

Musculoskeletal Management- Pain Management, Spine and Joint Surgery

Provider Orientation Session for WellSense members in Massachusetts and New Hampshire
Effective date: 3/1/2023 Phone live 2/27/23



HITRUST
CSF Certified



Empowering
the Improvement
of Care

Program Overview

•Applicable Memberships

Prior Authorization is required for all WellSense members who are enrolled in the following lines of business in the states of Massachusetts and New Hampshire:

WellSense Medicare Plans

WellSense Medicaid Plans

WellSense Commercial

Note: When requesting pre-service authorization for these members, please select WellSense from the health plan dropdown list. To obtain information on member eligibility please access [Health Trio Connect for WellSense](#)

Pre-Service Authorization Required:

Interventional Pain:

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery:

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery:

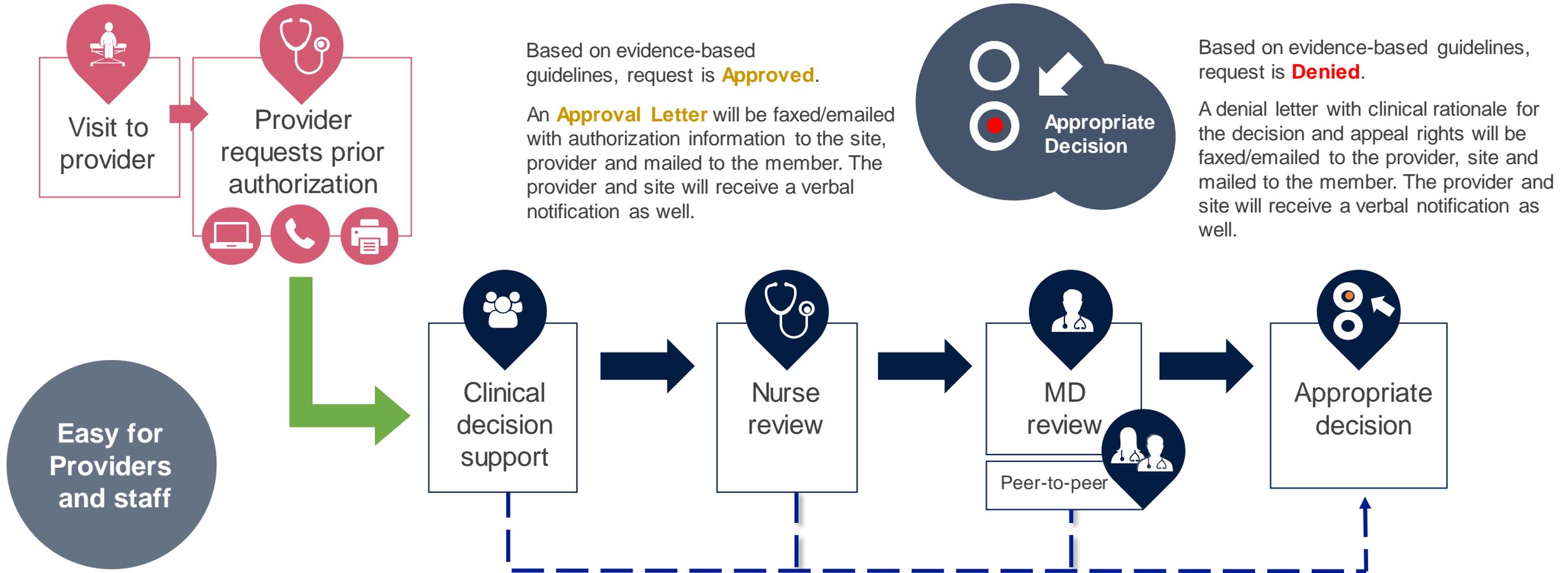
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps
- Cervical/Thoracic/Lumbar
 - Decompressions
 - Fusions

