Pain Management
Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Health Alliance Plan

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

eviCore will manage prior authorization for Health Alliance Plan members who are enrolled in the following programs: Commercial and Medicare

What is the relationship between eviCore and Health Alliance Plan?

eviCore manages outpatient pain management services for Health Alliance Plan

Which Musculoskeletal services require prior authorization for Health Alliance Plan?

eviCore has a list of covered services that require authorization for Health Alliance Plan specific to Pain Management services. The list of covered services can be found by visiting: https://www.evicore.com/resources/healthplan/hap

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

Member eligibility and benefits should be verified on www.hap.org before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

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

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:
Web Portal - the eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7.Providers can request authorization by visiting www.evicore.com
Call Center - eviCore's call center is open from 7 AM to 7 PM local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **888-564-5487**

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:
Member
- First and Last Name
- Date of Birth
- Member ID

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

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number

- Tax Identification Number (TIN)
- Street Address

Clinical(s)

- Requested Procedure Code (CPT Code)
- Signs and symptoms (Diagnosis)
- Imaging Study Results
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

Note: eviCore suggest utilizing the clinical worksheets when requesting authorization for Musculoskeletal services

What is the most effective way to get authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at **888.564.5487** .Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

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

All requests are processed within 2 business days from receipt of request, not to exceed 14 calendar days. Please make certain all necessary clinical information has been submitted initially.

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

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

Clinical Worksheets
www.evicore.com/provider/online-forms

Clinical Guidelines
www.evicore.com/provider/clinical-guidelines

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering providers via fax. The member will receive an approval letter by mail.

How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting provider.
Providers may also visit www.evicore.com to view the authorization determination.

Note: The authorization number will begin with the letter 'A' followed by an eight-digit number.

How long is the authorization valid?

Authorizations are valid for 45 calendar days. If the service is not performed within 45 calendar days from the issuance of the authorization, please contact eviCore healthcare

If denied, what follow-up information will the referring provider receive?

The referring provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision, such as a reconsideration, can be made. Speaking with an eviCore Medical Director is for educational purposes only.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 15 days following the date of service for Commercial patients only. Please have all clinical information relevant to your request available when contact eviCore healthcare.

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

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

To request a fax letter with the prior authorization number, please call eviCore healthcare at **888-564-5487** to speak with a customer service specialist.

How long is an authorization valid?

Authorizations are valid for 45 calendar days. If the services is not performed within the timeframe provided, please contact eviCore healthcare.

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

Will eviCore grant approval for a series of injections?

No. A series of injections will not be pre-service authorized. eviCore requires a separate pre-service authorization request for an Interventional Pain procedure for each date of service. The patient's response to prior interventional pain injections will determine if a subsequent injection is appropriate. Including the response to the prior interventional pain injection in the office notes may help avoid processing delays.

How do I determine if a provider is in network?

Participation status can be verified by **Contact Provider Services at 313.664.8075**. Providers may also contact eviCore healthcare Client Services at *(800) 646-0418 (Option #4)*

eviCore receives a provider file from Health Alliance Plan with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to Health Alliance Plan

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at:
https://www.evicore.com/resources/healthplan/hap