

Musculoskeletal Management

Provider Orientation for Blue Cross and Blue Shield of Minnesota



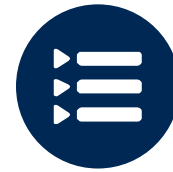
Empowering
the Improvement
of Care

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



9
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Evidence-Based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions from
a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies such as:

- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Academy of Neurology
- American Academy of Pediatrics
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Society of Anesthesiologists



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
- ◆ Gastroenterology
- ◆ 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
- ◆ Massage
- ◆ Medical Genetics
- ◆ Nuclear Medicine
- ◆ OB / GYN
 - Maternal-Fetal Medicine
- ◆ 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
- ◆ Radiology
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology

- ◆ Sleep Medicine
- ◆ Sports Medicine
- ◆ Surgery
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ Urology



Program Overview

Blue Cross and Blue Shield Prior Authorization Services

Prior authorization applies to outpatient services:

- Outpatient
- Elective / Non-emergent
- Diagnostic
- Inpatient

It is the responsibility of the rendering provider to request prior authorization approval for services. In some instances, the provider may be required to furnish the referral or order the requested services.

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

- Emergency Rooms
- 23 Hour Observation Services

If there happens to be a procedure or service that is delegated to eviCore healthcare for review but it will require an inpatient stay, eviCore will only review for the procedure itself. The inpatient stay would require notification back to Blue Cross via Availity.



Providers should verify member eligibility and benefits on the secured BCBSMN Availity provider login at www.Availity.com.

Prior Authorization Required:

Interventional Pain:

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery:

- Large joint replacement
 - Arthroscopic and open procedures

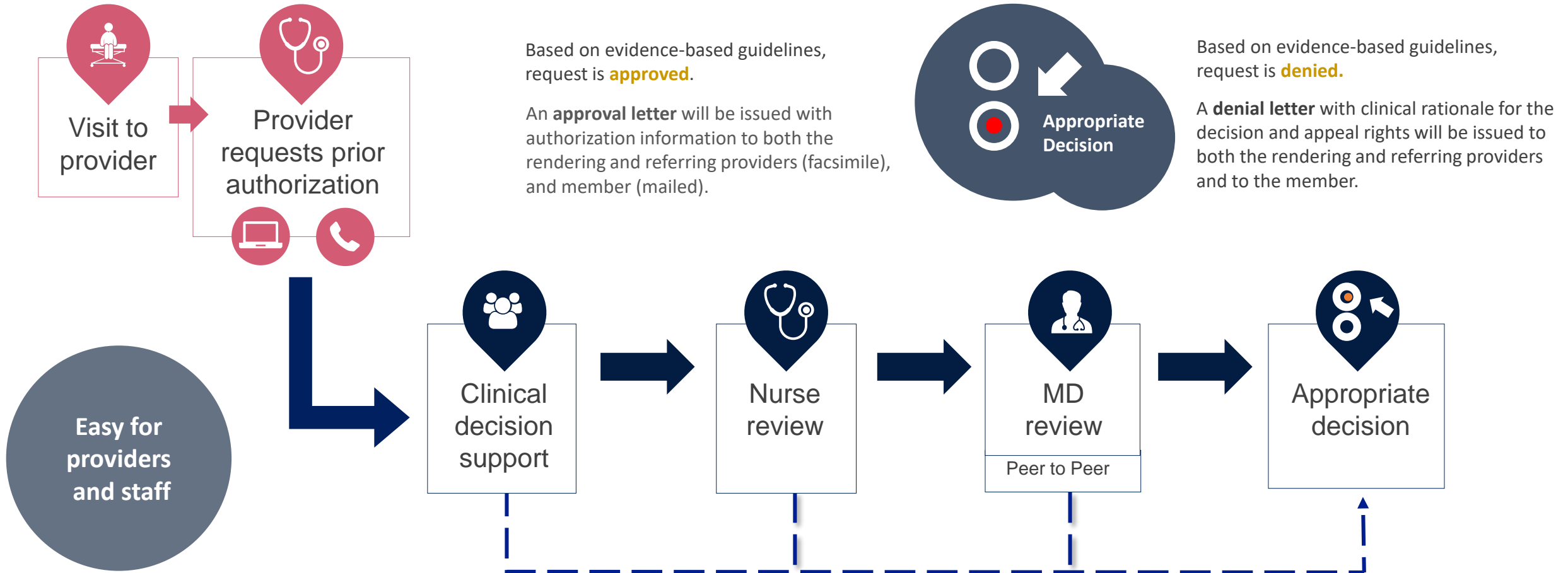
Spine Surgery:

