

Musculoskeletal Prior Authorization Pain Management



Prior Authorization/MND Required

- Pain Management
 - Spinal Injections

CPT Code List located on the Horizon website.

<https://www.horizonblue.com/providers/products-programs/evicore-health-care/musculoskeletal-program>

Prior authorization/MND applies to services that are: Outpatient; elective/non-emergent. Inpatient, emergency room and 23-hour observation do not require prior authorization/MND through eviCore.

Applicable Membership

Authorization is required for Horizon BCBSNJ members enrolled in the following programs:

- **Horizon HMO**
- **Horizon Direct Access (DA)**
- **Horizon EPO**
- **Indemnity/Traditional**
- **OMNIA Health Plans**
- **Horizon POS**
- **Horizon PPO**



Prior Authorization Requests

Methods for initiating prior authorization/MND requests.

www.eviCore.com

Available 24/7 and the **quickest**
way to create prior authorizations
and check existing case status

Or by phone:

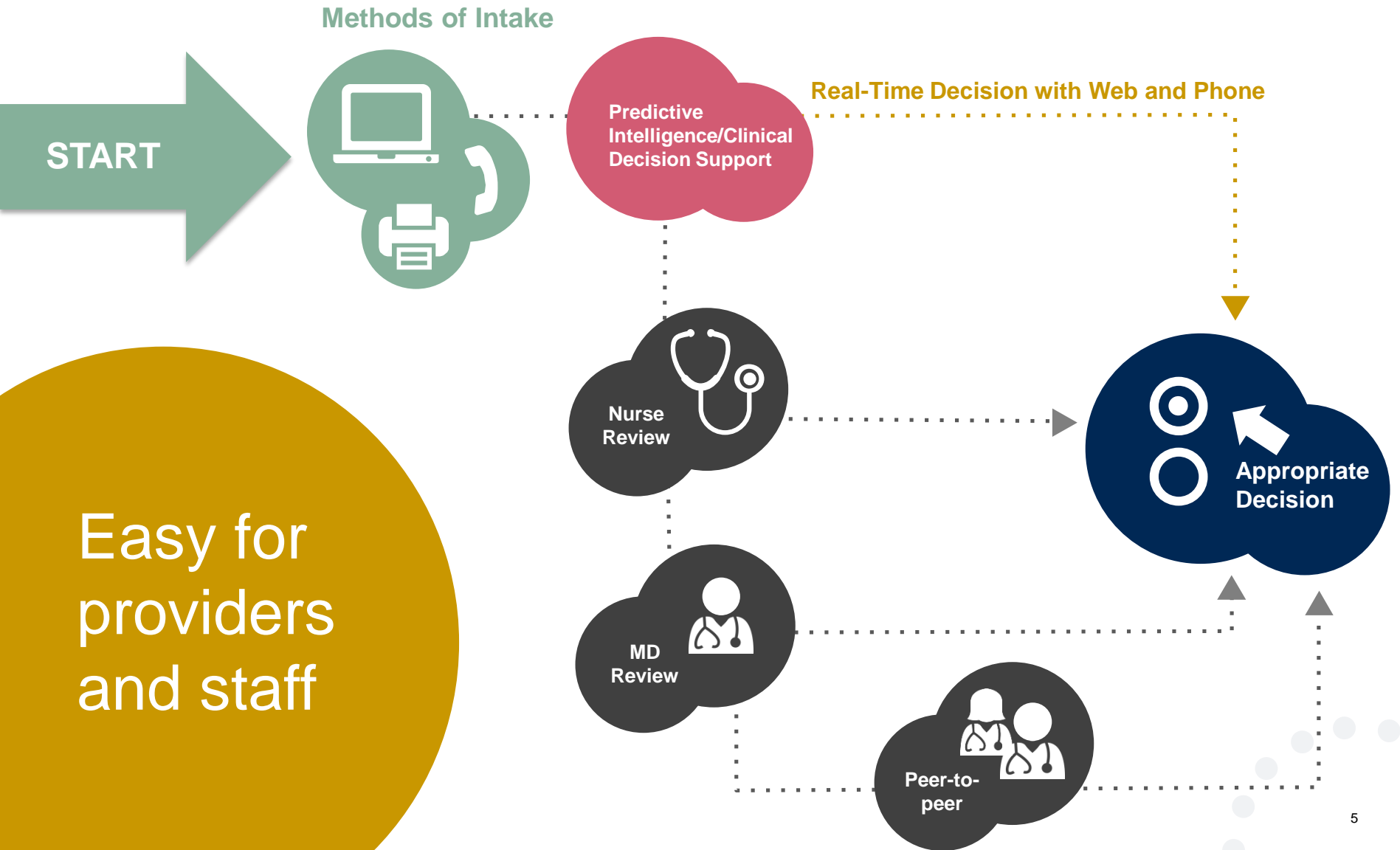
1-866-241-6603

7 a.m. to 7 p.m. (EST)

Monday - Friday



Clinical Review Process



Pain Management Requirements

- Pain management procedures require a separate pre-service authorization request for each date of service. The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. ***Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.
- For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.
- An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.
- No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.
- 6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.
- For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.
- Fluoroscopic or CT scan image guidance is required for all interventional pain injections.
- The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.

