Prior Authorization of Therapy, Chiropractic and Acupuncture Services

Health Alliance Medical Plans

Applicable Membership

Authorization for physical therapy, occupational therapy, speech therapy, chiropractic, massage therapy, and acupuncture services is required for Health Alliance Medical Plans members enrolled in the following programs:

- **Commercial**

- **Medicare Advantage**

Program Overview

Starting August 1, 2018 Health Alliance's new and improved prior authorization program will go live.

Prior authorization applies to services that are:

• Outpatient

Prior authorization does NOT apply to services performed in the following:

- Emergency room
- Inpatient
- Home health

It's the responsibility of the performing provider to request prior authorization approval for services.

Prior Authorization Required:

- **Physical Therapy**
- **Occupational Therapy**
- **Speech Therapy**
- **Chiropractic Services**
- **Massage Therapy**
- **Acupuncture**

To find a list of CPT codes that require prior authorization through eviCore, please visit:

www.evicore.com/healthplan/Health_Alliance

What is corePath^{SM}?

Focused on the Member
Authorization strategy emphasizes the unique attributes of a specific member's condition and any associated complexities.

Streamlined for Providers
Providers will experience a simplified and consistent prior authorization process that requires only key clinical information.

Appropriate Decision
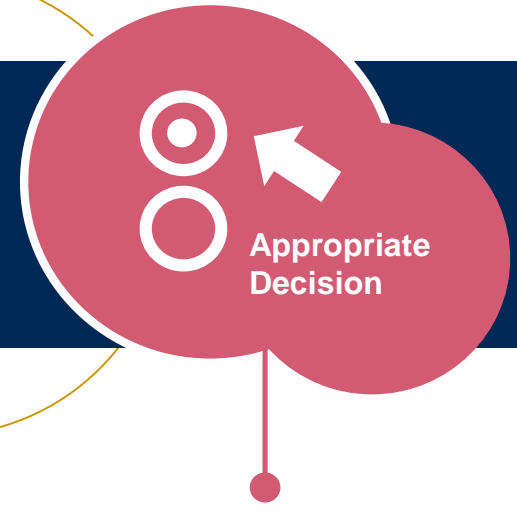
Condition-Specific Approvals
Visits allocated in accordance with condition severity/complexity, functional loss and confirmation that care is progressing as planned.
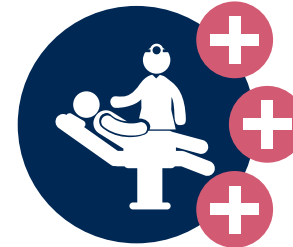
corePath^{SM}: How it Works…

1

Initial visit allocation
Based on each patient's needs

2

Additional visits authorized
Based on each patient's confirmed progress

Getting to the Right Yes vs the Wrong No

✔ Collects only key clinical information

✔ Uses validated measurement tools

✔ Considers complexities

✔ Focuses on progress

✔ Captures lack of progress reasons

✔ Confirms effectiveness of treatment

Ongoing care requires more detailed review to identify the individual patient's special need

Pathway Comparisons: Initial Requests

Initial Requests:

- Function-based – incorporates clinical, social, ADL factors

- Validated assessments – objective comparison

- Clinical factors that identify more complex cases based on key clinicals, chronicity

- Patient severity and complexity established at entry point

Follow-Up Requests:

- Re-statement of functional status

- Focus on progress and effectiveness of treatment – 'dynamic assessment'

- Identify progress – attestation plus functional scale change

- Identify reasons for lack of progress – compliance, re-injury, exacerbation, etc.

Sample corePath^{SM} Pathway

Initial Requests

Case Related Questions:

- Identify new care vs. continuing care based on treatment area, not time

- Identify primary area of treatment

- First indicator of complexity – second <u>unrelated</u> treatment area

Sample corePath^{SM} Pathway

Initial Requests, continued….

4 → ⓘPlease enter the Oswestry Disability Index score (in %)

46

5 → ⓘDoes your patient have radiating pain below the knee?

⦿ Yes ◯ No ◯ Unknown

6 → ⓘHow many occurrences of low back pain has your patient had in the past 3 years?

◯ 1 ⦿ 2 ◯ 3 ◯ 4 or more

Submit

High Potential for Immediate Approval When Pathway is Completed!

Initial Clinical Questions:

- Enter functional score, if available
  - Oswestry Index
  - Neck Disability Index
  - LEFS
  - Dash / QuickDASH
  - HOOS JR/KOOS JR

- Incorporates ROM, Strength, Pain, etc.