- Spinal implants
 - Spinal cord stimulators
 - Pain pumps
- Cervical/Thoracic/Lumbar
 - Decompressions
 - Fusions

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

<https://www.evicore.com/resources/health-plan/bluecrossmn>

Utilization Management – the Prior Authorization Process



Information Needed

Having the following information available will speed up your submission process:

- Patient's member ID and date of birth
- TIN and NPI numbers for the referring and rendering providers
- Patient's clinical presentation
- **Diagnosis Codes**
- Intended treatment plan
- Disease/Condition-Specific Clinical Information.
- 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



Spine Surgery Requirements

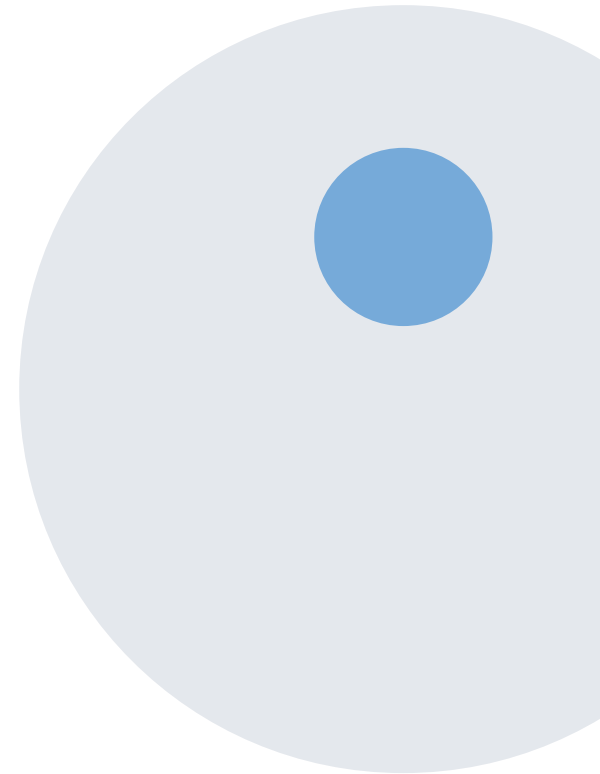
Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spinal surgery.

Minimum documentation requirements:

- CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.
- Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.
- Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.
- Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.

For Spinal Fusion surgery requests:

- Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.
- Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.
- evidenced by blood cotinine lab results of <10ng/mL. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.



Spine Surgery Requirements (continued)

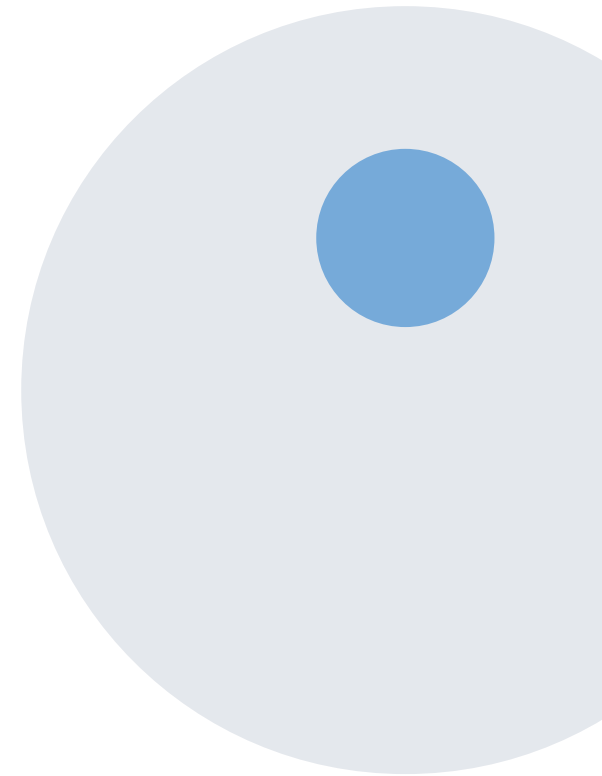
Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs/SNRBs.

Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>



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.**

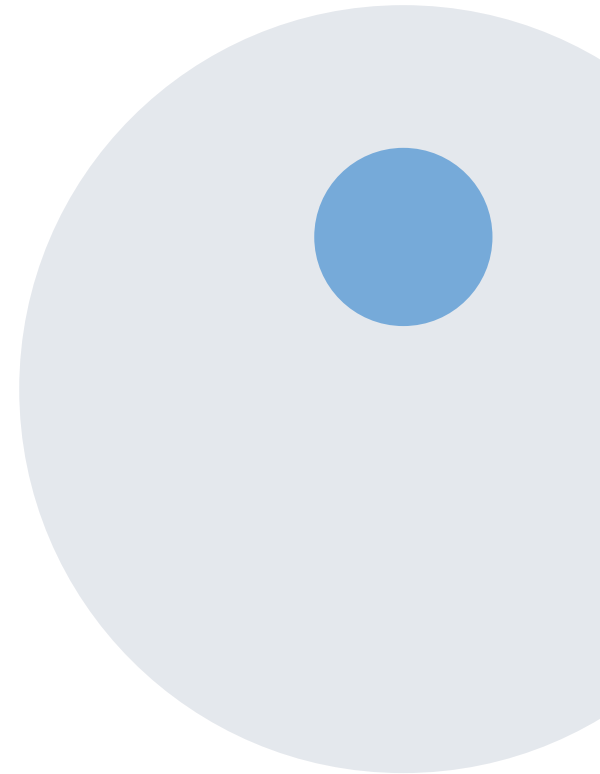
Radiographic or arthroscopic findings of either of the following:

- **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 a 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 (continued)

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.

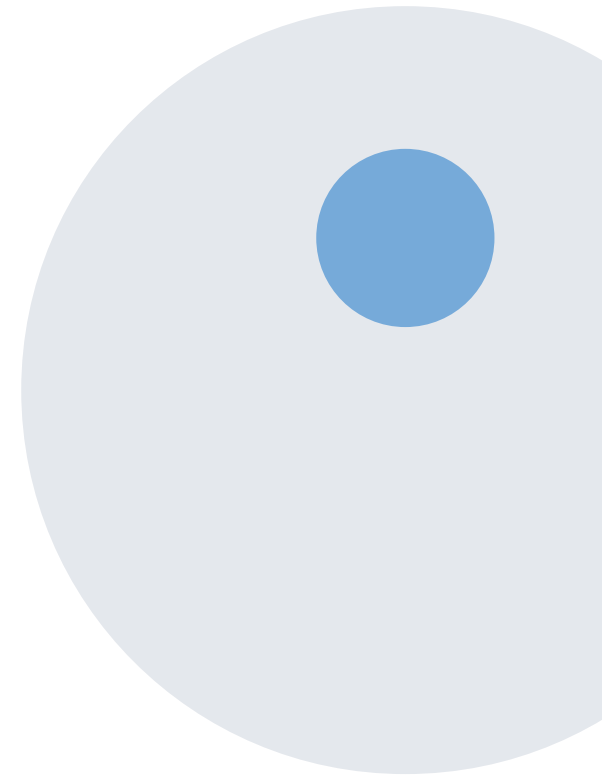
Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- 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.

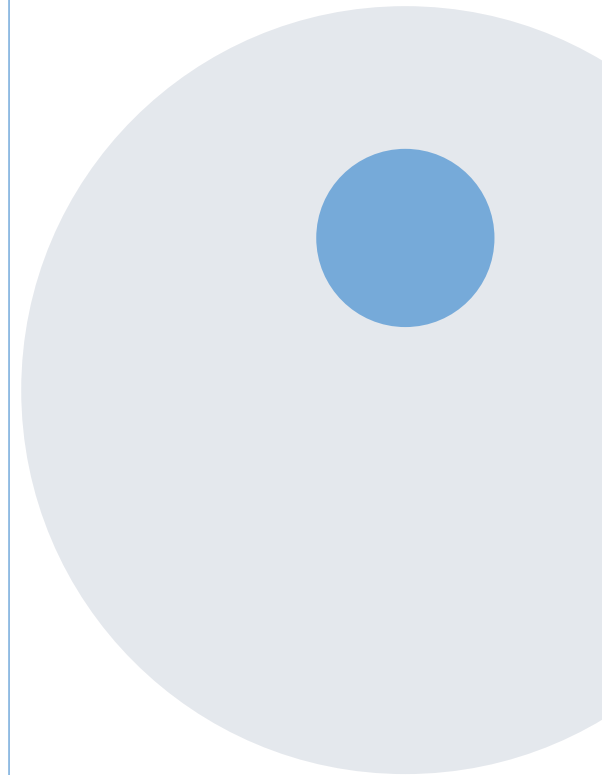
eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>



Interventional Pain Requirements

- **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.**
- **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.**
- **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.**
- **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.**
- **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.

