



Dean Health Plan Musculoskeletal (MSK) Management Program

Provider Training Program By:
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Magellan Healthcare¹ Training Program



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



Magellan Healthcare Program Agenda

- Our Program

1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

- RadMD Demo

- Questions and Answers

Magellan Healthcare's Prior Authorization Program

Procedures Performed on or after August 1, 2017 Require Prior Authorization

Magellan Healthcare's Call Center & RadMD will open July 24, 2017

Inpatient and Outpatient Lumbar and Cervical Spine Surgery

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – 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
- Cervical Anterior Decompression (without fusion)

Excluded from Program:

Surgeries Performed in the Following Settings:

- Emergency Surgery – admitted via the Emergency Room

Inpatient and Outpatient Shoulder Surgery

- Revision Shoulder Arthroplasty
- Total/Reverse Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

Excluded from 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 and the associated instrumentation do not require Magellan Healthcare/Dean Health Plan prior authorization. Magellan Healthcare will monitor the use of these CPT codes, but prior authorization is not currently required. As long as the deformity surgery does not include CPT codes on Magellan Healthcare/Dean Health Plan utilization review matrix/prior authorization list, the claim for the case will process accordingly.

Magellan Healthcare's Prior Authorization Program

Inpatient and Outpatient Hip and Knee Surgery

Inpatient and Outpatient Hip Surgery :

- 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)

Excluded from Program:

Surgeries Performed in the Following Settings:

- Emergency Surgery – admitted via the Emergency Room

Inpatient and Outpatient Knee Surgery :

- 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)

Excluded from Program:

Surgeries Performed in the Following Settings:

- Emergency Surgery – admitted via the Emergency Room

List of CPT Procedure Codes Requiring Prior Authorization

- Review Claims/Utilization Review Matrix to determine CPT codes managed by Magellan Healthcare
- CPT Codes and their Allowable Billable Groupings
- Located on RadMD and Deancare.com
- Defer to Dean Health Plan Plan Policies for Procedures not on Claims/Utilization Review Matrix

Dean Health Plan Utilization Review Matrix 2017 - Musculoskeletal Surgery

The matrix below contains all of the CPT-4 codes for which Magellan Healthcare¹ authorizes on behalf of its clients. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those procedures authorized by Magellan Healthcare.

Surgery: Inpatient and Outpatient

The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the date of service/request validity period. If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

***Please note: Magellan Healthcare does not prior authorize or manage the facility authorizations for spine surgery services. Lumbar & Cervical Spine Surgery Services rendered through the Emergency Room are not managed by Magellan Healthcare. All other inpatient and outpatient lumbar and cervical spine surgery procedures are managed by Magellan Healthcare for the surgeries outlined below.**

LUMBAR SPINE SURGERY		
Authorized CPT Code	Description	Allowable Billed Groupings
22612	Lumbar Fusion - Single Level**	22533, 22558, 22612, 22630, 22633
22614	Lumbar Fusion - Multiple Levels**	22533, 22558, 22612, 22630, 22633, +22534, +22585, +22614, +22632, +22634
63030	Lumbar Microdiscectomy	62380, 63030, +63035