- Complexity:
  - Neural signs
  - Chronicity

Sample corePath^{SM} Pathway

Follow-Up Clinical Questions:

- Current and Previous Functional Score

- Complexity Question – Neural Signs

- Progress
  - Validated scores have MCD (minimal clinical difference) as progress indicator
  - Clinical Assessment

Follow-Up Request

1 ⓘ Please enter the Oswestry Disability Index score (in %)
`41`

ⓘ Please enter the previous ODI score
`46`

2 ⓘ Does your patient have radiating pain below the knee?
○ Yes ● No

3 ⓘ Has your patient progressed as expected?
● Yes ○ No

Submit

High Potential for Immediate Approval When Pathway is Completed!

Sample corePath[SM] Pathway

Follow-Up Request – Lack of Progress Identified

ⓘ You indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

☑ Patient "overdid" activities or exercise resulting in temporary increase in symptoms   ☐ New injury resulting in significant change

☐ Symptoms progressed despite treatment   ☐ Patient did not participate in clinical visits or home program

ⓘ Please indicate the nature of the new injury OR overuse incident.

N/A

Lack of Progress:

- Categories of explanations

- Used in algorithm to determine care

- Future, additional pathway to identify details

corePath^{SM} Results

- ✓ Elimination of pre-set waivers or tiers

- ✓ Increased provider satisfaction

- ✓ Reduced administrative burden for providers

- ✓ Increased opportunity for real-time decisions

- ✓ Expanded, member-focused decisions

- ✓ Decreased case review turn-around-times

- ✓ Patients receive the right amount of care in a timely manner

Clinical Review Process

Methods of Intake

START

Predictive Intelligence/clinical decision support

Real-time decision with web

Easy for providers and staff

Clinical Peer review

Doctor review

Peer to peer

Appropriate decision
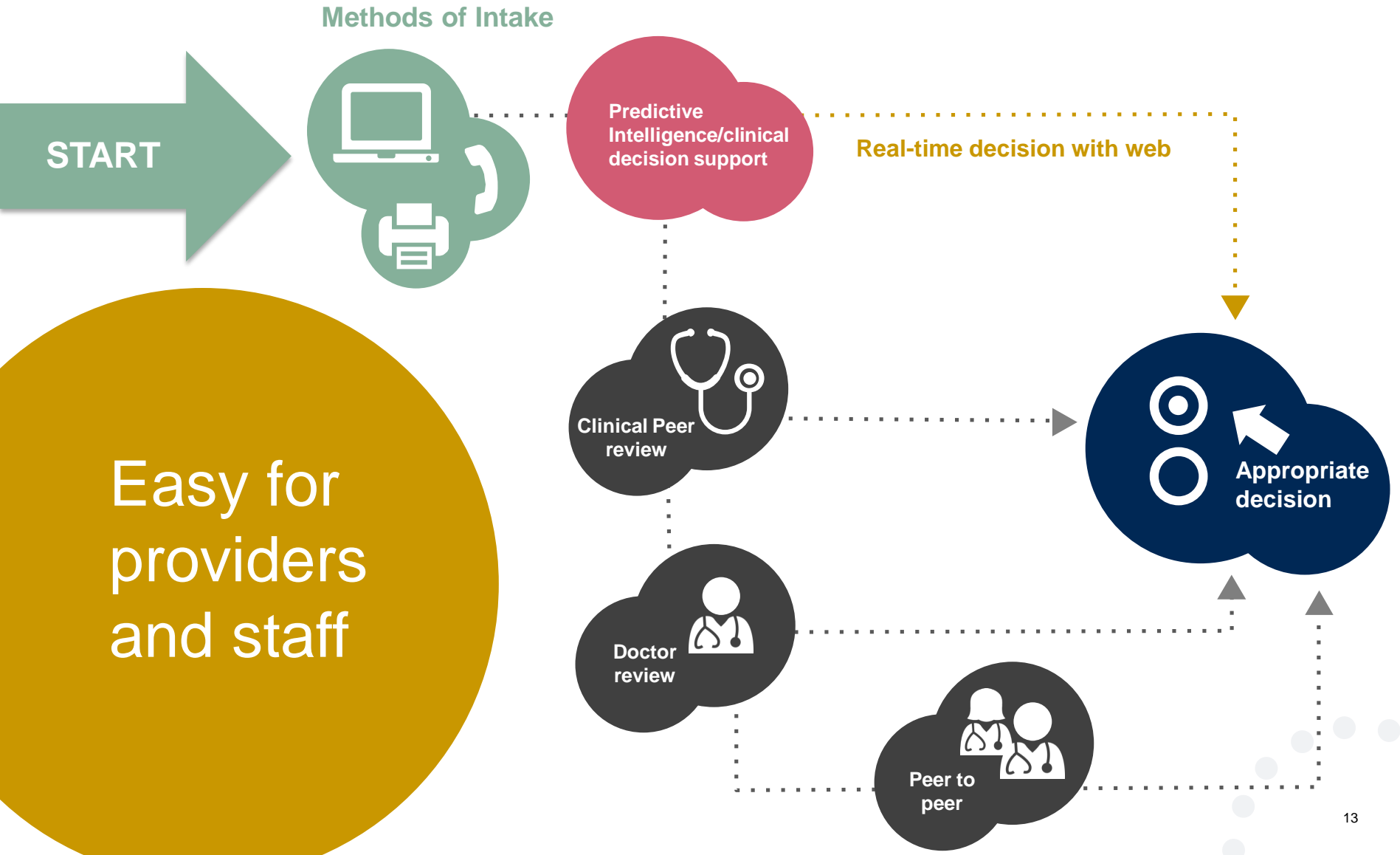
Clinical Information Worksheets

