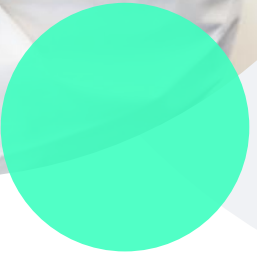


# Musculoskeletal Management

Provider Orientation Session  
for Cigna Medicare Advantage



# +Agenda

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- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources

# +Agenda

---



## **Solutions Overview**

MSK-Interventional Pain & Joint Surgery

## **Submitting Requests**

## **Prior Authorization Outcomes, Special Considerations & Post-Decision Options**

## **eviCore Provider Portal**

Overview, Features & Benefits

## **Provider Resources**

## **Questions & Next Steps**

## **Appendix**

- Portal Case Submission
- Peer-to-peer Scheduling Tool

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# Solution Overview

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# +Cigna Medicare Advantage Prior Authorization Services

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+eviCore healthcare (eviCore) accepts prior authorization requests for musculoskeletal services for Cigna Healthcare Medicare Advantage members.

**Note:** Beginning **May 1, 2024**, prior authorization requests should be entered through the CareCore National portal at [eviCore.com](https://eviCore.com).

Prior authorization applies to the following services:

- Outpatient
- Inpatient
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- **Emergency Rooms**
- **Observation Services**

# +Applicable Memberships

---

**Prior authorization is required** for the following membership:

- All Medicare Advantage Markets EXCEPT:
  - Certain IPA networks

Providers should verify member eligibility and benefits on Cigna's provider portal at: [HSConnectOnline.com](https://hsconnectonline.com) or by contacting Cigna's **Provider Customer Service team** Monday-Friday, 8 a.m. - 5 p.m. CST at **1-800-230-6138**.



**Arizona providers** may either call Provider Services at 1.800.627.7534, access ClaimStat (<https://claimstatmcis.com/login?ReturnUrl=%2f>) or HSConnect (<https://www.hsconnectonline.com/login.aspx>), the Cigna Medicare Advantage portal to verify member eligibility and benefits.

## Prior Authorization Required:

### Joint Surgery (Hip, Knee, Shoulder):

- Large joint replacement
- Arthroscopic and open procedures
- Interventional Pain Management
- Inpatient Level of Care

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

<https://www.evicore.com/resources/healthplan/cigna-medicare>

# +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 unicompartamental (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 at 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.

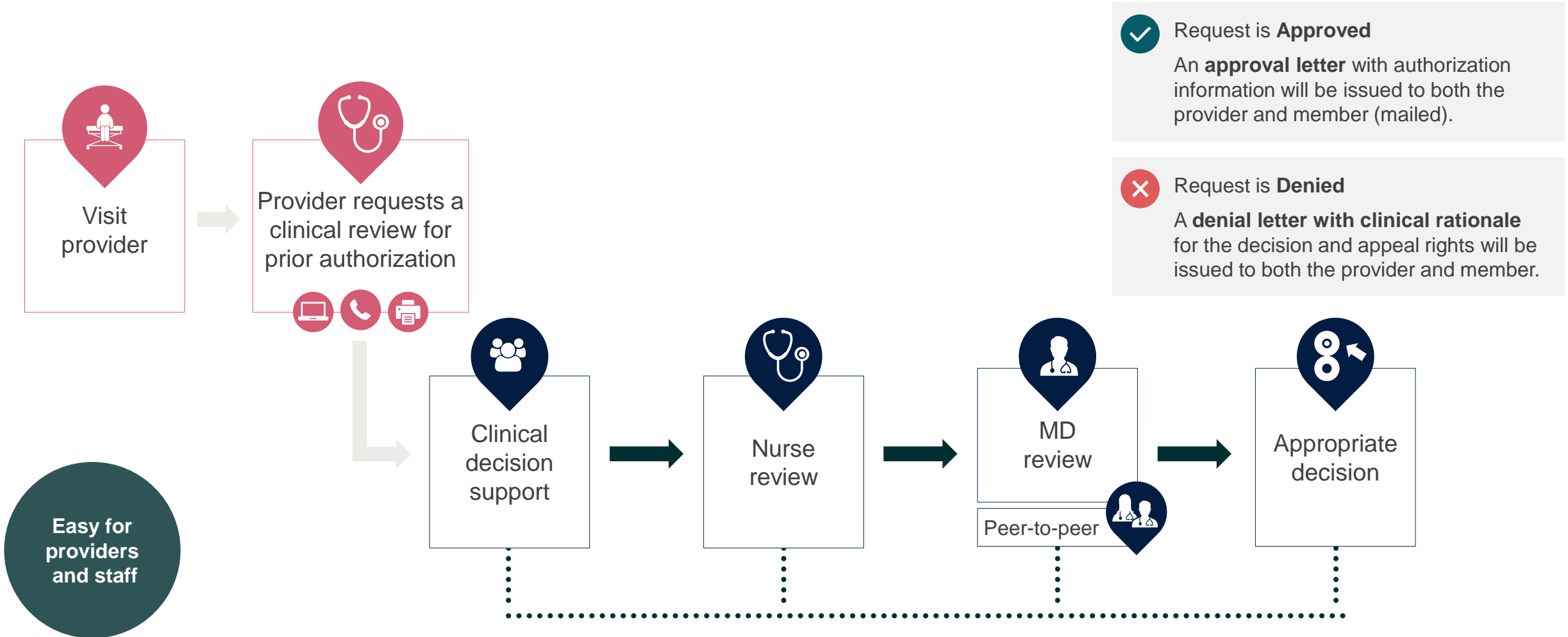
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# Submitting Requests

