross Blue Shield of Nebraska.
- Date of Service is required.
- Blue Cross Blue Shield of Nebraska prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Evolent's medical necessity criteria.

# 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

CC\_TRACKING\_NUMBER FAXC

**NIA**  
NIA HEALTH PLAN

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER		
FAX NUMBER:	FAX RECIP PHONE	TRACKING NUMBER:	CC TRACKING NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER ID
PATIENT NAME:	MEMBER NAME		
HEALTH PLAN:	CAR NAME		

**Request for Further Clinical Information**

We have received your request for PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (Fax # \_\_\_\_\_) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call \_\_\_\_\_.

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: \_\_\_\_\_ Date of Re-evaluation: \_\_\_\_\_

RESULTS OF OBJECTIVE TESTS AND MEASURES: \_\_\_\_\_

\_\_\_\_\_



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 <https://www.RadMD.com>
  - Fax using that Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from <https://www.RadMD.com>
  - Call 1-866-972-9642
- Use the case specific fax coversheets when faxing clinical information to Evolent

**Exam Request Verification: Detail**

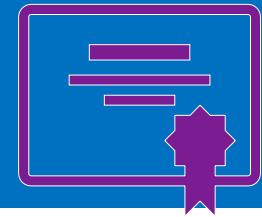
[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

**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 IPM and MSK

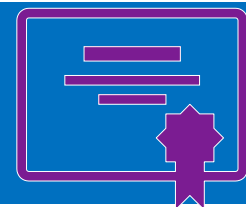


## IPM Reviews

Initial clinical review performed by specially trained IPM nurses

Clinical review team will proactively reach out for additional clinical information

Anesthesiologists and pain management specialists conduct clinical reviews and peer-to-peer discussions on IPM requests



## MSK Surgery Reviews

Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will proactively reach out for additional clinical information

Neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests

# MSK Clinical Review Process

## Physicians' Office Contacts Evolut for Prior Authorization



## Evolut Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

✓ *Designated & Specialized Clinical MSK Team interacts with Provider Community.*

1

2

3

4

✓  
*Key Evolut Differentiators*

## System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Additional clinical information required

## Evolut Specialty Physician Reviewers

- Evolut Physician approves case without peer-to-peer

✓ *Peer-to-peer outbound attempt made if case is not approvable*

- Evolut Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

**Generally the turnaround time for completion of these requests is within two business days upon receipt of sufficient clinical information**

# Evolut Urgent/Expedited MSK Authorization Process

## Urgent/Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolut immediately.
- The Evolut website <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 1-866-972-9642.

# Notification of Determination

## Authorization Notification

- Validity Period - Authorizations are valid for:
  - IPM**
    - 60 days from date of service, or from the date of request.
  - Surgical**
    - Inpatient – 60 days from date of service, or from the date of request.
    - Outpatient- SDC/Ambulatory – 60 days from date of service, or from the date of request.
- The date of service or request date that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of service or request date changes, please contact Evolent to update.

## Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A reconsideration may be available with new or additional information.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter

# IPM Points



Injections in all regions of spine are managed



Date of Service is required for all requests



Each IPM procedure must be prior authorized

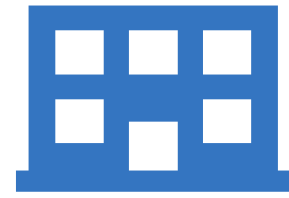


No series of epidural injections



Specialty Nurses and Physicians will review IPM requests

# 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.



CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require prior authorization. Evolent will monitor the use of these CPT codes.

# MSK Surgery Points – For all Surgeries



Specialized Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Blue Cross Blue Shield of Nebraska.

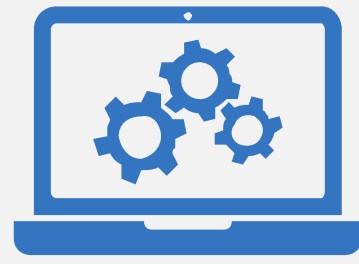


Blue Cross Blue Shield of Nebraska prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Evolent's medical necessity criteria.



Authorizations are valid for 60 days from the date of service. Evolent must be notified of any changes to the date of service.

# Provider Tools



**RadMD Website**  
**[RadMD.com](http://RadMD.com)**

**Available**



24/7 (except during  
maintenance, performed  
every third Thursday of the  
month from 9 pm – midnight  
PST)



**Toll-Free Number**  
**1-866-972-9642**

**Available**



**Monday - Friday**  
**7:00 AM – 7:00 PM CST**

- 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



# Evolent's Website

<https://www.RadMD.com>

## RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility.
- IPM providers are typically both the ordering and the rendering provider.

## Online Tools Accessed through <https://www.RadMD.com>:

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- IPM Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices



# Registering on RadMD.com - Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.

**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

1



2

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?  
-- Please select an appropriate description --

New Account User Information		Your Supervisor	
Choose a Username:		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name:	Last Name:	First Name:	Last Name:
Phone:	Fax:	Phone:	Email:
Email:	Confirm Email:		
Company Name:	Job Title:		
Address Line 1:	Address Line 2:		
City:	State:		
Zip:			

Submit

# Allows Users the ability to view all approved, pended and in review authorizations for facility

## IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.
4. New users will be granted immediate access

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved, pended and in review authorizations under your organization.

1



2

-- Please Select an Appropriate Description --  
Physician's office that orders procedures  
**Facility/office where procedures are performed**  
Health Insurance company  
Cancer Treatment Facility or Hospital that performs radiation oncology procedures  
Physicians office that prescribes radiation oncology procedures  
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account  
Please fill out this form only for yourself. Shared accounts are not allowed.  
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?  
Facility/office/lab where procedures are performed What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>		Job Title: <input type="text"/>	Affiliated Facilities
Address Line 1: <input type="text"/>		Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
Address Line 2: <input type="text"/>		Your Tax IDs: [none]	
City: <input type="text"/>	State: [State]		
Zip: <input type="text"/>			

# RadMD Enhancements

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.

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column, titled "Request", lists various medical services: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". A link "Initiate a Subsequent Request" is highlighted in blue. The right column, titled "Resources and Tools", includes "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below this is a "News and Updates" section. At the bottom of the page, there is a login form with the label "Login As Username:" followed by a text input field and a "Login" button. Below the login form is a "Request Status" section with links "Search for Request" and "View All My Requests". To the right of this section is a "Tracking Number:" label, a text input field, a "Search" button, and a link "Forgot Tracking Number?".

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.

# When to Contact Evolent

## Providers:

<p><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>■ Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li><li>■ Toll-free number 1-866-972-9642- Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>■ Call 1-866-972-9642</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>■ <a href="mailto:RadMDSupport@magellanhealth.com">RadMDSupport@magellanhealth.com</a></li><li>■ Call 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to Evolent</b></p>	<ul style="list-style-type: none"><li>■ Andrew Dietz, DPT Senior Manager - Provider Relations 407-967-4636 <a href="mailto:Adietz@evolent.com">Adietz@evolent.com</a></li></ul>

# RadMD Demonstration

# Confidentiality Statement

*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Blue Cross Blue Shield of Nebraska members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Blue Cross Blue Shield of Nebraska and Evolent.*