- The clinical worksheets are specific to PT, OT, speech, chiropractic, massage therapy, and acupuncture, and designed to assist with the submission of patient and provider information for medical necessity review.

- Worksheets should be used as a guide for questions the provider will be prompted to answer when completing the online requests.

- These worksheets should be completed by the provider during the initial consultation and treatment planning, collecting the clinical information to allow for ease of submission.

- Worksheets are available through the Health Alliance implementation website and are specific to the service request.

https://www.evicore.com/healthplan/health_alliance

Sample MSK corePath^SM Forms

Worksheets for the following conditions are available for corePath:

- PT/OT MSK Conditions (all joints, the hand and pelvic health)
- Lymphedema
- Vestibular
- PT Neurodevelopmental
- OT Neurodevelopmental
- Speech (adult + pediatric)
- Chiropractic
- Massage Therapy
- Acupuncture

**Neurological conditions will utilize former pathway

Musculoskeletal Program: PT/OT Therapy Intake Form

Required for all MSK Conditions (Except Hand)

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care):	Date of Submission:
Service Type Requested: ☐ Physical Therapy ☐ Occupational Therapy	

PATIENT

First Name:	MI:	Last Name:
Member ID:	DOB (mm/dd/yyyy):	Gender: ☐ Male ☐ Female
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Cell Phone:	Primary: ☐ Home ☐ Cell
Member Health Plan/Insurer:		

PROVIDER

First Name:	Last Name:
Primary Specialty:	TIN:	NPI:
Physician Phone:	Physician Fax:
Address:	Suite #:
City:	State:	Zip:
Office Contact:	Ext:	Email:

ADMINISTRATIVE

Diagnoses:

Code	Description	Code	Description

Start Date for this Request:

This is a (please select the most appropriate response):
☐ New condition not previously treated   ☐ Same/previous condition

Date of most recent evaluation: ___ Start of care for identified condition: ___

Date of current findings: ___

Primary Treatment Area:

Spine:	☐ Cervical / Upper Thoracic	☐ Lower Thoracic / Lumbar / Pelvis	
Upper Extremity:	☐ Shoulder / Arm	☐ Elbow / Wrist / Forearm	
Lower Extremity:	☐ Hip / Thigh	☐ Knee	☐ Ankle / Foot

Secondary Treatment Area:

Spine:	☐ Cervical / Upper Thoracic	☐ Lower Thoracic / Lumbar / Pelvis	
Upper Extremity:	☐ Shoulder / Arm	☐ Elbow / Wrist / Forearm	
Lower Extremity:	☐ Hip / Thigh	☐ Knee	☐ Ankle / Foot

Previous Treatment – Leave Blank if N/A:
If the member requires treatment for a new condition, what was the previous condition?   ☐ N/A
☐ Cervical / Upper Thoracic   ☐ Lower Thoracic / Lumbar / Pelvis   ☐ UE - Shoulder/Arm
☐ UE - Elbow/Wrist/Forearm   ☐ LE – Hip/Thigh   ☐ LE – Knee   ☐ LE – Ankle/Foot

What is the status of the previous treatment?	☐ Condition Resolved	☐ Ongoing Treatment	☐ N/A
Is this request for fabricating a splint/orthotic or developing a home exercise program only?	☐ Yes	☐ No	

Clinical Worksheet Example –

Preauthorization Outcomes

Approved Requests:

- corePath may give immediate approval for the 1st and 2nd request (Speech – 1st request only)
- All requests are processed within **2** business days after receipt of all necessary clinical information.
- Authorizations are typically good for **30-90 days** from the requested start of care date.