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# Utilization Management | Prior Authorization



Easy for providers and staff

# How to Request Prior Authorization

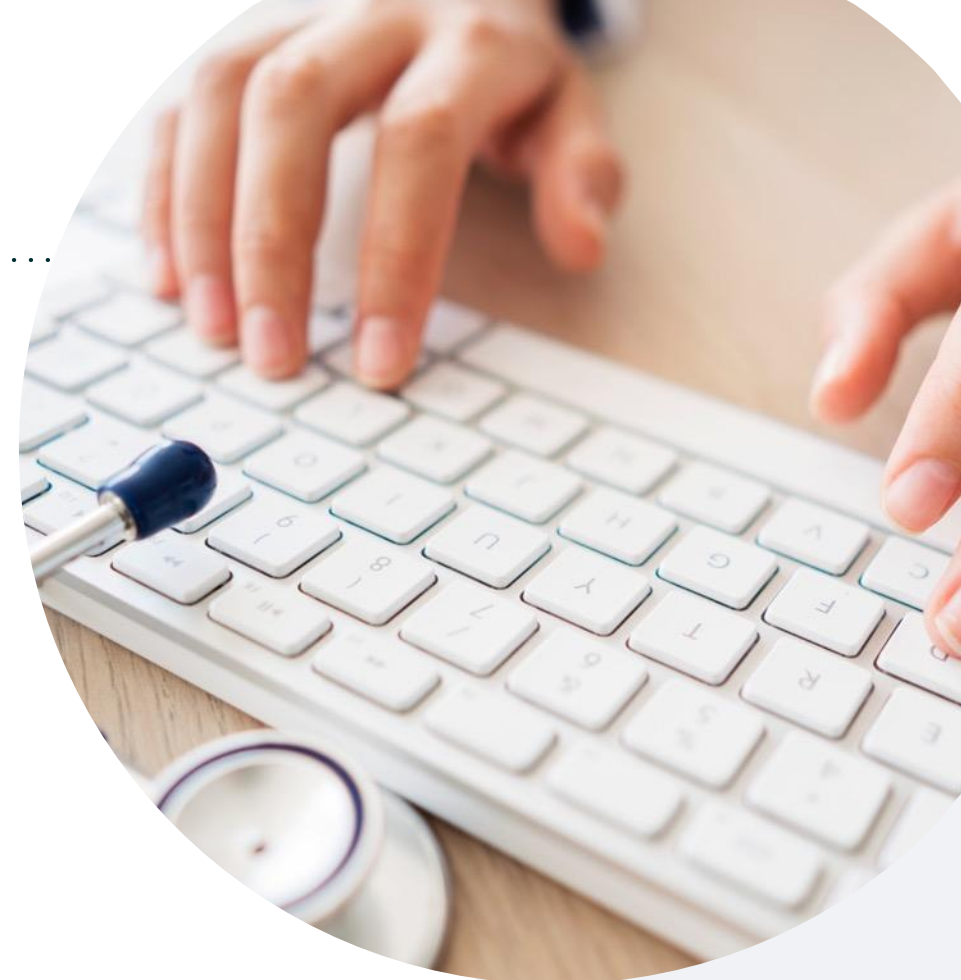
The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the eviCore Provider Portal, visit [evicore.com/provider](https://evicore.com/provider)

Or by **phone: 888-686-4452**  
Monday – Friday  
7 AM – 8 PM (local time)

Or by **fax: 800-540-2406**



# +Necessary Information for Prior Authorization

---

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

## Member

- Health Plan ID
- Member name
- Date of birth (DOB)



## Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number



## Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



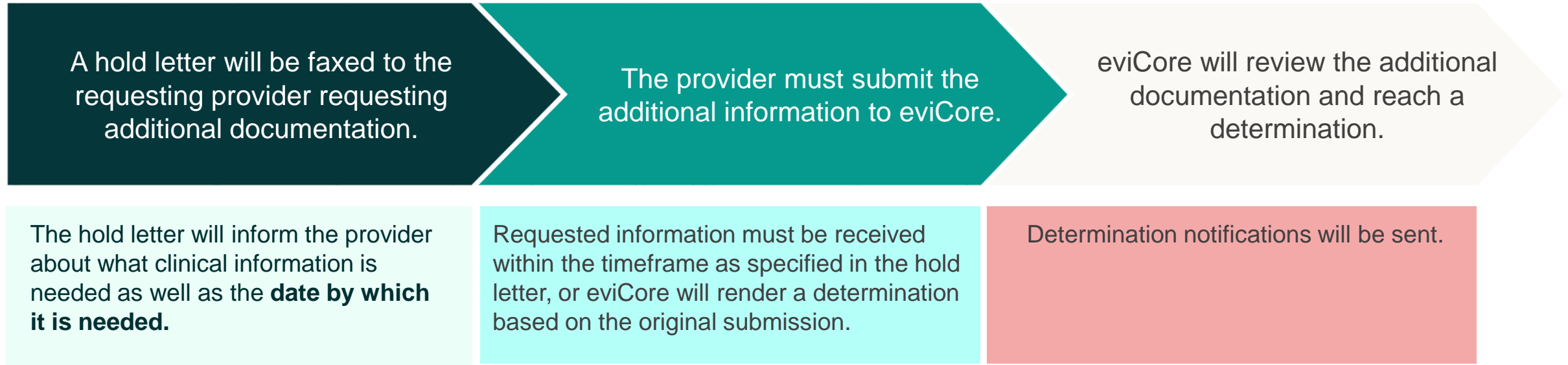
## Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

# Insufficient Clinical | Additional Documentation Needed

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If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:





# Pre-Decision Options | Medicare Members

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## I've received a request for additional clinical information. What's next?

