

Musculoskeletal Management | Pain, Joint and Spine Surgery

Provider Orientation Session for Select Health of South Carolina Family of Companies

June 2023



Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
 - Online P2P Scheduling Tool

Clinical Approach

"Our guidelines are the foundation of who we are."

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:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Occupational Therapy Association
- American Physical Therapy Association
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

Program Overview

Prior Authorization from eviCore healthcare is required for:

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/Lumbar
 - Decompressions
 - Fusions

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

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

Site of Care/Inpatient Stays:

Program Overview

- eviCore healthcare will review Spine and Joint surgery precertification requests for medical necessity and make a determination based on the clinical information provided.
- eviCore will collect the requested place of service during the precertification process. If the procedure requires an inpatient stay, eviCore will review the site of care for medical necessity in addition to the procedure.
- If an inpatient stay is deemed medically necessary, eviCore will communicate the appropriate length of the inpatient stay in the determination letter.
- eviCore does not provide concurrent bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the healthplan using their existing concurrent review process.



First Choice of South Carolina Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for MSK: Pain/Joint and Spine services on May 1st for dates of service **May 1, 2023** and after.

Applicable Membership:

First Choice of South Carolina Family of Companies

- First Choice by Select Health of South Carolina Inc
- First Choice VIP Care Plus
- First Choice VIP Care

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization from eviCore does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



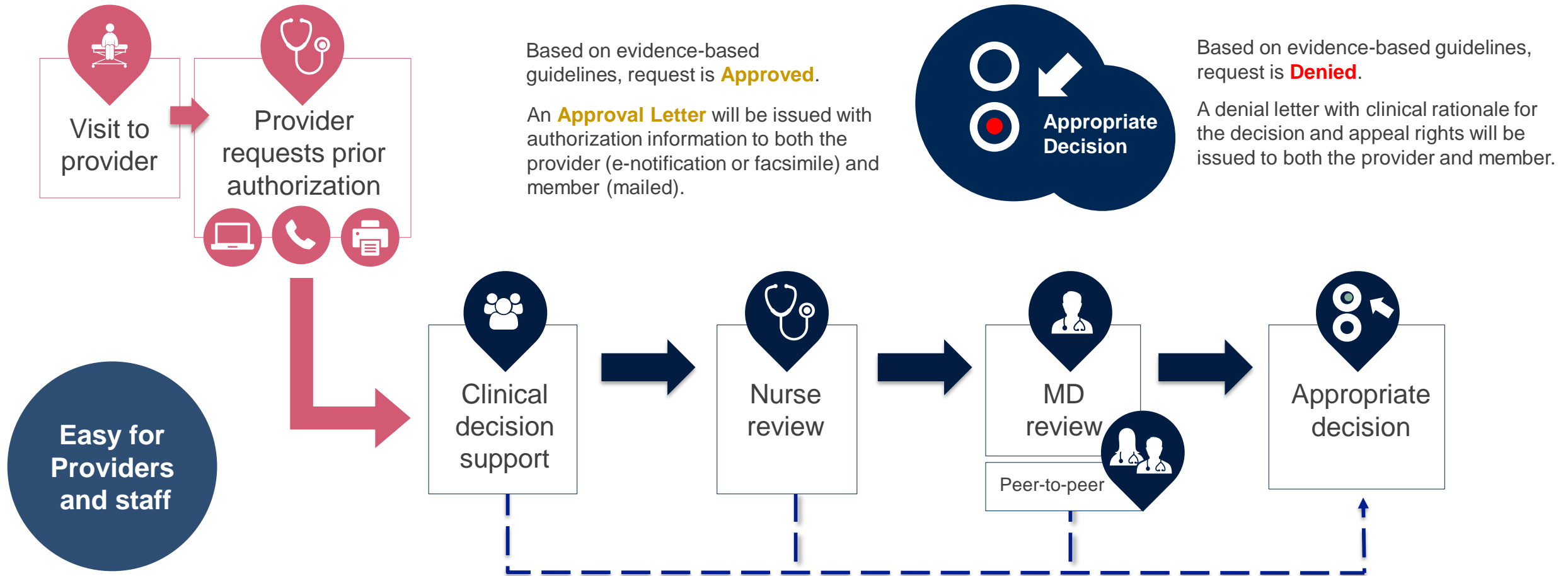
Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: www.navinet.net or call Provider Services at:

First Choice by Select Health South Carolina | 1-800-741-6605 First Choice VIP Care Plus | 1-888-978-0862