Delivery:

- Faxed to the provider
- Mailed to Medicare members only (not commercial)
- Information can be printed on demand from the Health Alliance Web Portal: YourHealthAlliance.org

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Mailed to provider
- Mailed to member (both Medicare and commercial)

Preauthorization Outcomes – Commercial

Reconsiderations:

- A reconsideration is a post-denial, pre-appeal process that allows for the medical necessity determination for the treatment to be reconsidered prior to going to appeal.
- Must be requested within **14 calendar days** of the date of determination
- The provider will have the opportunity to discuss the decision with a clinical peer reviewer.

Clinical Consultation:

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

Appeals:

- Appeals are managed by the health plan

Preauthorization Outcomes – Medicare Advantage

Pre-Decision Consultation:

- If your case requires further clinical information for authorization, eviCore will reach out to the provider to offer a discussion with a clinical peer reviewer prior to a decision being rendered.

- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.

Appeals:

- Appeals are managed by the health plan

Special Circumstances

Retrospective Services:

- If the first treatment is provided with the evaluation, retro-authorization is permitted for the evaluation/treatment visit only. If treatment is not provided with evaluation, the provider must get prior authorization for subsequent visits (earliest date they can request additional visits is the day of submission).

Urgent Requests:

- Contact eviCore by phone to request an expedited authorization review and provide clinical information
- Urgent cases will be reviewed within 24 hours (not to exceed 72 hours) of the request.

Prior Authorization Requests

Friendly Reminder: Submit Online!

www.YourHealthAlliance.org

Available 24/7 and the **quickest, most efficient** way to create prior authorizations and check existing case status. Web submissions also have a high potential for immediate approval!

WEB

Or by phone:
1-844-303-8452
7 a.m. to 7 p.m. (local time) Monday through Friday

Fax: 1-800-540-2416

Initiating a Case
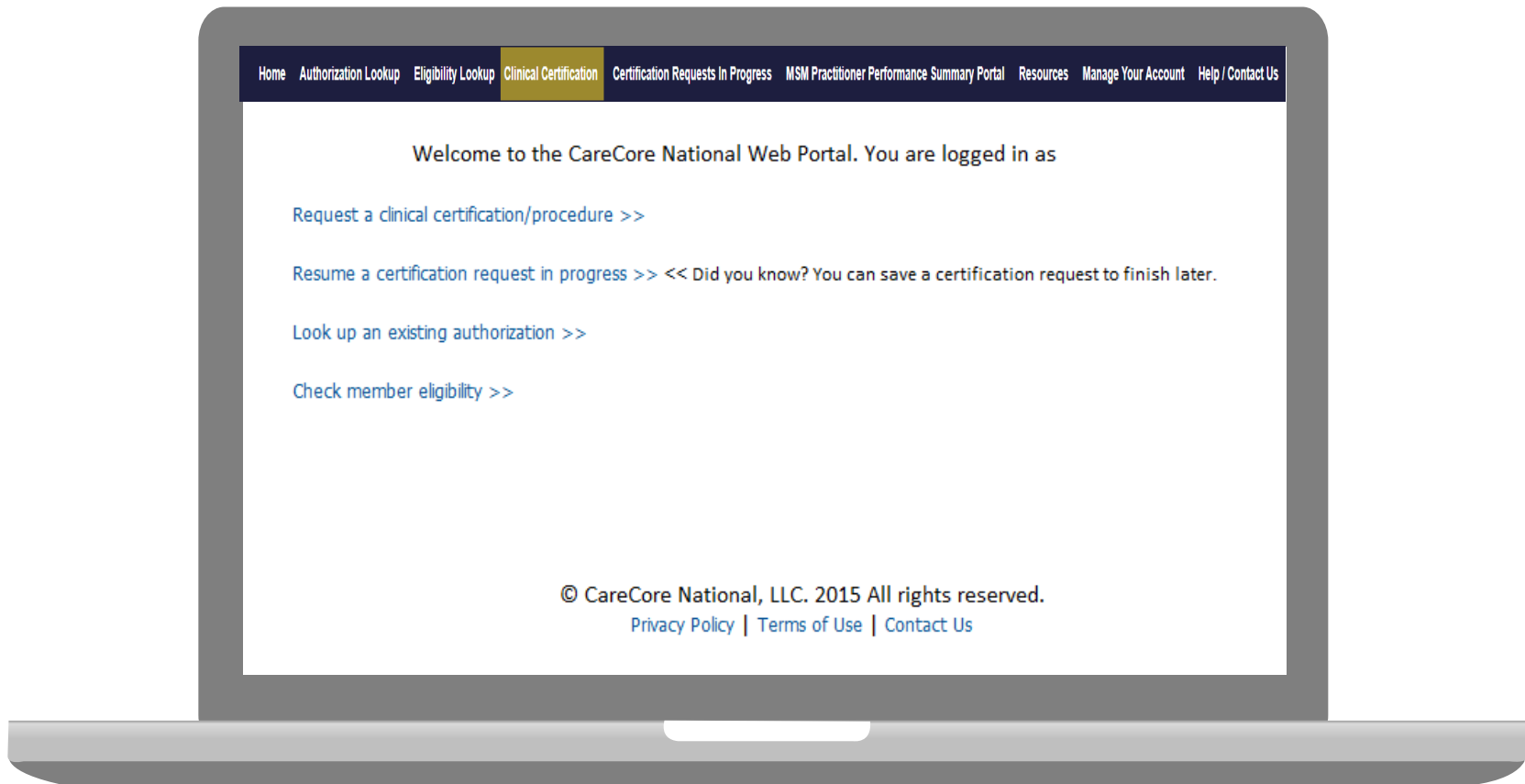
- **Choose "request a clinical certification/procedure" to begin a new case request.**

