

**Magellan Healthcare<sup>1</sup>**  
**Musculoskeletal Care Management (MSK) Program**  
**Hip, Knee, Shoulder & Spine Surgeries**  
**Frequently Asked Questions (FAQ's) For**  
**Highmark Wholecare Medicare Assured<sup>SM</sup> and Highmark**  
**Wholecare Ordering Physicians**

Question	Answer
<b>GENERAL</b>	
<p><b>Why are we implementing an MSK Program focused on hip, knee, shoulder and spine surgeries?</b></p>	<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.</p> <ul style="list-style-type: none"> <li>• Musculoskeletal surgeries are a leading cost of health care spending trends</li> <li>• Variations in patient care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care)</li> <li>• Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than patient symptoms</li> <li>• Medical device companies marketing directly to consumers</li> <li>• Surgeries are occurring too soon leading to the need for additional or revision surgeries</li> </ul> <p><u>The following procedures require prior authorization*** through Magellan Healthcare:</u></p> <p><b>Outpatient Interventional Spine Pain Management Services:</b></p> <ul style="list-style-type: none"> <li>• Sacroiliac Joint Injection</li> <li>• Cervical/Thoracic Interlaminar Epidural</li> <li>• Cervical/Thoracic Transforaminal Epidural</li> <li>• Lumbar/ Sacral Interlaminar Epidural</li> <li>• Lumbar/Sacral Transforaminal Epidural</li> <li>• Cervical/ Thoracic Facet Joint Block</li> <li>• Lumbar/Sacral Facet Joint Block</li> </ul>

<sup>1</sup> National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

- Cervical/ Thoracic Facet Joint Radiofrequency Neurolysis
- Lumbar/ Sacral Facet Joint Radiofrequency Neurolysis

**Outpatient and Inpatient Hip Surgery Services:**

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher & labral repair)
- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy knee)

**Outpatient and Inpatient Knee Surgery Services: \*\***

- 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)

**Outpatient and Inpatient Shoulder Surgery Services: \*\***

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder 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 Surgery Services:**

**Lumbar**

- Lumbar Fusion- Single Level & Multiple Levels
- Lumbar Microdiscectomy
- Lumbar Decompression

**Cervical**

	<ul style="list-style-type: none"> <li>• Cervical Anterior Decompression with Fusion –Single &amp; Multiple Levels</li> <li>• Cervical Posterior Decompression with Fusion –Single &amp; Multiple Levels</li> <li>• Cervical Artificial Disc Replacement – Single &amp; Multiple Levels</li> <li>• Cervical Posterior Decompression (without fusion)</li> <li>• Cervical Anterior Decompression (without fusion)</li> </ul> <p>*A separate prior authorization number is required for each procedure ordered.</p> <p>**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.</p> <p>***Magellan Healthcare 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>
<b>Why did we select Magellan Healthcare to manage its MSK program for hip, knee, shoulder and spine surgeries?</b>	Magellan Healthcare was selected to partner with us because of its clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for membership.
<b>Which Highmark Wholecare members will be covered under this relationship and what networks will be</b>	Magellan Healthcare will manage non-emergent outpatient and inpatient hip, knee, shoulder and spine surgeries for Highmark Wholecare Medicare Assured and Highmark Wholecare Medicaid membership in Pennsylvania effective October 1, 2019 through contractual relationships.
<b>IMPLEMENTATION</b>	
<b>What is the implementation date for this MSK program for hip, knee, shoulder and spine surgeries?</b>	<p>Implementation will be October 1, 2019.</p> <p>Magellan Healthcare will begin accepting requests on September 20, 2019 for services that will occur after October 1, 2019. Call center hours are 8 a.m. to 8 p.m. (EST) Monday through Friday. RadMD is available 24 hours each day, 7 days a week.</p>
<b>PRIOR AUTHORIZATION</b>	
<b>When is prior authorization required?</b>	<p>Prior authorization is required through Magellan Healthcare for inpatient and outpatient non-emergent hip, knee, shoulder and spine surgeries listed.</p> <p>Any prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Magellan Healthcare’s medical necessity criteria.</p>