To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

<https://www.evicore.com/healthplan/wellsense>

Submitting Requests

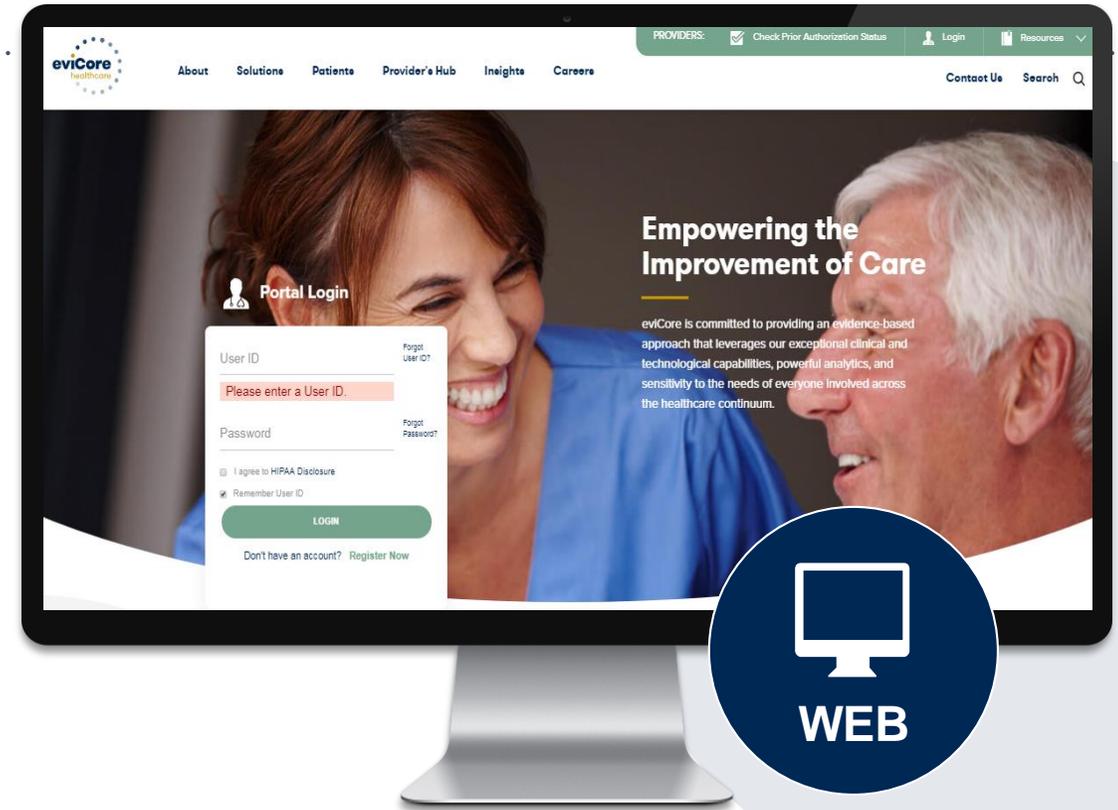
•Utilization Management – the Prior Authorization Process



•Methods to Submit Prior Authorization Requests

eviCore Provider Portal www.eviCore.com (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:

844-725-4448

Monday through Friday
7am – 7pm local time

Fax Number:

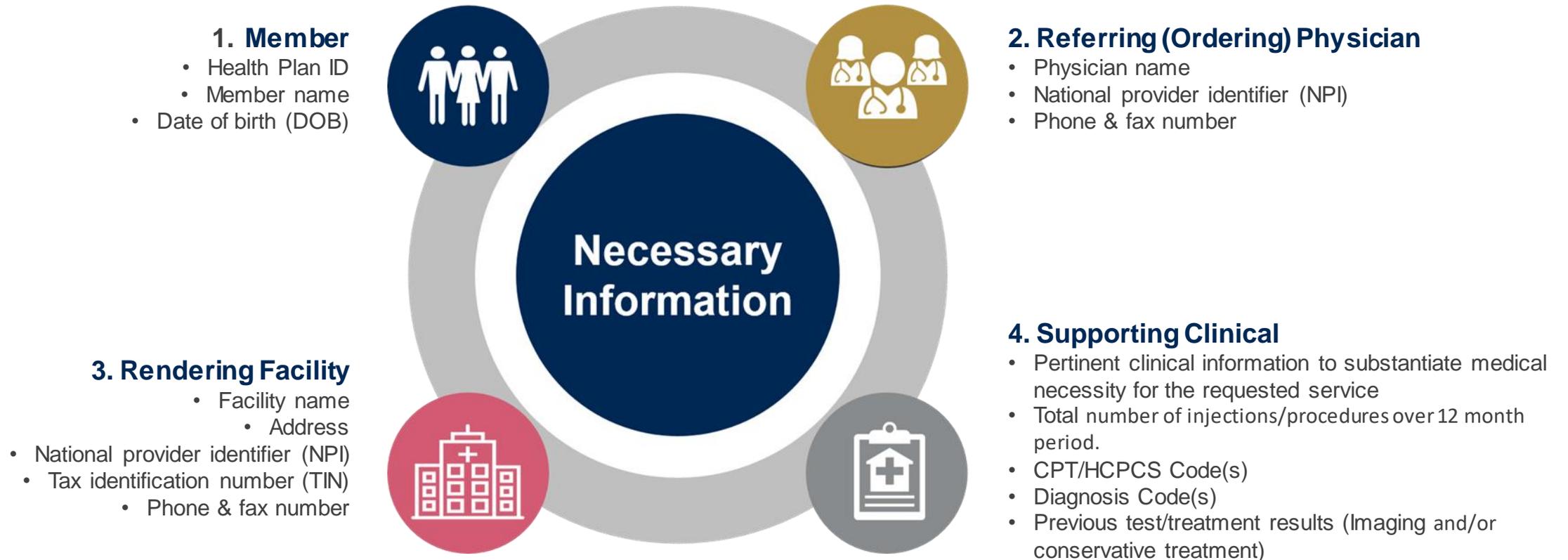
LAB: 844-545-9213

MSK: 855-774-1319

PA requests are accepted via fax and can be used to submit additional clinical information

•Information needed for Prior Authorizations

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



•eviCore healthcare Website

.....