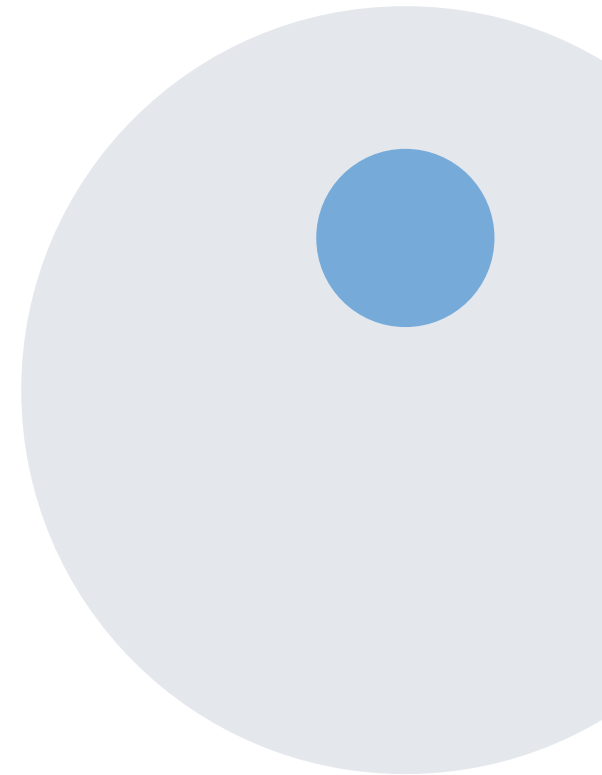
An epidural steroid injection must have a least 2 of the following:

- **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.

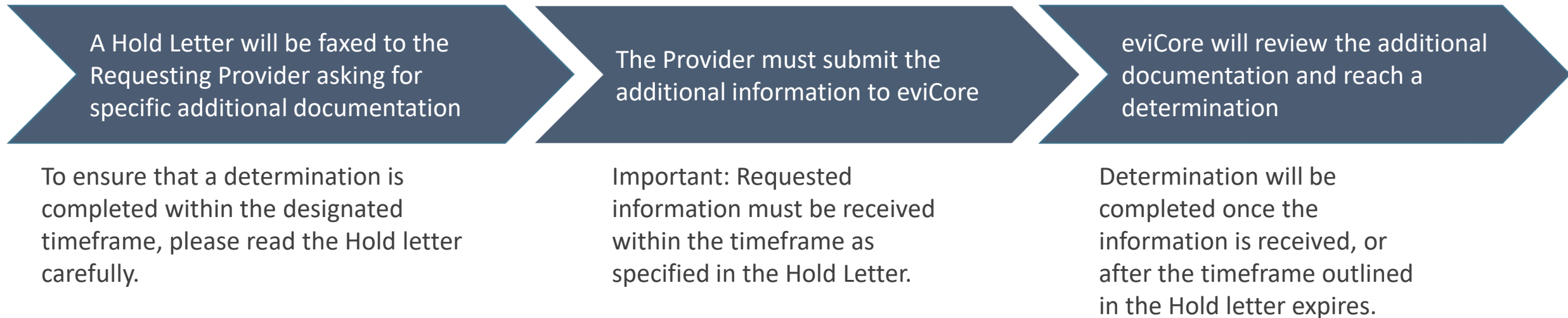
A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



Note: For urgent requests, to avoid adverse determinations, it is important to include all clinical information needed to support the request at the time of submission. Determinations on urgent requests are made within 72 hours, and are based solely on the information provided when the case is submitted.