First Choice VIP Care | 1-888-978-0151

Submitting Requests

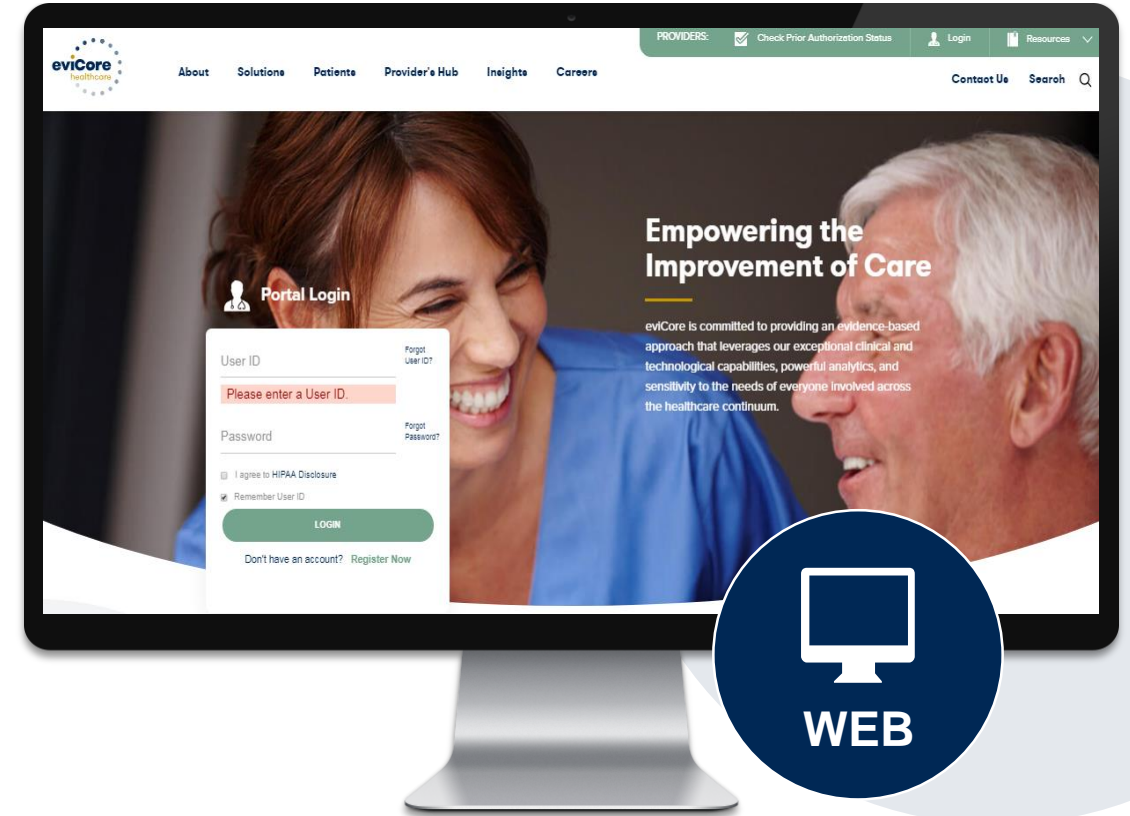
Utilization Management – The Prior Authorization Process



Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **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:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Self-service Tools:** schedule clinical consultations and initiate appeals via the portal
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:

877-506-5193

Monday through Friday:
7 am – 7 pm local time

Fax Number:

MSK | 800-540-2406

Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member

- Health Plan ID
- Member name
- Date of birth (DOB)

3. Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



2. Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

4. Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent



Pre-Decision Options: Medicare Members

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

There are three ways to supply the requested information to eviCore for review:

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
 - Additional clinical information must be submitted to eviCore in advance of the due date referenced
- Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **1-844-545-9213** or **uploaded** directly into the case via the provider portal at www.eviCore.com
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions)
 - The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the provider and member, and status will be available on www.eviCore.com

Prior Authorization Outcomes, Special Considerations and Post Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for 90 days from the date of submission for outpatient procedures, and from the procedure date + 7 days for inpatient procedures
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).

Notifications:

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:

www.eviCore.com



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 180 calendar days from the date of services (*NH requires submission within 120 calendar days*)
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 calendar days (*DC within 14 days & PA within 15 days*)
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 877-506-5193 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com, under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore **will not** process first-level appeals

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- However, once a denial decision has been made, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore **will not** process first-level appeals

