# Musculoskeletal Management

## Provider Orientation Sessions for Oscar

# Clinical Staffing

## Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

**400+** Medical Directors

Covering **51** different specialties

**1k+** Nurses with diverse specialties / experience

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
  - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
  - Clinical Pathology
- **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
  - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**

- **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

# Musculoskeletal Management Prior Authorization Process

# Program Overview

**eviCore healthcare will begin accepting requests on 12/15/2020 for dates of service 1/1/2021 and beyond for the expanded membership network.**

**Prior authorization applies to services that are:**

- Outpatient
- Elective / Non-emergent
- Diagnostic

**Prior authorization does not apply to services that are performed in:**

- Emergency room
- Inpatient
- 23-hour observation

**It is the responsibility of the ordering provider to request prior authorization approval for services.**

# The expanded membership network.

- **As a part of the 2021 expansion, Oscar will offer Individual and Family Plans for the <u>first time </u>in:**

  - **North Carolina (Asheville)**

  - **Oklahoma (Oklahoma City)**

  - **4 markets in Iowa, including Des Moines and Sioux City**

- **Existing <u>state footprints will be expanded </u>to**

  - **Boulder, Colorado**

  - **3 markets in Northeast Pennsylvania,**

  - **multiple markets across Florida, including Jacksonville, Sarasota, and Tallahassee**

  - **across new counties in Phoenix, AZ,  and Columbus, OH**

# Applicable Membership

**<u>Authorization is required</u>** for Oscar members enrolled in Commercial (fully insured) plans in the following states/cities:

| State | City |
|---|---|
| Arizona | Phoenix |
| Colorado | Boulder & Denver |
| Florida | Daytona, Homosasss Springs, Jacksonville, Miami, Ocala, Orlando, Sarasota, Tallahassee, Tampa, Port St. Luci, & Punta Gorda |
| Georgia | Atlanta |
| Iowa | Des Moines, Sioux City, Waterloo, & Dubuque |
| Kansas & Missouri | Kansas City |
| New Jersey | |
| New York | |
| North Carolina | Asheville |
| Ohio | Cleveland & Columbus |
| Oklahoma | Oklahoma City |
| Pennsylvania | Philadelphia, Allentown, Scranton & East Stroudsburg |
| Tennessee | Memphis & Nashville |
| Texas | Austin, Dallas - Fort Worth, El Paso, Houston, & San Antonio |
| Virginia | Richmond |

**Prior Authorization Required:**

Interventional Pain:
- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

Joint Surgery:
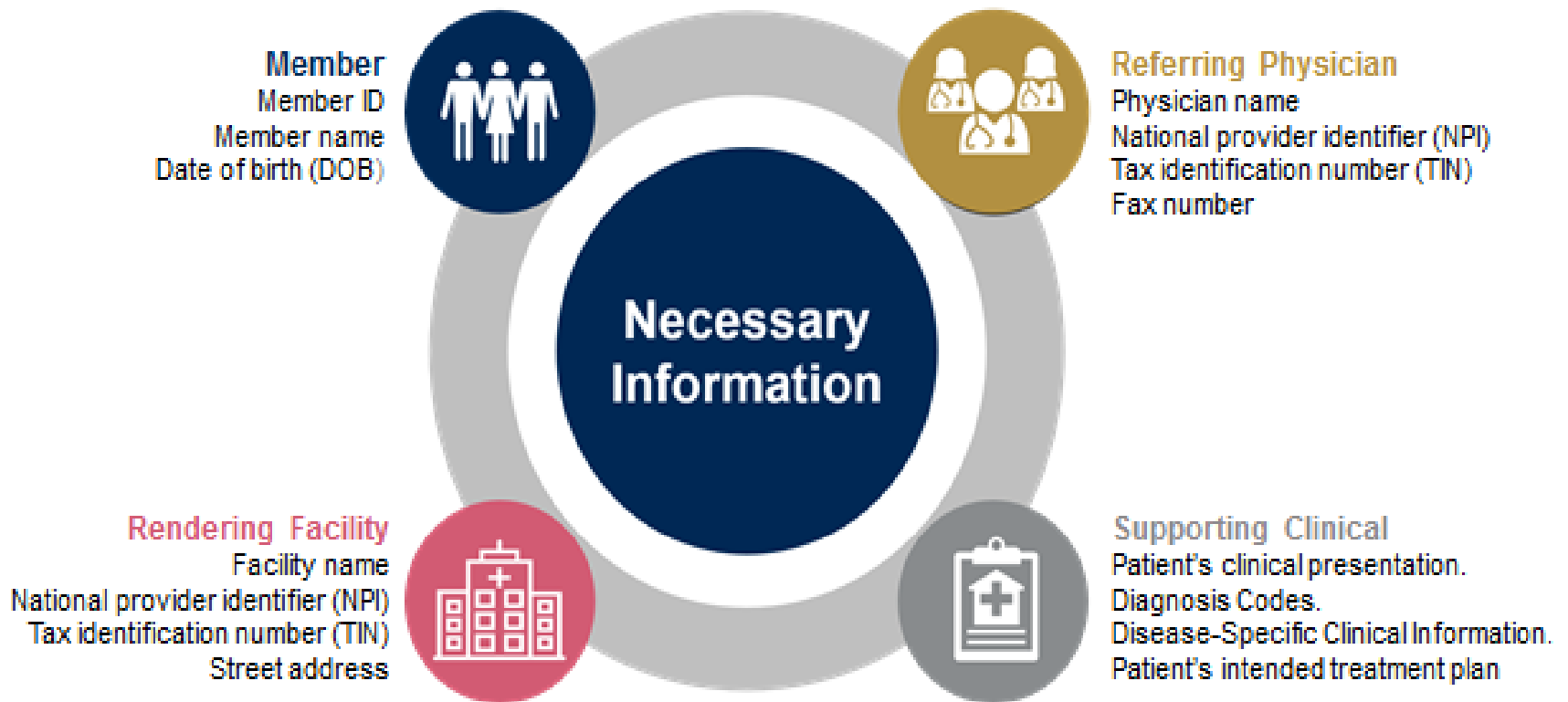- Large joint replacement
  - Arthroscopic and open procedures

