Prior Authorization of Physical Therapy and Occupational Therapy for Moda Health

Provider Orientation

Agenda

- **Program Overview**
- **Submitting Requests**
- **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Program Overview

Moda Health Prior Authorization Services

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
• Commercial	• Outpatient • Elective / Non-emergent	• Emergency Rooms • Inpatient Stays

It is the responsibility of the **ordering provider** to request prior authorization approval for services.

Prior Authorization Program

Prior authorization is required for:

- Physical Therapy

- Occupational Therapy

- Speech Therapy

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit: https://www.evicore.com/healthplan/moda

Prior Authorization Program

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria

- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered. However, providers may submit information for review up to **7 days** after care has been provided

- **Alaska only:** Authorization may be requested for services provided up to **365 calendar days** in the past. However, once claims are submitted, the provider only has **14 days** to provide information necessary for a medical necessity review

- There is no guarantee of payment for services rendered when a review is conducted retrospectively

Prior Authorization Program

- Authorize medically necessary services which require the skills of a licensed professional.

- Promote evidence-based practice.

- Identify and review treatment interventions where evidence does not support use.

- Provide evidence-based guidelines to support authorization decisions and educate practitioners.

- Decrease or eliminate unexplained practice variation and unnecessary visits.

- Manage costs efficiently so members can continue to receive **quality care** and **skilled services.**

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit: https://www.evicore.com/healthplan/moda

Prior Authorization Program

Clinical Philosophy

- Support patient-centered care founded on best available evidence.

- Promote functionally oriented and measureable treatment programs.

- Focus on skilled, medically necessary treatment interventions.

- Empower patient independence.

- Eliminate practice variation that cannot be explained or justified.
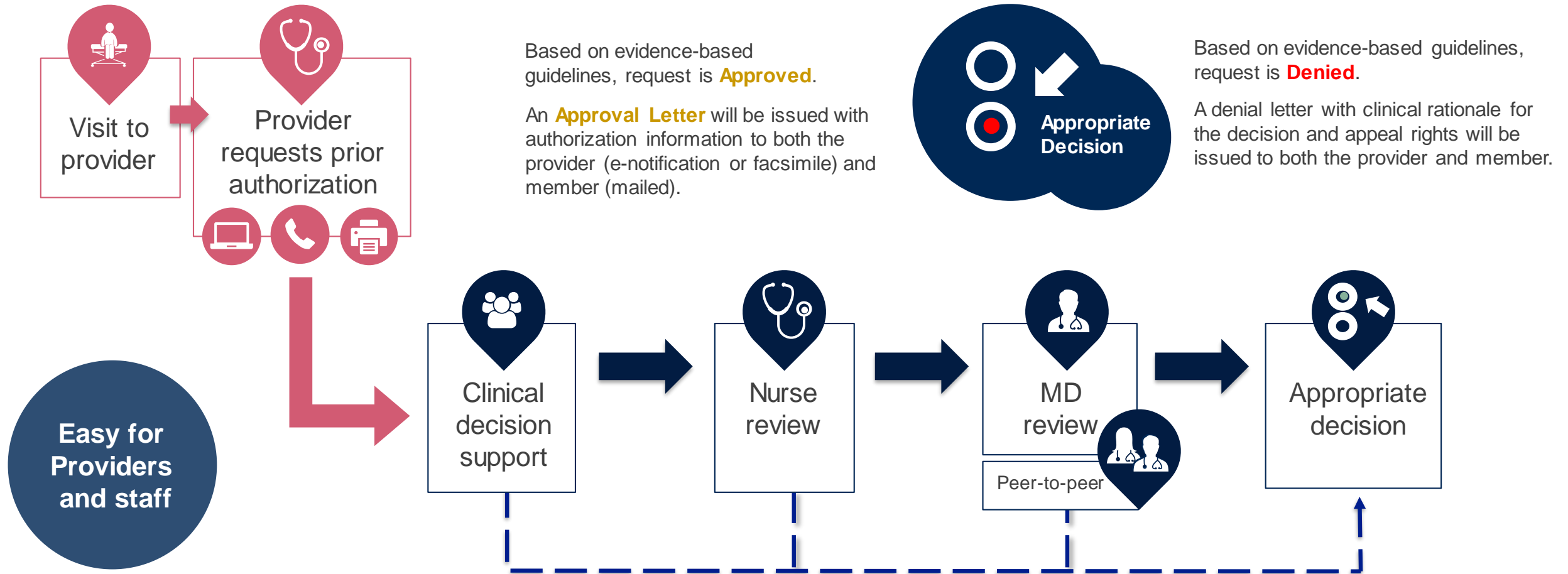
Prior Authorization Program