Service Options
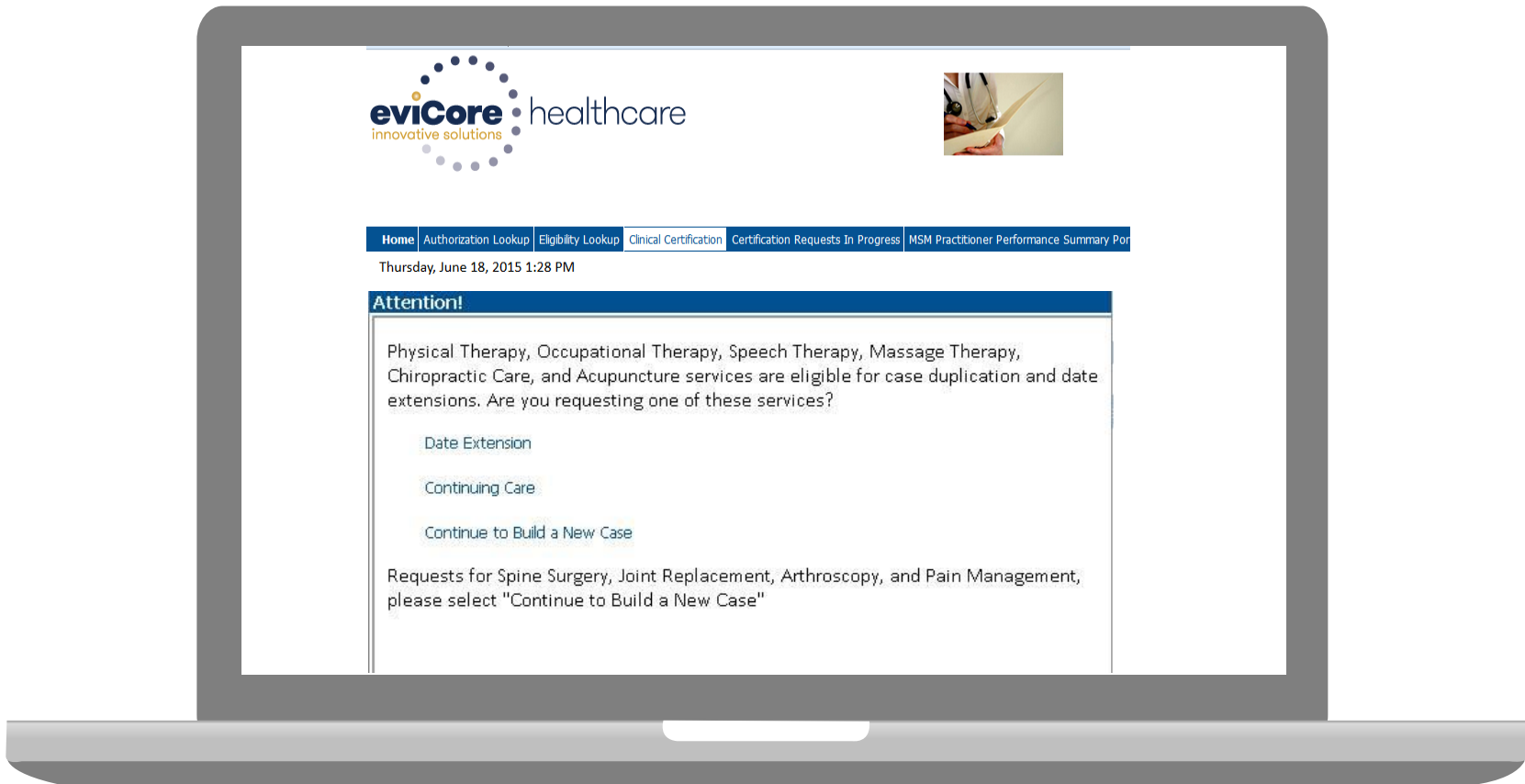
Select Date Extension, Continuing Care, **or** Build a New Case. **The Date Extension and Continuing Care options do not apply to Spine/Joint and Pain Management requests.**