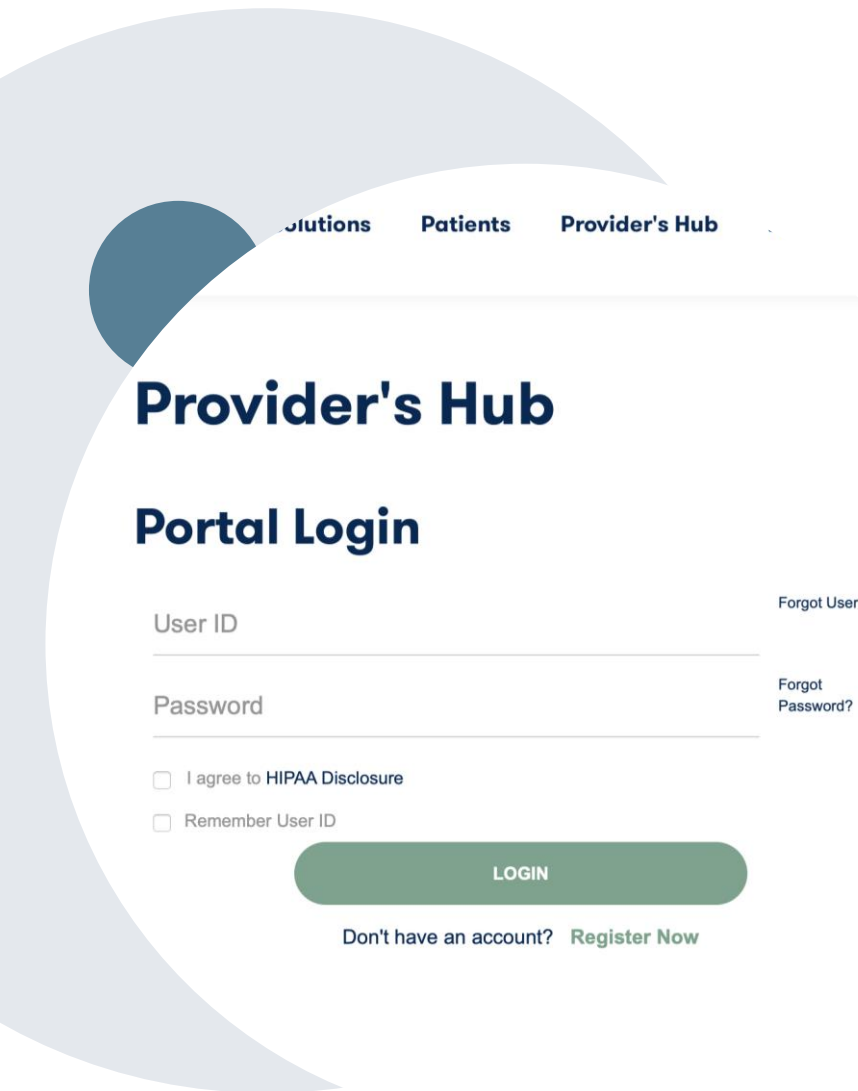
Provider Portal Overview

Portal Compatibility

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

- Microsoft Edge
- Google Chrome
- Mozilla Firefox

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](#).



eviCore healthcare Website

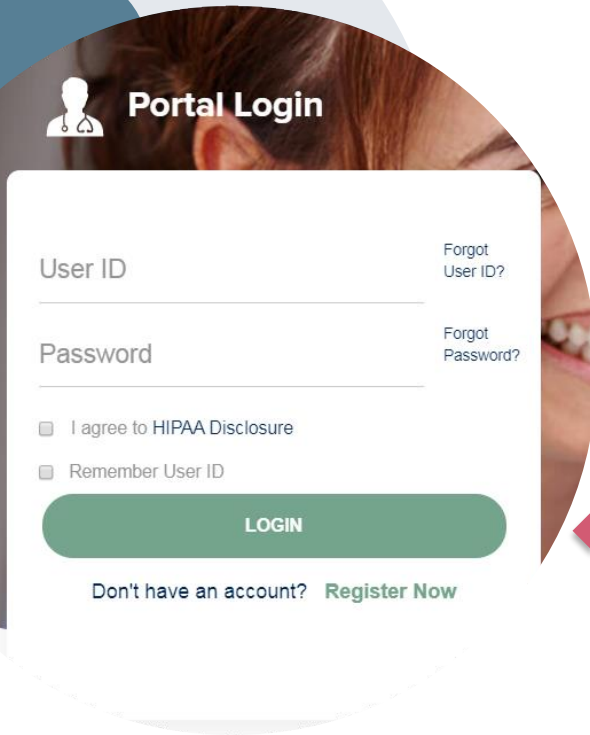
Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