Spine Surgery:
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

https://www.evicore.com/resources/health plan/Oscar

# Needed Information



**Member**
Member ID
Member name
Date of birth (DOB)

**Referring Physician**
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

**Necessary Information**

**Rendering Facility**
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

**Supporting Clinical**
Patient's clinical presentation.
Diagnosis Codes.
Disease-Specific Clinical Information.
Patient's intended treatment plan

**If clinical information is needed, please be able to supply:**

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis

- The notes from the patient's last visit related to the diagnosis

- Type and duration of treatment performed to date for the diagnosis

# Prior Authorization Outcomes

**Approved Requests:**

- All requests are processed within **2** business days after receipt of all clinical information.

**Delivery:**

- **Faxed** to ordering provider and rendering facility.
- **Mailed** to the member.
- Information can be printed on demand by logging. into eviCore healthcare portal.

**Denied Requests:**

- Communication of denial determination.
- Communication of the rationale for the denial.
- How to request a Clinical Consultation.

**Delivery:**

- **Faxed** to the ordering provider and rendering facility.
- **Mailed** to the member.

# Special Circumstances

## Appeals:

- eviCore healthcare will be delegated for first level member and provider appeals.
- Requests for appeals must be submitted in writing to eviCore **within 180 days** of the initial determination.
- A written notice of the appeal decision will be **mailed** to the member and **faxed** to the provider.

## Outpatient Urgent Studies:

- **Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.**
- Contact eviCore by phone or use our online portal to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed within **72 hours** of the request.
- **Verbal** outreach is made to the ordering provider.

# Web Portal Services

# Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our **Disabling Pop-Up Blockers guide**.

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!