Before a denial decision is issued on Medicare cases, eviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to eviCore in advance of the due date referenced.

### There are three ways to supply the requested information:

1. **Fax** to 800-540-2406
2. **Upload** directly into the case via the provider portal at [eviCore.com](https://www.eviCore.com)
3. **Request a Pre-Decision Clinical Consultation**  
This consultation can be requested via the eviCore website ([see slide 49 for instructions](#)), and must occur prior to the due date referenced

**Important to note:** If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [eviCore.com](https://www.eviCore.com).



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# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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# Prior Authorization Determination Outcomes

## Determination Outcomes

- **Approved Requests:** Authorizations are valid for 90 days from the date of the determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

## Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [eviCore portal](#).



# Special Circumstances

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## Retrospective Authorization Requests

- Must be submitted within 2 business day from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Processed within 14 calendar days
- When authorized, the start date will be the submitted date of service

## Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



# Pre-Decision Options

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## I've received a request for additional clinical information. What's next?

### Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

### Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

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# Reconsideration Options

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# Post-Decision Options Medicare Members

## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

### Reconsideration

- *Medicare cases do not include a reconsideration option*

### +Appeals

+eviCore is not delegated to handle appeals for this program.

Please see the Denial Notice sent by eviCore.

- **Standard appeals should be sent to:**

Cigna-Medicare Advantage

PO Box 188081

Chattanooga, TN 37422

Fax: (855) 350-8671

**EVERNORTH**  
HEALTH SERVICES

**P** Public Information



- **Urgent Appeal Requests**

PO Box 188082

Chattanooga, TN 37422

Fax: (855) 350-8672

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# Provider Resources

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# Contact eviCore's Dedicated Teams

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## Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: [clientservices@evicore.com](mailto:clientservices@evicore.com)
- Phone: (800) 646-0418 (option 4).

## Provider Engagement

Regional team that works directly with the provider community.

[Provider's Hub](#) | [eviCore healthcare](#) | [Provider Engagement](#)

## Web-Based Services and Portal Support

- Live chat
- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Phone: 800-646-0418 (option 2)

## Call Center

Call **888-686-4452**, representatives are available from 7 a.m. to 8 p.m. local time.



# +Provider Resource Website

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eviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

## This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit [Provider Resource Link](#)

Contact our Client and Provider Services team via email at [ClientServices@evicore.com](mailto:ClientServices@evicore.com) or by phone at **1-800-646-0418 (option 4)**

# eviCore's Provider Newsletter

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Stay up-to-date with our free provider newsletter

+To subscribe:

- Visit [eviCore.com](https://eviCore.com)
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



# Provider Resource Review Forum

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The **eviCore** website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate [eviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

## Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

## Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming



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# Thank You

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# Appendix

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# eviCore Provider Portal

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# +eviCore Provider Portal | Features