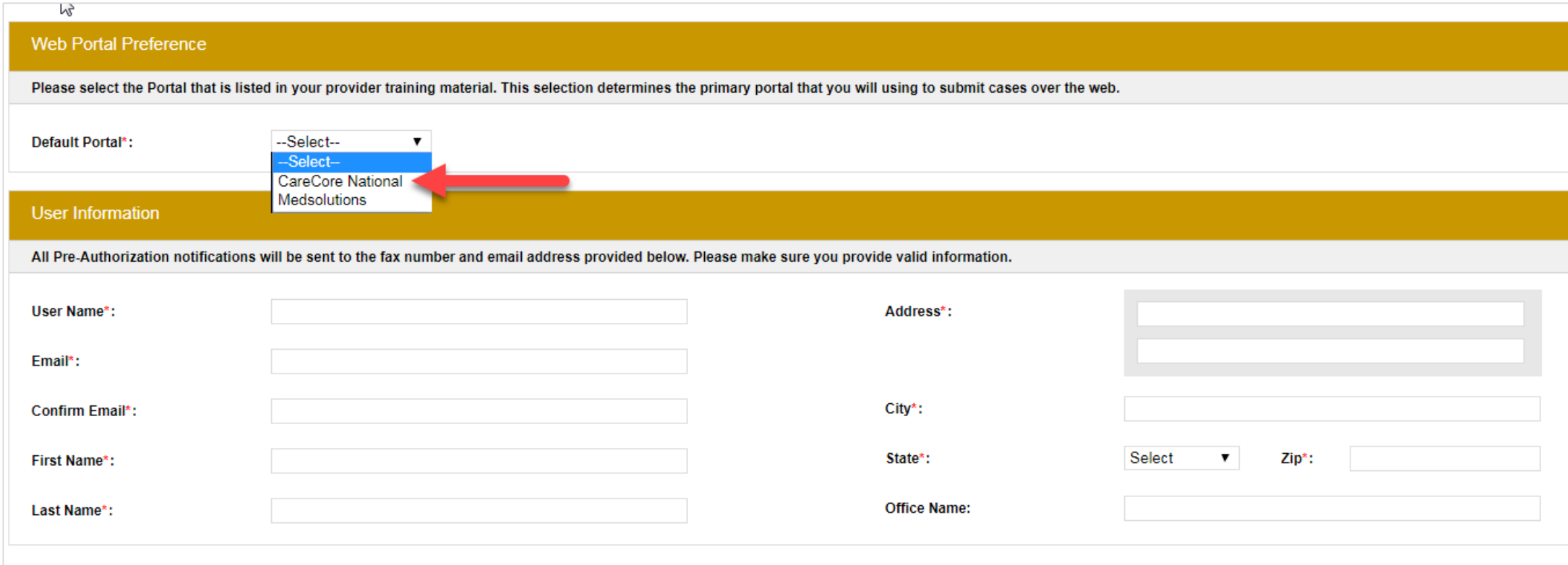
☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Creating an Account



Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--
--Select--
CareCore National Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

| | | | | |
|-----------------|----------------------|--------------|----------------------|----------------------------|
| User Name*: | <input type="text"/> | Address*: | <input type="text"/> | |
| Email*: | <input type="text"/> | | <input type="text"/> | |
| Confirm Email*: | <input type="text"/> | City*: | <input type="text"/> | |
| First Name*: | <input type="text"/> | State*: | Select | Zip*: <input type="text"/> |
| Last Name*: | <input type="text"/> | Office Name: | <input type="text"/> | |

