Therapy corePath®

Prior Authorization of Massage Therapy
Our Clinical Approach
Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- Acupuncture
- 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
- Occupational Therapy
- 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

Competency-Based Routing

- Allows clinically complex cases to automatically route to a specific queue, based on clinical specialty for review
- Ensures greater accuracy of decision-making across the many clinical disciplines

>300 Medical Directors
Covering 51 different specialties
800 Nurses with diverse specialties / experience

- Radiology
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- Sleep Medicine
- Speech Therapy
- Sports Medicine
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
- Urology
Evidence-Based Guidelines

The foundation of our solutions:

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- The Society of Maternal-Fetal Medicine
- American Physical Therapy Association
- American Occupational Therapy Association
- American Massage Therapy Association
- American Speech Language and Hearing Association
What is corePath
Focused on the patient: Authorization strategy emphasizes the unique attributes of a patient’s condition and any associated complexities.

Streamlined for providers: Providers will experience a simplified and consistent prior authorization process that requires only key clinical information.

Condition-specific approvals: Visits allocated in accordance with condition severity / complexity, functional loss, and confirmation that care is progressing as planned.
Therapy corePath: How it Works

1. Initial Visit Allocation
   - Based on each patient’s needs

2. Authorization of Additional Visits
   - Based on each patient’s confirmed progress

Getting to the Right Yes vs the Wrong No

- Collects only key clinical information
- Uses validated measurement tools
- Considers complexities

- Focuses on progress
- Captures reasons for lack of progress
- Confirms effectiveness of treatment

Ongoing care requires more detailed review to identify the individual patient’s need
Sample corePath Pathway
corePath is Embedded in the Clinical Review Process

Methods of Intake

START

Easy for providers and staff

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Appropriate Decision

Clinical Intake

Licensed Provider Review

Peer-to-peer
Initial Requests

1. Please indicate the average level of pain experienced in the last week. (No pain = 0, worst imaginable pain = 10. If NOT TESTED, please select Unknown)

FUNCTIONAL SCORING

List and score up to five activities that the patient reports he/she is unable to perform or has the most difficulty performing due to the chief complaint in the last week.

PATIENT SPECIFIC FUNCTIONAL SCALE: 0 is no difficulty and 10 is completely unable to perform (most difficult).

Functional Activity #1:  
Lifting  
Level of difficulty for activity #1:  

2. Is a physician-prescribed pain medication currently used?

How many recurrences of this condition in the past year?

Submit

High Potential for Immediate Approval When Pathway is Completed!

Initial clinical questions:

- Pain
- Enter the Patient Specific Functional Score for up to 5 activities
- Complexity:
  - Prescription medication
  - Chronicity, recurrences
Sample Massage Therapy corePath™ Pathway

Follow-up request

Follow-up clinical questions:

- Pain
- Current and previous functional scores
- Complexity question –
- Progress

High potential for immediate approval when pathway is completed.
Sample Massage Therapy corePathSM Pathway

Follow-up request – Lack of progress identified

You indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

- [ ] Patient "overdid" activities or exercise resulting in temporary increase in symptoms
- [ ] New injury resulting in significant change
- [ ] Symptoms progressed despite treatment
- [ ] Patient did not participate in clinical visits or home program

Please indicate the nature of the new injury OR overuse incident.

N/A

Lack of progress:

- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details
### Musculoskeletal Program: Massage Therapy Clinical Worksheet

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

**URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE**

**PATIENT**

- **First Name:**
- **Last Name:**
- **Member ID:**
- **DOB (mm/dd/yyyy):**
- **Gender:**  
- Male  
- Female
- **Street Address:**
- **City:**
- **State:**
- **Zip:**
- **Home Phone:**
- **Cell Phone:**
- **Primary:**  
- Home  
- Cell
- **Member Health Plan/Insurer:**

**PROVIDER**

- **First Name:**
- **Last Name:**
- **Primary Specialty:**
- **TIN:**
- **NPI:**
- **Provider Phone:**
- **Provider Fax:**
- **Address:**
- **City:**
- **State:**
- **Suite #:**
- **Zip:**
- **Office Contact:**
- **Ext:**
- **Email:**

**Diagnoses:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
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</thead>
</table>

**Start Date for this Request:**

**This is a (please select the most appropriate response):**

- [ ] New condition not previously treated
- [ ] Same/previous condition

**Date of current findings:**

**ADMINISTRATIVE**

Please identify the request type:

- [ ] Initial
- [ ] Follow Up

Please indicate the average level of pain experienced in the last week (No pain=0, worst imaginable pain=10):

If NOT tested, select Unknown.

- [ ] Unknown

List and score up to five activities that the patient reports he/she is unable to perform or has the most difficulty performing due to the chief complaint in the last week.