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## +Eligibility Lookup

- Confirm if patient requires clinical review

## +Clinical Certification

- Request a clinical review for prior authorization on the portal

## +Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

## +Certification Summary

- Track recently submitted cases





# +eviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

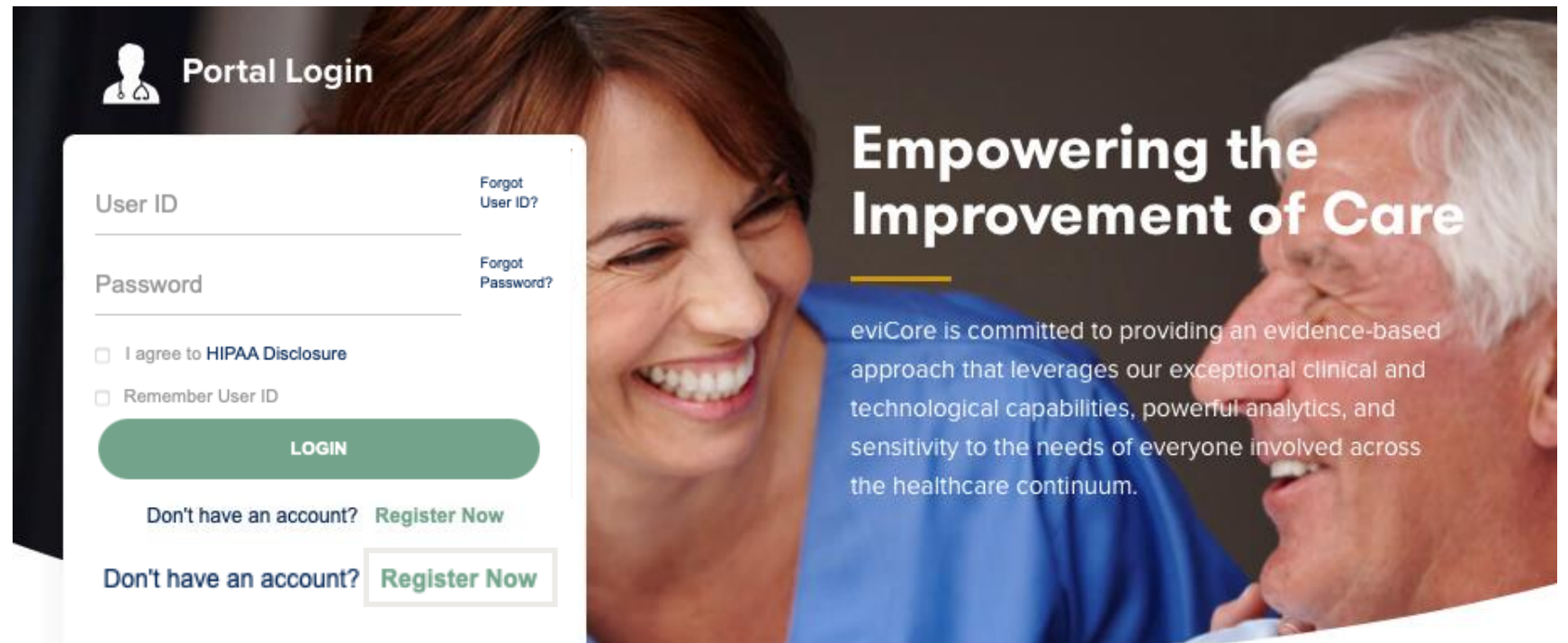
To access resources on the eviCore Provider Portal, visit [evicore.com/provider](https://evicore.com/provider)

Already a user?

Log in with User ID & Password

Don't have an account?

Click [Register Now](#)



eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

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# Creating an eviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

**eviCore** healthcare  
innovative solutions

\* Required Field

### Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*: --Select--

### User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*	<input type="text"/>	Address*	<input type="text"/> <input type="text"/>	Phone*	<input type="text"/>
Email*	<input type="text"/>	City*	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*	<input type="text"/>	State*	Selec ↓	Zip*	<input type="text"/>
First Name*	<input type="text"/>	Office Name:	<input type="text"/>		
Last Name*	<input type="text"/>				

Next

Web Support 800-646-0418

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# Setting Up Multi-Factor Authentication (MFA)

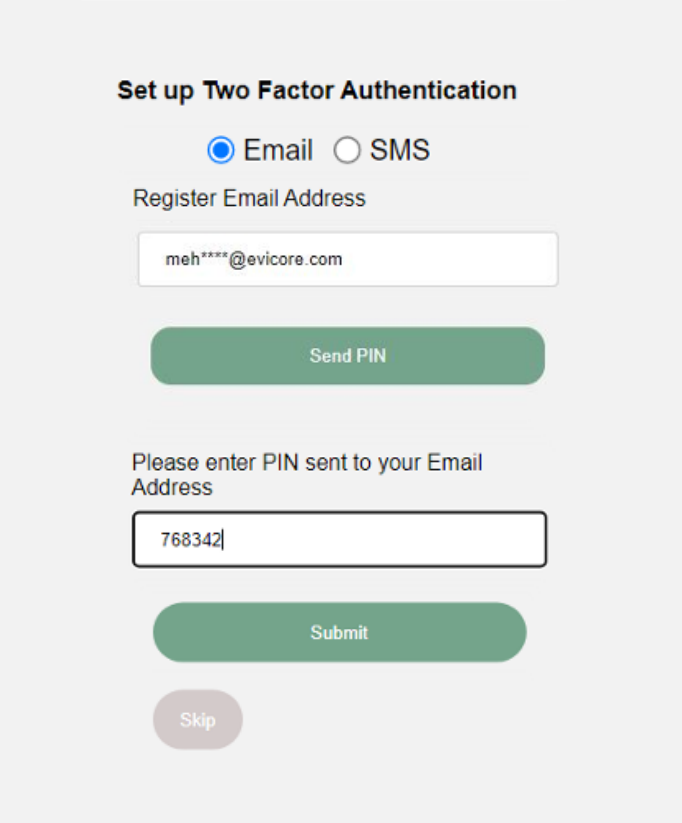
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.  
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



The screenshot displays a web interface for setting up two-factor authentication. At the top, it says "Set up Two Factor Authentication". Below this, there are two radio button options: "Email" (which is selected) and "SMS". Underneath, there is a label "Register Email Address" followed by a text input field containing the email address "meh\*\*\*\*@evicore.com". A green button labeled "Send PIN" is positioned below the input field. Further down, there is a label "Please enter PIN sent to your Email Address" followed by another text input field containing the PIN "768342". A green button labeled "Submit" is located below this field, and a grey button labeled "Skip" is at the bottom.