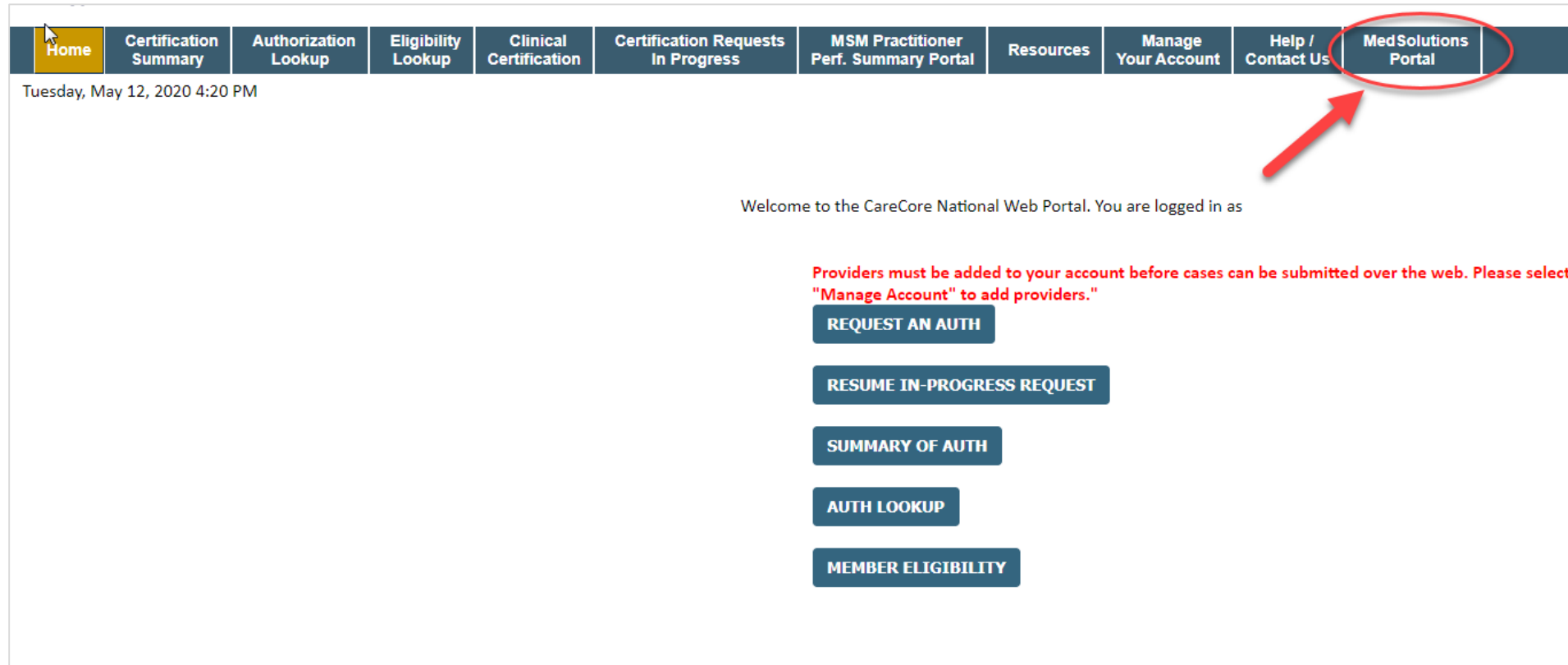
- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Multi-Factor Authentication MFA

The image displays two side-by-side screenshots of a 'Set up Two Factor Authentication' interface. The left screenshot shows the 'SMS' option selected, with a 'Register Mobile Number' field containing 'USA (+1) 123-456-7890' and a 'Send PIN' button. The right screenshot shows the 'Email' option selected, with a 'Register Email Address' field containing 'example@evicore.com' and a 'Send PIN' button. Both screens include a 'Please enter the PIN sent to your [Mobile Number / Email Address]' field and a 'Submit' button.

- To safeguard your patients' private health information (PHI) we have implemented a **multifactor authentication (MFA)** process.
- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.
- Select “**Send Pin,**” and a 6-digit pin is generated and sent to your chosen device.
- After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. **You will need to perform the MFA process every time you log in.**

Welcome Screen



Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

[CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

[FIND MATCHES](#) [CANCEL](#)

- Select the “**Manage Your Account**” tab, then the “**Add Provider**” option
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based on your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “**Add Another Practitioner**” to add another provider to your account
- You can access the “**Manage Your Account**” tab at any time to make any necessary updates or changes

Select Program

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
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Monday, June 13, 2022 9:03 AM

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☒ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

[Click here for help](#)

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Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Select Provider

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Monday, June 13, 2022 9:04 AM

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCHCLEAR SEARCH

| Provider | |
|----------|--|
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |
| SELECT | |

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BACKCONTINUE

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10% Complete

Choose the requesting provider from the providers listed on your account. If your provider is not listed, you can add a new provider under the Manage Your Account tab.

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Choose the appropriate insurer from the drop down menu:

First Choice by Select Health

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [?] [?]

Fax:* [?] [?]

Phone:* [REDACTED] [?]

Ext.: [?] [?]

Cell Phone: [?]

Email: [REDACTED]

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select **CONTINUE** and on the next screen add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive **e-notifications**

Procedure Date

Attention!

Time: 6/13/2022 9:08 AM

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)

Jun

2022

Please enter today's date.

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Attention!

Time: 6/13/2022 9:08 AM

You entered a date of service of today. Has this procedure or treatment already been completed?

☐ Yes

☒ No

SUBMIT

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Patient Eligibility Lookup

| | | | | | | | | | | |
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Monday, June 13, 2022 9:08 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

Do not include prefix. Enter numeric digits only.

ELIGIBILITY LOOKUP

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40% Complete

Provider and NPI

Patient Eligibility Lookup

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Monday, June 13, 2022 9:11 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

Do not include prefix. Enter numeric digits only.

CLEAR PATIENT SELECTION

Patient Cell Phone

()

Patient Email

BACK

CONTINUE

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Contact Us

Attention!