Please use a scale from 0-10 when reporting level of difficulty, with 0=unable to perform and 10=able to perform at prior level.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Level of Difficulty</th>
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<tbody>
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<td></td>
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</tbody>
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Link to Clinical Worksheets: Massage Therapy corePath Clinical Worksheet

Start at evicore.com, click on Resources

From the Resources dropdown, select Clinical Worksheets

Select Musculoskeletal: Therapies

Enter Health Plan name in the search field

All PT and OT corePath Forms will be listed under the Physical and Occupational Therapy Header

Musculoskeletal: Therapies

Massage Therapy
Information required to support the authorization request

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
Massage Therapy corePath® Summary

- Elimination of pre-set waivers
- Increased provider satisfaction
- Reduced administrative burden for providers
- Increased opportunity for real-time decisions
- Expanded, member-focused decisions
- Decreased case review turn-around-times
- Patients able to receive the right amount of care in a timely manner
Medical Necessity
Medical Necessity

To be considered reasonable and necessary the following conditions must each be met:

- There must be high quality research supporting massage therapy as a specific and effective treatment for the patient’s condition.

- There must be an expectation that the patient’s condition will improve progressively and significantly in a reasonable (and generally predictable) period of time.

- The amount, frequency, and duration of the services must be reasonable under accepted standards of practice.

- For these purposes, “accepted standards of medical practice” means standards that are based on credible scientific evidence published in the peer-reviewed literature generally recognized by the relevant healthcare community, evidence-based guidelines or recommendation, or expert clinical consensus in the relevant clinical areas.
Clinical Guidelines:

Start at evicore.com, click on Resources

From the Resources dropdown, select Clinical Guidelines

Select Musculoskeletal: Therapies

Enter Health Plan name in the search field

Scroll down to find the current clinical guidelines for your specialty
Utilization Management

Clinical Case Managers review for:

- **Condition treated** – Evidence base supports medical necessity
- **Appropriate medical co-management** – The right care at the right time. Depending on the condition, this might be concurrent treatment (medication, therapy, etc), evidence of a current evaluation/diagnosis, or not required
- **Need for skilled service** – Level of complexity that requires the skills of a licensed practitioner
- **The frequency of care needed** – Appropriate to the type, severity and complexity of condition
- **The progress (or lack of progress) of the patient** – Response to care, patient compliance, natural course of the condition
Utilization Management

Measuring Progress with Standardized Assessments

- Medically necessary care results in **measurable progress toward recovery**. Your documented assessments should be **quantifiable** to be able to show progress in the symptoms treated.

- The required assessments are commonly used, standard assessments with set reference values that are easily administered by massage therapists.

Massage therapy standardized assessments:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Assessment</th>
</tr>
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<tbody>
<tr>
<td>Pain</td>
<td>0-10 scale</td>
</tr>
<tr>
<td>Functional deficit</td>
<td>Patient Specific Functional Scale (PSFS)</td>
</tr>
</tbody>
</table>
Member Benefits
Benefits

Before care is initiated…

There may be times where you are prompted to contact eviCore to verify benefits. This means that an eviCore may need to reach out to the health plan directly to verify pieces of the members benefits before continuing.

- click SUBMIT – follow prompts until the end, you will be provided a case number on the last screen.
- Upload clinical on the next screen and/or call the number on the screen to complete your request. You may also choose to fax in to complete your request, if you fax in, please include the case number.
Benefits

Before care is initiated…

• Understand the member’s benefit structure and identify any benefit limits

• If benefits are shared between specialties, coordination of benefits is in the member’s best interest.
  • If benefits are shared by multiple specialties it will be important to ask the member if care is being received from another provider at the same time.
    • If yes, ask if the care is for the same condition or for different conditions?
      • If the same condition, discuss benefit of receiving care from one provider.
      • If for different conditions, determine if care is being provided for a condition that can or cannot be treated within your practice.

• If a benefit limit exists, consider using what is truly medically necessary versus setting the treatment plan based on the available benefit.
  • For example, if the member has 30 visits available, do not schedule 30 visits at the start of care.

• The medical benefit is designed to allow therapy to return to essential activities of daily living
  • It was not designed to allow continued therapy to return to recreational or athletic activities
Service Model
Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Experience Manager

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.
Prior Authorization
What are the ways to request authorization through eviCore?