<b>Is a prior authorization required for patients who already have a musculoskeletal surgery scheduled?</b>	Yes. Any non-emergent hip, knee, shoulder and spine surgery performed on or after, October 1, 2019 requires a prior authorization through Magellan Healthcare.
<b>Who can order a musculoskeletal surgery?</b>	Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties: <ul style="list-style-type: none"> <li>• Orthopedic Surgeons</li> <li>• Neurosurgeons</li> </ul>
<b>Who will be reviewing the surgery requests and medical information provided?</b>	As a part of the Magellan Healthcare clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee and shoulder) or neurosurgeons (spine) will conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.
<b>Does the Magellan Healthcare’s prior authorization process change the requirements for facility-related prior authorization?</b>	No. Magellan Healthcare’s medical necessity review and determination is for the authorization of the surgeon’s professional services and type of surgery being performed. Magellan Healthcare will provide us with the surgery type requested and authorization determination.  Any prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Magellan Healthcare’s medical necessity criteria.
<b>How does the ordering physician obtain a prior authorization from Magellan Healthcare?</b>	Ordering Physicians will be able to request prior authorization via the Magellan Healthcare website or by calling the Magellan Healthcare toll-free number: Medicare Members: 1-800-424-1728 Medicaid Members: 1-800-424-4890
<b>What information will Magellan Healthcare require in order to receive prior authorization?</b>	To expedite the process, please have the following information ready before logging on to the web site or calling the Magellan Healthcare Call Center to obtain prior authorization of non-emergent inpatient and outpatient hip, knee, shoulder and spine surgeries: (*denotes required information) <ul style="list-style-type: none"> <li>• Name and office phone number of ordering physician*</li> <li>• Member name and ID number*</li> <li>• Requested surgery type*</li> <li>• Name of facility where the surgery will be performed*</li> <li>• Anticipated date of surgery*</li> <li>• Details justifying the surgical procedure*: <ul style="list-style-type: none"> <li>○ Clinical Diagnosis*</li> <li>○ Date of onset of back pain or symptoms /Length of time patient has had episode of pain*</li> <li>○ Physician exam findings (including findings applicable to the requested services)</li> <li>○ Diagnostic imaging results</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ 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)</li> </ul> <p>Please be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> <li>● Clinical notes outlining type and onset of symptoms</li> <li>● Length of time with pain/symptoms</li> <li>● Non-operative care modalities to treat pain and amount of pain relief</li> <li>● Physical exam findings</li> <li>● Diagnostic Imaging results</li> <li>● Specialist reports/evaluation</li> </ul>
<p><b>Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?</b></p>	<p>No. Magellan Healthcare will provide a list of surgery categories to choose from and the Highmark Wholecare surgeon <u>must</u> select the most complex and invasive surgery being performed as the primary surgery.</p> <p><b>Example: Lumbar Fusion</b></p> <ul style="list-style-type: none"> <li>● 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.</li> </ul> <p><b>Example: Laminectomy</b></p> <ul style="list-style-type: none"> <li>● 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.</li> <li>● If the surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.</li> </ul>
<p><b>Will the ordering physician need to enter each CPT procedure code being performed for a hip, knee, and shoulder or spine surgery?</b></p>	<p>No. Magellan Healthcare will provide 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>

<b>Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?</b>	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.
<b>What kind of response time can ordering physicians expect for prior authorization?</b>	<p>Having the following information available prior to calling Magellan Healthcare or submitting online through <a href="http://www.RadMD.com">www.RadMD.com</a> will create the most efficient turnaround time of a medically necessity decision.</p> <ul style="list-style-type: none"> <li>• Clinical Diagnosis</li> <li>• Date of onset of back pain or symptoms /Length of time patient has had episode of pain</li> <li>• Physician exam findings (including findings applicable to the requested services)</li> <li>• Pain/Patient Symptoms</li> <li>• Diagnostic imaging results</li> <li>• 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)</li> </ul> <p>Generally, within 2 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>
<b>What will the Magellan Healthcare authorization number look like?</b>	The Magellan Healthcare authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering surgeon may instead receive a Magellan Healthcare 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 (IVR) telephone system.
<b>If requesting authorization through RadMD and the request pends, what happens next?</b>	You will receive a tracking number and Magellan Healthcare will contact you to complete the process.
<b>Can RadMD be used to request retrospective or expedited authorization request?</b>	No, those requests will need to be called into Magellan Healthcare's Call Center for processing: Medicare Members: 1-800-424-1728 Medicaid Members: 1-800-424-4890
<b>How long is the prior authorization number valid?</b>	The authorization number is valid for 60 days from the date of service/request.
<b>Is prior authorization necessary for lumbar,</b>	Yes.