Responsibility for Authorization

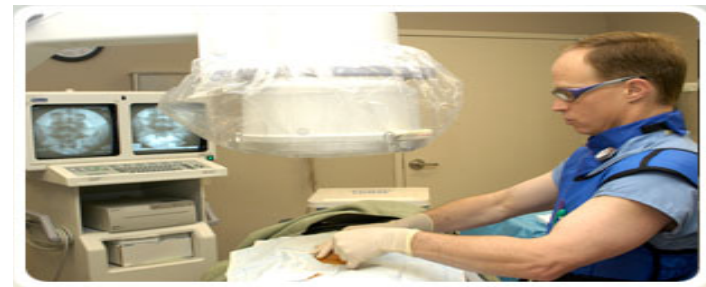
Ordering Providers/Surgeons

Responsible for obtaining prior authorization

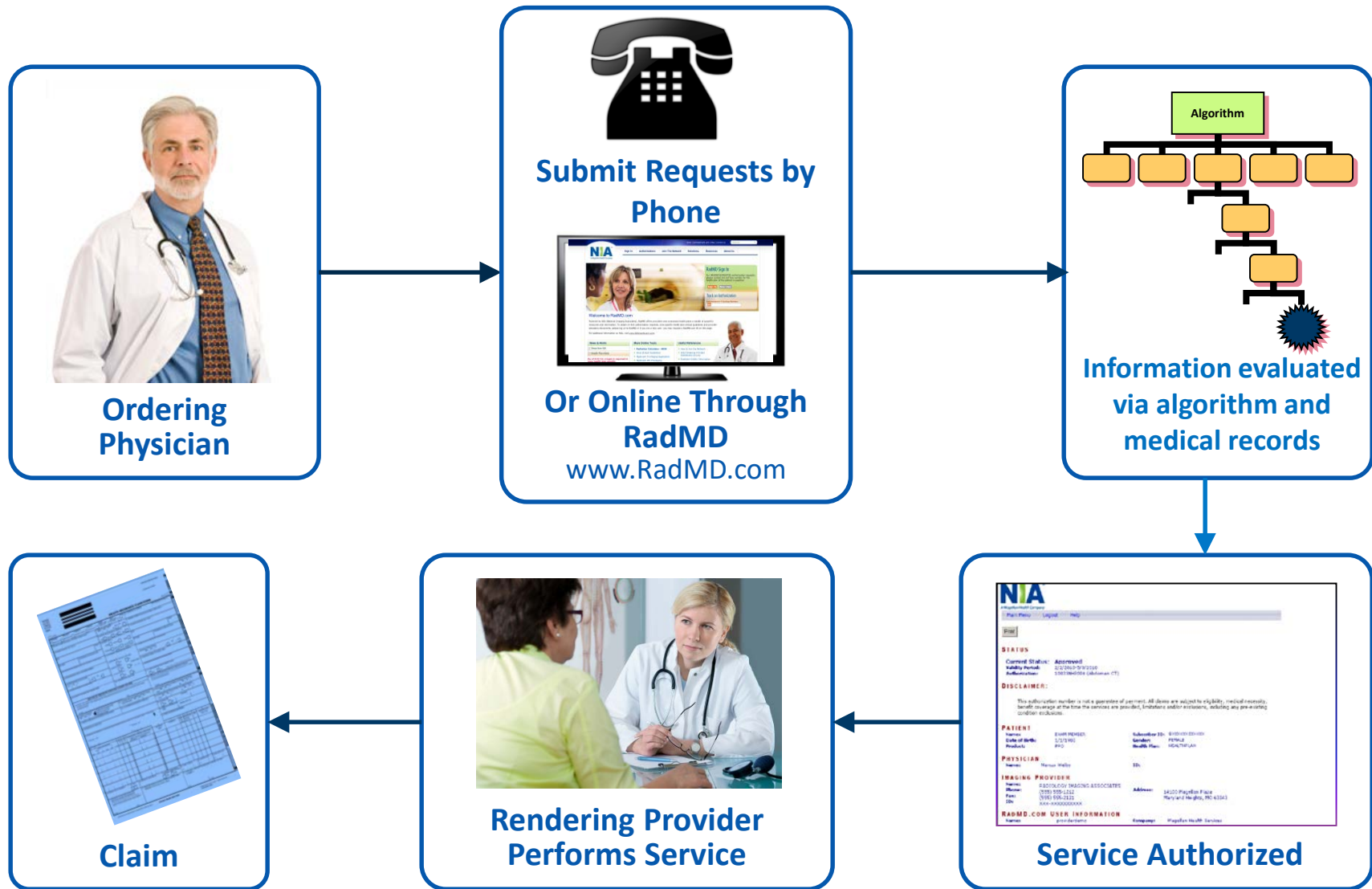


Facility/Place of Service

- Ensuring that prior authorization has been obtained prior to providing service



Prior Authorization Process Overview



Patient and Clinical Information Required Information for Authorization

GENERAL

Includes things like ordering physician information, member information, place of service, requested procedure, etc.