Medical Necessity

- The services must be specific and effective treatment for the condition.

- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should be reasonable and not ongoing without end.

- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.

- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.

  ◦ It was **<u>not</u>** designed to allow continued therapy to return to recreational or athletic activities.

  ◦ It was **<u>not</u>** designed to cover therapy for the purpose of improving or maintaining general fitness.

  You can view the therapy guidelines here: https://www.evicore.com/provider/clinical-guidelines

Submitting Requests

Utilization Management – The Prior Authorization Process

Visit to provider

Provider requests prior authorization

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

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

Appropriate Decision

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

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

Easy for Providers and staff

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

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

- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

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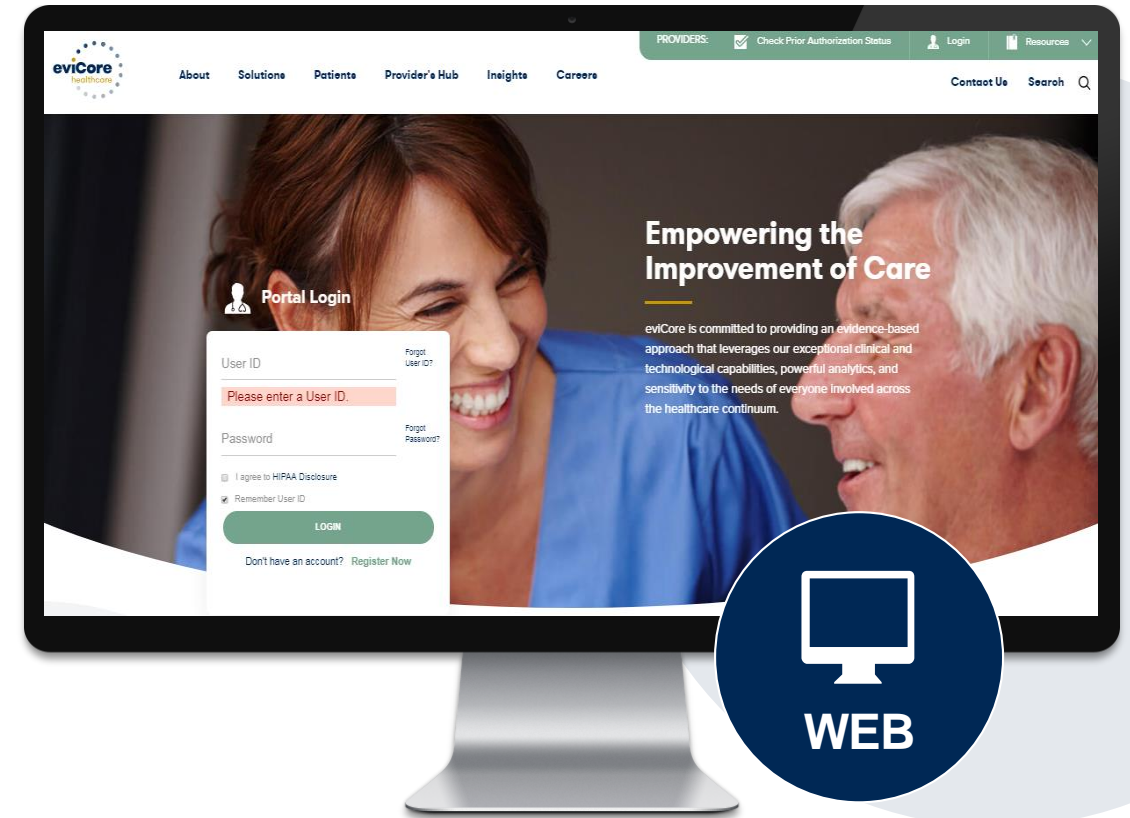
Phone Number:
844-303-8451
Monday through Friday:
7 am – 7 pm local time

