Musculoskeletal Management

Provider Education for Blue Cross® Blue Shield® of Arizona (BCBSAZ)

BlueCross
BlueShield
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

eviCore healthcare

Empowering the Improvement of Care

Company Overview

250M Members Managed

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

10 Comprehensive Solutions

The industry's most **comprehensive clinical evidence-based guidelines**

5k[+] employees including **1k clinicians**

Engaging with 570k[+] providers

Advanced, innovative, and intelligent technology

NCQA Certification — Utilization Management

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

SIX SIGMA

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Musculoskeletal Management Solution - Our Experience

30+ Regional
and National Clients

8k+
Cases built per day

10 Years
Managing Musculoskeletal Services

40M members
managed nationwide
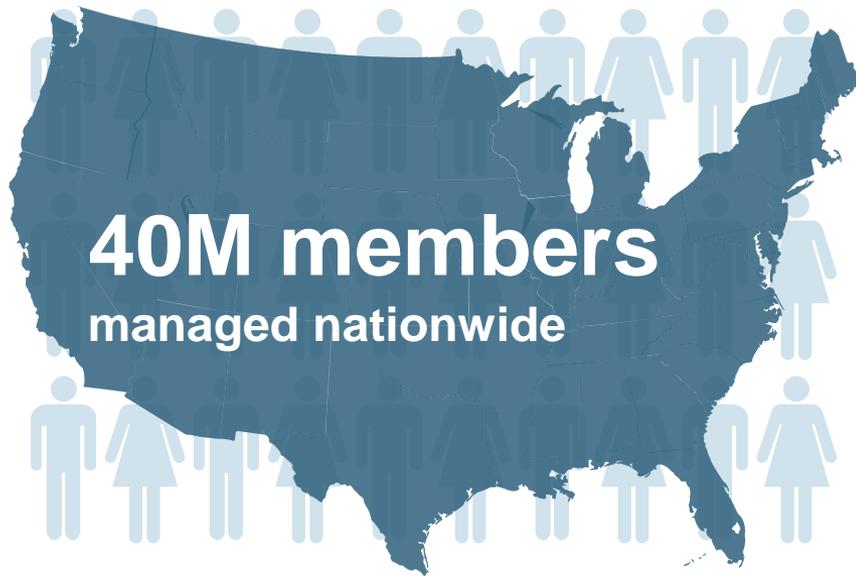
Members Managed

- **25.5M Commercial Memberships**

- **2M Medicare Memberships**

- **6.5M Medicaid Memberships**

Musculoskeletal by the Numbers

45 Musculoskeletal physicians on staff

43 Musculoskeletal-trained nurses on staff

93 Musculoskeletal therapists (PT/OT/ST/MT/CHIRO/ACU)

40 Million lives covered

Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300 Medical Directors

Covering **51** different specialties

800 Nurses with diverse specialties / experience

- **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
- **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**

Evidence-Based Guidelines

The foundation of our solutions:

Dedicated Molecular Genomic Guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology

- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

Our Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client and Provider Operations Team –

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

Client Experience Manager –

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

Regional Provider Engagement Manager –

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Musculoskeletal Utilization Management (UM) Program for BCBSAZ

UM for Musculoskeletal Management (MSK)

Please note: For Medicare Advantage members, eviCore will begin accepting precertification/prior authorization requests for radiology on 5/25/2020 for dates of service 6/1/2020 and beyond.

Prior authorization applies to the following services:	Prior authorization does **NOT** apply to services that are:

Interventional Pain Management
• Spinal injections
• Spinal implants
   • Spinal cord stimulators
   • Pain pumps
 	
Joint Surgery
• Large joint replacement
• Arthroscopic and open procedures
 	
Spine Surgery IP & OP
• Spinal Implants
   • Spinal cord stimulators
   • Pain Pumps
• Cervical/Thoracic/Lumbar
   • Decompressions
   • Fusions
	• Emergency Room Services
	