- **Web** - Preferred Method
  - Opportunity for real time decision for the initial and second request
  - Use worksheets as a guide to prepare to answer questions on the web
  - After the initial request, you have the ability to upload clinical documentation if patient is complex or not progressing as expected

- **Phone**
  - Opportunity for real time decision for the initial and second request
  - Use worksheets as a guide to prepare to answer questions on the web
  - Providing answers to the questions posed on the web to a non-clinical agent

- **Fax**
  - Least desired form of submission
  - Eliminates opportunity for a real time decision
  - Old technology so it is prone to transmission errors
  - Complete worksheet
  - Only send clinical notes if patient is complex or not progressing as expected.
Prior Authorization Process

What is used to determine if services are medically necessary?

• Clinical Criteria
  • Detailed in eviCore’s Massage Therapy Clinical Guidelines
  • Available 24/7 @ www.evicore.com
  • Synthesis of research, guidelines, expert consensus
  • Updated annually and approved by the Health Plan

• Clinical information
  • Should be current (less than 14 days old)
  • Use standardized assessments (0-10 pain scale, PSFS)
  • Complete the questions
    • *If there is no information or information has gaps, it will delay the decision*
  • Worksheets are available at www.evicore.com to guide your clinical collection
Prior Authorization Process

**Timely Filing**

- It is recommended to obtain authorization prior to performing the requested services.
  - Requests can be placed up to 7 days **before** the start date.
  - Request can be placed up to 7 days **after** the start date.

- **IF** the health plan does allow for retrospective requests, the following information will be required:
  - Dates of service you are requesting approval for
  - Total # of visits and units requested for the authorization period requested
  - Initial evaluation and/or progress reports
  - Clinical notes, flow sheets, treatment logs for each date of service requested.

- Additional information related to timely filing can be located on the health plan’s implementation page.
Letters and Rationale
Letters/Rationale

- Letters are
  - Faxed to Provider
  - Mailed to Member
  - Available for review in the web portal

- **Read the letters!** They include information to explain any adverse determination (reduction or denial)
  - Clinical Rationale
  - Written in terms the member understands
    - Does not include medical jargon
  - Reconsideration and Appeal Information
    - Provides information on requesting a Peer to Peer discussion
Web Portal Account Registration
eviCore healthcare website

- Point web browser to evicore.com
- Login or Register
Creating An Account

To create a new account, click Register.
Creating An Account

Select a Default Portal, and complete the registration form.
Creating An Account

Review information provided, and click “Submit Registration.”
Accept the Terms and Conditions, and click “Submit.”
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.
Create a Password

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

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)
To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”
Web Portal Services
Online Resources

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

• Select the Resources to view FAQs, Clinical Guidelines, Online Forms, and more.
Access health plan specific contact information at [www.evicore.com](http://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.
- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.
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

New Security Features Implemented

Authorization Number: NA
Case Number: 
Status: Additional Information Required
Approval Date: 
Service Code: 
Service Description: 
Site Name: 
Expiration Date: 
Date Last Updated: 10:45:49 AM
Correspondence: VIEW CORRESPONDENCE
Clinical Upload: UPLOAD ADDITIONAL CLINICAL
Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient’s file.
**Date Extensions**

Date extensions are available if you are unable to use all visits within the approved period:

- Extend for the period that is needed, up to a maximum of 30 days
- Must be requested prior to the expiration of the authorization

Available:

- By phone
- Online

[https://carriers.carecorenational.com/PreAuthorization/screens/CreateCase.aspx](https://carriers.carecorenational.com/PreAuthorization/screens/CreateCase.aspx)
Eligibility Look Up

You may also confirm the patient’s eligibility by selecting the Eligibility Lookup tab.
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.
Provider Resources
Clinical consultation

Visit [www.evicore.com](http://www.evicore.com) and select “Request a Consultation with a Clinical Peer Reviewer” from the Resources Tab in the drop down menu in the top right-hand corner of your browser.
Provider Resources

Main site for eviCore – www.evicore.com

eviCore telephone number: (800) 918-8924

https://www.evicore.com/resources/pages/providers.aspx#

Contact eviCore from 7:00 a.m. – 7:00 p.m. local time, Monday through Friday, to obtain prior authorization, check status of an existing case, discuss questions regarding authorizations and case decisions, or change facility or CPT codes on an existing case.

Resource Page: www.evicore.com/healthplan

In addition to the main website, resource pages tailored to a specific health plan are available. The websites include the CPT code list (list of codes that require prior authorization for a specific health plan), training materials and presentations, links to clinical worksheets, and links to eviCore’s evidence based guidelines.

Client provider operations: clientservices@evicore.com or (800) 646-0418 (Option #4)

Contact Client Provider Operations for assistance with eligibility issues (member, rendering facility, and/or ordering clinician) or case-creation issues, to ask that an authorization be re-sent to the health plan, or to request education/training.
Email portal.support@evicore.com

Call a Web Support Specialist at (800)646-0418 (Option 2)

Connect with us via Live Chat
Thank You!