Musculoskeletal 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 Summit Health.

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

eviCore will manage prior authorization for Summit Health Medicare Advantage members.

What is the relationship between eviCore and Summit Health?

eviCore manages requests for spine surgery, large joint surgery, and interventional pain management services

Which Musculoskeletal Management services require prior authorization for Summit Health?

A full list of CPT codes can be found on the provide resource site:
https://www.eviCore.com/resources/healthplan/SummitHealth

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 844.303.8451.

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. Forms can be faxed to 800.540.2406.

Note: When initiating requests on the portal or by phone a real-time authorization may be experienced. All fax submissions will go through clinical review and do not have the option for a real-time authorization.

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 performed.

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
- Imaging/X-ray reports
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

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 provided to the requesting and rendering 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 provider. Providers may also visit www.eviCore.com to view the authorization determination.

Note: The authorization number will begin with the letter 'A' followed by a nine-digit number: A123456789

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

After all necessary clinical information is received, for standard (non- urgent) requests, a decision is made within two (2) business days. For urgent requests, a decision is made within 24 hours.

How long is the authorization valid?

Authorizations are valid for 90 calendar days from the **date of determination**. If the service is not performed within 90 calendar days from the issuance of the authorization, please contact eviCore healthcare.

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 authorization process. **If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to Summit Health. The provider will need to seek a separate approval for the inpatient stay. Summit Health 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 800-303-8451. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

What if information on the authorization needs to be updated?

Please contact eviCore by phone at 844.303.8451 and a representative will assist.

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

Member eligibility and benefits should be verified on www.yoursummithealth.com before requesting prior authorization through eviCore.

If the prior authorization request is 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 reconsideration, appeal rights and processes.

Where do I submit my claims?

All claims will continue to be filed directly to Summit Health.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests are not allowed.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: ClientServices@eviCore.com

Common Items to Send to Client Services:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

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/summithealth.

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800.646.0418 (Option 2).

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.

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 one (1) level interlaminar epidural, two (2) levels transforaminal epidural, and three (3) levels 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 ≥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.