	• 23 Hour Observations
	
	• Inpatient Stays
	
	• Other radiology procedures not indicated

Provider Resource Page

Providers and/or staff can utilize BCBSAZ's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

evicore.com/healthplan/azblue

Important Information

Note: Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:
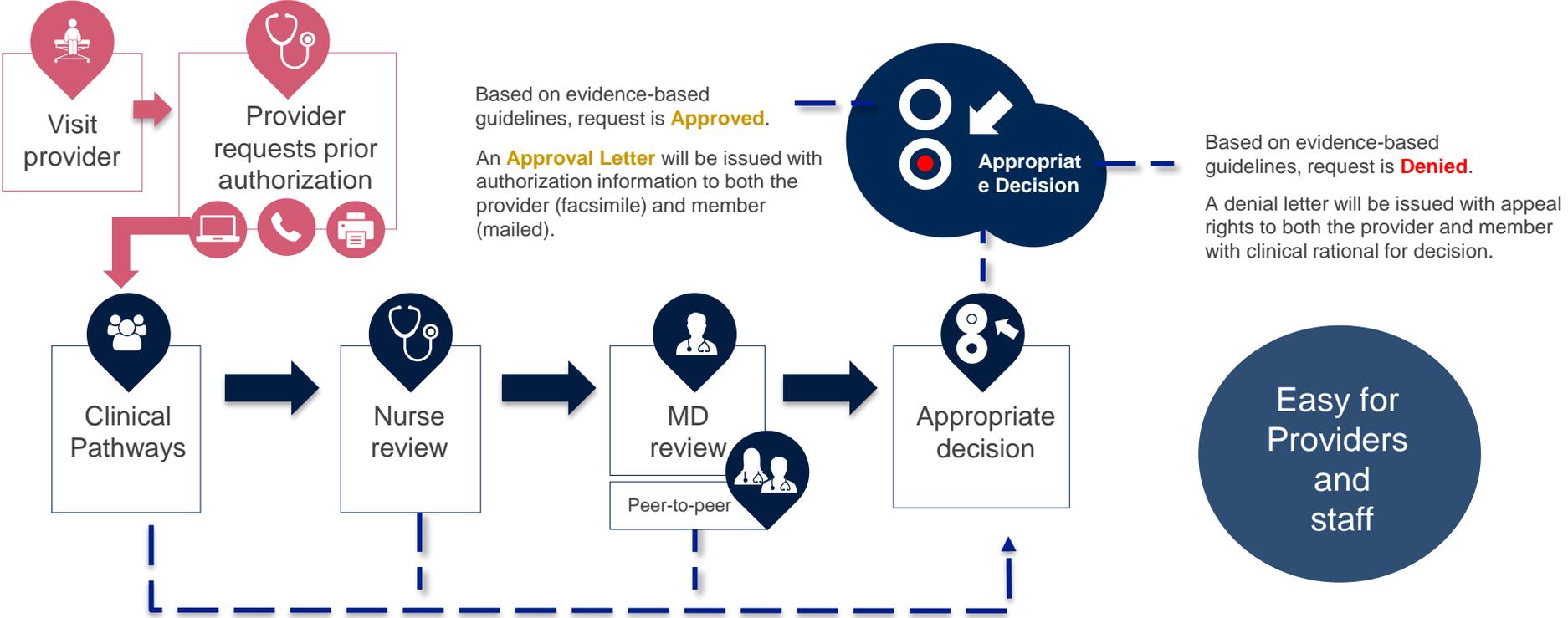a) the contracted servicing provider or facility
b) the member, if an out-of-network provider or facility is used

Continuity of care for Medicare Advantage members

Medicare Advantage patients already enrolled in a treatment protocol as of May 31, 2020 will not need a new prior authorization to continue their treatment. All new treatment protocols starting on or after June 1, 2020 will require a prior authorization through eviCore.