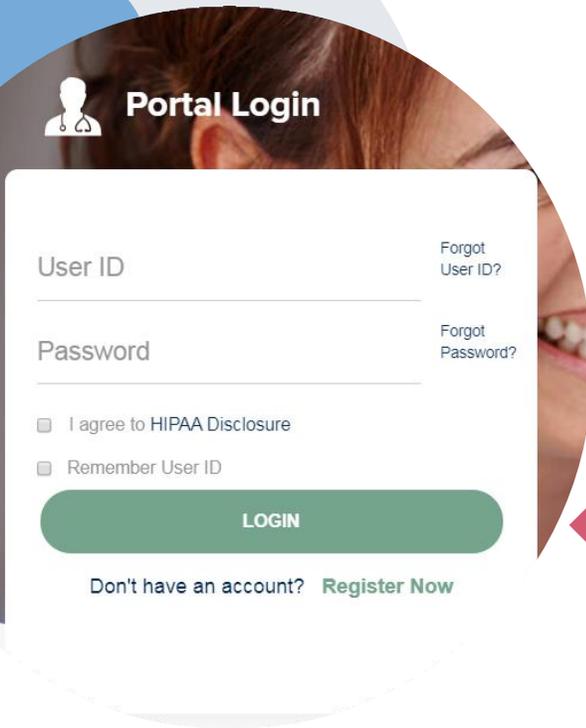
Visit www.evicore.com

•Already a user?

- If you already have access to eviCore’s online portal, simply log-in with your
- User ID and Password and begin submitting requests in real-time!

Don't have an account?

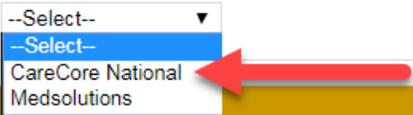
Click “Register Now” and provide the necessary information to receive access today!



Creating An Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: 

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>		
Email*:	<input type="text"/>		<input type="text"/>		
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>		
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/>	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 9:26 AM

Manage Your Account

Office Name: test

CHANGE PASSWORD

EDIT ACCOUNT

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary Contact: Amy Oliphant

Email Address: amy.oliphant@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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Click the “Add Provider” button.



Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 9:26 AM

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.



Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 9:29 AM

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

ADD THIS PRACTITIONER **CANCEL**

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Select the matching record based upon your search criteria



Manage Your Account



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

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- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.



- [Home](#)
- [Certification Summary](#)
- [Authorization Lookup](#)
- [Eligibility Lookup](#)
- [Clinical Certification](#)
- [Certification Requests In Progress](#)
- [MSM Practitioner Perf. Summary Portal](#)
- [Resources](#)
- [Manage Your Account](#)
- [MedSolutions Portal](#)
- [Help / Contact Us](#)

Monday, June 13, 2022 9:02 AM

6/13/2022 9:02 AM

Welcome to the CareCore National Web Portal. You are logged in as

[REQUEST AN AUTH](#)

[RESUME IN-PROGRESS REQUEST](#)

[SUMMARY OF AUTH](#)

[AUTH LOOKUP](#)

[MEMBER ELIGIBILITY](#)

[HORIZON PILOT PROGRAM](#)

Monday, June 13, 2022 9:03 AM

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

[Click here for help](#)

For Spine and Joint surgery and Pain Management
choose Musculoskeletal Management

Monday, June 13, 2022 9:04 AM

Requesting Provider Information



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"

Requesting Provider Information

10% Complete

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

Provider	
<input type="button" value="SELECT"/>	

1 2 3

[Click here for help](#)



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Monday, June 13, 2022 9:07 AM

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

BACK

CONTINUE

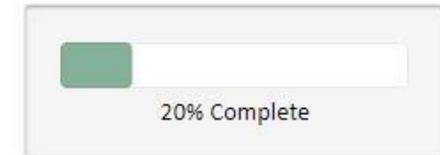
[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, June 13, 2022 9:08 AM

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* () [?]

Phone:* () [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

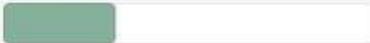
[BACK](#)

[CONTINUE](#)

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30% Complete

Provider and NPI

Monday, June 13, 2022 9:08 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

Patient Last Name Only:*

Do not include prefix. Enter numeric d

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Attention!

Time: 6/13/2022 9:08 AM

1 What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)

The Date of Service is unknown. Please enter today's date.

Jun 2022

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Monday, June 13, 2022 9:08 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

Patient Last Name Only:*

Do not include prefix. Enter numeric d

ELIGIBILITY LOOKUP

BACK

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40% Complete

and NPI

Attention!

Time: 6/13/2022 9:08 AM

i You entered a date of service of today. Has this procedure or treatment already been completed?

Yes No

SUBMIT



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
----------------------	---------------------------------------	--------------------------------------	------------------------------------	---	--	---	---------------------------	-------------------------------------	-------------------------------------	-----------------------------------

Monday, June 13, 2022 9:08 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

 MM/DD/YYYY

Patient Last Name Only:*

 [?]

Do not include prefix. Enter numeric digits only.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)



40% Complete

Provider and NPI

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Monday, June 13, 2022 9:10 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Do not include prefix. Enter numeric digits only.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

[Click here for help](#)


40% Complete

Provider and NPI



Monday, June 13, 2022 9:11 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:*

Do not include prefix. Enter numeric digits only.

CLEAR PATIENT SELECTION

Patient Cell Phone

Patient Email

BACK

CONTINUE

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Attention!

Patient ID: Time: 6/13/2022 9:11 AM

Patient Name:

Please provide the patient's best contact number including area code.

