Pain Management, Joint and Spine Surgeries

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for Prominence Health Plan.

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

eviCore will manage prior authorization for Prominence Health Plan members who are enrolled in the following programs:

- **Medicare Advantage**
- **Commercial**
  - **HMO**
  - **PPO**
  - **POS**

Note: eviCore will not manage prior authorizations for **Medicaid** members.

What is the relationship between eviCore and Prominence Health Plan?

eviCore manages **outpatient** pain management services.

Which Musculoskeletal services require prior authorization for Prominence Health Plan?

eviCore has a list of covered services that will now require authorization for Prominence Health Plan specific to Pain Management /Joint and Spine Surgeries. Providers and staff can refer to a detailed list of CPT codes that require prior authorization by visiting https://www.evicore.com/resources/healthplan/prominence.

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 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 844.224.0495.

Fax
Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms and sending to 855.774.1319.

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. 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 844.224.0495.

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

- 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 Pain Management services

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 sent to the requesting and servicing 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 and servicing providers. Providers may also visit www.evicore.com to view the authorization determination.

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

- **Commercial** - Decisions for non-urgent prior authorization requests are typically made within **2 business days** of receipt of all necessary clinical information, but will not take longer than **15 calendar days**.
- **Medicare Advantage** - Decisions for non-urgent prior authorization requests are typically made within **2-3 business days** of receipt of all necessary clinical information, but will not take longer than **14 calendar days**.

How can the servicing 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 844.224.0495 to speak with a customer service specialist.

How long is the authorization valid?

Authorizations are valid for **60 calendar days** from the date of the determination for Commercial and Medicare Advantage members.

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

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 Prominence Health Plan. The provider will need to seek a separate approval for the inpatient stay. Prominence Health Plan will authorize the facility admission.

What qualifies a request as urgent?

Urgent requests are defined as a condition that a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case. Urgent requests may be initiated on our web portal at **evicore.com** or by contacting our contact center at. Urgent requests will be processed within **72 hours** from the receipt of complete clinical information.

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

Urgent requests may be initiated on our web portal at **evicore.com** or by contacting our contact center at 844.224.0495. Urgent requests will be processed within **72 hours** from the receipt of complete clinical information.

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 844.224.0495 and let us know what codes need to be added. Please be prepared to offer additional documentation to support the change.

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

Member eligibility and benefits should be verified with Prominence Health Plan before requesting prior authorization through eviCore.

How do I determine if a provider is in network?

Participation status can be verified by using the Prominence Health Plan Provider Portal. Providers may also contact eviCore healthcare Client Services at 800.646.0418 (option 4).

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

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

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

Where do I submit my claims?

All claims will continue to be filed directly to Prominence Health Plan.

Does eviCore review cases retrospectively if no authorization was obtained?

Retro requests for Commercial members must be submitted with **3 business days** following the date of service. Requests submitted after 3 business days will be administratively denied. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

Retro requests are not in scope for Prominence Medicare Advantage members and will be administratively denied.

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/prominence.

Does a patient have to have objective symptoms to qualify for an injection?

Yes. 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 three (3) of five (5) positive stress maneuvers of the sacroiliac joint.

How much conservative care is needed prior to an injection?

Six (6) weeks of conservative care is needed prior to an epidural steroid injection. Four (4) weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.

Is advanced imaging required prior to an epidural steroid injection?

Yes. For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.

Is imaging guidance needed for chronic pain procedures?

Yes. Fluoroscopic or CT scan image guidance is required for all interventional pain injections.

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 will help avoid processing delays.

Will eviCore grant approval for multiple injections on the same date of service?

No, An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst is compressing the exiting nerve root.

Will eviCore grant approval of more than 1 level interlaminar epidural, 2 levels transforaminal epidural, 3 level facet/medial branch nerve blocks in a single session?

No. No more than one (1) level interlaminar epidural, one (1) nerve root selective nerve root block, two (2) level therapeutic transforaminal epidural, three (3) level facet/medial branch nerve blocks are indicated in a single session.

Will eviCore grant approval of "Series of Three" injections (one a week)?

Not permitted, as deemed medically unnecessary (see prior question(s) for additional information).

Is there an annual limit of injections?

Yes. The limit of diagnostic facet/medial branch nerve blocks is two (2) prior to possible radiofrequency ablation. The limit of epidural steroid injections is three (3) per episode and 4 per 12-month period.

How should I space my procedures?

Epidural injections require a two (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 six (6) month interval. Therapeutic sacroiliac joint injections require a two (2) month interval

Are there thresholds for outcome from a prior procedure to obtain certification for a subsequent procedure?

Yes. An epidural steroid injection must have at least two (2) of the following: 1) 50% or greater relief of radicular pain, 2) increased level of function/physical activity, 3) 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. Two (2) facet/medial branch nerve blocks with at least 80% relief are needed for radiofrequency ablation. A therapeutic sacroiliac joint injection following a diagnostic injection must have ≥75% pain relief. A repeat therapeutic sacroiliac joint injection must have ≥75% pain relief and either an increase in level of function or reduction in use of pain medication and/or medical services such as PT/chiropractic care.

Are there cases which use the interlaminar epidural CPT 62323 which are not part of the delegated eviCore preauthorization program?

Yes. eviCore manages CPT 62323 when the injectate includes a steroid, local anesthetic, or contrast for interventional pain injections. Requests for injectates other than steroid, local anesthetic, or contrast will be directed to the health plan for management.

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 authorization process. If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to Prominence Health Plan. The provider will need to seek a separate approval for the inpatient stay. Prominence Health Plan will authorize the facility admission.