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# Specialized Musculoskeletal Therapies

## Frequently Asked Questions

### Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Oscar.

### Which members are managed by eviCore healthcare for the UM program?

Authorization is currently required for Oscar Commercial Insurance members enrolled in markets within Arizona, Colorado, Florida, Georgia, Kansas, Missouri, New York, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, and Virginia. The UM program will be expanding into new markets within North Carolina, Iowa, and Oklahoma.

### What is the relationship between eviCore and Oscar?

In addition to existing markets, beginning on **12/15/2020**, eviCore will manage services for Oscar Commercial Health plans in new markets within existing states (FL, PA, CO, AZ, OH), and in three new states (NC, IA, OK) for dates of service **1/1/2021** and beyond.

### Which Specialized Therapies require prior authorization for Oscar?

This program manages outpatient member services for the following Musculoskeletal Therapy services:

#### Chiropractic Services

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

Member eligibility and benefits should be verified on [www.evicore.com](http://www.evicore.com) before requesting prior authorization through eviCore.

### 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](http://www.evicore.com)

#### Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **855-252-1118**.



### How many visits will eviCore approve when I submit a pre-service authorization request?

When the requested care is medically necessary, eviCore will approve a number of visits/units to be utilized over a specific period of time to treat the patient's condition, demonstrate progress and allow for a meaningful evaluation of the need to continue care beyond what has already been approved. The number of visits approved for the initial course of care will vary based on the diagnosis and treatment type of service being requested.

### What are the benefits of using eviCore healthcare's Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member

### Is registration required on eviCore's web portal?

Yes. A one-time registration is required for each practice or individual. You will be required to log-in prior to submitting pre-service authorization requests on the web. If you have an existing account, a new account is not necessary.

### Can one user submit pre-service authorization requests for multiple providers with different Tax ID numbers on the portal?

Yes, you can add the providers to your account once you have registered. In the Options Tool section at the top right of the portal, choose "Preferences" from the drop-down menu to set preferred Tax IDs for a physician or facility. By adding the preferred Tax IDs for a physician or facility to your account, you will be able to view the summary of cases submitted for those providers and facilities.

### Who do I contact for online support/questions?

Web portal inquiries can be emailed to [portal.support@evicore.com](mailto:portal.support@evicore.com) or call 800-646-0418 (Option 2).

### If a patient is undergoing treatment before the start of the program on [Go-Live Date], will the treatment need authorization?

For treatments already underway, please register the patient with eviCore so the claim will process appropriately. Use the web portal ([www.evicore.com](http://www.evicore.com)) and enter the current date when the date of service is being requested. Complete the clinical questions as needed and note the auth number if one is generated. If additional information is being requested please add "Patient is already in treatment" in the "additional notes" section. Any additional information you can provide regarding the treatment would be helpful.



### When should a pre-service authorization request be submitted for therapy services?

Initial pre-service authorization requests should be requested through eviCore (by web or phone) within seven days of the member's initial evaluation. Requests for ongoing care may be submitted as early as seven (7) days prior to the requested start date. The current findings date on your pre-service authorization request should be within ten days of your requested start date. Delays may occur if the request is made too far in advance and/or if the clinical information is incomplete or too old.

### 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](http://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)

- Diagnosis/ICD-10
- Date of current objective findings
- Date of the initial evaluation
- Date and Mechanism of onset
- Date and type of surgery (If Applicable)
- Restrictions
- Co-morbidities/Complexities
- Conditions that would prohibit safe delivery of care
- Pain Level and duration of time member has pain
- Range of Motion and Strength Findings
- Gait Assessment/Special tests
- Functional Assessment (using the Patient Specific Functional Scale)
- Additional information that supports the need for therapy



### **Will separate pre-service authorizations be required for a member with two concurrent diagnoses?**

No. Each medical necessity review considers all reported diagnoses for the member.

### **Do services provided in an emergency room setting require an authorization?**

Therapy services provided during an emergency room treatment visit, including services provided while the member is in observation status, do not require an authorization.

### **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](http://evicore.com) or by contacting our contact center at Oscar. 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 days from receipt of request, not to exceed 14 calendar days. Please make certain all necessary clinical information has been submitted initially.

### **If a member goes to a new provider for services, will a new pre-service authorization request be required?**

Yes. When a member changes to a treating provider who is not within the same practice, a new authorization request is required. If the member has discontinued care with the original provider, please include the discharge date with the original provider when submitting your request. eviCore will not provide authorization for overlapping services or duplicate care as it is not medically necessary.

### **What do I enter as the "Start Date" on my authorization request?**

The start date of each authorization request should reflect the date in which you need an authorization to begin. For continuing care requests, the start date should reflect the first visit that requires authorization after expiration of any previously approved visits or authorization timeframe. Do not enter the first date of the member's treatment episode/evaluation for continued care requests.

### **What is the authorization period for approved services?**

Generally, eviCore will approve services for a period of 30 days from the start date identified on your authorization request. The authorization period may differ based on the member's condition.

### **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](http://www.evicore.com/provider/online-forms)



## Clinical Guidelines

[www.evicore.com/provider/clinical-guidelines](http://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 provider 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](http://www.evicore.com) to view the authorization determination.

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

### **Will a medical necessity review specify the number of services/units approved?**

Yes, the authorization will include visits/units and an approved time period. The number of approved visits and units is based on the clinical information provided at the time of the request.

### **Can I request additional visits beyond what was already approved?**

Yes. eviCore will review and approve services in accordance with what is required for the member to demonstrate progress over a specific period of time. Upon expiration of an approved authorization, you may request additional visits as early as seven (7) days prior to the requested start date by submitting another authorization request via web or phone. The request should include current clinical information (collected within the prior 10 days), including the patient's response to any treatment already approved and rendered. Authorizations cannot overlap, be certain that the start date for a continuing care request is after the expiration of your previous authorization.

### **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 Clinical Specialist is for educational purposes only.

### **My authorization will expire soon, but I still have visits remaining. Can I request an extension?**

Yes. A date extension can be granted for a therapy case in which a provider has visits authorized, but was unable to perform those visits in the amount of time given. You may request a date extension via our web portal or telephonically by calling eviCore at **855-252-1118**.

**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"

**Please note the following conditions for a date extension:**

- There must be one or more visits from an existing authorization that have not been used.
- An extension can only be requested during an open coverage period. If the coverage period has already expired, a new pre-service authorization request is required.
- Only one (1) extension is allowed per authorization.
- Authorizations can only be extended for up to an additional 30 days.
- An extension cannot overlap with another request for the same specialty.

**Will the clinical reviews be done by a practitioner of the same discipline?**

Requests requiring clinical evaluation will be reviewed by appropriate specialty clinicians.

**Does eviCore review cases retrospectively if no authorization was obtained?**

Retrospective requests must be initiated by phone within seven (7) days following the date of service. Please have all clinical information relevant to your request available when you 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](http://www.evicore.com).

To request a fax letter with the prior authorization number, please call eviCore healthcare at **855-252-1118** to speak with a customer service specialist.

**How long is an authorization valid?**

Authorizations will indicate the time frame for which the request is valid. 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.



### **What are my options when there is an adverse determination on my request?**

The referring provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes.

### **How do I determine if a provider is in network?**

Participation status can be verified by Oscar. Providers may also contact eviCore healthcare at **855-252-1118**.

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

### **Where do I submit my claims?**

All claims will continue to be filed directly to Oscar.

### **How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto: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/oscar>