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# Portal Case Submission

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# +Clinical Certification Request | Initiating a Case

---

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification
- Select **Requesting Provider Information**

# +Clinical Certification Request | Search for and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

	Provider
<input type="button" value="SELECT"/>	12312312 - Provider Name

Search for and select the **Practitioner/Group** for whom you want to build a case

[Click here for help](#)

# +Clinical Certification Request | Select Health Plan

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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## Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**



# +Clinical Certification Request | Enter Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

[BACK](#) [CONTINUE](#)

[Click here for help](#)

- Enter the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

**NEW!** Check this box to enable e-notification updates for any case status changes

# +Clinical Certification Request | Enter Member Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	000000000		WATKINS, JONATHAN	6/28/1982	M	100 WATKINS RD SEBRINGVILLE, FL 33840

BACK

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

# +Clinical Certification Request

## Enter Requested Procedure and Diagnosis

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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### Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

#### Musculoskeletal Management Procedures

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

JOINT

Don't see your procedure code or type of service? [Click here](#)

#### Diagnosis

Primary Diagnosis Code: **M19.012**

Description: **Primary osteoarthritis, left shoulder**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

Select appropriate **CPT** and **Diagnosis codes**

**Note:** *If a spine surgery, enter SPINE, if Joint surgery, enter JOINT. If a pain injection, enter the CPT code.*

# +Clinical Certification Request | Verify Service Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/5/2020  
**CPT Code:** JOINT  
**Description:** JOINT SURGERY  
**Primary Diagnosis Code:** M19.012  
**Primary Diagnosis:** Primary osteoarthritis, left shoulder  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

**BACK** **CONTINUE**

[Click here for help](#)

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

# +Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## 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

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- **Select** the specific site where the procedure will be performed

# +Clinical Certification Request | Clinical Certification

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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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Proceed to Clinical Information

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 eviCore.**

BACK

CONTINUE

- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

# +Clinical Certification Request | Standard or Urgent Request?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Proceed to Clinical Information

### Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.  
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

### Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.  
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen

UPLOAD

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

# +Clinical Certification Request

## Proceed to Clinical Information

### Example Questions

#### Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

Left  Right

SUBMIT

#### Proceed to Clinical Information

##### Total Shoulder Replacement

Has the patient had 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 three (3) months in duration?

Yes  No  Unknown

Has your patient failed a course of at least three (3) months of provider-directed non-surgical management?

Yes  No  Unknown

Is X-Ray or advanced diagnostic imaging (MRI or CT) conclusive for degenerative joint disease with marked joint space narrowing?

Yes  No  Unknown

Please indicate if X-ray or advanced imaging findings include any of the following (choose all that apply)

Irregular joint surfaces  Cystic changes in the humeral head  
 Glenoid sclerosis  Charcot shoulder arthropathy  
 Glenoid osteophyte changes  None of the above  
 Flattened glenoid

Does your patient have any of the following contraindications (choose all that apply)

Paralytic disorder of the shoulder  One or more unstable conditions that would increase the risk of morbidity  
 Active joint or systemic infection  None of the above

#### Proceed to Clinical Information

Please indicate the type of procedure to be performed:

Standard Total Shoulder Replacement  
 Reverse Total Shoulder Replacement  
 Total Shoulder Resurfacing

SUBMIT

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and finish it later if needed  
(**Note:** You will have 2 business days to complete the case)
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)



# +Clinical Certification Request | Request for Clinical Upload

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

## Proceed to Clinical Information

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

If **additional information** is required, you will have the option to upload more clinical information for review.

### Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

# +Clinical Certification Request | Criteria Met

## 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 ANKARA VEETHI	Contact:	
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56301	Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:	WELLS		
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M43.16	Description:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Spine Surgery
CPT Code:	SPINE		
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

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.

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# +Clinical Certification Request | Criteria Not Met

**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:	DR. BRADLEY WALTER WALTER MD	Contact:	DR.
Provider Address:	1000 W. 10th St Spartanburg, SC 29303	Phone Number:	803-535-1000
		Fax Number:	803-535-1000
Patient Name:	BRADLEY WALTER	Patient Id:	1000000000
Insurance Carrier:	WELLS FARGO		
Site Name:	WELLS FARGO BANK	Site ID:	1000000000
Site Address:	875 LANTANA BLVD CORONA, N. CAROLINA		
Primary Diagnosis Code:	M50	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:		Description:	
Date of Service:	5/13/2020	Description:	Spine Surgery
CPT Code:	63000		
Case Number:	1000000000		
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.		

If your request *does not* meet with approved criteria, you will be notified that the case has been sent to **Medical Review**. The attached document can be printed.

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# Peer-to-Peer (P2P) Scheduling Tool

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# Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	



ALL POST DECISION OPTIONS



- Log-in to your account at [eviCore.com](https://www.eviCore.com)
- Perform **Clinical Review Lookup** to determine the status of your request
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- Note carefully any messaging that displays\*

\*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

# +Provider Resources | Schedule a P2P Request (con't.)

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# +Provider Resources | Schedule a P2P Request (con't.)

