

Highmark Wholecare Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

Effective: October 1, 2019

We have entered into an agreement with Magellan Healthcare¹, to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: outpatient interventional spine pain management services; and inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries. This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

The Magellan Healthcare Musculoskeletal Care Management Program prior authorization program will begin on October 1, 2019. The Magellan Healthcare Call Center will be available beginning September 20, 2019 for prior authorization for dates of service October 1, 2019 and beyond. Any services rendered on and after October 1, 2019 will require authorization.

The following procedures will be included in the Musculoskeletal Care Management Program for Highmark Wholecare members in Pennsylvania:

- Outpatient interventional spine pain management services
- Inpatient and outpatient hip surgeries
- Inpatient and outpatient knee surgeries
- Inpatient and outpatient shoulder surgeries
- Inpatient and outpatient lumbar and cervical spine surgeries

Prior Authorization Implementation

As a provider of MSK services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

¹ National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

It is the responsibility of the ordering physician/surgeon and rendering facility to ensure that prior authorization was obtained, when necessary. Payment will be denied for procedures performed without a prior authorization, including the MSK surgery hospital admission, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization*

Outpatient Interventional Spine Pain Management Services:

- Sacroiliac Joint Injection
- Cervical/Thoracic Interlaminar Epidural
- Cervical/Thoracic Transforaminal Epidural
- Lumbar/ Sacral Interlaminar Epidural
- Lumbar/Sacral Transforaminal Epidural
- Cervical/ Thoracic Facet Joint Block
- Lumbar/Sacral Facet Joint Block
- Cervical/ Thoracic Facet Joint Radiofrequency Neurolysis
- Lumbar/ Sacral Facet Joint Radiofrequency Neurolysis

*A separate prior authorization number is required for each procedure ordered.

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)

**Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date.

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

- Cervical Anterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression with Fusion –Single & Multiple Levels
- Cervical Artificial Disc Replacement – Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Anterior Decompression (without fusion)

Magellan Healthcare will manage non-emergent outpatient interventional spine pain management services, and inpatient and outpatient hip, knee, shoulder and spine surgeries through the existing contractual relationships with Highmark Wholecare. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is:

Medicare: 1-800-424-1728

Medicaid: 1-800-424-4890

Please refer to Magellan Healthcare’s website www.RadMD.com to obtain the Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that Magellan Healthcare authorizes on behalf of Highmark Wholecare.

Prior Authorization Information

To ensure that authorization numbers have been obtained, please adhere to the following guidelines.

Interventional Pain:

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization through Magellan Healthcare.
- All outpatient interventional pain management services require a prior authorization through Magellan Healthcare for each procedure performed.

- It is the responsibility of the ordering physician to obtain authorization for all interventional pain management procedures outlined. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 60 days from the date of service or if date of service not available then from date of request.

Outpatient and Inpatient Musculoskeletal Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Room) does not require prior authorization through Magellan Healthcare.
- Non-emergent outpatient and inpatient hip, knee, shoulder and spine surgery services require prior authorization through Magellan Healthcare.
- 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.
- 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 Highmark Wholecare with the surgery type requested and authorization determination.
- Authorizations are valid for 60 days from the date of service or if date of service is not available then from date of request.

Checking Authorizations

You can check on the status of patients’ authorizations quickly and easily by going to the Magellan Healthcare website, www.RadMD.com. After obtaining a secure password sign-in to select, the **My Exam Requests** tab to view all outstanding authorizations.

Submitting Claims

Claims will continue to go directly to Highmark Wholecare. Please send your claims for MSK procedures to the following addresses:

Medicare:

Highmark Wholecare Medicare Assured

PO Box 830430
Birmingham, AL 35283-0430

Medicaid:

Highmark Wholecare

Claims Processing
Department P.O. Box 830249
Birmingham, AL 35283-0249

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
- Medicare: 1-800-424-1728
- Medicaid: 1-800-424-4890

Providers are encouraged to use EDI claims submission.

Frequently Asked Questions

In this section Magellan Healthcare addresses commonly asked questions received from providers.

Where can I find Magellan Healthcare's Guidelines for these MSK procedures?

Guidelines can be found on Magellan Healthcare's website at www.RadMD.com.

Is prior authorization necessary if Highmark Wholecare is not the member's primary insurance?

Yes.

What does the Magellan Healthcare authorization number look like?

The Magellan Healthcare authorization number consists of 8 or 9 alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive a Magellan Healthcare tracking number (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use either number to track the status of their request on the RadMD Web site or via our Interactive Voice Response telephone system.

Who can I contact at Magellan Healthcare for questions, complaints, and appeals, etc.?

Please use the following Magellan Healthcare contacts by type of issue:

- To educate your staff on Magellan Healthcare procedures and to assist you with any provider issues or concerns, contact your Magellan Healthcare Area Provider Relations Manager.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.

How will referring/ordering physicians know who Magellan Healthcare is?

Highmark Wholecare sends orientation materials to referring/ordering providers. Highmark Wholecare and Magellan Healthcare are also coordinating additional outreach and orientation activities.

What will the member ID card look like? Will it have both Magellan Healthcare and Highmark Wholecare information on the card? Or will there be two cards?

The Highmark Wholecare member ID card will not have Magellan Healthcare identifying information on it.