Select Program

> Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account | Help / Contact Us
>
> ## Clinical Certification
>
> Please select the program for your certification:
>
> ● Musculoskeletal Management
> ○ Radiation Therapy Management Program (RTMP)
>
> [Cancel] [Print] [Continue]
>
> Click here for help or technical support

Select the Musculoskeletal Management program for your certification.

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider:

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.

Add Your Contact Info

Provider's Name:*   [?]
Who to Contact:*   [?]
Fax:*   [?]
Phone:*   [?]
Ext.:   [?]
Cell Phone:
Email:

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**

Member Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* [ ] MM/DD/YYYY

Patient Last Name Only:* [ ] [?]

ELIGIBILITY LOOKUP

BACK

- Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup

Member History
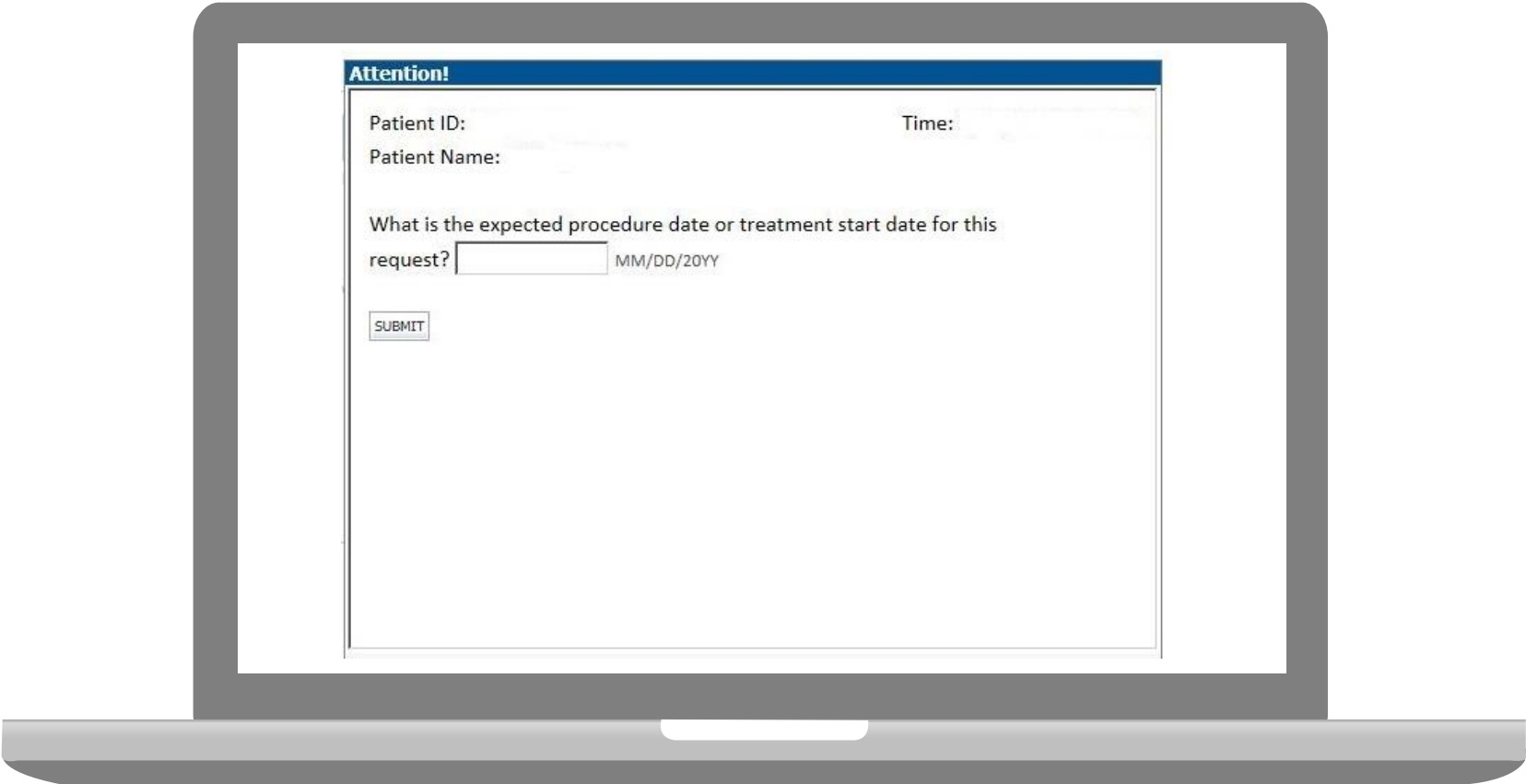
Member History

Patient ID

Time: 9/2/2015 5:47 PM

Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
9/2/2015					A

OK PRINT THIS PAGE

Verify Service Selection

Click continue to confirm your selection.

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, 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 Details

Clinical Certification

This procedure will be performed on 7/1/2016. [CHANGE]

Musculoskeletal Management Procedures

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

| MSMPT ▾ | PHYSICAL THERAPY ▾ |

Diagnosis

Diagnosis Code: **M54.12**
Description: **Radiculopathy, cervical region**
Change Diagnosis

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

Click here for help or technical support

Pause/Save Option

Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.

Medical Review

Clinical Certification

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

○ I would like to upload a document

○ I would like to enter additional notes in the space provided

○ I would like to upload a document and enter additional notes

◉ I have no additional information to provide at this time

Enter text in the space provided below or both.

ⓘ Additional Information - Notes:

ⓘ You may upload a document from your computer (PDF or Word less than 5MB)

ⓘ Additional Upload Document:

Browse...

SUBMIT

If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone. Providing clinical information via the web is the quickest, most efficient method.

Medical Review

Clinical Certification

☑ I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:
  1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
  2. In the opinion of a provider, with knowledge of the member's medical condition, indicates 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.