Treatment started prior to 6/1/2020:	Treatment will start 6/1/2020 and after:
• **Does not require new prior authorization**	• **Requires new prior authorization through eviCore**

Note: Any provider can initiate a prior authorization request. However, if a required prior authorization is not obtained, the penalty is applied to:
a) the contracted servicing provider or facility
b) the member, if an out-of-network provider or facility is used

Applicable MA Membership

eviCore prior authorization is required for BCBSAZ members enrolled in the following MA benefit plans (does *not* include plans administered by P3 Health Partners):

BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATOR
Blue Medicare Advantage Classic (HMO)	M2K	Maricopa County and parts of Pinal County	BCBSAZ, in partnership with eviCore for certain services
Blue Medicare Advantage Plus (HMO)			
BluePathway Plan 2 (HMO)	M2V	Maricopa County	
BluePathway Plan 3 (HMO)			
BlueJourney (PPO)	M3P	Maricopa and Pima counties	

Prior Authorization Process

Visit provider

Provider requests prior authorization

Clinical Pathways

Nurse review

MD review

Peer-to-peer

Appropriate decision

Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to both the provider (facsimile) and member (mailed).

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

A denial letter will be issued with appeal rights to both the provider and member with clinical rational for decision.

Easy for Providers and staff

Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

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

Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Clinical Information Needed

Include the following information with your request:

- A relevant history and physical examination

- A relevant summary of the patient's clinical condition

- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested services

- The indication for the specified procedure

- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)

- If additional clinical information is required in order to render a determination on a case, the case will be placed into a Hold status by eviCore and a notification will be sent to the ordering provider requesting the information necessary for review and the date by which it is needed.

- Failure to submit requested clinical information within the required timeframe may result in denial for medical necessity.

Basic prior authorization process

What happens when I submit a prior authorization request?

Request Processing time

- Routine requests are processed within 2 business days of receipt of all necessary clinical information.
- Medically Urgent are reviewed within 24 hours.

Denied Requests

- Communication of the denial determination and rationale (for Medicare Advantage, this communication precedes the actual denial notice).
- Denial notice contains reconsideration options based on the members health plan and line of business.
- The notice also includes instructions on how to request a clinical consultation.

Authorization Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician.
- Approval information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal.
- The member will receive the letter in the mail.

Denial Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician
- Denial information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal
- The member will receive the letter in the mail.

Urgent prior authorization requests

How can I submit a prior authorization request for an urgent medical situation?

Medically urgent services: definition

Medically urgent services address conditions that are a **risk to the patient's life, health, or ability to regain maximum function**, or when the patient is having severe pain that requires a medically urgent procedure.

Requesting an urgent prior authorization

- This option is not available for situations that are *not* medically urgent (such as administrative delays, scheduling, etc.)

- You can submit **medically urgent** prior authorization requests online at eviCore.com.

- When you see the question "Is this request standard/routine?" respond "No." Your case will be automatically be sent to the urgent work list.

- You may also call eviCore with an urgent request. 866.743.9630

- Urgent requests are reviewed within 24 hours.

Authorization scenarios and follow-up options

Scenario	Options for commercial plans	Options for MA plans
1. *My authorization request was pended for additional information. I haven't rendered the service yet.*	**Request eviCore peer-to-peer clinical consultation or submit additional clinical information to eviCore.***	
2. *My authorization request was denied. I haven't rendered the service yet.*	**Request eviCore reconsideration (re-review) for potential overturn of denial***	**Request eviCore consultation or submit appeal with supporting records to BCBSAZ*** eviCore consultation can't be used to overturn the denial
3. *My authorization request was denied. I have already rendered the service, but haven't submitted a claim yet.*	**Submit appeal with supporting records to BCBSAZ***	**Submit claim with supporting records to BCBSAZ**
	eviCore consultation can't be used to overturn the denial	
4. *Oops! I didn't request authorization before rendering the service. I haven't submitted a claim yet.*	**Request post-service retrospective review within 30 days** The request may be denied and penalties may apply	
5. *Oops! I didn't request authorization before rendering the service. I have already submitted a claim.*	**Follow instructions on your remit for post-service, post-claim retrospective review** The request may be denied and penalties may apply	
6. *I disagree with the final authorization denial decision.*	**Submit appeal with supporting records to BCBSAZ*** eviCore consultation can't be used to overturn the denial	

* Follow the instructions in your eviCore notice for submitting additional information or requesting clinical consultations.