Fax Number:
800.540.2406
PA requests are accepted via fax and can be used to submit additional clinical information

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 Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which it is needed.</u>	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.	Determination notifications will be sent

Appropriate Decision

Information Required for Request

Member
Member ID
Member name
Date of birth (DOB)

Rendering Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number
Street Address

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Requests
Select MSMPT, MSMOT, MSMMT, MSMST, Chiropractic, or Acupuncture for requested services

The appropriate diagnosis code for the working of differential diagnosis

If clinical information is needed, please be able to supply:

• Patient's subjective complaints, objective examination findings, and level of function

• Information from Treatment Request Clinical Worksheet

• Information should be current (collected within the past 10 days)

• Office notes will be requested as needed

Clinical Review Process

Methods of Intake

START

Easy for providers and staff

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Clinical Intake

Therapist or Chiropractor Review

Peer-to-Peer

Appropriate Decision
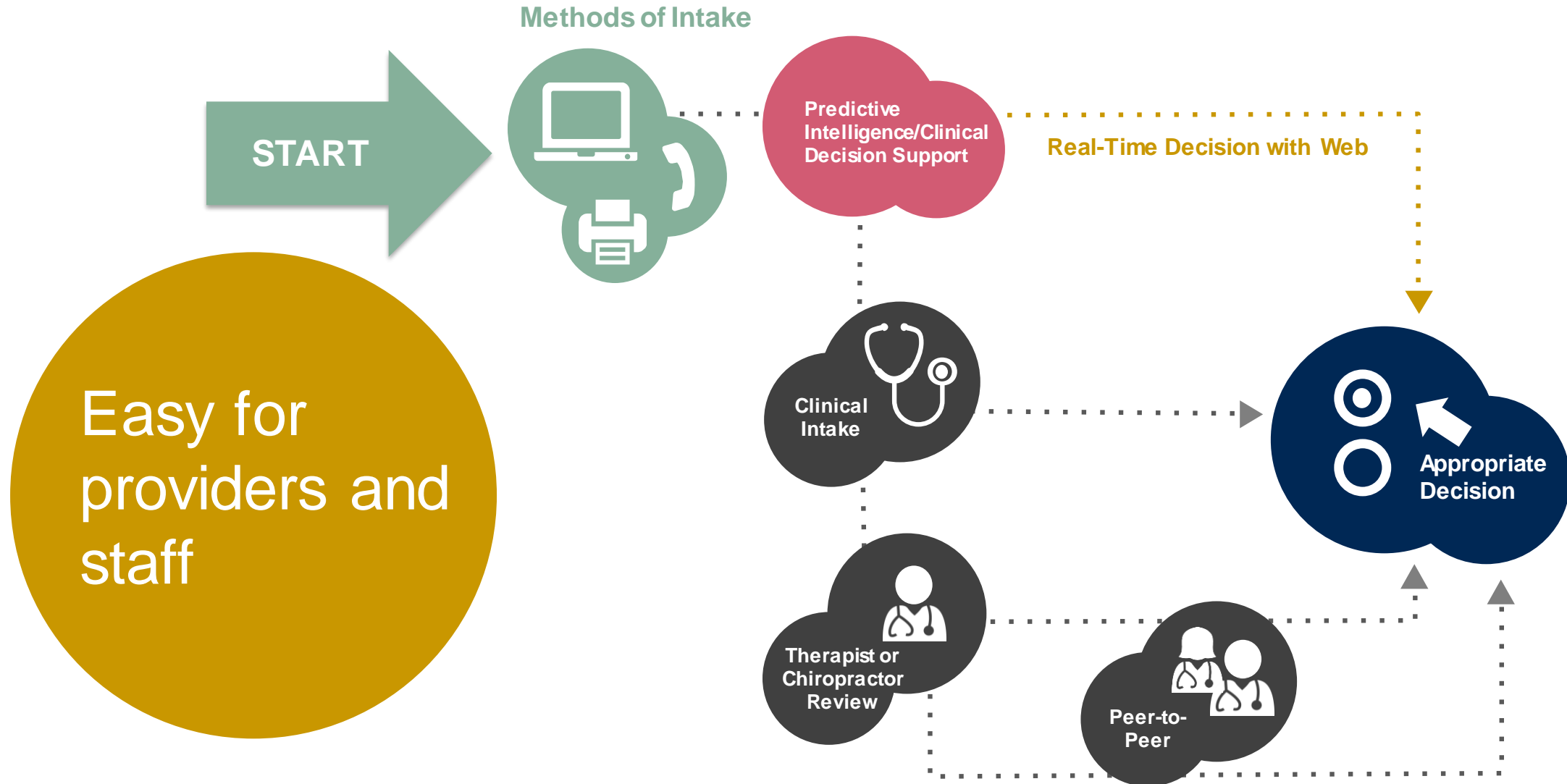
Prior Authorization Process