Prior Authorization Decisions

- Requests and corresponding notification are typically processed within 10 business days **after receipt of all necessary clinical information**. However, depending on the circumstance, eviCore may take the required length of time pursuant to CMS/Medicare or MN state statute to make a determination.
- Authorizations are typically good for:
 - 60 calendar days from the date of determination for Interventional Pain.
 - 90 calendar days from the date of determination for Joint and Spine surgeries.
- Authorization letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. When initiating a case on the web portal, you can receive e-notifications and/or print authorization summaries on demand right from the portal.
- Denial letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. The communications will include denial rationale and information on post decision options, including any clinical consultation options.



Important Information

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
 - **Note:** Reconsiderations are not allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone.
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **14 calendar days** from the date of determination
- Allowed for **commercial members only**

Note: If an appeal has already been filed a reconsideration is not allowed

Urgent Prior Authorization Requests

- Urgent Cases will be reviewed within 72 hours of the request, and will require all clinical information to be uploaded in order for the case to be processed as urgent.
 - *It is imperative that all clinical information is included for eviCore to review. If eviCore is not able to obtain all required documentation, we will have to make a decision based solely on the information provided and could result in an adverse determination.*
- Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.

Clinical Consultations

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Clinical Consultations can be scheduled at a time convenient to your physician.



Pre-Decision Options

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

Submission of Additional Clinical Information

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

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 in the Hold letter.
- 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.

Post-Decision Options

Reconsiderations:

- For **commercial members only**, additional clinical information can be provided without the need for a formal appeal.
- Must be requested within **14 calendar days** from the date of determination
 - Can be requested in writing or verbally via clinical consultation (P2P). It is possible to approve a case based on a P2P.
- If an appeal has already been filed, a reconsideration is not allowed
- For **Medicare members, reconsiderations are not allowed**

Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore using the process outlined on the denial notification
- The request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider



Provider Portal Overview

Benefits of using Availity

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- 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 to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard/worklist: View all recently submitted cases

Methods to Submit Prior Authorization Requests

Availity is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

**Prior Auth call center:
844-224-0494**

7:00 a.m. to 7:00 p.m. Central Time
Monday - Friday

[Log In to Availity®](#)

- Available 24/7
- Quickest way to create prior authorizations
- Check existing case status



WEB

•Check Member eligibility through Availity

New Request [Watch a quick demo](#)

*** Payer** [?](#)
BCBSMN

Provider Information

Select a Provider [?](#)
Search for a Provider

NPI [?](#)

Tax ID [?](#)

Payer Assigned Provider ID [?](#)

Service Information

*** As of Date** [?](#)
02/01/2022

*** Benefit / Service Type** [?](#)
Health Benefit Plan Coverage ✕

Patient Information

To Date
//____

Patient Search Option [?](#) Add Multiple Patients
Patient ID, Date of Birth

*** Patient ID** [?](#)

*** Date of Birth**
//____

Group Number

Patient Relationship to Subscriber [?](#)
Self

Submit another patient

Submit

To determine member eligibility, start by logging into Availity and enter the information in the fields demonstrated in the screen shots shown here.

Initiating a Case Using the Availity Portal

When submitting a case through Availity.com, if the request will be reviewed by eviCore, you will see the Single Sign-On screen, and will be re-directed to the eviCore portal.

Home > BlueCross BlueShield of Minnesota > Single Sign-On

Single Sign-On

This type of authorization request is administered by eviCore for Blue Cross Blue Shield of Minnesota. To complete your authorization request, you'll need to accept the disclaimer and answer a few more questions.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.



Provider Portal Review

Verify Treatment Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: SPINE
Description: SPINE SURGERY
Primary Diagnosis Code: M54.16
Primary Diagnosis: Radiculopathy, lumbar region
Secondary Diagnosis Code:
Secondary Diagnosis:


[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)


60% Complete

Provider and NPI

Patient

[EDIT](#)

Site Selection

Start your search by entering the **NPI** or **TIN**, and **zip code** for the site where the procedure will be performed. You can search by any fields listed. *Searching with NPI, TIN, and zip code is the most efficient.*

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

Select the **specific site** where the testing/treatment will be performed.

Clinical Certification

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 make any changes needed**
- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary F
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Thursday, May 14, 2020 3:04 PM

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



Spine Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

i Please enter the primary CPT code for this surgery.

i How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

i Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

If you need to confirm information you are entering “finish later” and then the submit button. You will have two business day to complete the case.