**WEB**
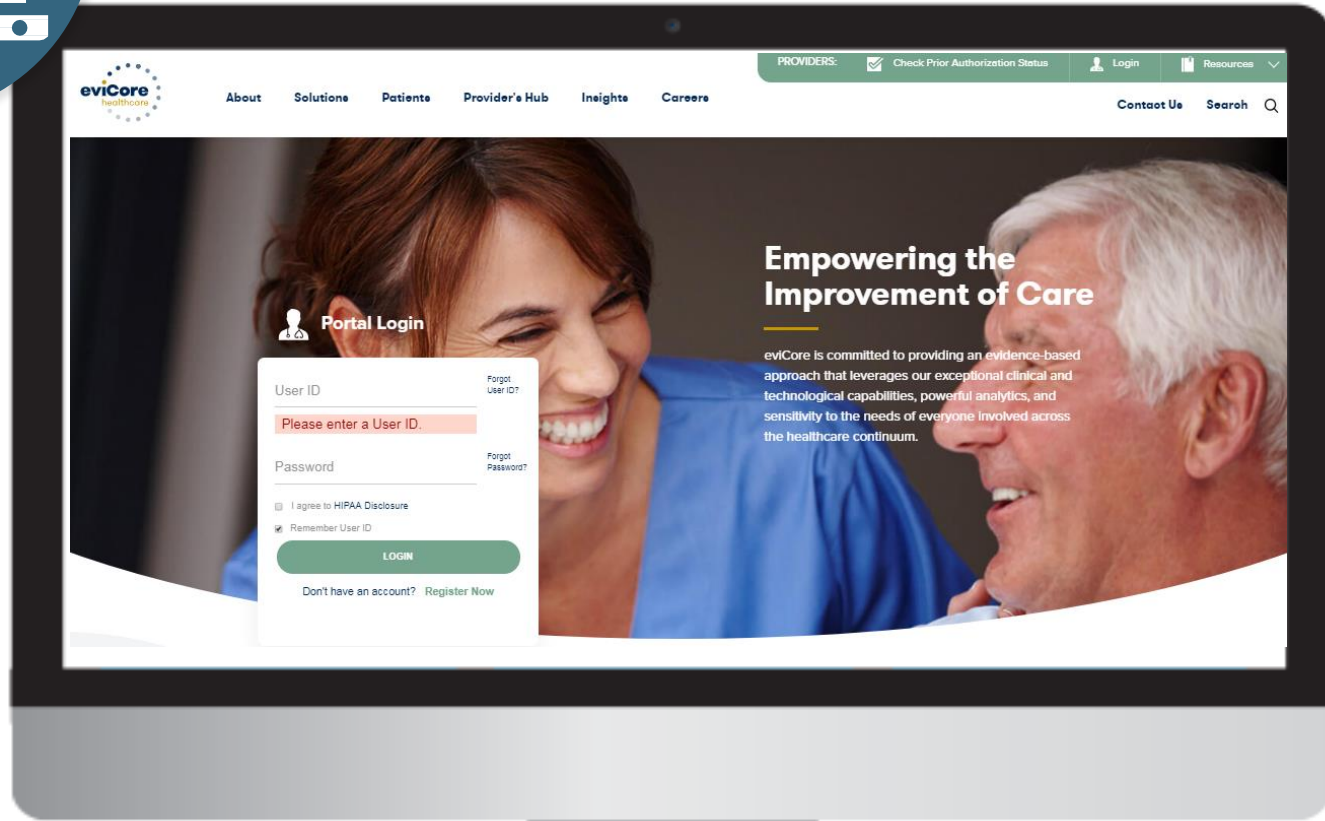
Phone Request:
**Phone #:  855-252-1118**
7:00 a.m. to 7:00p.m.
Monday - Friday

Faxed Request allowed
for Texas programs only.
**Fax #: 800-540-2406**

# eviCore healthcare website

- Point web browser to evicore.com



- Login or Register

# Creating An Account



> Select **CareCore National** or **MedSolutions** as the **Default Portal**, and complete the user registration form.

> Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type:** Facility, Physician, Billing Office, and Health Plan.

# User Registration-Continued



Accept the **Terms and Conditions**, and click **"Submit."**

# Create a Password

**Your password must be at least (8) characters long and contain the following:**

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

eviCore · healthcare

**Password Maintenance**

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

**You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.**

# Welcome Screen



- **Providers will need to be added to your account prior to case submission. Click the "Manage Account" tab to add provider information.**

- **_Note: You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals._**

# Manage Your Account



- **Select the "Manage Your Account" tab, then the Add Provider**
- **Enter the NPI, state, and zip code to search for the provider**
- **Select the matching record based upon your search criteria**
- **Once you have selected a practitioner, your registration will be complete**
- **You can also click "Add Another Practitioner" to add another provider to your account**
- **You can access the "Manage Your Account" at any time to make any necessary updates or changes**

# Adding Practitioners



Select the matching record based upon your search criteria

# Select Program



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| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | Help / Contact Us |

Monday, June 22, 2020 3:28 PM                                                                L

## Request an Authorization

To begin, please select a program below:

○ Durable Medical Equipment(DME)
○ Gastroenterology
○ Lab Management Program
○ Medical Oncology Pathways
● Musculoskeletal Management
○ Radiation Therapy Management Program (RTMP)
○ Radiology and Cardiology
○ Sleep Management
○ Specialty Drugs

**CONTINUE**

Click here for help

# Select Health Plan & Provider Contact Info

Wednesday, January 16, 2019 11:05 AM

Log Off

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK    CONTINUE

Click here for help

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. Learn More.