SUBMIT **UNKNOWN**



40% Complete

Provider and NPI

Monday, June 13, 2022 9:12 AM

Requested Service + Diagnosis

This procedure was performed on / / . [CHANGE](#)

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code:
Description:
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management
 [LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)


60% Complete

Provider and NPI

Patient [EDIT](#)

Note: We will review the spine and joint CPT process further on in the presentation



Monday, June 13, 2022 9:13 AM

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:

CPT Code:

Description:

Primary Diagnosis Code:

Primary Diagnosis:

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

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Attention!

Will you be rendering this procedure in your office?

60% Complete

Provider and NPI

Patient [EDIT](#)



Monday, June 13, 2022 9:13 AM

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code: Site Name:
TIN: City:

- Exact match
- Starts with

LOOKUP SITE

BACK

[Click here for help](#)

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

Monday, June 13, 2022 9:14 AM

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code: Site Name:
 TIN: City:

Exact match
 Starts with

LOOKUP SITE

	Name	Address
SELECT		
SELECT		
SELECT		

BACK

[Click here for help](#)

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

Monday, June 13, 2022 9:14 AM

Add Site of Service

Selected Site:

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

[Click here for help](#)

 80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

Site



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Monday, June 13, 2022 9:15 AM

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

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Spine Surgery

•Spine Surgery Requirements

Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spinal surgery.

Minimum documentation requirements:

- CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.
- Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.
- Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.
- Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.

For Spinal Fusion surgery requests:

- Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.
- Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.
- evidenced by blood cotinine lab results of <10ng/mL. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.

•Spine Surgery Requirements continued

Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs/SNRBs.

Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

Monday, June 13, 2022 9:12 AM

Requested Service + Diagnosis

This procedure was performed on / / . [CHANGE](#)

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]
SPINE | SPINE SURGERY
Don't see your procedure code or type of service? [Click here](#)

you would choose SPINE as the CPT Code

Diagnosis

Primary Diagnosis Code: **M41.40**
Description: **Neuromuscular scoliosis, site unspecified**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management
 [LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI

Patient [EDIT](#)



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
----------------------	---------------------------------------	--------------------------------------	------------------------------------	--	--	---	---------------------------	-------------------------------------	-------------------------------------	-----------------------------------

Monday, June 13, 2022 9:16 AM

Proceed to Clinical Information

- Will this procedure be performed Inpatient?
 Yes No

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

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Monday, June 13, 2022 9:16 AM

Proceed to Clinical Information

i Please enter the primary CPT code for this surgery.

i How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

i Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

[Click here for help](#)



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Monday, June 13, 2022 9:17 AM

Proceed to Clinical Information

i Do you want to enter a second code for this surgery?

Yes No

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

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Monday, June 13, 2022 9:18 AM

Proceed to Clinical Information

Lumbar Fusion - SPINE / LEVEL

Which lumbar level(s) will be fused? (Choose all that apply)

- L1 - L2 L4 - L5
 L2 - L3 L5 - S1
 L3 - L4 Other/Unknown

Has there been a previous fusion in this region?

- Yes No

Is this request to treat any of the following conditions?

- Spinal fracture with instability or neural compression
 Dislocation, tumor, or infection (including abscess, osteomyelitis, discitis, or fungal infection)
 Single or multi-session (staged) fusion for severe, progressive idiopathic scoliosis with Cobb angle > 40 degrees
 Iatrogenic or degenerative flatback syndrome with significant sagittal imbalance when fusion is performed with spinal osteotomy
 None of the above

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

[Click here for help](#)



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Monday, June 13, 2022 9:19 AM

Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

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Monday, June 13, 2022 11:30 AM

Proceed to Clinical Information

- i** Is there any additional information specific to the member's condition you would like to provide?
- I would like to upload a document after the survey (Recommended)
 - I would like to enter additional notes in the space provided
 - I would like to upload a document and enter additional notes
 - I have no additional information to provide at this time

Please note that faxes received by eviCore may take up to 24 hours to process. Web uploaded documents have faster processing.

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

[Click here for help](#)

Monday, June 13, 2022 9:20 AM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been Approved.

Provider Name: Provider Address:	Contact: Phone Number: Fax Number:
---	---

Patient Name: Insurance Carrier:	Patient Id:
---	--------------------

Site Name: Site Address:	Site ID:
---	-----------------

Primary Diagnosis Code:	M41.40	Description:	Neuromuscular scoliosis, site unspecified
Secondary Diagnosis Code:		Description:	
CPT Code:	SPINE	Description:	SPINE SURGERY
Authorization Number:			
Review Date:	6/13/2022 9:16:00 AM		
Expiration Date:	12/10/2022		
Status:	Your case has been Approved.		

CANCEL
PRINT
CONTINUE

[Click here for help](#)

Monday, June 13, 2022 11:54 AM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>		<hr/>	
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>		<hr/>	
Site Name:		Site ID:	
Site Address:			
<hr/>		<hr/>	
Primary Diagnosis Code:	M41.40	Description:	Neuromuscular scoliosis, site unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	6/13/2022		
CPT Code:	SPINE	Description:	SPINE SURGERY
Case Number:			
Review Date:	6/13/2022 11:53:40 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

[Click here for help](#)

Joint Surgery

•Joint Surgery Requirements

Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:

- **Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.**
- **Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.**

Radiographic or arthroscopic findings of either of the following:

- **Severe unicompartamental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)**
- **Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.**
- **Intact, stable ligaments, in particular the anterior cruciate ligament**
- **Knee arc of motion (full extension to full flexion) greater than 90 degrees**

Failure of at least 3 months of provider directed non-surgical management.