If you are requesting authorization before treatment begins:

- Complete your initial evaluation - The initial evaluation **does not** require prior authorization.

- Notify eviCore healthcare within **7 days** of the initial visit.

- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial visit)

- Notification requires submission of the following information:

  - Patient demographics

  - Provider demographics

  - Minimal clinical information

    ◦ Type of condition

    ◦ Post surgical?

      - If yes, date of surgery?

- If prior care, questions will be asked to determine if this is a new condition

Prior Authorization Process

How to Request Additional Visits:

- Additional visits may be requested as early as **7 days** prior to the requested start date.

- You will be asked to submit current clinical information.

- Clinical information should be **current** (within the past 10 days).

- Use the appropriate **Clinical Worksheet** as a guide.

- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as "additional information" via upload, fax, or text box summary.

- The **start date** will be the first date you need additional visits to begin.

Prior Authorization Process – Important Concepts

Overlapping Requests

- Request for more visits within the existing approved time period.

- Information you provide should explain why the visits could not be spread over the approved period.

- Review to determine if additional visits are medically necessary

  ◦ **Approve**

  ◦ **Deny** additional visits within the existing approved period.

  ◦ **Partially Approve** – Visits will be approved with a new start date.

- Existing authorization end date, plus one day.

- Provider has **30 days** from the original authorization expiration date to request and extension.

- Date extension can be requested via the online portal.

Prior Authorization Process – Important Concepts

Authorization decisions include:

- Visits
- Approved Time Period

Example: 1 visit, from 1/1/16 to 1/1/16

Spread the Visits over the approved period to prevent a gap in care.

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- All requests are processed within **2 business days** after receipt of all necessary clinical information (72 hours for AK members).

- Authorizations are typically valid for **30 calendar days** from the date of the determination.

- 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.

Prior Authorization Outcomes

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.

- Denial letters will be faxed to the ordering provider and rendering facility. Texas providers will also receive a verbal denial.

- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the **best** immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Commercial or WA – Must be submitted within **14 calendar days** from date of service.

- Commercial Alaska - Must be submitted within **365 calendar days** from date of service.

- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is **30 calendar 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 reviewed within 24 hours.

Post-Decision Options

When Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.

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

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.

- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.303.8451** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.

Post-Decision Options

My case has been denied. What's next?

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.

Appeals

- eviCore will process first-level appeals for **Commercial** members only.