How does a Peer-to-Peer Consultation (P2P) work?

How P2Ps work for Medicare Advantage plans

If a request has been pended for additional clinical information, follow the instruction on the notice from eviCore. If the determination decision has not yet been made, the consultation could influence the initial decision.

If a denial decision has already been made, the information shared in the consultation may *not* be used to overturn the denial. The information shared in the consultation may be used in submitting an appeal.

How to request an eviCore P2P

Providers, nurse practitioners and physician assistants can request a clinical consultation by:

- Visiting evicore.com/provider/request-a-clinical-consultation and requesting a scheduling appointment

- Using the Self-Service P2P consultation option from the Authorization Lookup tool on the provider portal, eliminating the need to receive a scheduling callback:

Provider Portal Overview

Account Access

eviCore Provider Portal
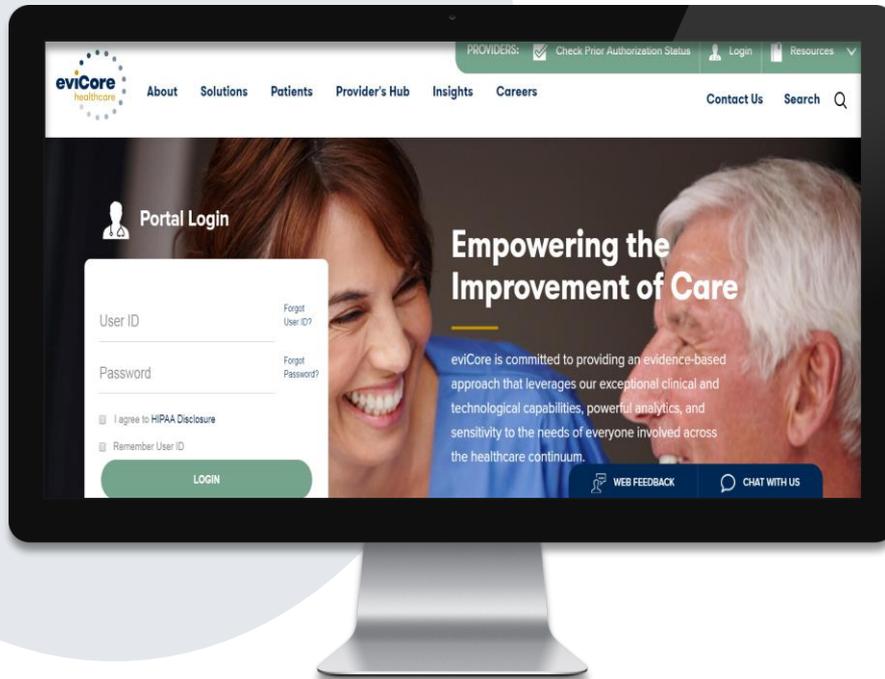
The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:
866.540.2406
7:00 a.m. to 7:00p.m.
(Monday – Friday)

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our **Disabling Pop-Up Blockers guide.**

Access the tool from the BCBSAZ MA Secure Provider Portal – Resources page

Access the eviCore request tool from the BCBSAZ MA secure provider portal at azbluemedicare.com > Resources > Prior Authorization and Care Management:

Prior Authorization and Care Management

Care Management Referral Form

Part B Drug List – BCBSAZ

Part D Drug Coverage Determination Form (Submit Online)

Part D Drug Coverage Determination Fax Form

Prior Authorization eviCore Overview – BCBSAZ

Prior Authorization Requirements eviCore MSK Code List – BCBSAZ

Prior Authorization Request Fax Form

Prior Authorization Requests/Status: eviCore

Prior Authorization Requirements Code List 2020 – BCBSAZ

Prior Authorization Requirements Code List 2020 – P3 Health Partners

You can also access the tool from the Prior Auth page

Related Resources:

- Part B Drug List – BCBSAZ
- Part D Drug Coverage Determination Form (Submit Online)
- Part D Drug Coverage Determination Fax Form
- Prior Authorization eviCore Overview – BCBSAZ
- Prior Authorization Requirements eviCore MSK Code List – BCBSAZ
- Prior Authorization Request Fax Form
- Prior Authorization Requests/Status: eviCore
- Prior Authorization Requirements Code List 2020 – BCBSAZ
- Prior Authorization Requirements Code List 2020 – P3 Health Partners
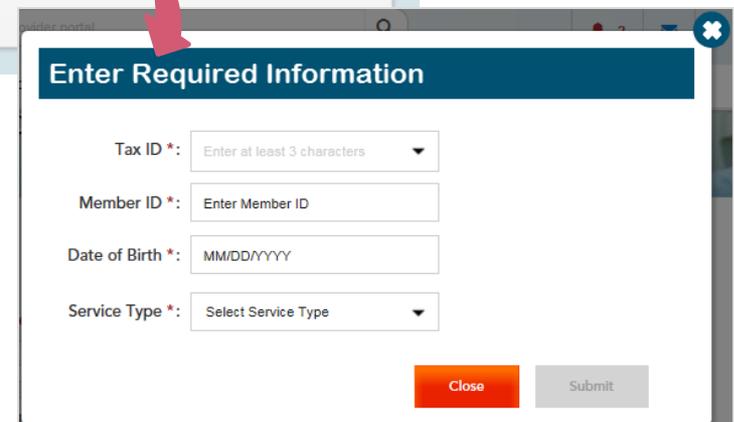
Enter Required Information

Tax ID *: Enter at least 3 characters

Member ID *: Enter Member ID

Date of Birth *: MM/DD/YYYY

Service Type *: Select Service Type

Close   Submit

Login Options: Which one is best for your needs?

Direct login from eviCore site vs. Single Sign-On (SSO) from BCBSAZ MA secure portal

FUNCTIONS	Notes	
Save & Finish Later	To find and resume a specific authorization request, you must be logged in the same way you were when you created the request	
Create Request	The SSO link in the BCBSAZ MA secure portal works only for BCBSAZ MA members.	When logged in to eviCore directly, you can make authorization requests for members of any insurance plan utilizing eviCore.
View Summary	You can only see the authorization summary tab when you are logged in to eviCore directly. The summary tab displays your recent cases from all insurance plans.	

eviCore healthcare Website

· ·

Visit www.evicore.com

Portal Login

User ID

Forgot User ID?

Password

Forgot Password?

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? Register Now

Already a user?
If you already have access to eviCore's online portal, simply login with your

User ID and Password and begin submitting requests real-time!

Don't have an account?
Click "Register Now" and provide the necessary information to receive access today!

Creating An Account

Select <u>CareCore National</u> as the **Default Portal**, and complete the user registration form.

Review information provided, and click "**Submit Registration.**"

Provider Portal Overview

Adding Providers

Welcome Screen
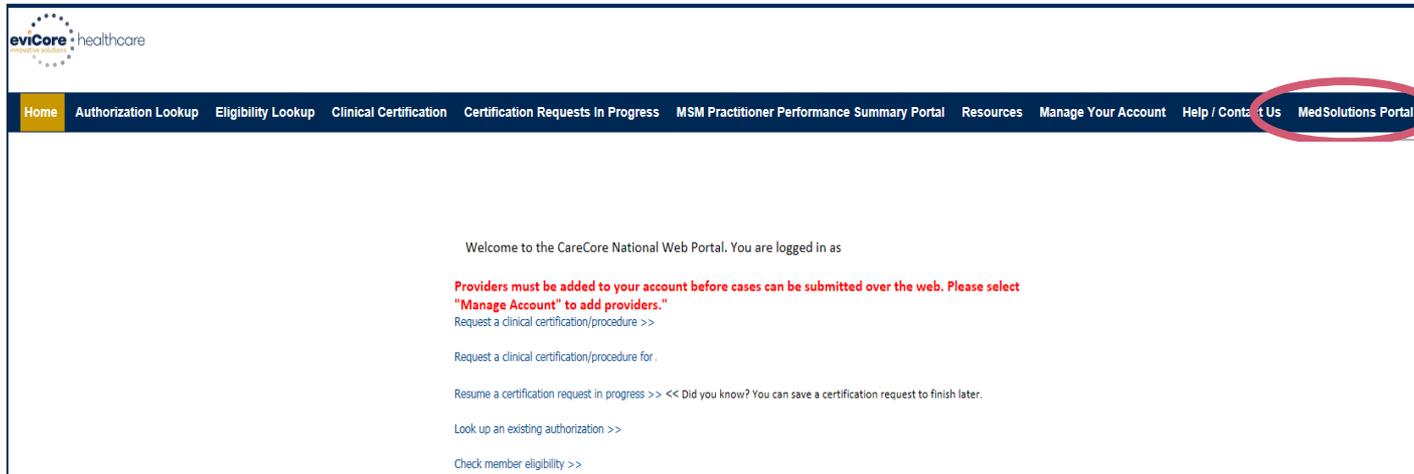
- Providers will need to be added to your account prior to case submission. Click the "**Manage Account**" tab to add provider information.