☑ I also further 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

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code:
Secondary Diagnosis Code:

Description:
Description:

CPT Code:

Description:

Modifier:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

Print | Continue

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.

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 ( )
○ Program and Provider (Radiation Therapy Management Program and)
○ 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!

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.**

Authorization Status

New Security Features Implemented

Authorization Number:	NA
Case Number:	
Status:	Additional Information Required
Approval Date:	
Service Code:	
Service Description:	Physical Therapy
Site Name:	
Expiration Date:	
Date Last Updated:	9/15/2017 10:45:49 AM
Correspondence:	VIEW CORRESPONDENCE
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Important Tips

- The provider should always complete the initial evaluation BEFORE submitting a request for prior authorization.

- Submission by web increases the chance of a real time approval for the initial and second request.

  - Requests that report lack of progress will be reviewed by a clinical peer reviewer.

  - A clinical peer reviewer will review all requests after the second request – from the 3rd request on there will be no real time approval available (2nd request on for Speech).

- In order to receive an appropriate decision to best treat the member's condition, it is important that all questions are answered.

Important Tips

- Currently, this approach is not available for neurological conditions. However, an updated clinical collection process/pathway is being developed.

- You may request additional visits as early as 7 days prior to the requested start date.

- Requests should include current outcomes measures and clinical information.

- Worksheets are available to assist.

Important Tips

- Spread the visits/units over the approved period

- Medicare only: Requests for additional visits prior to the end date of partially approved authorization require an appeal to the health plan
  - Case will be expired and you will be advised to follow the appeal process

- Cases with no information or incomplete clinical information may take up to 14 days to process as allowable by CMS
  - eviCore will reach out to the provider in multiple ways to obtain the necessary clinical information
  - When we receive the information, the case will be reviewed
 - If clinical has not been received by the 12th day, the case may be denied.

Provider Resources

How to schedule a Peer to Peer Request

....