- Requests for appeals must be submitted to eviCore within **180 calendar days** of the initial determination.

- A written notice of the appeal decision will be mailed to the member and faxed to the provider.

Post-Decision Options

Reconsiderations (written)

- Additional clinical information can be provided in writing without the need for a physician to participate.

- Must be requested within **45 calendar days** of the determination.

Peer-to-Peer Review (verbal)

- 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.

- A Peer-to-Peer must be scheduled within **10 business days** of the determination.

- Peer-to-Peer reviews can be scheduled at a time convenient for your physician by logging into eviCore's Provider Portal at www.eviCore.com.

Provider Portal Overview

Portal Compatibility

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

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).
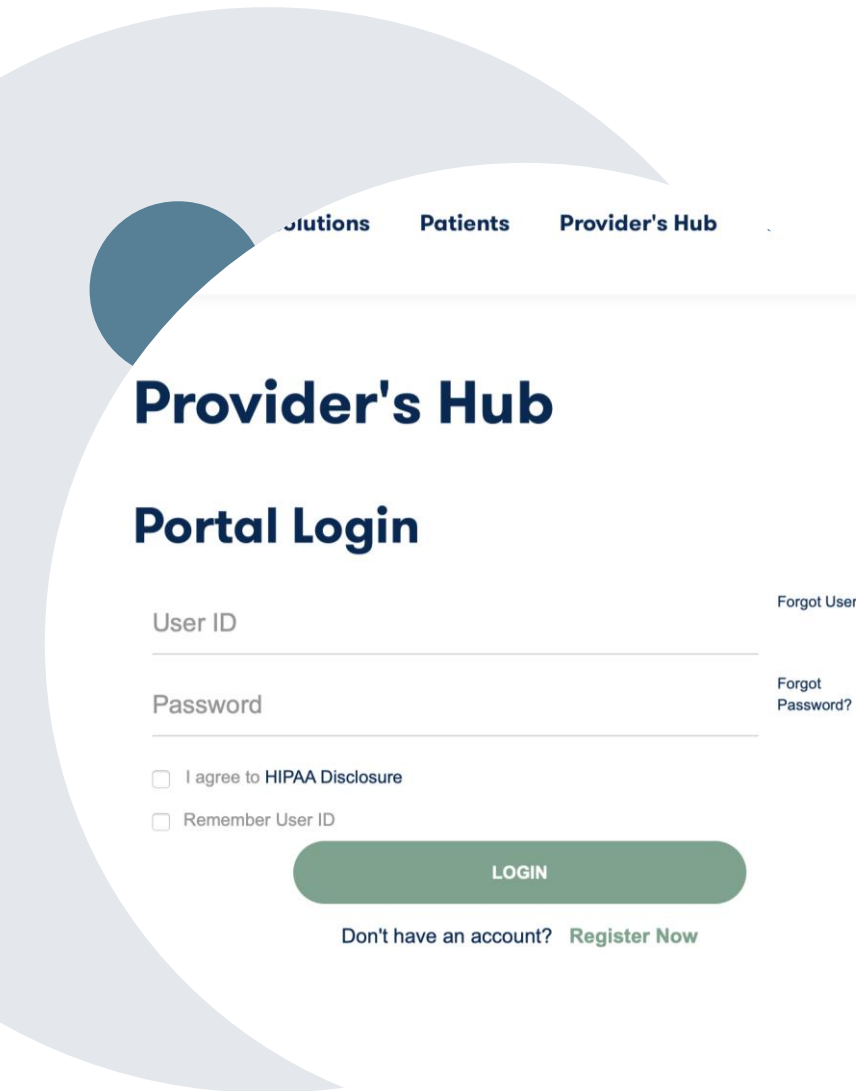
eviCore healthcare Website
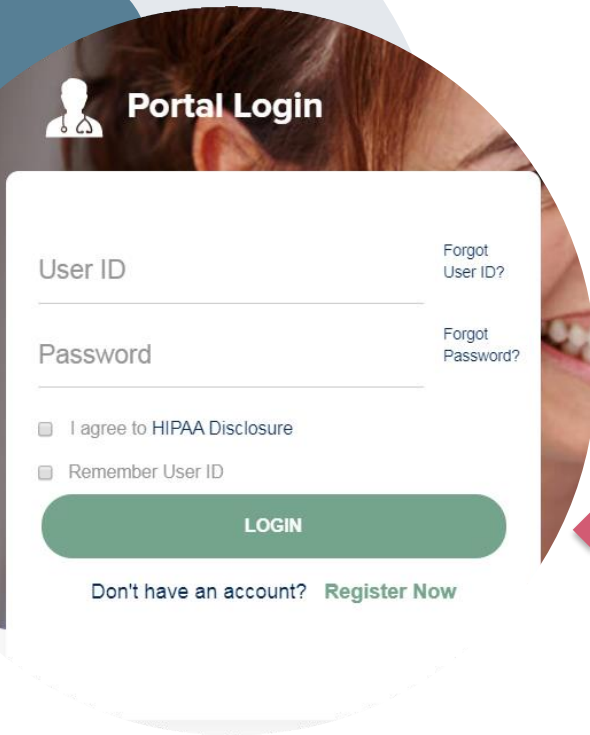
Visit www.evicore.com