- **For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management**
- **Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.**

Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.

•Joint Surgery Requirements

The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration.

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- Functionally limited range of motion (active or passive)
- Measurable loss in strength
- Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
- Failure of provider directed non-surgical management for at least 3 months in duration.
- Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
- Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

•Clinical Details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Wednesday, July 01, 2020 3:47 PM

[Log Off \(JDMAS\)](#)

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? [Click here](#)



You would choose JOINT as the CPT Code

Diagnosis

Primary Diagnosis Code: **M19.012**
Description: **Primary osteoarthritis, left shoulder**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI
MURCH, SCOTT
1013173384
(SECURITY HEALTH PLAN)

[DIT](#)

2/22/1952



Home	Authorization Lookup	Med Solutions Portal	CareCore National Portal	Unified Worklist	Help / Contact Us	
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Monday, June 13, 2022 11:15 AM

Proceed to Clinical Information

 Please select the Place of Service in which this procedure will be performed:

22 - Outpatient Hospital 

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

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Monday, June 13, 2022 11:16 AM

Proceed to Clinical Information

1 Please enter the primary CPT code for this surgery.

1 Which side is the procedure being performed on?

Left Right

SUBMIT

Finish Later

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Home	Authorization Lookup	Med Solutions Portal	CareCore National Portal	Unified Worklist	Help / Contact Us
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Monday, June 13, 2022 11:17 AM

Proceed to Clinical Information

Do you want to enter a second code for this Knee surgery?

Yes No

SUBMIT

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Monday, June 13, 2022 11:17 AM

Proceed to Clinical Information

Please indicate which ligament will be reconstructed:

SUBMIT

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Monday, June 13, 2022 11:18 AM

Proceed to Clinical Information

1 Does your patient report any of the following? (choose all that apply)

- Unable to participate in age appropriate activities of daily living Knee instability indicated by giving way, weakness, or buckling
 Inability to meet demands of employment None of the above
 Need to return to activities that require cutting, pivoting, and/or agility Unknown

2 Does your patient have an acute injury with documented hemarthrosis, effusion, and joint instability?

- Yes No Unknown

3 Does your patient have a positive Lachman, Anterior Drawer, or Pivot Shift test?

- Yes No Unknown

4 Please indicate if MRI, CT arthrogram, or arthroscopy demonstrates the following? (Choose all that apply)

- A tear/disruption/significant laxity of the anterior cruciate ligament Neither of the above
 A repairable meniscus tear (identified by arthroscopy) Unknown

SUBMIT

Finish Later

Did you know?
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request to finish later.



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, June 13, 2022 9:19 AM

Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

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Monday, June 13, 2022 11:30 AM

Proceed to Clinical Information

- i** Is there any additional information specific to the member's condition you would like to provide?
- I would like to upload a document after the survey (Recommended)
 - I would like to enter additional notes in the space provided
 - I would like to upload a document and enter additional notes
 - I have no additional information to provide at this time

Please note that faxes received by eviCore may take up to 24 hours to process. Web uploaded documents have faster processing.

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

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Monday, June 13, 2022 11:20 AM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been Approved.

Provider Name: [REDACTED] Contact: [REDACTED]
Provider Address: [REDACTED] Phone Number: [REDACTED]
Fax Number: [REDACTED]

Patient Name: [REDACTED] Patient Id: [REDACTED]
Insurance Carrier: [REDACTED]

Site Name: [REDACTED] Site ID: [REDACTED]
Site Address: [REDACTED]

Primary Diagnosis Code: S83.512A Description: Sprain of anterior cruciate ligament of left knee, initial encounter
Secondary Diagnosis Code: Description: JOINT SURGERY
CPT Code: JOINT
Authorization Number: [REDACTED]
Review Date: 6/13/2022 11:15:11 AM
Expiration Date: 12/10/2022
Status: Your case has been Approved.

CANCEL | PRINT | CONTINUE

[Click here for help](#)

Monday, June 13, 2022 11:31 AM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:	S83.512A	Description:	Sprain of anterior cruciate ligament of left knee, initial encounter
Secondary Diagnosis Code:		Description:	
Date of Service:	6/13/2022		
CPT Code:	JOINT	Description:	JOINT SURGERY
Case Number:	1163842227		
Review Date:	6/13/2022 11:29:40 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

[Click here for help](#)

Pain Management

•Interventional Pain Requirements

- **Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patients 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.**
- **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 3 or 5 positive stress maneuvers of the sacroiliac joint.**
- **An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.**
- **No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.**
- **6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.**
- **For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.**
- **Fluoroscopic or CT scan image guidance is required for all interventional pain injections.**
- **The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.**

•Interventional Pain Requirements continued

Epidural injections require a 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 6 week interval.

An epidural steroid injection must have a least 2 of the following:

50% or greater relief of radicular pain.

Increased level of function/physical activity.

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. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.

A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.

A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.

Monday, June 13, 2022 1:39 PM

Requested Service + Diagnosis

This procedure was performed on 6/13/2022.