SPECIAL INFORMATION

For spinal surgeries, only one authorization request per surgery. For example, a Lumbar fusion authorization includes decompression, instrumentation, etc.

An inpatient hospital stay must be prior authorized through Dean Health Plan for an approved surgery.

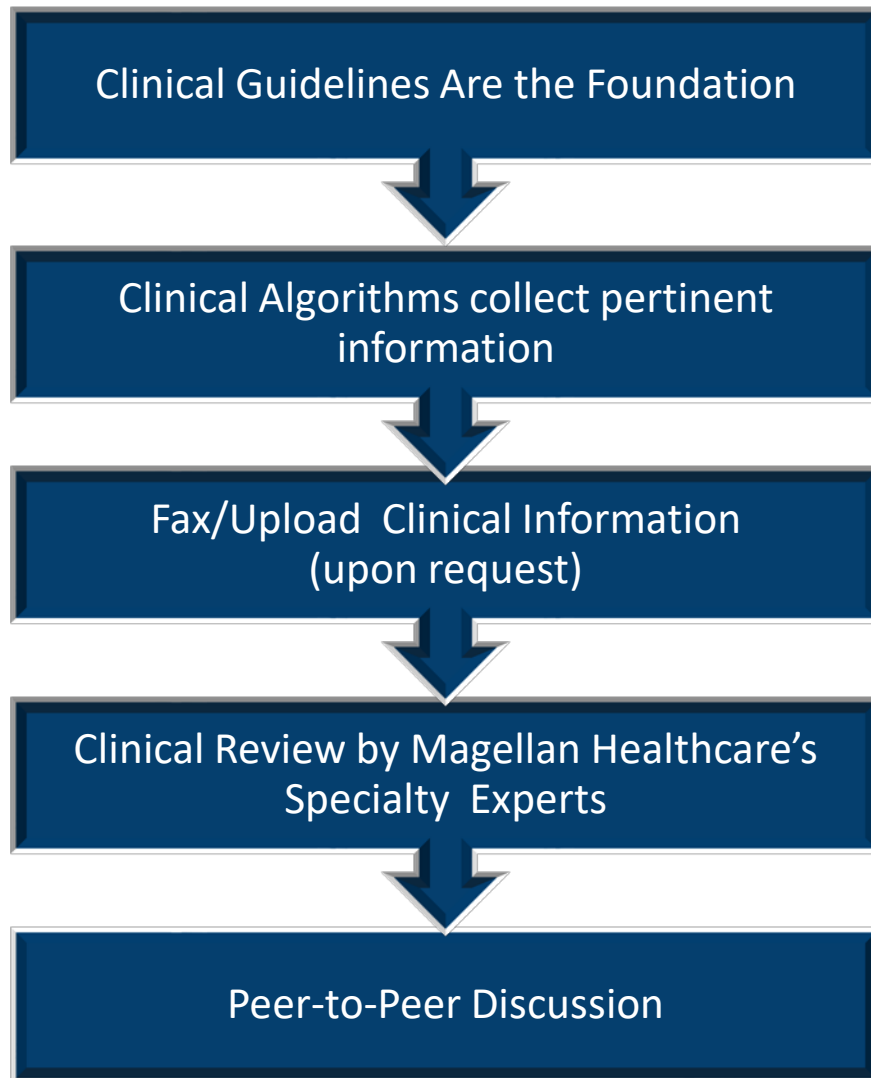
Date of Service is required.

Bilateral hip, knee or shoulder surgeries require two separate authorizations.