### Case Info

1st Case

Case #  
Episode ID  
Member Name  
Member DOB  
Member State  
Health Plan  
Member ID  
Case Type MSK Spine Surgery  
Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**  
US/Eastern

[Continue >](#)

- You will be prompted with a list of eviCore Physicians / Reviewers and appointment options
- Select any of the listed appointment times to continue
- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that option and then click **Continue**

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

**1st Priority by Skill**

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

**1st Priority by Skill**

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT	-	-	-

# +Provider Resources | Schedule a P2P Request (con't.)

**P2P Info**

Date 📅 Mon 5/18/20  
Time 🕒 6:30 pm EDT  
Reviewing Provider 👤

**Case Info**

1st Case

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

**P2P Contact Details**

Name of Provider Requesting P2P  
Dr. Jane Doe

Contact Person Name  
Office Manager John Doe

Contact Person Location  
Provider Office

Phone Number for P2P  
(555) 555-5555

Alternate Phone  
(xxx) xxx-xxxx

Requesting Provider Email  
droffice@internet.com

Contact Instructions  
Select option 4, ask for Dr. Doe

**Submit**

**Scheduling**

Scheduled

📅 Mon 5/18/20 - 6:30 pm EDT

**SCHEDULED**

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

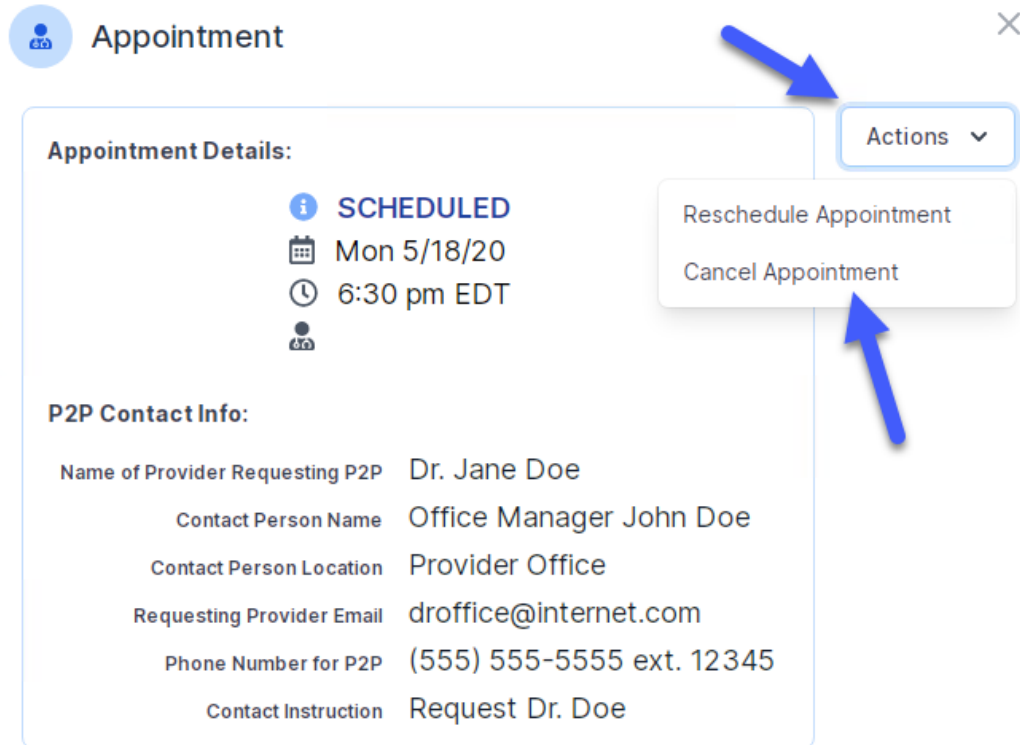
Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details



# +Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing appointments. At the top left, there is a blue circular icon with a person and the word "Appointment" next to it. Below this is a section titled "Appointment Details:" which includes a status "SCHEDULED" with an information icon, a date "Mon 5/18/20", and a time "6:30 pm EDT". Below the details is a section titled "P2P Contact Info:" with several fields: "Name of Provider Requesting P2P" (Dr. Jane Doe), "Contact Person Name" (Office Manager John Doe), "Contact Person Location" (Provider Office), "Requesting Provider Email" (droffice@internet.com), "Phone Number for P2P" ((555) 555-5555 ext. 12345), and "Contact Instruction" (Request Dr. Doe). On the right side of the appointment details, there is a blue button labeled "Actions" with a downward arrow. A dropdown menu is open below this button, showing two options: "Reschedule Appointment" and "Cancel Appointment". Two blue arrows point to the "Actions" button and the "Cancel Appointment" option.

## To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
  - **If choosing to reschedule**, select a new date or time as you did initially
  - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished

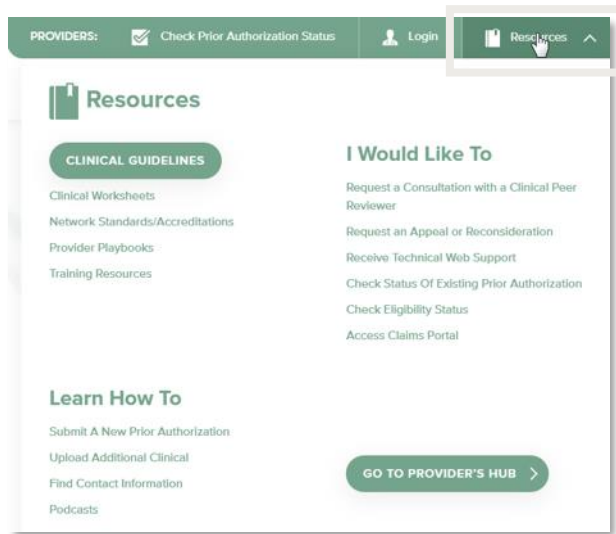
# +Provider Resources | Contacts and Helpful Links

