

**Evolent (Formerly National Imaging Associates, Inc.)
and
Blue Cross and Blue Shield of Nebraska (BCBSNE)
Spine Surgery Program
Frequently Asked Questions**

Question	Answer
GENERAL	
Why did BCBSNE implement a pain management program focused on spine surgery?	<p>BCBSNE implemented this program to improve quality and manage the utilization of non-emergent lumbar and cervical spine surgery (both outpatient and inpatient) procedures for our members. <u>The following spine surgery procedures require prior authorization* through Evolent:</u></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 • Lumbar Artificial Disc Replacement – Single & 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 • Cervical anterior decompression (without fusion) <p><i>*Evolent does not <u>manage</u> prior authorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery procedures outside of the procedures listed above.</i></p>
Why did BCBSNE select Evolent to manage its pain management program for spine surgeries?	<p>We selected Evolent to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and appropriate utilization of resources for BCBSNE members.</p>

<p>Which BCBSNE members are covered under this relationship and what networks are used?</p>	<p>Effective Sept. 1, 2015, Evolent began managing the prior authorization process for non-emergent, outpatient interventional pain management spine procedures through BCBSNE’s provider relationships.</p> <p>This program applies to all BCBSNE members, excluding those covered by the following groups or products:</p> <ul style="list-style-type: none"> • Federal Employee Program <ul style="list-style-type: none"> ○ Basic plan with no out-of-network coverage ○ Standard plan with out-of-network coverage • Medicare Supplemental and Medicare Primary • Nebraska Department of Correctional Services • Nebraska Department of Health and Human Services • University of Nebraska student athletes
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PRIOR AUTHORIZATION

<p>What surgeries require prior authorization ahead of the procedure being performed?</p>	<p>The following procedures, performed in an inpatient and outpatient setting, require prior authorization through Evolent:</p> <table border="1" data-bbox="565 1035 1414 1822"> <tr> <td>Lumbar Fusion – Single Level</td> <td>22533, 22558, 22612, 22630, 22633</td> </tr> <tr> <td>Lumbar Fusion – Multiple Levels</td> <td>22533, +22534, 22558, +22585, 22612, +22614, 22630, +22632, 22633, +22634</td> </tr> <tr> <td>Lumbar Artificial Disc - Single Level</td> <td>22857, 22862, 22865</td> </tr> <tr> <td>Lumbar Artificial Disc - Multiple Levels</td> <td>22860, +0164T, +0165T 22857, 22862, 22865</td> </tr> <tr> <td>Lumbar Decompression</td> <td>63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</td> </tr> <tr> <td>Lumbar Microdiscectomy Only</td> <td>63030, +63035</td> </tr> </table>	Lumbar Fusion – Single Level	22533, 22558, 22612, 22630, 22633	Lumbar Fusion – Multiple Levels	22533, +22534, 22558, +22585, 22612, +22614, 22630, +22632, 22633, +22634	Lumbar Artificial Disc - Single Level	22857, 22862, 22865	Lumbar Artificial Disc - Multiple Levels	22860, +0164T, +0165T 22857, 22862, 22865	Lumbar Decompression	63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Lumbar Microdiscectomy Only	63030, +63035
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	<p>+codes (add-on codes) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.</p>														
When is prior authorization required?	<p>The ordering physician must obtain prior authorization from Evolent prior to performing inpatient and outpatient non-emergent spine surgeries, and prior to obtaining the prior authorization with BCBSNE for the facility or hospital admission.</p> <p>Note: Any BCBSNE prior authorization requirements for the facility or hospital admission must be obtained separately and initiated only after the surgery has met Evolent’s medical necessity criteria.</p>														

<p>Who can order a lumbar or cervical spine surgery?</p>	<p>A majority of the spine surgeries requiring medical necessity review are expected to be ordered by one of the following specialties:</p> <ul style="list-style-type: none"> • Neurosurgeons • Orthopedic spine surgeons
<p>Who reviews spine surgery requests and medical information provided?</p>	<p>Practicing neurosurgeons conduct medical necessity reviews and determinations.</p>
<p>Does Evolent’s prior authorization process change the requirements for facility-related prior authorization?</p>	<p>No. Evolent’s medical necessity review and determination is for the authorization of the surgeon’s professional services and type of surgery being performed. Evolent provides BCBSNE with the surgery type requested and authorization determination.</p> <p>Facilities must continue to follow BCBSNE’s prior authorization processes for hospital admissions and elective surgery.</p> <p>Note: Any BCBSNE 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.</p>
<p>How does the ordering physician obtain a prior authorization from Evolent?</p>	<p>Ordering Physicians are able to request prior authorization via the Evolent website (www.RadMD.com) or by calling the Evolent toll-free number at (866) 972-9642. Faxes to Evolent or BCBSNE are not accepted.</p>
<p>What information does Evolent require in order 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 for prior authorization of non-emergent inpatient and outpatient spine surgeries:</p> <ul style="list-style-type: none"> • Name and office phone number of ordering physician* • Member name and ID number* • Requested surgery type* • 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 patient has had episode of pain*