CLINICAL INFORMATION

- Clinical Diagnosis
- Physical exam findings and patient symptoms (including findings applicable to the requested procedure)
- Date of onset of pain or exacerbation. Duration of patient's symptoms.
- Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and/or medication)
- Diagnostic imaging results, *where applicable*.
- Preliminary procedures already completed (e.g., lab work, scoped procedures, referrals to specialist, specialist evaluation)

Magellan Healthcare's Clinical Foundation & Review



Clinical guidelines and algorithms were developed by practicing specialty physicians, literature reviews, and evidence base. Guidelines are reviewed and mutually approved by Dean Health Plan and Magellan Healthcare's Chief Medical Officers and Clinical Specialty Experts.

Validation of clinical criteria within the patient's medical record is required before an approval can be made.

Magellan Healthcare reviews key clinical information to ensure that Dean Health Plan members are receiving appropriate care prior to more invasive procedures being performed.

Magellan Healthcare has a specialized clinical team focused on musculoskeletal care. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

Reconsiderations can be initiated when new or additional clinical information is available. No change in current appeals process.

Our goal – ensure that Dean Health Plan members are receiving appropriate musculoskeletal care.

Clinical Guidelines available on www.RadMD.com

Magellan Healthcare to Physician: Request for Clinical Information

CC_TRACKING_NUMBER

FAXC



PAIN MANAGEMENT PROCEDURE
PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	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:	HEALTH_PLAN_DESC		
We have received your request for PROC_DESC. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			

URGENT REPLY REQUIRED FOR CASE REVIEW

Study Requested was: PROC_DESC

For documentation ALWAYS PROVIDE:

1. Office visit note and physical exam findings related to back pain, intensity, and any neurological deficits
2. Office visit note indicating the date of onset of back-related pain
3. Supporting documentation of conservative therapy tried within the most recent 3 months
4. Supporting documentation on any interventional pain management procedure(s) including the date of the procedure, spinal region, and the effectiveness in reducing pain and improving functional ability

Important Note- Clinical information must be documented in Office Visit Notes or other documents, such as xray or diagnostic testing reports. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in Office Visit note"- but will not constitute actionable information for clinical decision making.

- 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
- Musculoskeletal Surgery Checklist is located on RadMD and Deancare.com.

Submitting Additional Clinical Information/Medical Records to Magellan Healthcare

- Two ways to submit clinical information to Magellan Healthcare
 - *Via Fax*
 - *Via RadMD Upload*
- Use the Fax Coversheet (when faxing clinical information to Magellan Healthcare)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 1-866-307-9729

CC_TRACKING_NUMBER

Ordering Physician:	REQ_PROVIDER
Fax number:	FAX_RECIP_PHONE
Member ID:	MEMBER_ID
Patient Name:	MEMBER_NAME
Request:	PROC_DESC
Health Plan:	HEALTH_PLAN_DESC

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling [FAXCoversheetNbr](#) or go to RadMD and follow the link "Request a fax cover sheet"

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to [RadOneRadiologyFaxNbr](#).

In order for our clinical reviewers to follow up on this [information](#) please include a contact name and phone number.

Name: _____
Telephone: _____

CONFIDENTIALITY NOTICE

If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC_TRACKING_NUMBER

Be sure to use the Magellan Healthcare Fax Coversheet for all transmissions of clinical information!



Specialized Clinical Team

MSK Surgery Reviews

Surgery concierge team will proactively outreach for additional information, reconsiderations and to schedule peer-to-peer sessions.

Nurses will assemble surgery cases and reach out for clinical information as needed prior to sending to surgeon reviewers.

Only orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussion on surgery requests.

Notification of Determination

Authorization Notification

- **Authorizations**

Validity Period - Authorizations are valid for:

Surgical

- ❖ Inpatient – 14 days from DOS*
- ❖ Outpatient- SDC/Ambulatory – 90 days from DOS

*The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the DOS changes please contact Magellan Healthcare to update.

Denial Notification

- **Denials**

You may ask Magellan Healthcare for a reconsideration of our decision with additional information. You may also follow the appeal process through Dean Health Plan defined in the notice of denial provided to you.