Spine Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:32 PM

[Log Off \(JDI\)](#)

Proceed to Clinical Information

SPINE / LEVEL

i Which spinal level(s) will be involved? (Choose ALL that apply):

- C1 - C2 C5 - C6
- C2 - C3 C6 - C7
- C3 - C4 C7 - T1
- C4 - C5 Other/Unknown

i How many previous cervical fusions has your patient had?

- 0 (This is the first cervical fusion)
- 1 previous cervical fusion
- 2 or more cervical fusions
- Unknown or not sure

i Does your patient have any of the following urgent or emergent conditions:

No urgent or emergent conditions exist ▼

SUBMIT

Case Summary Screen – sent to medical review

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. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Spine Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
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.		

Case Summary Screen - Approval

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 MANI ARKARA VEETHI
Provider Address: 1200 6TH AVE W
SAINT CLOUD, MN 56303

Contact: [REDACTED]
Phone Number: [REDACTED]
Fax Number: [REDACTED]

Patient Name: [REDACTED]
Insurance Carrier: [REDACTED]

Patient Id: [REDACTED]

Site Name: [REDACTED]
Site Address: [REDACTED]

Site ID: [REDACTED]

Primary Diagnosis Code: M43.16
Secondary Diagnosis Code: [REDACTED]
Date of Service: Not provided
CPT Code: SPINE
Authorization Number: [REDACTED]
Review Date: 5/13/2020 1:52:08 PM
Expiration Date: 6/27/2020
Status: Your case has been Approved.

Description: Spondylolisthesis, lumbar region

Description:

Description: Spine Surgery

CANCEL

PRINT

CONTINUE

Feel free to print this screen for the member file

Joint Surgery - Selecting the procedure and diagnosis



- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
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Wednesday, July 01, 2020 3:47 PM

[Log Off \(JDMAS\)](#)

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Musculoskeletal Management Procedures

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

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](#)

[Click here for help](#)

60% Complete

Provider and NPI
MURCH, SCOTT
10
(S)

Patient
NANCY J SCHOEN [EDIT](#)
1,
2,

Confirm your selections



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:49 PM

[Log Off \(JDMAS\)](#)

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](#)

To avoid losing information that you have already entered, if edits are needed, use the “change” links rather than the back button.

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

[Click here for help](#)

60% Complete

Provider and NPI

Patient [EDIT](#)

Joint Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Wednesday, July 01, 2020 3:51 PM

[Log Off \(JDMASON\)](#)

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

- Left
- Right

SUBMIT

Joint Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:52 PM

[Log Off \(JDMASO\)](#)

Proceed to Clinical Information

i Please indicate the type of procedure to be performed:

- Standard Total Shoulder Replacement
- Reverse Total Shoulder Replacement
- Total Shoulder Resurfacing

SUBMIT

Joint Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:55 PM

[Log Off \(JD\)](#)

Proceed to Clinical Information

Total Shoulder Replacement

1 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

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

Yes No Unknown

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

Yes No Unknown

1 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

1 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

Case Summary Screen – Sent to medical review

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. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]		
CPT Code:	[REDACTED]	Description:	Joint Surgery
Case Number:	[REDACTED]		
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.		

Case Summary Screen Approval

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:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M17.12	Description:	Unilateral primary osteoarthritis, left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Joint Surgery
CPT Code:	JOINT		
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

Feel free to print this screen for the member file

Interventional Pain – Select the procedure



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Wednesday, July 01, 2020 4:16 PM

[Log Off \(JDMASON\)](#)

Proceed to Clinical Information

i Please indicate the type of procedure to be performed:

- An epidural steroid injection
- A trial for an implanted pump
- An epidural injection/catheter for obstetrical or surgical anesthesia
- An epidural steroid injection/catheter for perioperative pain management
- An epidural steroid injection to treat post-herpetic neuralgia

SUBMIT

Interventional Pain - Selecting the CPT and diagnosis codes



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 4:05 PM

[Log Off \(JDMASO\)](#)

Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

Musculoskeletal Management Procedures

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

62323 Injection with guidance L/S

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



With Interventional Pain, enter the applicable CPT code or description.