Patient ID:

Time: 6/13/2022 9:11 AM

Patient Name:

Please provide the patient's best contact number including area code.

SUBMIT

UNKNOWN

40% Complete

Provider and NPI

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Clinical Details

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Monday, June 13, 2022 9:12 AM

Requested Service + Diagnosis

This procedure was performed on / / .

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:

Description:

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

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CONTINUE

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For **Interventional Pain** requests, enter the CPT code in the drop down box.

For **Joint or Spine Surgery** requests, choose JOINT or SPINE from the drop down box.

60% Complete

Provider and NPI

Patient

EDIT

Clinical Details

Attention!

Will you also be the surgeon performing the procedure?

YES

NO

If you answer NO, you will have the option of entering a rendering surgeon.

Attention!

Surgeon Search

Use the fields below to search for specific providers. 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 provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI:

TIN:

Zip Code:

City:

Provider Name:

☒ Exact match

☐ Starts with

LOOKUP PROVIDER

Verify Treatment Selection



| | | | | | | | | | | | |
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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 by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI or 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:

Zip Code:

Site Name:

TIN:

City:

- ☒ Exact match
☐ 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**

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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 Surgery Pathway

Clinical Collection Process – Pathway Questions



| | | | | | | | | | | |
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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.

Thoracic surgery is not in scope for this program.

SUBMIT

☐ Finish Later

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

CANCEL

Clinical Collection Process – Pathway Questions



| | | | | | | | | | | | |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|--|
| | 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 | |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|--|

Wednesday, July 01, 2020 3:31 PM

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

Proceed to Clinical Information

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

☒ Yes ☐ No

SUBMIT

☐ Finish Later

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

CANCEL

Clinical Collection Process – Pathway Questions



| | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|
| 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|

Wednesday, July 01, 2020 3:32 PM

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

Proceed to Clinical Information

SPINE / LEVEL

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

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


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

No urgent or emergent conditions exist

SUBMIT

Joint Surgery Pathway

Clinical Collection Process – Pathway Questions



Home

Authorization
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Worklist

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Contact Us

Monday, June 13, 2022 11:16 AM

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

☐ Left

☐ Right

SUBMIT


☐ Finish Later

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request to finish later.

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Clinical Collection Process – Pathway Questions



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Monday, June 13, 2022 11:17 AM

Proceed to Clinical Information

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

☐ Yes ☒ No

SUBMIT

☐ Finish Later

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Clinical Collection Process – Pathway Questions



| | | | | | |
|------|-------------------------|-------------------------|-----------------------------|---------------------|----------------------|
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|------|-------------------------|-------------------------|-----------------------------|---------------------|----------------------|

Monday, June 13, 2022 11:17 AM

Proceed to Clinical Information

 Please indicate which ligament will be reconstructed:

SUBMIT

☐ Finish Later

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Clinical Collection Process – Pathway Questions



| | | | | | |
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|------|-------------------------|------------------------|-----------------------------|---------------------|----------------------|

Monday, June 13, 2022 11:18 AM

Proceed to Clinical Information

Does your patient report any of the following? (choose all that apply)

- ☐ Unable to participate in age appropriate activities of daily living ☐ Knee instability indicated by giving way, weakness, or buckling
☐ Inability to meet demands of employment ☐ None of the above
☐ Need to return to activities that require cutting, pivoting, and/or agility ☐ Unknown

Does your patient have an acute injury with documented hemarthrosis, effusion, and joint instability?

- ☐ Yes ☐ No ☐ Unknown

Does your patient have a positive Lachman, Anterior Drawer, or Pivot Shift test?

- ☐ Yes ☐ No ☐ Unknown

Please indicate if MRI, CT arthrogram, or arthroscopy demonstrates the following? (Choose all that apply)

- ☐ A tear/disruption/significant laxity of the anterior cruciate ligament ☐ Neither of the above
☐ A repairable meniscus tear (identified by arthroscopy) ☐ Unknown

SUBMIT

☐ Finish Later

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

Interventional Pain Pathway


Clinical Collection Process – Pathway Questions



| | | | | | |
|------|-------------------------|-------------------------|-----------------------------|---------------------|----------------------|
| Home | Authorization Lookup | Med Solutions Portal | CareCore National Portal | Unified Worklist | Help / Contact Us |
|------|-------------------------|-------------------------|-----------------------------|---------------------|----------------------|

Monday, June 13, 2022 2:21 PM

Proceed to Clinical Information

 Please indicate the reason for this procedure:

To treat post-herpetic neuralgia

To treat low back pain (radiculopathy/radicular pain/non-radiating pain)

To inject Spinraza® (nusinersen)

A trial for an implanted pump

For obstetrical or surgical anesthesia

To manage perioperative pain

You can save a certification
request to finish later.

