



Aetna Better Health® of Illinois

Pain Management

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Aetna Better Health of Illinois.

Which members will eviCore healthcare manage for the Musculoskeletal Management/Pain program? eviCore will manage prior authorization for Meridian members who are enrolled in the following programs:

- **HealthChoice of Illinois**

Note: eviCore will be delegated to manage prior authorizations for Pain Management services

What is the relationship between eviCore and Aetna Better Health of Illinois?

eviCore manages *outpatient* pain management services.

Which Musculoskeletal services require prior authorization for Aetna Better Health of Illinois?

eviCore has a list of covered services that require authorization for Aetna Better Health of Illinois members specific to **Pain Management** services. The list of covered services can be found by visiting:

<https://www.evicore.com/resources/healthplan/aetna-better-health-of-il>

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified <https://medicaid.aetna.com/MWP/login.fcc> or by calling Provider Services at 888-693-3211 before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All requesting providers are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal - the eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Utilization of the portal can also decrease administrative costs for offices. Providers can request authorization by visiting www.evicore.com

Call Center - eviCore's call center is open from 7 AM to 7 PM local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888.693.3211.

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com.



What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Requesting Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Clinical(s)

- Requested Procedure Code (CPT Code)
- Signs and symptoms (Diagnosis)
- Imaging Study Results
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

Note: eviCore suggests utilizing the clinical worksheets when requesting authorization for Pain Management services

What is the turnaround time for a determination on a standard pre-service authorization request?

eviCore will process within 4 calendar days. Please provide all clinical information when requesting a prior authorization.

What qualifies a request as urgent?

Urgent requests are defined as a condition that a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a provider with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at 888.693.3211.

Where can I access eviCore healthcare's clinical guidelines?

eviCore's clinical guidelines are available online 24/7 and can be found by visiting :

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the requesting provider via fax. The member will receive a letter by mail. To request a fax letter with the prior authorization number, please call eviCore healthcare at 888-693-3211 to speak with a customer service specialist. Providers may also visit www.evicore.com to view the authorization determination. The authorization number will begin with the letter 'A' followed by a nine-digit number- A123456789.

If denied, what follow-up information will the requesting provider receive?

The requesting provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes. The provider will be notified via fax and the member will be notified by mail.

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 60 calendar days from the issuance of the authorization, please contact eviCore healthcare.

Note: Procedures performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

Does eviCore review cases retrospectively if an authorization was not obtained?

Retrospective requests are not permitted.

Does a patient have to have objective symptoms to qualify for an injection?

Yes. 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 three (3) of five (5) positive stress maneuvers of the sacroiliac joint.

How much conservative care is needed prior to an injection?

Six (6) weeks of conservative care is needed prior to an epidural steroid injection. Four (4) weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.

Is advanced imaging required prior to an epidural steroid injection?

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

Is imaging guidance needed for chronic pain procedures?

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

Will eviCore grant approval for a series of injections?

No. A series of injections will not be pre-service authorized. eviCore requires a separate pre-service authorization request for an Interventional Pain procedure for each date of service. The patient's 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.

Will eviCore grant approval for multiple injections on the same date of service?

No, An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst is compressing the exiting nerve root.

Will eviCore grant approval of more than 1 level interlaminar epidural, 2 levels transforaminal epidural, 3 level facet/medial branch nerve blocks in a single session?

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

Will eviCore grant approval of “Series of Three” injections (one a week)?

Not permitted, as deemed medically unnecessary (see prior question(s) for additional information).

Is there an annual limit of injections?

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

How should I space my procedures?

Epidural injections require a two (2) week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C 2 -3 to L 5- S 1 require a six (6) month interval. Therapeutic sacroiliac joint injections require a two (2) month interval.

Are there thresholds for outcome from a prior procedure to obtain certification for a subsequent procedure?

Yes. An epidural steroid injection must have at least two (2) of the following: 1) 50% or greater relief of radicular pain, 2) increased level of function / physical activity, 3) 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. Two (2) facet/medial branch nerve blocks with at least 80% relief are needed for radiofrequency ablation. A therapeutic sacroiliac joint injection following a diagnostic injection must have ≥75% pain relief. A repeat therapeutic sacroiliac joint injection must have ≥75% pain relief and either an increase in level of function or reduction in use of pain medication and/or medical services such as PT/chiropractic care.

Are there cases which use the interlaminar epidural CPT 62323 which are not part of the delegated eviCore preauthorization program?

Yes. eviCore manages CPT 62323 when the injectate includes a steroid, local anesthetic, or contrast for interventional pain injections. Requests for injectates other than steroid, local anesthetic, or contrast will be directed to the health plan for management.

How do I determine if a provider is in network?

Participation status can be verified by using the www.Aetnabetterhealth.com/Illinois-Medicaid or contacting Provider Services at 888-693-3211. Providers may also contact eviCore healthcare Client Services at (800) 646-0418 (Option #4)

eviCore receives a provider file from the Aetna Better Health of Illinois with all independently contracted participating and non- participating providers.

Where do I submit my claims?



All claims will continue to be filed directly to Aetna Better Health of Illinois.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com or use the Chat feature on evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at: <https://www.evicore.com/resources/healthplan/aetna-better-health-of-il>