Diagnosis

Primary Diagnosis Code: **M54.5**

Description: **Low back pain**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI

Patient
CAROLYN SEARSON [EDIT](#)

Confirm your selections



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Wednesday, July 01, 2020 4:07 PM

[Log Off \(JDMA\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: 62323
Description: Injection with guidance L/S
Primary Diagnosis Code: M54.5
Primary Diagnosis: Low back pain
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

To avoid losing information that you have already entered, if edits are needed, use the "change" links rather than the back button.

60% Complete

Provider and NPI

Patient

[EDIT](#)

Interventional Pain – More clinical selections



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 4:17 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

Lumbar Epidural Injection

i Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic with or without contrast agent
- Corticosteroid with or without contrast agent
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza
- Other injectate(s)
- Unknown

i How many levels will this procedure be performed at?

One (1) Level

SUBMIT

Intervention Pain – More clinical details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 4:20 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

How many epidural steroid injections of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

How many epidural steroid injections of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.



Save your work, and make sure to return within 48 hours to finish the request.

CANCEL

[Click here for help](#)

Intervention Pain – More clinical details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 4:21 PM

[Log Off \(JDMA\)](#)

Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

- Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg
- Symptomatic spinal stenosis
- Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)
- Loss of strength
- Change in sensation to light touch, pressure, pin prick or temperature
- Decreased, absent or asymmetric reflex(es)
- Positive electrodiagnostic study (EMG/NCV) for nerve root compression
- None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of physical therapy / chiropractic care, exercise, NSAIDs, and or appropriate medication)

6 or more

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

- Yes No Unknown

PROCESSING...

Case Summary Screen – Sent to medical review

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. [REDACTED]
Provider Address: [REDACTED]

Contact: [REDACTED]
Phone Number: [REDACTED]
Fax Number: [REDACTED]

Patient Name: [REDACTED]
Insurance Carrier: [REDACTED]

Patient Id: [REDACTED]

Site Name: [REDACTED]
Site Address: [REDACTED]

Site ID: [REDACTED]

Primary Diagnosis Code: [REDACTED]
Secondary Diagnosis Code: [REDACTED]
Date of Service: [REDACTED]
CPT Code: [REDACTED]
Case Number: [REDACTED]
Review Date: 5/13/2020 2:36:00 PM
Expiration Date: N/A

Description: Radiculopathy, lumbar region
Description:
Description: Injection with guidance L/S

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.

Case Summary Screen Approval

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 VETTEL	Contact:	
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M54.16	Description:	Radiculopathy, lumbar region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Injection with guidance L/S
CPT Code:	62323		
Authorization Number:			
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

Feel free to print this screen for the member file

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 844-224-0494

Our call centers are open Monday through Friday, from 7 a.m. to 7 p.m. (central time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources at eviCore.com

The screenshot displays the top navigation bar of the eviCore.com website. It includes a 'PROVIDERS:' section with a checkmark icon, a 'Check Prior Authorization Status' link, a 'Login' link with a person icon, and a 'Resources' link with a document icon and a dropdown arrow. A red arrow points to the 'Resources' link. Below the navigation bar, the 'Resources' section is highlighted with a green header. Underneath, there are three main areas: 'CLINICAL GUIDELINES' with links for 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'; 'I Would Like To' with links for 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'; and 'Learn How To' with links for 'Submit A New Prior Authorization', 'Upload Additional Clinical', and 'Find Contact Information'. A red arrow points to the 'Find Contact Information' link. A green button labeled 'GO TO PROVIDER'S HUB' is also visible. At the bottom, there is a section titled 'I want to learn how to...' with three dropdown menus: 'Learn how to...' (with 'Find Contact Information' selected), 'Health Plan' (with 'Select a Health Plan...' selected), and 'Solution' (with 'Select a Solution...' selected). A dark blue 'START' button is located at the bottom left of this section.

Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered regularly by eviCore. You can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- If you need assistance with the eviCore portal, our dedicated Web Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process. To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Notification letter issues
- eviCore Healthcare standard processes & procedures
- General (non-formal/legal) complaints – including provider complaints
- Issues experienced during case creation
- Eligibility issues – member, rendering facility, and/or ordering physician
- Claim issues and appeal questions
- Peer to Peer issues and escalations

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include “BCBSMN” in the subject line with a description of the issue. Also, please share member/provider/case details when applicable.



Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/healthplan/bluecrossmn>

Blue Cross and Blue Shield of Minnesota resources via Availity:

<https://apps.availity.com/availity/web/public.elegant.login>



Thank You!