Pain Management Requirements continued

Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.

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

- **50% or greater relief of radicular pain.**
- **Increased level of function/physical activity.**
- **And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.**

A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.

A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.

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

Horizon Musculoskeletal Guidelines:

<https://services3.horizon-bcbsnj.com/hcm/MedPol2.nsf>

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within **3 business days** after receipt of all necessary clinical information.

Delivery:

- Outbound call will be made to the ordering provider and member.
- Faxed to ordering provider.
- Mailed to the member.
- Information can be printed on demand from the eviCore healthcare Web Portal.

Denied Requests:

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

Delivery:

- Outbound call will be made to the ordering provider and member.
- Faxed to the ordering provider.
- Mailed to the member.

Prior Authorization Outcomes – Commercial

➤ Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate.
- Must be requested on or before the anticipated date of service.
- Commercial members only.

➤ Peer-to-Peer Review:

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

Special Circumstances

Appeals

- eviCore will process first level appeals.

Retrospective Reviews

- Retrospective review is dependent on the members plan.
- Retrospective reviews are reviewed for clinical urgency and medical necessity. Turn around time on a retro request is 3 calendar days.

Outpatient Urgent Procedures

- Urgent requests may be submitted on the portal or by phone.
- In order to submit an urgent request online, providers must upload all supporting clinical documentation during case initiation.
- If submitting by phone, request an expedited outpatient prior authorization review and provide clinical information.
- Requests will be reviewed for clinical urgency and medical necessity.
- Urgent Cases will be reviewed within **24 hours not to exceed 72 hours** of the request.

Web Portal Services



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](#)

Empowering the Improvement of Care

eviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

Creating An Account

eviCore healthcare
innovative solutions

* Required Field

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*:
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*:

Address*:

Phone*:

Email*:

City*:

Ext*:

Confirm Email*:

State*:

Fax*:

First Name*:

Zip*:

Last Name*:

Office Name:

Next



Select CareCore National or MedSolutions as the Default Portal, and complete the user registration form.

Initiating A Case

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

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY
- HORIZON PILOT PROGRAM

Manage Your Account

Office Name:

Address: 730 Cool Springs Blvd
Franklin, TN 37067

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

Click Column Headings to Sort

Providers must be added to your account before cases can be submitted over the web. Please select “manage your account” to add providers.

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

Click [here](#) for help or technical support

Select the **Program** for your certification.

Select Provider

Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name

or NPI:

Selected Physician:

Provider	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
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<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
1 2 3	

[Click here](#) for help or technical support

Select Health Plan



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 ▼

Click [here](#) for help or technical support

Choose the appropriate Health Plan for the case request.

Contact Information



30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]


Cell Phone

Email

[Click here for help or technical support](#)

The Provider's name will populate, enter the point of contact and verify the phone and fax #'s.

Member Information



40% Complete

Provider and NPI

Clinical Certification

Patient ID:

Date Of Birth:

MM/DD/YYYY

Patient Last Name Only:

[?]

ELIGIBILITY LOOKUP

Cancel

Back

Print

Click [here](#) for help or technical support

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

Clinical Details

Requested Service + Diagnosis

This procedure will be 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

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

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:

CPT Code:

Description:

Primary Diagnosis Code:

Primary Diagnosis:

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Click continue to confirm your selection.

Site Selection

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

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

LOOKUP SITE

Search for the rendering site, by the NPI, or the site name and zip code.

Clinical Certification

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.

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

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".

Clinical Certification

Is this case Routine/Standard?

Yes No



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

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.”

Authorization look up



Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- **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

Authorization Lookup

Authorization Number: NA
Case Number: **P2P AVAILABILITY**
Status: Denied
P2P Status:
ALL POST DECISION OPTIONS
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated: 4/28/2022 12:59:37 PM
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
		1	0	

Case status can be viewed, the upload feature is available for submission of clinical information.

If an adverse determination, post decision options are available or peer consultation scheduling.

Eligibility Look Up



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

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.**

Click [here](#) for help or technical support

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

Provider Resources



Provider Resources: Prior Authorization Call Center

7:00 AM - 7:00 PM (Eastern Time): 866-241-6603

- Obtain prior authorization 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

Provider Resources: Web-Based Services

www.eviCore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

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

Provider Resources: Client Provider Operations

To reach eviCore Client Services, call (800) 575-4517 (Option #3) or email clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Website



Provider Enrollment Questions – Contact Provider Services at 800-646-0418 (option 3)

Horizon BCBSNJ Provider Resources Page - includes all implementation documents:

<https://www.evicore.com/resources/healthplan/horizon-bcbsnj>

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

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!