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<b>Web-Based Services</b>	<a href="mailto:portal.support@evicore.com">portal.support@evicore.com</a>	800-646-0418, option 2
<b>Client Provider Operations</b>	<a href="mailto:clientservices@evicore.com">clientservices@evicore.com</a>	
<b>Worksheets</b>	<a href="https://evicore.com/provider/online-forms">evicore.com/provider/online-forms</a>	
<b>Clinical Guidelines</b>	<a href="https://evicore.com/provider/clinical-guidelines">evicore.com/provider/clinical-guidelines</a>	
<b>Request a Clinical Consultation</b>	<a href="https://evicore.com">evicore.com</a>	

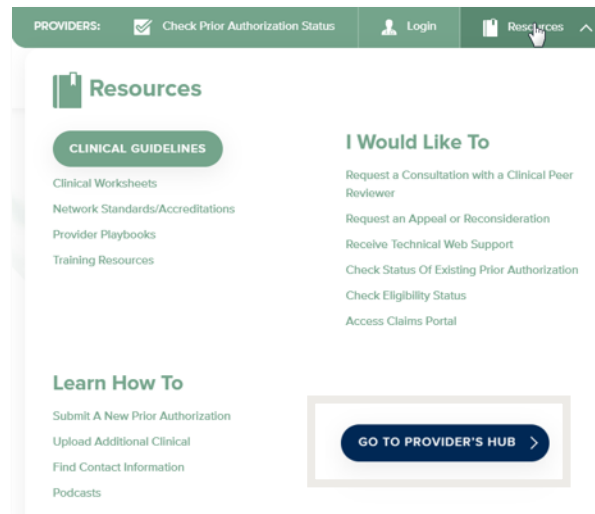
# +Provider Resources | eviCore Provider's Hub

Providers and staff can access important tools and resources at [evicore.com](https://www.evicore.com)



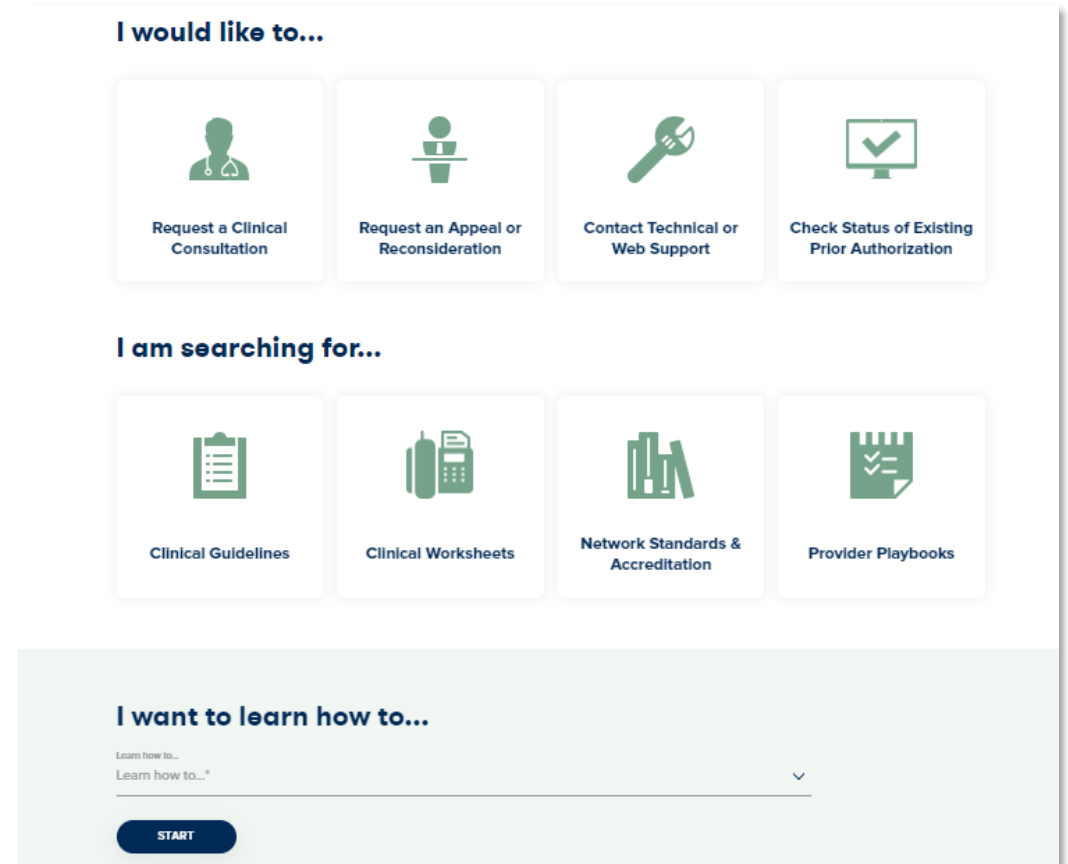
## Step 1

Open the **Resources** menu in the top right of the browser



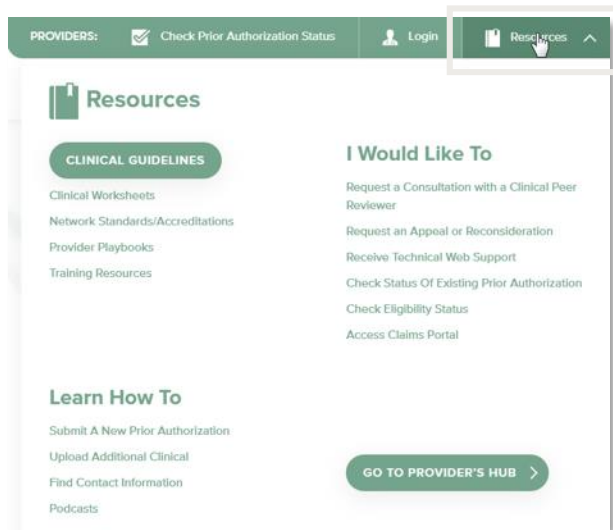
## Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