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!

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*:		Address*:	
Email*:			
Confirm Email*:		City*:	
First Name*:		State*: Select Zip*:	
Last Name*:		Office Name:	

- **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.**

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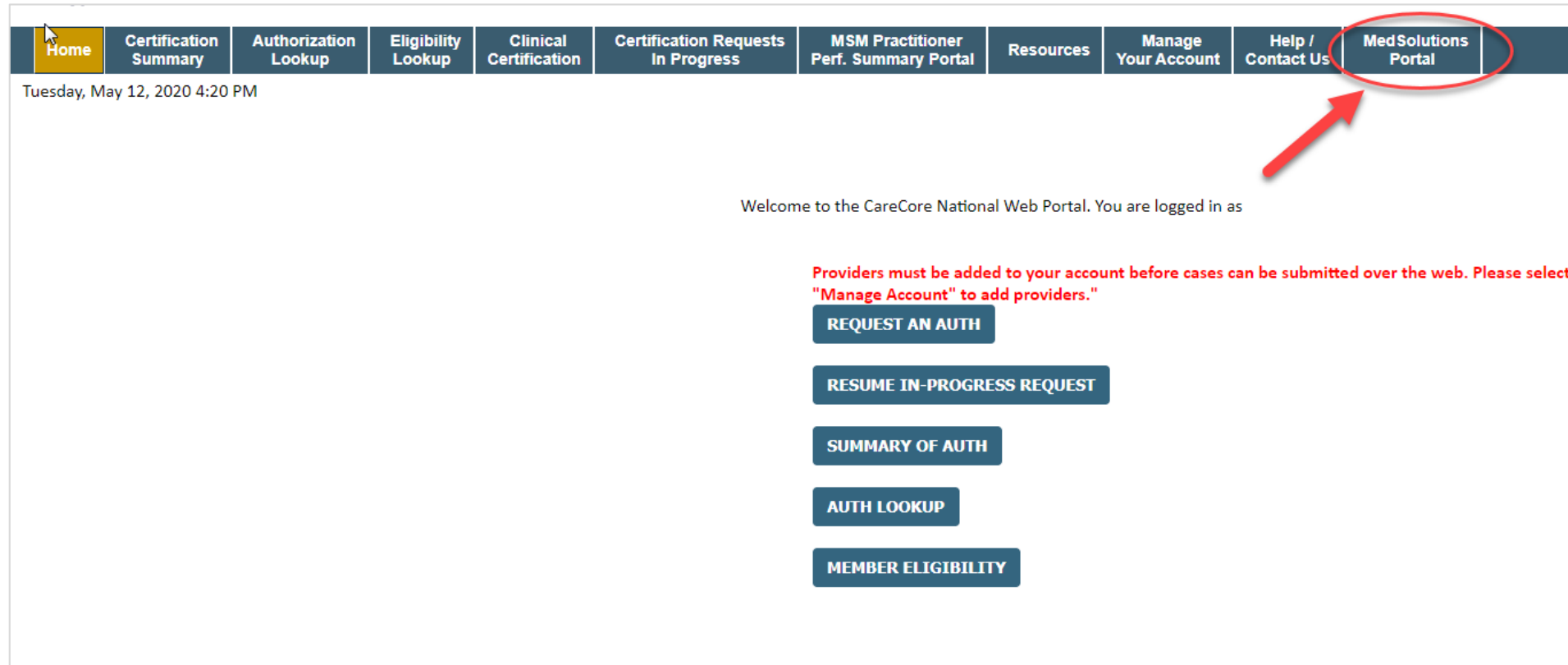
Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