Add Practitioners

Manage Your Account

Office Name:

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary
Contact: User Account
Email Address: Test@email.com

| Change Password | Edit Account |

[Add Provider]

Click Column Headings to Sort

No providers on file

[Cancel]

Click the "**Add Provider**" button.

Add Practitioners

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | MedSolutions Portal |

Add Practitioner

Enter Practitioner information and find matches.

Practitioner NPI
Practitioner State
Practitioner Zip

Find Matches   Cancel

Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | MedSolutions Portal |

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

Add This Practitioner   Cancel

Select the matching record based upon your search criteria

Manage Your Account

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | MedSolutions Portal |
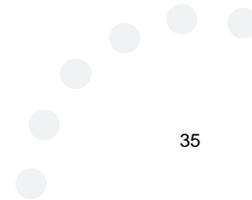
Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner] [Continue]

- Once you have selected a practitioner, your registration will be completed. You can then access the **"Manage Your Account"** tab to make any necessary updates or changes.

- You can also click **"Add Another Practitioner"** to add another provider to your account.

Certification Summary

- **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.**

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating A Case

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | Med Solutions Portal |

Welcome to the CareCore National Web Portal. You are logged in

Review a summary of recent certifications >>

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

Horizon Pilot Designation Program >>

Choose "request a clinical certification/procedure" to begin a new case request.

Select Program

Clinical Certification

Please select the program for your certification:
- ○ Radiology and Cardiology
- ○ Specialty Drugs
- ○ Radiation Therapy Management Program (RTMP)
- ○ Musculoskeletal Management
- ○ Sleep Management
- ○ Lab Management Program
- ○ Durable Medical Equipment(DME)
- ○ Medical Oncology Pathways

Cancel | Print | Continue

Click here for help or technical support

Select the Program for your certification.

Select Provider

Select the Practitioner/Group for whom you want to build a case.

Select Health Plan

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | Med Solutions Portal |

20% Complete

Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click here for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan ▼

Cancel Back Print Continue

Click here for help or technical support

Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information

Enter the Provider's name and appropriate information for the point of contact individual.
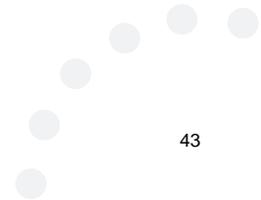
Member/Procedure Information

Attention!

Has this procedure been performed?

YES   NO

Verify if the procedure has already been performed.

Member Information

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

Clinical Details

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

This procedure will be performed on 4/1/2019. [CHANGE]

60% Complete

Provider and NPI

Patient   EDIT

Musculoskeletal Management Procedures

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

64493   ▼ | FACET INJ LUMBOSACRAL, 1 LEVEL   ▼

Don't see your procedure code or type of service? **Click here**

Diagnosis

Primary Diagnosis Code: **R68.89**
Description: **Other general symptoms and signs**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[   ]   [LOOKUP]

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

Select the **CPT** and **Diagnosis** codes.

46

Verify Service Selection

Wednesday, January 16, 2019 11:05 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Confirm your service selection.