CHANGE

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

62323 | Injection with guidance L/S

Don't see your procedure code or type of service? [Click here](#)

With Interventional Pain
choose the applicable CPT
code or description

Diagnosis

Primary Diagnosis Code: **M54.51**

Description: **Vertebrogenic low back pain**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

CONTINUE

[Click here for help](#)

60% Complete

Provider and NPI

Patient [EDIT](#)

Clinical Details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	--

Wednesday, July 01, 2020 4:07 PM

[Log Off \(JDMA\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: 62323
Description: Injection with guidance L/S
Primary Diagnosis Code: M54.5
Primary Diagnosis: Low back pain
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)


60% Complete

Provider and NPI

Patient

[EDIT](#)

Monday, June 13, 2022 1:40 PM

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:

CPT Code: 62323

Description: Injection with guidance

Primary Diagnosis Code: M54.51

Primary Diagnosis: Vertebrogenic low back

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

[BACK](#)

[CONTINUE](#)

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Attention!

Will the procedure be performed in your office?

[Yes](#) [No](#)

60% Complete

Provider and NPI

Patient [EDIT](#)



Home	Authorization Lookup	Med Solutions Portal	CareCore National Portal	Unified Worklist	Help / Contact Us
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Monday, June 13, 2022 2:21 PM

Proceed to Clinical Information

Please indicate the reason for this procedure:

- To treat post-herpetic neuralgia
- To treat low back pain (radiculopathy/radicular pain/non-radiating pain)
- To inject Spinraza® (nusinersen)
- A trial for an implanted pump
- For obstetrical or surgical anesthesia
- To manage perioperative pain

You can save a certification request to finish later.

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Monday, June 13, 2022 2:23 PM

Proceed to Clinical Information

Lumbar Epidural Injection

i Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic
- Corticosteroid
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza[®] (nusinersen)
- Other injectate(s)
- Unknown

i How many levels will this procedure be performed at?

SUBMIT

Finish Later

Did you know?
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request to finish later.

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----------------------	--------------------------------------	--------------------------------------	--	----------------------------------	-----------------------------------

Monday, June 13, 2022 2:23 PM

Proceed to Clinical Information

1 How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

1 How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

Finish Later

Did you know?
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Monday, June 13, 2022 2:24 PM

Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

- Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg
- Symptomatic spinal stenosis
- Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)
- Loss of strength
- Change in sensation to light touch, pressure, pin prick or temperature
- Decreased, absent or asymmetric reflex(es)
- Positive electrodiagnostic study (EMG/NCV) for nerve root compression
- None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

- Yes No Unknown

SUBMIT

Finish Later

Did you know?
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•Clinical Details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	--

Wednesday, July 01, 2020 4:17 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

Lumbar Epidural Injection

i Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic with or without contrast agent
- Corticosteroid with or without contrast agent
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza
- Other injectate(s)
- Unknown

i How many levels will this procedure be performed at?

One (1) Level

SUBMIT

Monday, June 13, 2022 1:48 PM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
Date of Service:	6/13/2022		
CPT Code:	62323	Description:	Injection with guidance L/S
Modifier:			
Case Number:			
Review Date:	6/13/2022 1:42:34 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Monday, June 13, 2022 1:53 PM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been Approved.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:	M54.16	Description:	Radiculopathy, lumbar region
Secondary Diagnosis Code:		Description:	
CPT Code:	62323	Description:	Injection with guidance L/S
Modifier:			
Authorization Number:			
Review Date:	6/13/2022 1:51:03 PM		
Expiration Date:	12/10/2022		
Status:	Your case has been Approved.		

[CANCEL](#) | [PRINT](#) | [CONTINUE](#)

[Click here for help](#)

Monday, June 13, 2022 1:48 PM

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
Date of Service:	6/13/2022		
CPT Code:	62323	Description:	Injection with guidance L/S
Modifier:			
Case Number:			
Review Date:	6/13/2022 1:42:34 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

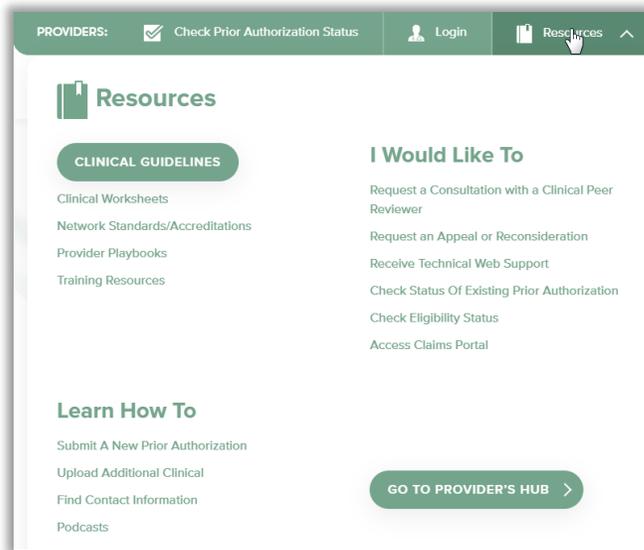
•Provider Portal Resources

What are some tools providers and staff can utilize when logged into the eviCore portal?