- 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.
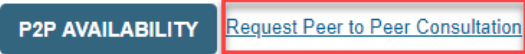
Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	
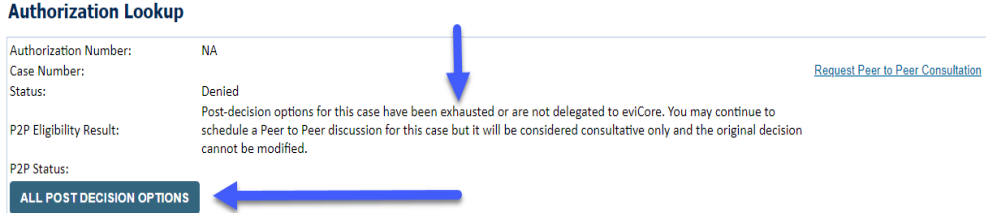
How to schedule a Peer to Peer Request

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
Case Number:	
Status:	Denied

Request Peer to Peer Consultation

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 Eligibility Result:

P2P Status:

ALL POST DECISION OPTIONS

be transferred to our scheduling software via a new browser window.
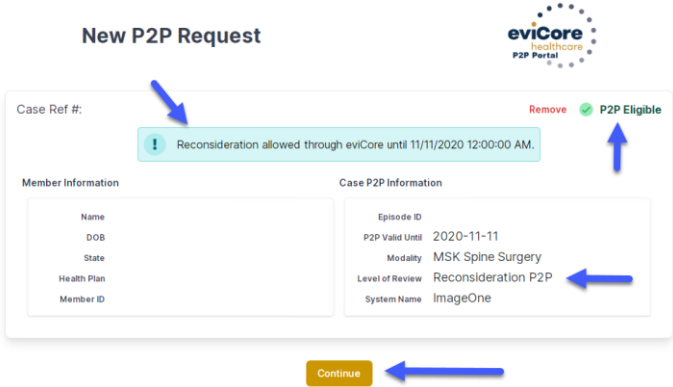
How to Schedule a Peer to Peer Request
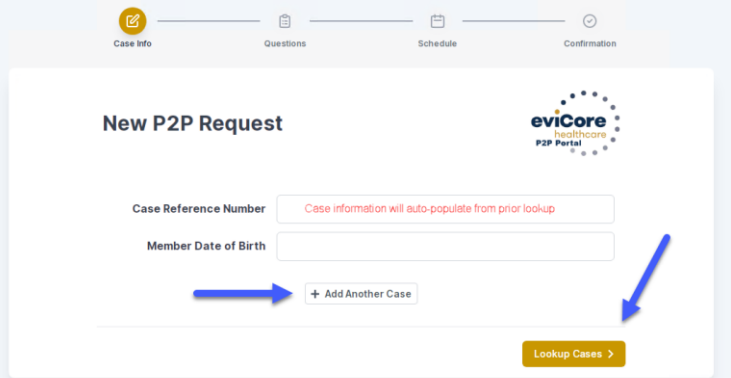
default time zone.

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.

How to Schedule a Peer to Peer Request

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.

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.

How to Schedule a Peer to Peer Request

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.

How to Schedule a Peer to Peer

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.

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
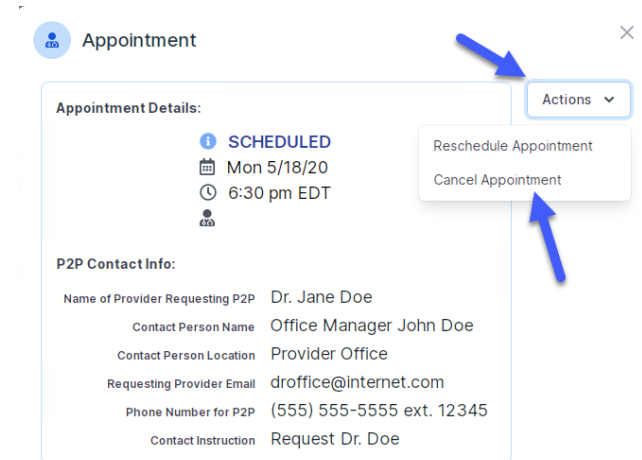
- Close browser once done

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 Resources: Pre-Certification Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

7:00 AM - 7:00 PM (Local Time): 844-303-8452

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: 800-540-2406

Provider resources: Web-based services

Pre-certification call center

Web-based services

Provider Relations Department

Documents

portal.support@evicore.com

To speak with a web specialist, call 1-800-646-0418, select option 2

- Request authorizations and check case status online – 24/7
- Web portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF and Word clinical documents

Provider Resources: Client Services Department

Pre-certification call center

Web-based services

Provider Relations Department

Documents

clientservices@evicore.com

To speak with a client services representative, call 1-800-646-0418, select option 3

- Eligibility issues (member, rendering facility or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan
- Request for education and training on program processes

Provider Resources: Implementation Document

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Implementation site for Health Alliance Medical Plans

https://www.evicore.com/healthplan/Health_Alliance

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

Coding guidelines and program criteria:
https://www.evicore.com/solution/pages/musculoskeletal.aspx

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank you!