Procedure Date:	4/1/2019
CPT Code:	64493
Description:	FACET INJ LUMBOSACRAL, 1 LEVEL
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

Cancel   Back   Print   Continue

Click here for help or technical support

Click continue to confirm your selection.

Site Selection

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

Site Selection

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

[   ]

Cancel   Back   Print   Continue

Click here for help or technical support

This page allows you to enter an email address for a facility representative.

Clinical Certification

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

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 CareCore National.

Cancel | Back | Print | Continue

Click here for help or technical support

- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**

- **You will not have the opportunity to make changes after that point.**

Contact Information

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

Is this case Routine/Standard?

Yes   No

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard select Yes.

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Medical Review

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.
Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification Pathway

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us | MedSolutions Portal |

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

TYPE OF CONDITION

Please select Developmental for all pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy)

ⓘ Indicate the type of condition that therapy is being requested for:

[▼]

SUBMIT

☐ Finish Later

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

Cancel   Print

Click here for help or technical support

Clinical Certification

ⓘ Please select the primary area:

[▼]

ⓘ Is there a second body part being treated?

[No second body part being treated ▼]

SUBMIT

Attestation

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print | SUBMIT CASE

Click here for help or technical support

Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Clinical Certification

According to the presented information, this request for Physical Therapy meets medical necessity criteria.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:

Patient Name:	Patient Id:
Insurance Carrier:	

Site Name:	Site ID:
Site Address:	

Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
CPT Code:	MSMPT	Description:	PHYSICAL THERAPY
Authorization Number:			
Review Date:	3/29/2019 2:15:20 PM		
Approved Treatment Start Date:	4/1/2019		
Expiration Date:	5/1/2019		
Status:	According to the presented information, this request for Physical Therapy meets medical necessity criteria.		

Print Continue

Click here for help or technical support

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.

Medical Review

Clinical Certification

Your case has been sent to Medical Review

Provider Name:	**Contact:**
Provider Address:	**Phone Number:**
	Fax Number:

Patient Name:	**Patient Id:**
Insurance Carrier:	

Site Name:	**Site ID:**
Site Address:	

Primary Diagnosis Code: R68.89   **Description:** Other general symptoms and signs

Secondary Diagnosis Code: **Description:**

CPT Code: MSMPT   **Description:** PHYSICAL THERAPY

Modifier:
Authorization Number:
Review Date:
Expiration Date:
Status: Pending

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top "Your case has been sent to Medical Review".

Print the screen and store in the patient's file.

Building Additional Cases

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.

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

| Home | **Authorization Lookup** | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal |

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: 9/15/2017 10:45:49 AM
Correspondence: VIEW CORRESPONDENCE
Clinical Upload: UPLOAD ADDITIONAL CLINICAL

Self-Service Peer to Peer Scheduling Feature

- eviCore's scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation (P2P)
- Search for an authorization to determine if a case is eligible for a P2P
- If the case is eligible for a P2P, a link will display, allowing scheduling without any additional messaging

- Pay attention to any messaging that displays. In some instances, a P2P is allowed, but the case decision cannot be changed. Instead, a Consultative Only P2P can be scheduled. The "All Post Decision Options" button will display any other action that may be taken.

Eligibility Look Up

eviCore • healthcare

| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us |

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Medical necessity determination required.**

Print Done Search Again

Click here for help or technical support

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You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.

Clinical Details

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

This procedure will be performed on 4/1/2019. CHANGE

Musculoskeletal Management Procedures

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

JOINT ▼   JOINT SURGERY ▼

Don't see your procedure code or type of service? **Click here**

Diagnosis

Primary Diagnosis Code: **R68.89**
Description: **Other general symptoms and signs**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[   ]   LOOKUP

Cancel Back Print Continue

Click here for help or technical support

60% Complete

Provider and NPI

Patient

EDIT

Select the CPT and Diagnosis codes.

Verify Service Selection

Wednesday, January 16, 2019 11:05 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Confirm your service selection.

Procedure Date:	4/1/2019
CPT Code:	JOINT
Description:	JOINT SURGERY
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

Cancel   Back   Print   Continue

Click here for help or technical support

Click continue to confirm your selection.