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required

### Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK    CONTINUE

- **Choose Oscar for the request**
- **Once the plan is chosen, select the provider address in the next drop-down box**
- **Select CONTINUE and on the next screen** Add your contact info
- **Provider name, fax and phone will pre-populate, you can edit as necessary**
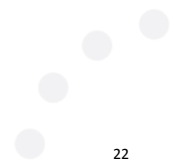
# Member/Procedure Information

Home  Certification Summary  Authorization Lookup  Eligibility Lookup  Clinical Certification  Certification Requests In Progress  MSM Practitioner Performance Summary Portal  Resources  Manage Your Account  Help / Contact Us  Med Solutions Portal

Wednesday, January 16, 2019 11:05 AM

Log Off

**Attention!**

Time: 1/16/2019 11:23 AM

Has this procedure been performed?

YES   NO

**Verify if the procedure has already been performed.**

# Member & Request Information

Wednesday, January 16, 2019 11:05 AM

Log Off

## Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*    MM/DD/YYYY

Patient Last Name Only:*    [?]

**ELIGIBILITY LOOKUP**

**BACK**

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.    **CHANGE**

**Musculoskeletal Management Procedures**

Select a Procedure by CPT Code[?] or Description[?]

SPINE    ⌄    SPINE SURGERY    ⌄

Don't see your procedure code or type of service? Click here

**Diagnosis**

Primary Diagnosis Code: **M54.16**
Description: **Radiculopathy, lumbar region**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
*Secondary diagnosis is optional for Musculoskeletal Management*

**LOOKUP**

- **Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup**

- **Next screen you can enter CPT code & diagnosis code**

24

# Verify Service Selection

Home   Certification Summary   Authorization Lookup   Eligibility Lookup   Clinical Certification   Certification Requests In Progress   MSM Practitioner Performance Summary Portal   Resources   Manage Your Account   Help / Contact Us   Med Solutions Portal

Wednesday, January 16, 2019 11:05 AM

Log Off

## Requested Service + Diagnosis

Confirm your service selection.

| | |
|---|---|
| Procedure Date: | 7/5/2020 |
| CPT Code: | SPINE |
| Description: | SPINE SURGERY |
| Primary Diagnosis Code: | M54.16 |
| Primary Diagnosis: | Radiculopathy, lumbar region |
| Secondary Diagnosis Code: | |
| Secondary Diagnosis: | |

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

**BACK**    **CONTINUE**

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting Change Procedure or Primary Diagnosis**
- **Click continue to confirm your selection**

# Site Selection

Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | Med Solutions Portal

Wednesday, January 16, 2019 11:05 AM

Log Off
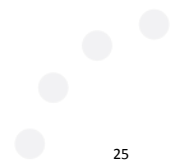
Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

## Add Site of Service

**Specific Site Search**

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: [          ]      Zip Code: [          ]          Site Name: [                    ]

TIN: [          ]      City: [                    ]          ● Exact match
                                                            ○ Starts with

**LOOKUP SITE**

**Select the specific site where the testing/treatment will be performed.**

# Clinical Certification

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

Cancel  Back  Print  Continue

Click here for help or technical support

- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**

- **You will not have the opportunity to make changes after that point.**

# •Clinical Collection Process – Pathway Questions




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Wednesday, July 01, 2020 3:29 PM

Log Off (JDMAS

## Proceed to Clinical Information

ⓘ Please enter the primary CPT code for this surgery.

ⓘ How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

1

ⓘ Which region of the spine will this procedure be performed?
○ Thoracic
○ Cervical
○ Lumbar
○ Sacral
○ This request is for E0760 and is NOT related to a spinal condition.

**SUBMIT**

☐ Finish Later

Did you know?
You can save a certification request to finish later.

