



## Pain Management, Spine & Joint Surgeries

### 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 will eviCore healthcare manage for the Musculoskeletal Management 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. As currently in existing markets, this includes outpatient pain management services, outpatient spine surgery and joint surgery services for Oscar.

#### Which Musculoskeletal services require prior authorization for Oscar?

eviCore has a list of covered services that will now require authorization for Oscar specific to Pain Management /Joint and Spine Surgeries.

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

Member eligibility and benefits should be verified on Oscar website 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, inpatient 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](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.

#### Do services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

eviCore healthcare will review the surgery pre-service authorization request for medical necessity and make a determination based on the clinical information provided. eviCore will collect the requested place of service during the pre-service auth process. **If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to Oscar. The provider will need to seek a separate approval for the inpatient stay. Oscar will authorize the facility admission.**



### 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)

- 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](http://evicore.com) or by contacting our contact center at 855-252-1118. 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.

### 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.

### **How long is the authorization valid?**

Authorizations are valid for 60 calendar days for Spine and Joint Surgery. Authorization timeframe for Interventional Pain is determined on a case by case basis.

### **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 for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up 180 calendar days following the treatment start date and prior to the submission of the claim.

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 [Phone Number] to speak with a customer service specialist.

### **What happens if codes need to be changed/added to after surgery has been completed?**

Once surgery has been completed and additional procedures were required, please contact eviCore via phone at 855-252-1118 and let us know what codes need to be added. Please be prepared to offer additional documentation to support the change.

### **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.



### **What would be the process if a patient is receiving a procedure where pre-service authorization is required by eviCore healthcare for an inpatient stay?**

eviCore healthcare will review the surgery pre-service authorization request for medical necessity and make a determination based on the clinical information provided. eviCore will collect the requested place of service during the pre-service auth process. If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to Oscar. The provider will need to seek a separate approval for the inpatient stay. Oscar will authorize the facility admission.

### **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#solutiondocs>