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Clinical Collection Process – Pathway Questions



| | | | | | | |
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|------|-------------------------|-------------------------|-----------------------------|---------------------|----------------------|--|

Monday, June 13, 2022 2:23 PM

Proceed to Clinical Information

Lumbar Epidural Injection

- Please indicate the type of injectate(s) that will be used (choose all that apply):
- ☐ Anesthetic
- ☐ Corticosteroid
- ☐ Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- ☐ Spinraza® (nusinersen)
- ☐ Other injectate(s)
- ☐ Unknown

How many levels will this procedure be performed at?

SUBMIT

☐ Finish Later

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Clinical Collection Process – Pathway Questions



| | | | | | | |
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|------|-------------------------|-------------------------|-----------------------------|---------------------|----------------------|--|

Monday, June 13, 2022 2:23 PM

Proceed to Clinical Information

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

SUBMIT

☐ Finish Later

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Clinical Collection Process – Pathway Questions



| | | | | | |
|------|----------------------|---------------------|--------------------------|------------------|-------------------|
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|------|----------------------|---------------------|--------------------------|------------------|-------------------|

Monday, June 13, 2022 2:24 PM

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 exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

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

☐ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

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

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Case Summary – 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 – 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 MANGU ARJUNA VESTIL | Contact: | 1000 |
| Provider Address: | 1200 6TH AVE N SAINT CLOUD, MN 56303 | Phone Number: | (320) 250-1000 |
| | | Fax Number: | (320) 250-1000 |
| Patient Name: | DAVID L. SMITH | Patient Id: | 1000000 |
| Insurance Carrier: | WELLS FARGO | | |
| Site Name: | COMMONWEALTH HOSPITAL LLC | Site ID: | 1000000 |
| Site Address: | 875 COMBLY ROAD SE DUBLIN, GA 30128 | | |
| Primary Diagnosis Code: | M43.16 | Description: | Spondylolisthesis, lumbar region |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | Description: | Spine Surgery |
| CPT Code: | SPINE | | |
| Authorization Number: | 1000000 | | |
| Review Date: | 5/13/2020 1:52:08 PM | | |
| Expiration Date: | 6/27/2020 | | |
| Status: | Your case has been Approved. | | |

CANCEL

PRINT

CONTINUE

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request



Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider ([REDACTED])
- ☐ Program and Provider (Radiation Therapy Management Program and [REDACTED])
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Provider Resources

Dedicated eviCore Teams | South Carolina

Call Center

- Phone: (877) 506-5193
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

Regional team that works directly with the provider community

Oncology, Lab, MSK, PT/OT

Chris Plante

p: 912-312-2007

e: cplante@evicore.com

Sleep and DME

Latrice Anderson

p: 502-546-8685

e: landerson2@evicore.com

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 Materials
- CPT code list

To access these helpful resources, please visit:

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Q & A



Thank You!

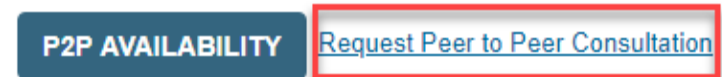


Appendix

Online P2P Scheduling Tool


How to Schedule a Peer to Peer Consultation

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

| | |
|-----------------------|--------|
| Authorization Number: | NA |
| Case Number: | |
| Status: | Denied |
| P2P Status: | |



P2P AVAILABILITY

How to Schedule a Peer to Peer Consultation

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

| | | |
|-------------------------|---|---|
| Authorization Number: | NA | Request Peer to Peer Consultation |
| Case Number: | | |
| Status: | Denied | |
| P2P Eligibility Result: | Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified. | |
| P2P Status: | | |

[ALL POST DECISION OPTIONS](#)

The diagram illustrates the navigation path from the 'Authorization Lookup' section. A blue arrow points from the 'Request Peer to Peer Consultation' link to the 'ALL POST DECISION OPTIONS' button. Another blue arrow points from the 'ALL POST DECISION OPTIONS' button back to the 'Request Peer to Peer Consultation' link, indicating a cycle or a return path.

Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Consultation

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

Case Ref #: Remove ✓ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

| Member Information | Case P2P Information |
|--------------------|-------------------------------------|
| Name | Episode ID |
| DOB | P2P Valid Until 2020-11-11 |
| State | Modality MSK Spine Surgery |
| Health Plan | Level of Review Reconsideration P2P |
| Member ID | System Name ImageOne |

Continue

How to Schedule a Peer to Peer Consultation

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

MSK Spine Surgery

Level of Review

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

| | | | | |
|-----|------|-----|-------|-----|
| Mon | Tues | Wed | Thurs | Fri |
| ✓ | ✓ | ✓ | ✓ | ✗ |

Preferred Times

| Morning | | | | | Afternoon | | | | | | |
|--------------|--------------|---------------|----------------|----------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 7:00 to 8:00 | 8:00 to 9:00 | 9:00 to 10:00 | 10:00 to 11:00 | 11:00 to 12:00 | 12:00 to 1:00 | 1:00 to 2:00 | 2:00 to 3:00 | 3:00 to 4:00 | 4:00 to 5:00 | 5:00 to 6:00 | 6:00 to 7:00 |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Time Zone

US/Eastern

Continue >

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

| Mon 5/18/20 | Tue 5/19/20 | Wed 5/20/20 | Thu 5/21/20 | Fri 5/22/20 | Sat 5/23/20 | Sun 5/24/20 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 6:15 pm EDT | - | - | - | - | - | - |
| 6:30 pm EDT | - | - | - | - | - | - |
| 6:45 pm EDT | - | - | - | - | - | - |

1st Priority by Skill

| Mon 5/18/20 | Tue 5/19/20 | Wed 5/20/20 | Thu 5/21/20 | Fri 5/22/20 | Sat 5/23/20 | Sun 5/24/20 |
|--------------|--------------|--------------|--------------|-------------|-------------|-------------|
| 3:30 pm EDT | 2:00 pm EDT | 4:15 pm EDT | 3:15 pm EDT | - | - | - |
| 3:45 pm EDT | 2:15 pm EDT | 4:30 pm EDT | 3:30 pm EDT | - | - | - |
| 4:00 pm EDT | 2:30 pm EDT | 4:45 pm EDT | 3:45 pm EDT | - | - | - |
| 4:15 pm EDT | 2:45 pm EDT | 5:00 pm EDT | 4:00 pm EDT | - | - | - |
| Show more... | Show more... | Show more... | Show more... | - | - | - |

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How to Schedule a Peer to Peer Consultation

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

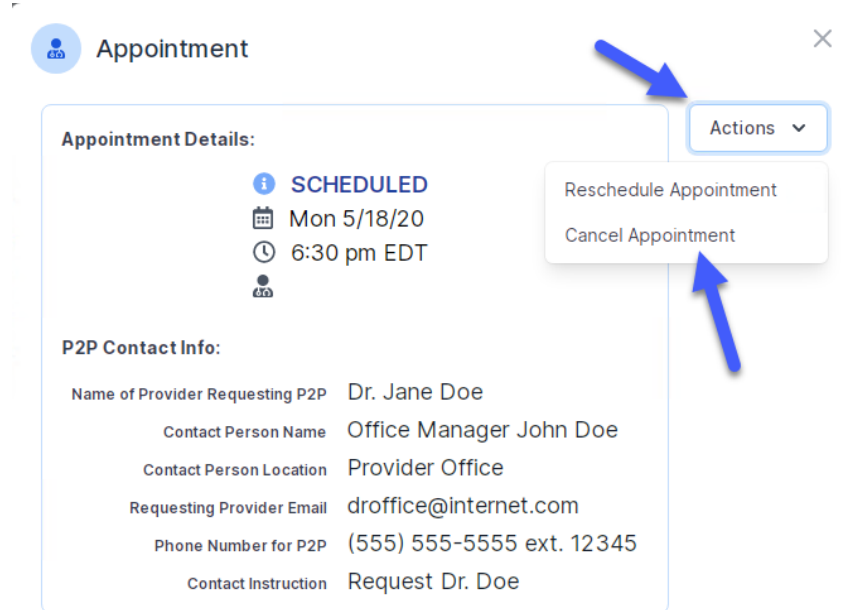
The screenshot shows a four-step process bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section on the right contains several input fields with blue arrows indicating where to update information: 'Name of Provider Requesting P2P' (containing 'Dr. Jane Doe'), 'Contact Person Name' (containing 'Office Manager John Doe'), 'Contact Person Location' (a dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (containing '(555) 555-5555'), 'Phone Ext.' (containing '12345'), 'Alternate Phone' (containing '(xxx) xxx-xxxx'), 'Phone Ext.' (containing 'Phone Ext.'), 'Requesting Provider Email' (containing 'droffice@internet.com'), and 'Contact Instructions' (containing 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the form.

The screenshot shows a 'Scheduling' section with a calendar icon. Below it, the word 'Scheduled' is displayed. A summary bar shows the date and time as 'Mon 5/18/20 - 6:30 pm EDT' with a calendar icon and a person icon. On the right side of this bar, the word 'SCHEDULED' is enclosed in a red oval.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action
 - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
 - If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done