

## **Medica™ Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons**

Medica's prior authorization process for inpatient and outpatient total knee arthroplasty and total hip arthroplasty is managed by NIA. Effective July 1, 2021, prior authorization will no longer be required for **outpatient** total knee arthroplasty and total hip arthroplasty procedures (CPT 27447 and 27130 only). Starting June 25, 2021, **inpatient** total knee arthroplasty and total hip arthroplasty prior authorization requests submitted with dates of service on and after July 1, 2021, will be reviewed for place of service (also referred to as site of care) in addition to the current review for medical necessity.

The MSK program includes prior authorization for non-emergent inpatient and outpatient hip, knee, shoulder, and spine surgeries. This MSK program is consistent with industry-wide standards to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

### **Prior Authorization**

It is essential that providers develop a process for those MSK services that require prior authorization to ensure that the appropriate authorization number(s) has been obtained.

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 professional and facility) for procedures performed without a prior authorization, which will include the MSK surgery hospital admission with the ordering physician/surgeon (1 authorization needed), and the member cannot be balance-billed for such procedures.

### **Procedures Requiring Prior Authorization**

#### **Outpatient and Inpatient Spine Surgery Services (not changing):**

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy and Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single and 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)

#### **Outpatient and Inpatient Hip Surgery Services (place of service update): \*\***

- Revision/Conversion Hip Arthroplasty
- **Inpatient Only** - Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher and labral repair)

- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)

**Outpatient and Inpatient Knee Surgery Services (place of service update): \*\***

- Revision Knee Arthroplasty
- **Inpatient Only** - 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)

\*\* The 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 (not changing): \*\***

- 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)

NIA will manage non-emergent inpatient and most outpatient hip, knee, shoulder, and spine surgeries through a contractual relationship with Medica. If an urgent/emergent clinical situation exists outside of a hospital emergency room, contact NIA immediately with the appropriate clinical information for an expedited review. Medica providers should call NIA’s Call Center at 866-307- 9729 to obtain prior authorization approval.

Refer to NIA’s website at [www.RadMD.com](http://www.RadMD.com) for the Medica NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix listing the CPT-4 codes that NIA authorizes on behalf of Medica.

**Prior Authorization Information**

Adhere to guidelines in this section to ensure that authorization numbers have been obtained.

**Outpatient and Inpatient Musculoskeletal Surgeries:**

- Effective July 1, 2021, prior authorization will no longer be required for **outpatient** total knee arthroplasty and total hip arthroplasty procedures (CPT 27447 and 27130 only). Starting June 25, 2021, **inpatient** total knee arthroplasty and total hip arthroplasty prior authorization requests submitted with dates of service on and after July 1, 2021, will be reviewed for place of service (also referred to as site of care) in addition to the current review for medical necessity.
- Except for CPT 27447 and 27130, all other non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgery services do require approved prior authorization through NIA.

- Emergency MSK surgery (admitted via the Emergency Room) does not require prior authorization through NIA. If admitted, inpatient admission notice to the Health Plan applies.
- The RadMD website at [www.RadMD.com](http://www.RadMD.com) and NIA Call Center at 866-307-9729 will be available beginning June 25, 2021, for the new place of service review.
- NIA's medical necessity review and determination is for the authorization of the surgeon's professional services, place of service and type of surgery being performed. NIA will provide Medica with the surgery type requested and authorization determination.
- Authorizations are valid for 90 days from the date of service for outpatient surgeries that require prior authorizations and 14 days from the date of service for inpatient surgeries.

### **Intraoperative Findings**

If additional services, beyond those authorized, are rendered due to a finding during the surgery or a change in condition following the surgery, the surgeon is required to contact NIA's Call Center at 866-232-3955 within 7 business days of the date of the surgery. At that time, clinical information to support the medical necessity of the additional services will be required.

### **Submitting Authorizations**

Authorization requests must be submitted directly through the secure NIA portal accessible from the NIA website at [www.RadMD.com](http://www.RadMD.com) using your Account ID and password to login. New users can submit an online application from the RADMD home page [www.RadMD.com](http://www.RadMD.com) to establish an account.

### **Checking Authorizations**

To check authorization status, after logging in to the NIA portal, select the **My Exam Requests** tab to **view all** outstanding authorizations.

### **Submitting Claims**

Claims for MSK procedures must be submitted directly to Medica. While Medica will accept paper claims, providers are encouraged to submit claims electronically to expedite processing and reduce claim rejections.

Medica's payor ID number is 39113.

For providers without online access, paper claims may be sent to the following address:

Medica  
PO Box 56099  
Madison, WI 53705

#### **Quick Contacts**

- Website: [www.RadMD.com](http://www.RadMD.com)
- Toll Free Phone Numbers:  
866-307-9729