	<ul style="list-style-type: none"> ○ 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 style="text-align: right;">* denotes required information</p> <p>Also 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 surgeon must select the most complex and invasive surgery being performed as the primary surgery.</p> <p>Example: lumbar fusion If the surgeon is planning a single-level lumbar spine fusion with decompression, the surgeon will select the single-level fusion procedure. The surgeon <u>does not need</u> 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 surgeon is planning a laminectomy with a microdiscectomy, the surgeon will select the lumbar decompression procedure. The surgeon <u>does not need</u> to request a separate authorization for the microdiscectomy procedure.</p> <ul style="list-style-type: none"> ● If the surgeon is only performing a microdiscectomy (CPT 63030 or 63035), the surgeon should select the microdiscectomy only procedure.
<p>What if the physician is performing a</p>	<p>BCBSNE currently has a medical policy for discectomy that is not managed by Evolent. If a discectomy is being</p>

discectomy without a spinal fusion?	performed without a spinal fusion, please fax a preauthorization request to BCBSNE at (402) 392-4141 or (800) 255-2838.
Does the ordering physician need to enter each CPT procedure code being performed for spine surgery?	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.
Is instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?	Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spine fusion are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.
What kind of response time can ordering physician expect for prior authorization?	<p>Having the following information available prior to calling Evolent at (866) 972-9642 or online through www.RadMD.com will create the most efficient turnaround time of a medically necessity decision.</p> <ul style="list-style-type: none"> • Clinical diagnosis • Date of onset of back pain or symptoms/length of time patient has had episode of pain • Physician exam findings (including findings applicable to the requested services) • Pain/patient 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, within two business days after receipt of request with full clinical documentation, a determination will be made. 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 eight or nine alpha-numeric 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 are 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?	Retrospective requests are not allowed. Expedited requests should be called into Evolent's call center at (866) 972-9642 .
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of service if provided, or from the date of request.
Is prior authorization necessary for lumbar or cervical spine surgery if BCBSNE is NOT the member's primary insurance?	Yes, prior authorization is still necessary, even if BCBSNE is not the member's primary insurance. If Medicare coverage is primary, however, prior authorization is not necessary.
Is payment guaranteed if an ordering physician obtains a prior authorization number?	<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. Any BCBSNE 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.</p>

<p>Does Evolent allow retro-authorizations?</p>	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for spine surgery, as outlined above, that have not been properly authorized will not be reimbursed.</p> <p>Physicians performing spine surgery should not schedule or perform surgery without prior authorization.</p>
<p>Can an ordering physician verify an authorization number online?</p>	<p>Yes. Ordering physicians can check the status of a member's authorization quickly and easily by going to www.RadMD.com.</p>
<p>Is the Evolent authorization number be displayed on the BCBSNE website?</p>	<p>No. The authorization number is not displayed on BCBSNE's website.</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 BCBSNE. Providers should follow the instructions on their non-authorization letter or explanation of payment 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 patient and the facility or hospital admission.</p>
<p>SURGEON IMPACT</p>	
<p>Which physicians are impacted by the pain spine management program?</p>	<p>Neurosurgeons and orthopedic spine surgeons are the key physicians impacted by this program.</p> <p>Procedures performed in the following settings are included in this program:</p> <ul style="list-style-type: none"> • Hospital (inpatient and outpatient settings)

	<ul style="list-style-type: none"> • Ambulatory surgical centers
CLAIMS	
Where do rendering providers/surgeons send their claims for outpatient, non-emergent spine management services?	Rendering providers/surgeons should continue to send claims directly to BCBSNE and are encouraged to use the electronic data interchange process for claims submission.
How can claims status be checked?	Providers/surgeons should continue to check claims status by calling (800) 284-4640 or logging into www.navinet.net .
Who should a surgeon contact if he or she wants to appeal a prior authorization or claims payment denial?	Rendering providers/surgeons are asked to follow the appeal instructions given on their non-authorization letter or explanation of benefits notification.
MISCELLANEOUS	
How is medical necessity defined?	<p>Evolut defines medical necessity as services that:</p> <ul style="list-style-type: none"> • Meet generally accepted standards of medical practice; 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 • Be 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 Evolut's	Evolut's clinical guidelines can be found online at www.RadMD.com . They are presented in a PDF file format that can easily be printed for future reference.

<p>guidelines for clinical use of pain spine management procedures?</p>	<p>Evolut's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.</p>
<p>What does the member ID card look like? Does the ID card have both Evolut and BCBSNE information on it?</p>	<p>The BCBSNE member ID card does not include any Evolut identifying information.</p>
<p>CONTACT INFORMATION</p>	
<p>Who can a surgeon contact at Evolut for more information?</p>	<p>Ordering physicians can contact Andrew Dietz, Senior Provider Relations Manager, at 407-967-4636 or adietz@evolent.com.</p>