Magellan Healthcare's Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

If an urgent clinical situation exists (outside of a hospital emergency room), please call Magellan Healthcare immediately. The number to call to obtain a prior authorization is 1-866-307-9729.

Using Dean Health Plan Network



- Magellan Healthcare will use the Dean Health Plan network of Surgeons, Hospitals, Surgery Centers and In-Office Providers as it's preferred providers for delivering Inpatient and Outpatient Surgeries to Dean Health Plan members throughout Wisconsin.
- HMO members who wish to utilize a non-plan provider must first have an approved authorization from Dean Health Plan for the USE of the non-plan provider. Authorization requests must be submitted by a DHP plan provider. Magellan will make the medical necessity determinations for these services.
- Prior to reviewing a HMO request from a non-plan provider, Magellan will confirm that the approved authorization for the use of the non-plan provider is in place. If the authorization for use of the non-plan provider is not in place, the authorization request will not be processed.

Summary Musculoskeletal 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. Magellan Healthcare will monitor the use of these CPT codes. As long as the deformity surgery does not include CPT codes on Magellan Healthcare/Dean Health Plan Utilization Review Matrix and Prior Authorization list, the claim for the case will process accordingly

Hip, Knee and Shoulder Surgery

- Bilateral hip, knee or shoulder surgeries require two separate authorizations
- Surgeries addressing the following are not included in the musculoskeletal management program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), & foreign body

Summary Musculoskeletal Surgery Points Continued...



For all surgeries...

- Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests.
- Any Dean Health Plan prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met medical necessity criteria.
- Date of service is required. Magellan Healthcare must be notified of any changes to the date of service.

Provider Tools



Provider Tools that Make it Easy for Providers to Partner with Magellan Healthcare

Toll free authorization and information number 1-866-307-9729.

- *Available 8am – 8pm EST*
 - Interactive Voice Response (IVR) System
- ***RadMD Website*** – *Available 24/7 (except during maintenance)*
 - Different functionality for ordering and rendering providers
 - Request authorization and view authorization status
 - Upload additional clinical information
 - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents



Magellan Healthcare Website www.RadMD.com

RadMD Functionality varies by user:

Rendering Provider – Views approved authorizations for their facility.

Ordering Provider's Office – View and submit requests for authorization.

Online Tools Accessed through www.RadMD.com:

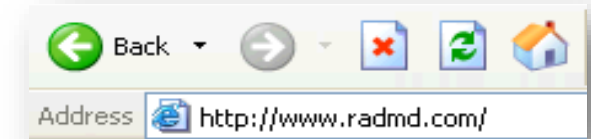
Magellan Healthcare's Clinical Guidelines

Frequently Asked Questions

Quick Reference Guides

RadMD Quick Start Guide

Claims/Utilization Matrices



When to Contact Magellan Healthcare

Providers:

Ordering Providers/Surgeons:

- To initiate a request for an authorization please contact Magellan Healthcare Call Center via toll-free number (1-866-307-9729) or www.RadMD.com. (**NOTE:** Magellan Healthcare does **NOT** accept faxes for the initiation of an authorization. **Only** via Call Center or RadMD website.)
- To check the status of an authorization please contact Magellan Healthcare Call Center via toll-free number (1-866-307-9729) or www.RadMD.com.
- Provider will be able to upload requested records on the Magellan Healthcare website www.RadMD.com or through the Magellan Healthcare fax number at (800-784-6864).

Facilities:

- To check the status of an authorization please contact Magellan Healthcare Call Center (1-866-307-9729) or www.RadMD.com.

Ordering Providers/Surgeons and Facilities:

- For assistance or technical support for RadMD, please contact RadMD Help Desk at 1-877-80-RadMD (877-807-2363) or email RadMDSupport@MagellanHealth.com.
- For any provider education requests specific to Magellan Healthcare and the Medical Specialty Solutions Program, Providers may contact Leta Genasci, Provider Relations Manager (1-800-450-7281 ext. 75518 or ljgenasci@magellanhealth.com).

Confidentiality Statement for Providers

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Thanks

