

Musculoskeletal (MSK) Program for Joint & Spine Surgeries and Pain Management

Frequently Asked Questions

Who is eviCore healthcare?

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

What type of eviCore services are addressed in this MSK FAQ document?

- Joint Surgery (Shoulder, Hip, Knee)
- Spine Surgery
- Interventional Pain Management

Note: Procedure code list of services requiring prior authorization can be found by visiting: [SHPs provider resource site on eviCore.com](#)

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 (Care Core National)

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. When a case is initiated on the web portal and meets clinical criteria, a real-time authorization may be received.

Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. Central time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-444-6185.

What information will a provider need to initiate a prior authorization request?

- Member's name, date of birth, plan name and plan ID number
- Ordering provider's name, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax number
- Service being requested (CPT codes and diagnosis codes)
- Rendering facility's name, NPI, TIN, street address, fax number
- Medical records related to the current diagnosis, results of diagnostic imaging studies and the duration/type/outcome of prior treatment related to the current diagnosis. All clinical information related to the Prior Authorization request should be submitted to support medical necessity.

How to avoid inappropriate denials when services are appropriate?

Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. You can find those guidelines at www.evicore.com. Click the resources drop down button at the top right

side of the web page to find the link to those guidelines.

If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information missing from the case request.

Information usually required for Spine surgery:

- Date of first office visit related to this condition and/or after symptoms began
- Signs/Symptoms
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcomes of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions
- Results of relevant prior imaging related to the request including the radiologists report of advanced diagnostic imaging studies

Information usually required for Joint surgery:

- Date of most recent physical exam along with physical exam findings and patient complaints
- Medical history/duration of complaints
- Dates/duration/response to conservative treatment such as medication and various therapies (please specify)
- Other pertinent medical history/comorbidities
- Prior imaging films/reports with date of service (MRI, CT, X-ray or bone scan)
- Severity of pain and details of functional disabilities interfering with activities of daily living
- Physician's treatment plan
- Date of most recent physical exam along with physical exam findings and patient complaints

Information usually required for Pain Management:

- CPT codes and specific levels of injection and/or specific muscle groups to be injected. Specific prior injection history with dates/level/side/response to injection, especially if it is an injection into the same vertebral region (e.g. cervical, thoracic or lumbar spine)
- Total number of injections/procedures in the past 12 months for the diagnoses (to include all prior doctors)
- Date of most recent physical exam along with physical exam findings and patient complaints
- Medical history/duration of complaints
- Other pertinent medical history/comorbidities
- Name of injectant
- Type or method of radiofrequency ablation and/or percutaneous decompression
- Dates/duration/response to conservative treatment such as medication and various therapies (please specify)

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 C 2 -3 to L 5- S 1 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 $\geq 75\%$ pain relief. A repeat therapeutic sacroiliac joint injection must have $\geq 75\%$ 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.

Does medically urgent care require Prior Authorization?

The services managed under eviCore's Interventional Pain Management, Joint and Spine surgery programs are unlikely to be required on an urgent basis. Procedures done in an Emergency Department (ED) do not require Prior Authorization. Urgent requests can be made by web or phone. If by phone, you will want to inform the agent that the case is urgent. Most times an approval will be given while on the phone. But if further review is needed, we will make a decision within 24 hours (four hours is the eviCore standard).

How long are Prior Authorizations approved?

Outpatient authorizations are typically good for 60 days. Inpatient authorizations are based on the date of service and length of stay.

How will all parties be notified if the requested service has been approved?

Requesting and rendering providers will be notified of the Prior Authorization via fax and/or email. Both providers can validate a Prior Authorization by using the eviCore website or by calling eviCore Customer Service. Members will receive notification via mail.

How will existing authorizations be handled?

Any authorizations that existed prior to eviCore management will be handled by **SHP WI** claims edit.

Are there any Medicaid specific considerations?

Please refer to ForwardHealth interactive fee schedule for payable services, provider types and specialties and places of service

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeSearch.aspx>

What are my options when a Prior Authorization request is denied?

There are two options after requested services are denied. A reconsideration review or a clinical peer-to-peer discussion can be requested. If additional clinical information is available without the need for a provider to participate, a reconsideration review can be requested by phone up to 10 business days from the date of the denial. If additional clinical information is available but there is a need for the requesting provider to participate in a discussion, (s)he may schedule a call to speak with an eviCore Medical Director in the same specialty expertise.

If a request is denied, what follow-up information will the provider receive?

The requesting and rendering providers will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights.

What are the parameters of an appeals request?

eviCore will not be delegated for appeals. Please contact Security Health Plan. This information will be detailed in the denial notification letter.

How should I handle a retrospective request for authorization?

Retrospective cases will not be allowed with this program.

Will we be granted extensions, if the authorization expires?

If the coverage period is 60 days or longer, the program does not allow authorization extensions to the authorization effective period as the patient's clinical presentation often changes during the authorization span. Providers must request a new authorization.

Is there any difference in request for Pediatric cases?

The Program will process pediatric cases applying eviCore's age-specific guidelines. There are no other special considerations regarding pediatric patients.

What is the process if a Member is receiving a procedure where Prior Puthorization is required by eviCore healthcare for an inpatient stay?

eviCore will review the request for an inpatient admission related to joint/spine surgeries for medical necessity and provide prior authorization for an initial length of stay. Any extensions to the initially approved length of stay will be managed by Security Health Plan staff via the Plan's concurrent review process. Please contact the Security Health Plan Utilization Management Department at 1-800-991-8109 for any extensions to the initially approved length of stay.

Will eviCore conduct concurrent review of the patient's inpatient hospital stay?

eviCore **will NOT** perform concurrent review services for delegated joint/spine procedures requested to be performed in an inpatient setting. Please contact Security Health Plan for information.

Will eviCore review delegated joint/spine procedures for medical necessity if the provider indicates that the procedure will be performed in an inpatient setting?

eviCore **will** review all delegated joint/spine procedures regardless of the treatment setting.

Will eviCore conduct a medical necessity review on the inpatient admission for delegated joint/spine procedures?

eviCore **will** conduct a medical necessity review on the inpatient admission for delegated joint/spine procedures indicated to be performed in an inpatient setting..

Will eviCore assign an Initial Length of Stay for approved inpatient Joint/Spine cases?



eviCore **will** assign an initial length of stay based on interQual clinical criteria.

Will eviCore present scripting in advance of clinical review advising the ordering provider of the need to obtain inpatient authorization from SHP?

eviCore will present the following script for all joint/spine cases regardless of indicated place of service.

Please note: If eviCore approves the procedure(s), the inpatient hospital admission and your patient requires an extension to the originally approved length of stay, you will need to obtain an extension from Security Health Plan. Please call the number on the back of the member's ID card and provide the eviCore case number to submit your extension request. Unapproved bed days billed could be denied for lack of prior authorization

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

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at <https://www.evicore.com/healthplan/shp>