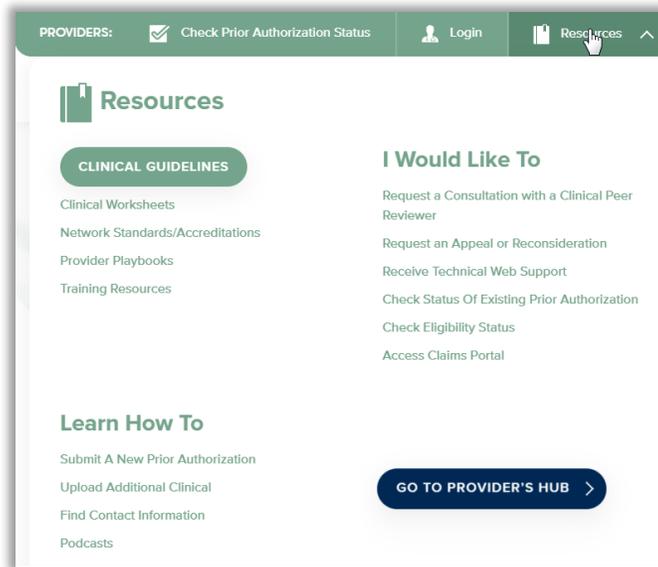
•Providers Hub

Providers and staff can access important tools and resources at evicare.com



Step 1

- Open the Resources menu in the top right hand of the browser



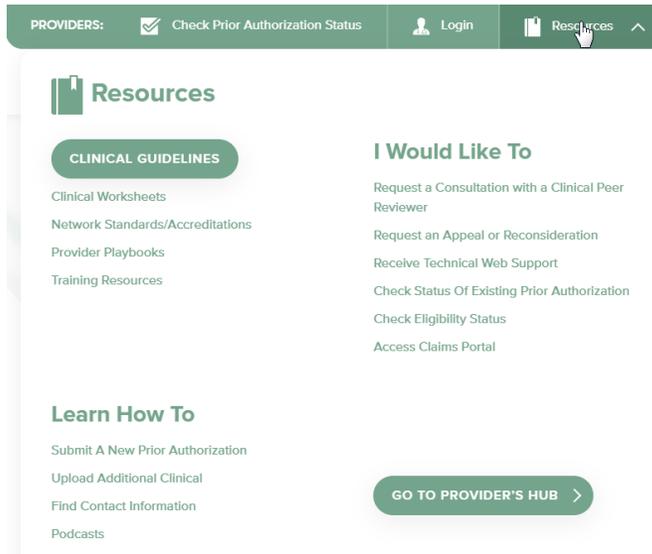
Step 2

- Select the Providers Hub to access Clinical Guidelines, Schedule Consultations (P2P) and more.



•Quick Reference Tool

Where can I locate health plan specific contact information?

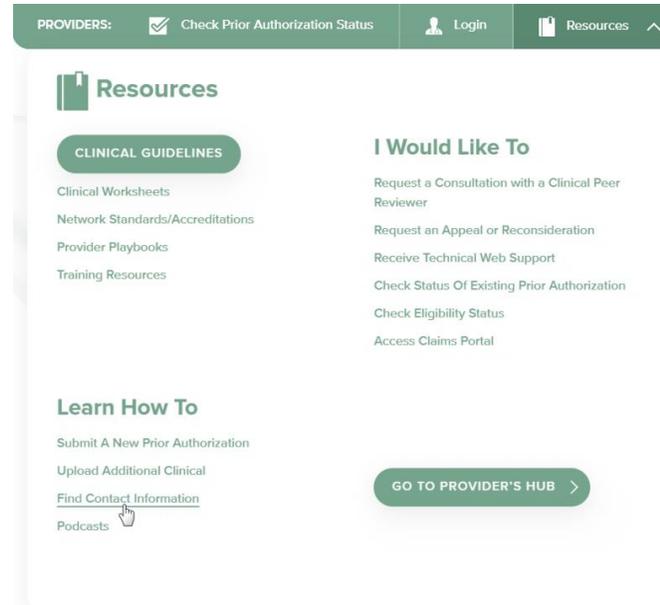


Step 1

- Open the Resources menu in the top right hand of the browser

Step 2

- Select Find Contact Information

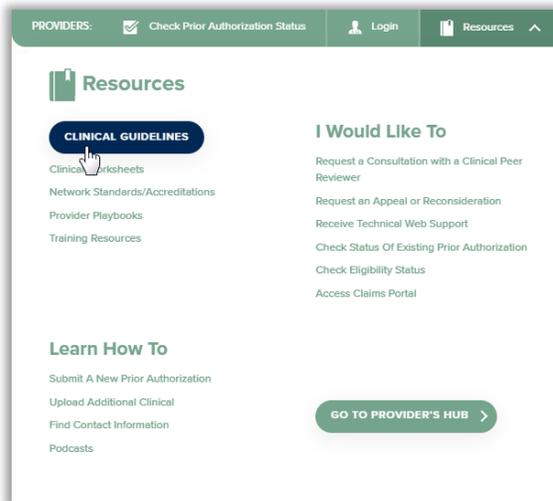


Step 3

- Select the Health Plan and Solution to populate the contact phone and fax numbers
- This will also advise the appropriate portal to utilize for case requests

•Clinical Guidelines

How do I access eviCore's clinical guidelines?