**CANCEL**

# Clinical Collection Process – Pathway Questions

# Clinical Collection Process – Pathway Questions

# Attestation

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print   **SUBMIT CASE**

Click here for help or technical support

**Acknowledge the Clinical Certification statements, and hit "Submit Case."**

# Clinical Certification – Case Summary – Medical Review

## Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

| | | | |
|---|---|---|---|
| Provider Name: | | Contact: | |
| Provider Address: | | Phone Number: | |
| | | Fax Number: | |
| Patient Name: | | Patient Id: | |
| Insurance Carrier: | | | |
| Site Name: | | Site ID: | |
| Site Address: | | | |

| | | | |
|---|---|---|---|
| Primary Diagnosis Code: | | Description: | Other cervical disc displacement, unspecified cervical region |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | | |
| CPT Code: | | Description: | Spine Surgery |
| Case Number: | | | |
| Review Date: | 5/13/2020 2:36:00 PM | | |
| Expiration Date: | N/A | | |
| Status: | Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641. | | |

# Clinical Certification – Case Summary - Approval



## Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

**Your case has been Approved.**

| | | | |
|---|---|---|---|
| **Provider Name:** | DR. BHARATH MANU AKKARA VEETIL | **Contact:** | |
| **Provider Address:** | 1200 6TH AVE N | **Phone Number:** | |
| | SAINT CLOUD, MN 56303 | **Fax Number:** | |
| **Patient Name:** | | **Patient Id:** | |
| **Insurance Carrier:** | | | |
| **Site Name:** | | **Site ID:** | |
| **Site Address:** | | | |

| | | | |
|---|---|---|---|
| **Primary Diagnosis Code:** | M43.16 | **Description:** | Spondylolisthesis, lumbar region |
| **Secondary Diagnosis Code:** | | **Description:** | |
| **Date of Service:** | Not provided | | |
| **CPT Code:** | SPINE | **Description:** | Spine Surgery |
| **Authorization Number:** | | | |
| **Review Date:** | 5/13/2020 1:52:08 PM | | |
| **Expiration Date:** | 6/27/2020 | | |
| **Status:** | Your case has been Approved. | | |

CANCEL   PRINT   CONTINUE

# Building Additional Cases

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

# Authorization look up



Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Search Results and Electronic Clinical Upload Feature

# Eligibility Look Up



**eviCore** healthcare

| Home | Authorization Lookup | **Eligibility Lookup** | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us |

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

## Eligibility Lookup

**New Security Features Implemented**

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility:          **Medical necessity determination required.**
Radiology Eligibility:           **Precertification is Required**
Radiation Therapy Eligibility:  **Medical necessity determination required.**
MSM Pain Mgt Eligibility:        **Precertification is Required**
Sleep Management Eligibility:    **Medical necessity determination required.**

Print  Done  Search Again

Click here for help or technical support

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

**You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.**

# Provider Resources

# Online Resources

- You can access important tools and resources at **www.evicore.com**.

- Select the **Resources** to view **Clinical Guidelines**, **Online Forms**, and more.