Clinical Certification Pathway

Clinical Certification

ⓘ Please enter the primary CPT code for this surgery.

[   ]

ⓘ Which side is the procedure being performed on?

○ Left   ○ Right

ⓘ Please select the Place of Service in which this procedure will be performed:

○ 11 - Office
○ 19 - Off Campus-Outpatient Hospital
○ 21 - Inpatient Hospital
○ 22 - Outpatient Hospital
○ 24 - Ambulatory Surgical Center

ⓘ Do you want to enter a second code for this Hip surgery?

☐ Yes   ○ No

[SUBMIT]

☐ Finish Later

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

[Cancel] [Print]

Click here for help or technical support

Once you have entered the clinical collection phase of the case process, you can save the information and return within two business days to complete.

Clinical Details

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

This procedure will be performed on 4/1/2019. [CHANGE]

Musculoskeletal Management Procedures

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

[SPINE ▼] [SPINE SURGERY ▼]

Don't see your procedure code or type of service? **Click here**

Diagnosis

Primary Diagnosis Code: **R68.89**
Description: **Other general symptoms and signs**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[_____] [LOOKUP]

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

60% Complete

Provider and NPI

Patient

EDIT

Select the CPT and Diagnosis codes.

Verify Service Selection

Wednesday, January 16, 2019 11:05 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Confirm your service selection.

Procedure Date:	4/1/2019
CPT Code:	SPINE
Description:	SPINE SURGERY
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

Cancel   Back   Print   Continue

Click here for help or technical support

Click continue to confirm your selection.

Clinical Certification Pathway

Clinical Certification

🔵 Please enter the primary CPT code for this surgery.

[ ]

🔵 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)

[1]

🔵 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.

🔵 Please select the Place of Service in which this procedure will be performed:

- ⚪ 11 - Office
- ⚪ 19 - Off Campus-Outpatient Hospital
- ⚪ 21 - Inpatient Hospital
- ⚪ 22 - Outpatient Hospital
- ⚪ 24 - Ambulatory Surgical Center

[SUBMIT]

☐ Finish Later

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

[Cancel] [Print]

Click here for help or technical support

Once you have entered the clinical collection phase of the case process, you can save the information and return within two business days to complete.

Clinical Certification Pathway

Clinical Certification

ⓘ Is there any additional information specific to the member's condition you would like to provide?

◉ Yes ○ No

Enter text in the space provided below or continue.

ⓘ Additional Information - Notes:

[text area]

`SUBMIT`

☐ Finish Later

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

`Cancel` `Print`

Click here for help or technical support

Once you have entered the clinical collection phase of the case process, you can save the information and return within two business days to complete.

Provider Resources

Provider Resources

Prior Authorization Call Center – 866.743.9630

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

Providers can contact our call center to do one of 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

Provider Resources

Web Support Services

The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated Web Support specialists that 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

Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com

- Select the Resources tab to view Clinical Guidelines, Online Forms, and more.

- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select the Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Provider Resources

Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing

- Requests for an authorization to be resent to the health plan

- Consumer Engagement Inquiries

- Eligibility issues (member, rendering facility, and/or ordering physician)

- Issues experienced during case creation

- Reports of system issues

How to Contact our Client and Provider Services team

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

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.

Provider Resources

BCBSAZ Provider Resource Page

The BCBSAZ provider resource page includes helpful resources:

- Frequently Asked Questions
- Program Overview
- Code Lists
- Clinical Guidelines
- Clinical Worksheets

To access the page, please visit

www.evicore.com/resources/healthplan/azblue

Provider Enrollment Questions – Contact BCBSAZ Provider Assistance at 602-864-4320 or 1-800-232-2345

Customized Provider Resource Page

www.evicore.com/healthplan/azblue

Access clinical guidelines, code lists, clinical worksheets, and other helpful resources for the BCBSAZ eviCore programs.

Questions for eviCore? Contact Client Services at ClientServices@eviCore.com or call 1-800-646-0418 (option 4)

Questions for BCBSAZ? Contact Provider Assistance at 602-864-4320 or 1-800-232-2345

Thank You!