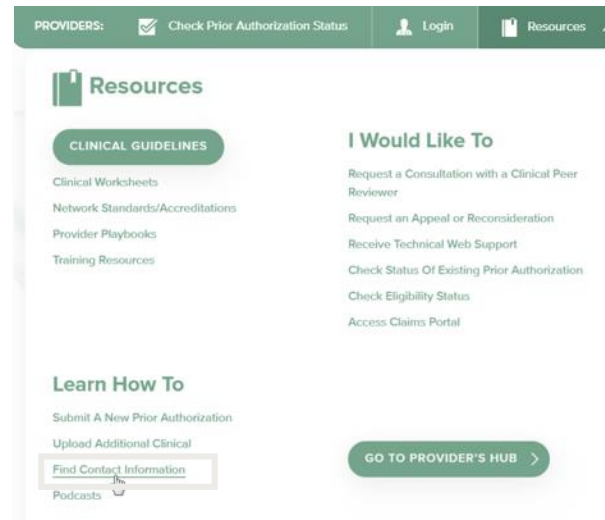
# +Provider Resources | Quick Reference Tool

## Where can I locate plan-specific contact information?



### Step 1

Open the **Resources** menu in the top right of the browser



### Step 2

Select **Find Contact Information**

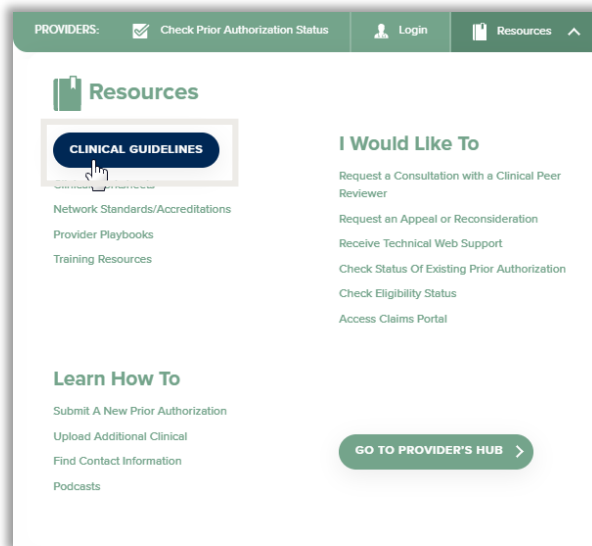


### Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

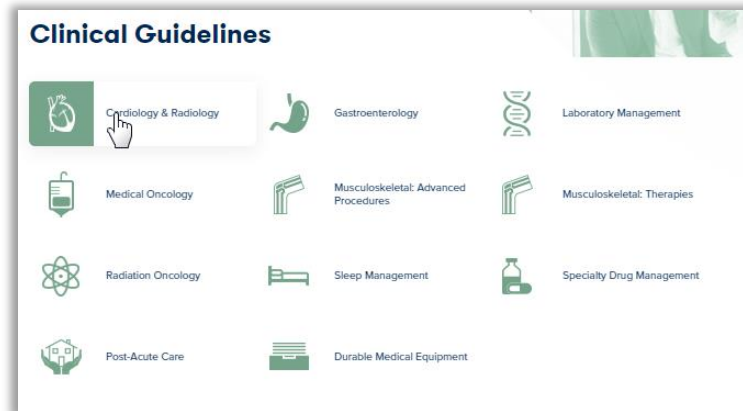
# +Provider Resources | Clinical Guidelines

## How do I access eviCore's clinical guidelines?



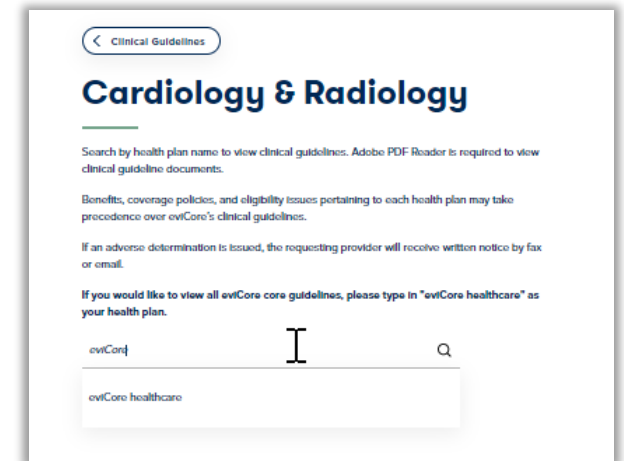
### Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



### Step 2

Select the solution/program associated with the requested guidelines



### Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in “eviCore healthcare” as your health plan