# Quick Reference Tool
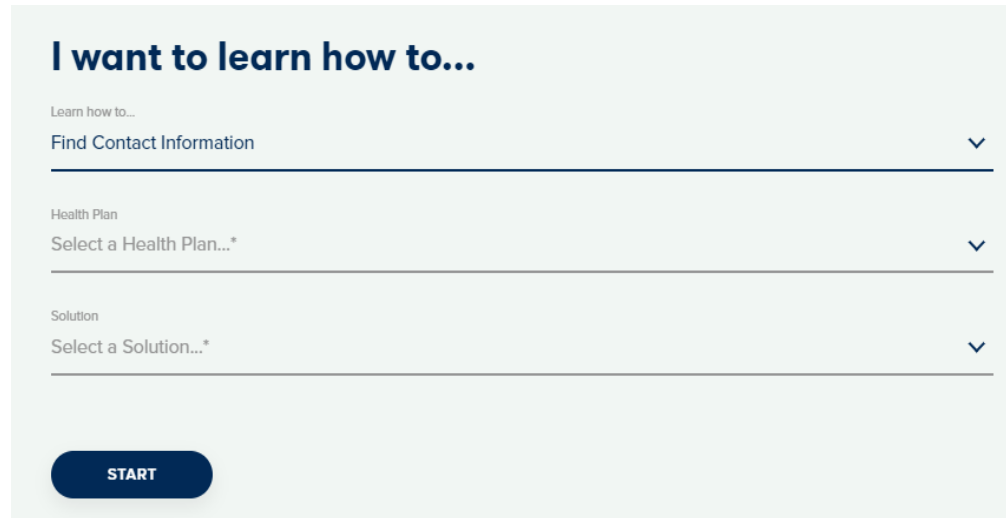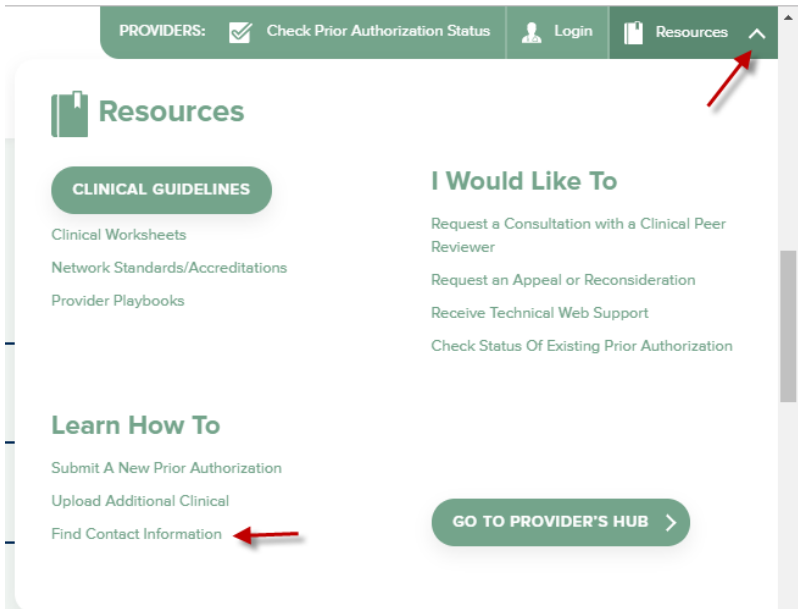


Access health plan specific contact information at **www.evicore.com** by clicking the resources tab then select **Find Contact Information,** under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# Provider Resources: Prior Authorization Call Center

**7:00 AM - 7:00 PM (Local Time): 855-252-1118**

- Obtain prior authorization or check the status of an existing case

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) on an existing case

# Provider Resources: Web-Based Services

**Pre-Certification Call Center**

**Web-Based Services**

**Client Provider Operations**

**Documents**

evicore.com

*To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.*

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

# Provider Resources: Client Provider Operations

**Pre-Certification Call Center**

**Web-Based Services**

**Client Provider Operations**

**Documents**

*To reach eviCore Client Services, call (800) 646-0418 (Option #4) or email [clientservices@evicore.com](mailto:clientservices@evicore.com)*

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

# Provider Resources: Implementation Website

**Web-Based Services**

**Client Provider Operations**

**Documents**

**Provider Enrollment Questions – Contact Oscar Provider Services at 855-672-2755**

**Oscar website:**
https://www.hioscar.com/providers

**eviCore / Oscar Provider Resources Page**
https://www.evicore.com/resources/healthplan/oscar

- **Provider Orientation Presentation**
- **CPT code lists of the procedures that require prior authorization**
- **eviCore clinical guidelines**
- **FAQ documents and announcements**

You can obtain a copy of this presentation on the Provider Resource page listed above.

# Appendix – Prior Authorization Requirements

# Spine Surgery Requirements

**Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spinal surgery.**

**Minimum documentation requirements:**

- **CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.**
- **Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.**
- **Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.**
- **Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.**

**For Spinal Fusion surgery requests:**

- **Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.**
- **Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.**
- **evidenced by blood cotinine lab results of <10ng/mL. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.**

# Spine Surgery Requirements continued

Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs?SNRBs.

Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure,      diabetes, etc.)

eviCore Musculoskeletal Guidelines for Advanced Procedures:

https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures

# Joint Surgery Requirements

**Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:**

- **Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.**
- **Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.**

**Radiographic or arthroscopic findings of either of the following:**

- **Severe unicompartmental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)**
- **Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.**
- **Intact, stable ligaments, in particular the anterior cruciate ligament**
- **Knee arc of motion (full extension to full flexion) greater than 90 degrees**

**Failure of at least 3 months of provider directed non-surgical management.**

- **For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management**
- **Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.**

**Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.**

# Joint Surgery Requirements

The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration.

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.
- Functionally limited range of motion (active or passive)
- Measurable loss in strength
- Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
- Failure of provider directed non-surgical management for at least 3 months in duration.
- Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
- Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures

# Interventional Pain Requirements

- **Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. ***Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.**

- **For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.**

- **An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.**

- **No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.**

- **6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.**

- **For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.**

- **Fluoroscopic or CT scan image guidance is required for all interventional pain injections.**

- **The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.**

# Interventional Pain Requirements continued

Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural.
Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.

An epidural steroid injection must have a least 2 of the following:

50% or greater relief of radicular pain.
Increased level of function/physical activity.
And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.

A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.

A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.

A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.