<p><b>cervical, hip, knee or shoulder surgery if Gateway Health is NOT the member's primary insurance?</b></p>	
<p><b>If an ordering physician obtains a prior authorization number does that guarantee payment?</b></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>Magellan Healthcare's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.</p> <p>Any prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Magellan Healthcare's medical necessity criteria.</p>
<p><b>Does Magellan Healthcare allow retro-authorizations?</b></p>	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for hip, knee, shoulder or spine surgeries, as outlined above that have <u>not</u> been properly authorized will <u>not</u> be reimbursed.</p> <p>Physicians performing hip, knee, shoulder or spine surgeries <u>should not</u> schedule or perform these surgeries without prior authorization.</p>
<p><b>What happens if I have a service scheduled for October 1, 2019?</b></p>	<p>An authorization can be obtained for all non-emergent hip, knee, shoulder, lumbar and cervical spine surgeries, occurring in outpatient and inpatient settings, for dates of service October 1, 2019 and beyond, beginning October 1, 2019. Magellan Healthcare and we will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.</p>
<p><b>Can an ordering physician verify an authorization number online?</b></p>	<p>Yes. Ordering physicians can check the status of member authorization quickly and easily by going to the Web site at <a href="http://www.RadMD.com">www.RadMD.com</a>.</p>
<p><b>Will the Magellan Healthcare authorization number be displayed on the Highmark Wholecare website?</b></p>	<p>No.</p>
<p><b>What if I disagree with Magellan Healthcare's determination?</b></p>	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through Highmark Wholecare. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.</p>



<b>SCHEDULING PROCEDURES</b>	
<b>Do ordering physicians have to obtain an authorization before they call to schedule an appointment?</b>	Magellan Healthcare 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.
<b>WHICH MEDICAL SURGEONS ARE AFFECTED?</b>	
<b>Which physicians are impacted by the MSK Program?</b>	<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"> <li>• Hospital (Inpatient &amp; Outpatient Settings)</li> <li>• Ambulatory Surgical Centers</li> </ul>
<b>CLAIMS RELATED</b>	
<b>Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services?</b>	<p>Highmark Wholecare Medicare Assured rendering providers/surgeons should continue to send claims directly to Highmark Wholecare Medicare Assured.</p> <p style="padding-left: 40px;">Pennsylvania Highmark Wholecare Medicare Assured</p> <p style="padding-left: 40px;">PO Box 830430 Birmingham, AL 35283-0430</p> <p>Highmark Wholecare rendering providers/surgeons should continue to send claims directly to Highmark Wholecare.</p> <p style="padding-left: 40px;">Claims Processing Department P.O. Box 830249 Birmingham, AL 35283-0249</p> <p>Rendering providers/surgeons are encouraged to use EDI claims submission.</p>
<b>How can claims status be checked?</b>	<p>Rendering providers/surgeons should check claims status via the Highmark Wholecare provider portal or by calling:</p> <p style="padding-left: 40px;">Medicare: 1-800-642-3515 Medicaid: 1-800-392-1145</p> <p>Or through <a href="http://www.NaviNet.net">www.NaviNet.net</a>.</p>
<b>Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?</b>	Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.



<b>MISCELLANEOUS</b>	
<b>How is medical necessity defined?</b>	<p>Magellan Healthcare defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>• Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;</li> <li>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>• Be appropriate to the intensity of service and level of setting;</li> <li>• Provide unique, essential, and appropriate information when used for diagnostic purposes;</li> <li>• Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and</li> <li>• Not furnished primarily for the convenience of the member, the attending physician, or other surgeon.</li> </ul>
<b>How will referring/ordering surgeons know who Magellan Healthcare is?</b>	Highmark Wholecare will send notification letters and educational materials to plan surgeons. Highmark Wholecare and Magellan Healthcare will also conduct educational webinars prior to the implementation date for ordering physicians/surgeons.
<b>Will ordering physician trainings be offered closer to the October 1, 2019 implementation date?</b>	Magellan Healthcare will conduct provider training sessions during September 2019.
<b>Where can an ordering physician find Magellan Healthcare's Guidelines for Clinical Use of MSK Procedures?</b>	Magellan Healthcare's Clinical Guidelines can be found on the Web site at <a href="http://www.RadMD.com">www.RadMD.com</a> . They are presented in a PDF file format that can easily be printed for future reference. Magellan Healthcare's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
<b>What will the Member ID card look like? Will the ID card have both Magellan Healthcare and Highmark Wholecare Medicare Assured information on it? Or will there be two cards?</b>	The Highmark Wholecare Member ID card will not change and will not contain any Magellan Healthcare identifying information on it.
<b>CONTACT INFORMATION</b>	
<b>Who can a surgeon contact at Magellan Healthcare for more information?</b>	Ordering Physicians can contact Justin Clifford, Provider Relations Manager, at 1-800-450-7281 ext. 55721 or <a href="mailto:jclifford@magellanhealth.com">jclifford@magellanhealth.com</a> .