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## 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 Blue Cross Blue Shield of Kansas City.

#### Which members will eviCore healthcare manage for the Musculoskeletal Management program?

eviCore will manage prior authorization for Blue Cross Blue Shield of Kansas City members who are enrolled in the following programs:

**Medicare**

**Commercial**

**Note:** eviCore will not manage prior authorizations for non-delegated memberships

#### What is the relationship between eviCore and Blue Cross Blue Shield of Kansas City?

eviCore manages *outpatient* pain management services.

#### Which Musculoskeletal services require prior authorization for Blue Cross Blue Shield of Kansas City?

eviCore has a list of covered services that will now require authorization for Blue Cross Blue Shield of Kansas City specific to Pain Management. The list of covered services can be found by visiting:

<https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/kansas-city>

#### 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. Providers can request authorization by visiting [www.evicore.com](http://www.evicore.com)

##### Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-333-9082.

##### Fax

Providers and/or staff can fax prior authorization requests to 800-540-2406 by completing the clinical worksheets found on eviCore's website at [www.evicore.com/provider/online-forms](http://www.evicore.com/provider/online-forms)

#### Who needs to request prior authorization through eviCore?

All ordering (requesting) physicians are required to obtain a prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-333-9082.



### 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

#### Ordering Provider

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

#### Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

#### 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 suggest utilizing the clinical worksheets when requesting authorization for Pain Management services

### Where can I access eviCore healthcare’s clinical worksheets and guidelines?

eviCore’s clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

#### Clinical Worksheets

[www.evicore.com/provider/online-forms](http://www.evicore.com/provider/online-forms)

#### Clinical Guidelines

[www.evicore.com/provider/clinical-guidelines](http://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 and rendering providers via fax. The member will receive an approval letter by mail.

### How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting and servicing provider. Providers may also visit [www.evicore.com](http://www.evicore.com) to view the authorization determination.

**Note:** The authorization number will begin with the letter ‘A’ followed by a nine-digit number. A123456789

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

All requests are processed within 2 business days after receipt of all necessary clinical information, but no later than 14 calendar days from the date of the initial request. Please make certain all necessary clinical information has been submitted initially.

### How can the servicing provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit [www.evicore.com](http://www.evicore.com).

To request a fax letter with the prior authorization number, please call eviCore healthcare at **888-333-9082** to speak with a customer service specialist.

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

### 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:** Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

### 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 physician 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 [www.evicore.com](http://www.evicore.com) or by contacting our contact center at 888-333-9082. Urgent requests will be processed within 24 to 72 hours from the receipt of complete clinical information.

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

Member eligibility and benefits should be verified on <https://www.bluekc.com/> before requesting prior authorization through eviCore.

### How do I determine if a provider is in network?

Participation status can be verified by using the **BCBS KC Provider Portal** or contacting **Provider Services at 816-395-3558**. Providers may also contact eviCore healthcare Client Services at **800-646-0418 option 4**.

eviCore receives a provider file from BCBS KC with all independently contracted participating and non-participating providers.

### 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.

### Where do I submit my claims?

All claims should continue to be filed directly to **BCBS-KC**.



**Does eviCore review cases retrospectively if no authorization was obtained?**

Retrospective requests must be initiated within 90 Calendar days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

**How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto:clientservices@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/blue-cross-blue-shield/kansas-city>

**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)?**

This is 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  $\geq 75\%$  pain relief. A repeat therapeutic sacroiliac joint injection must have  $\geq 75\%$  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 service includes a steroid, local anesthetic, or contrast for interventional pain injections. Requests for anything other than steroid, local anesthetic, or contrast will be directed to the health plan for management.