- Select the **Manage Your Account** tab, then **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon 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** at any time to make any necessary updates or changes.

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

[**Click for Portal Demonstration.**](#)

WEB

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

WEB

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!

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.
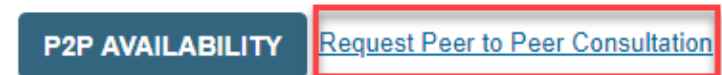
Authorization Lookup

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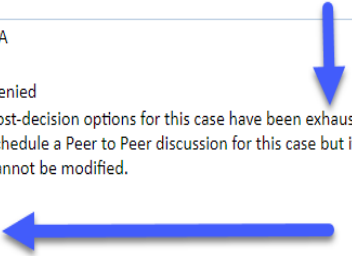
How to schedule a Peer to Peer Request

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:		Request Peer to Peer Consultation
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

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 Request

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.

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"

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.
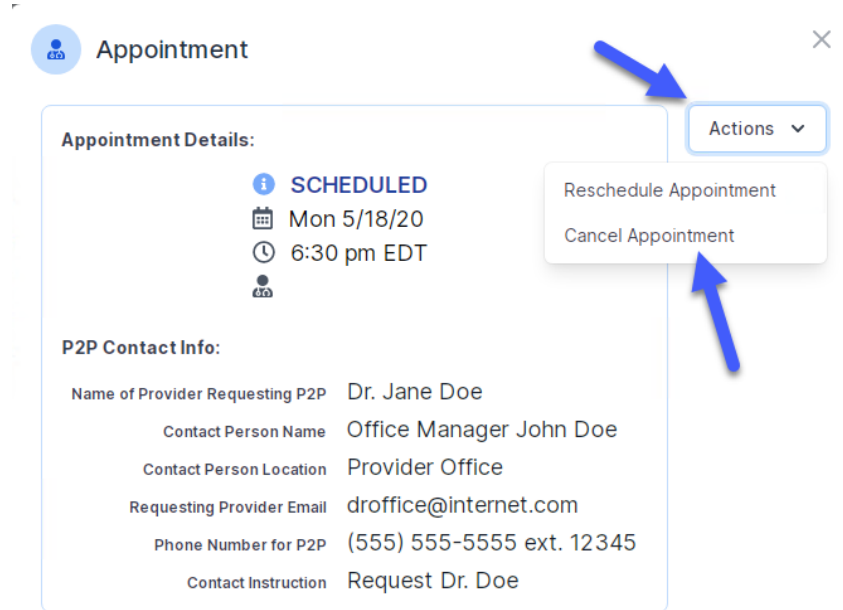
- Close browser once done

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 844.303.8451
- 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 (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN

  - Email: Michael.Morgan@eviCore.com
  - Phone: 615.468.4000, ext. 24320

- Regional team that works directly with the provider community.

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

- CPT code list

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/moda-health

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 Prior Authorization Online Portal Tips and Tools** session, 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 Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Thank You!