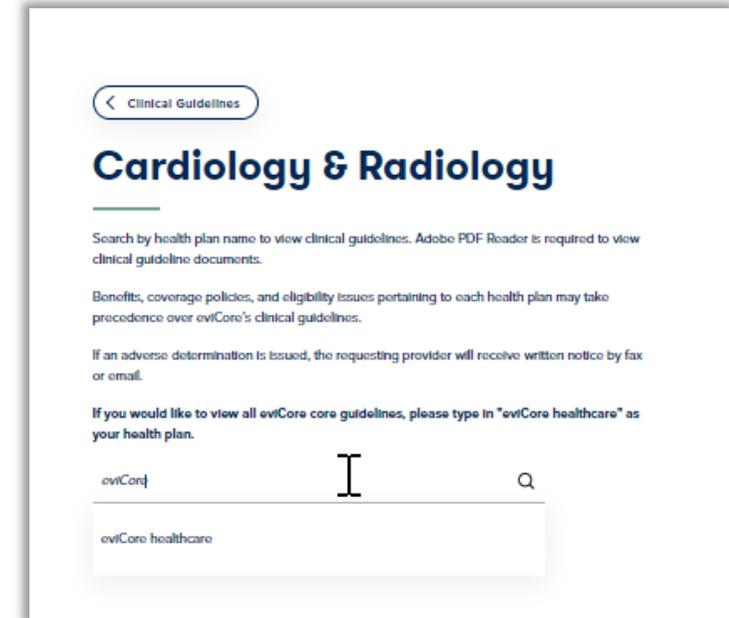
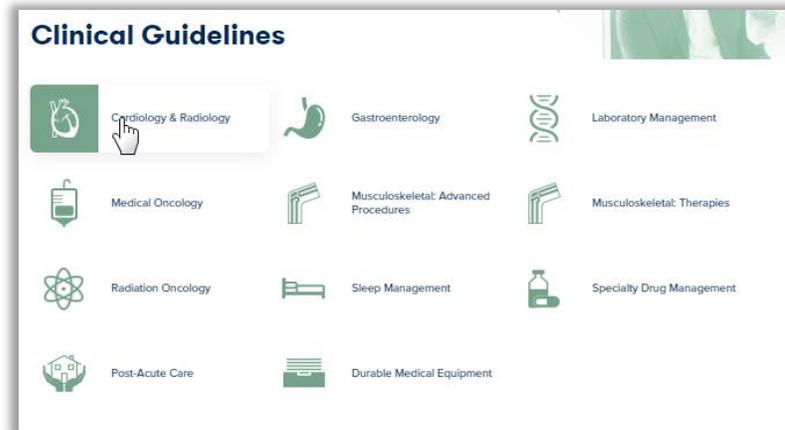


Step 1

- Open the Resources menu in the top right hand of the browser
- Select Clinical Guidelines

Step 2

- Select the solution/program associated with the requested guidelines

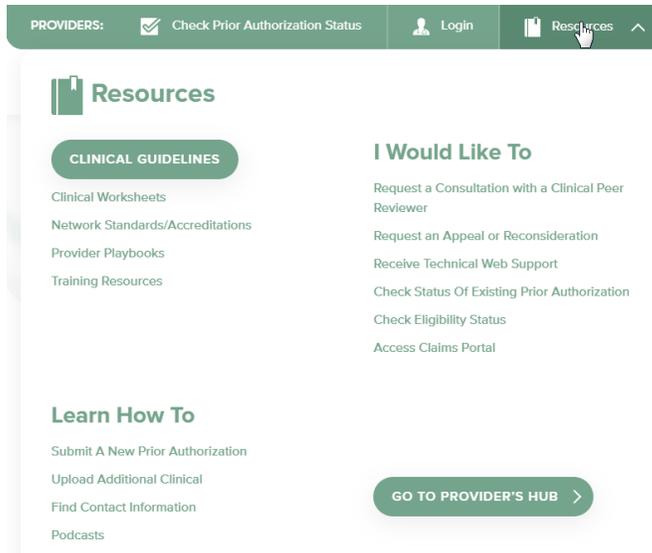


Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in “eviCore healthcare” as your health plan

•Clinical Worksheets

How do I access eviCore's clinical worksheets?

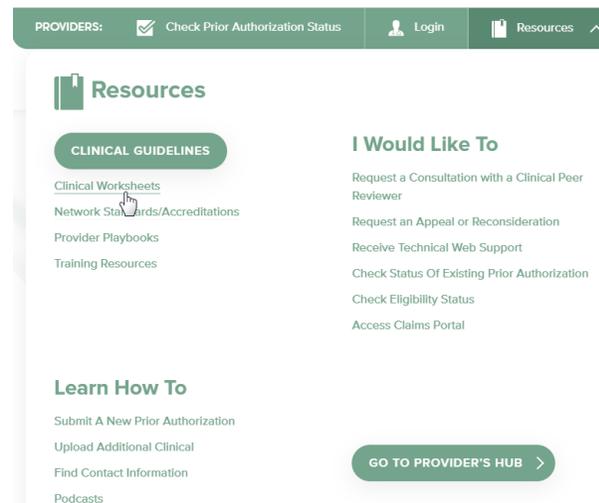


Step 1

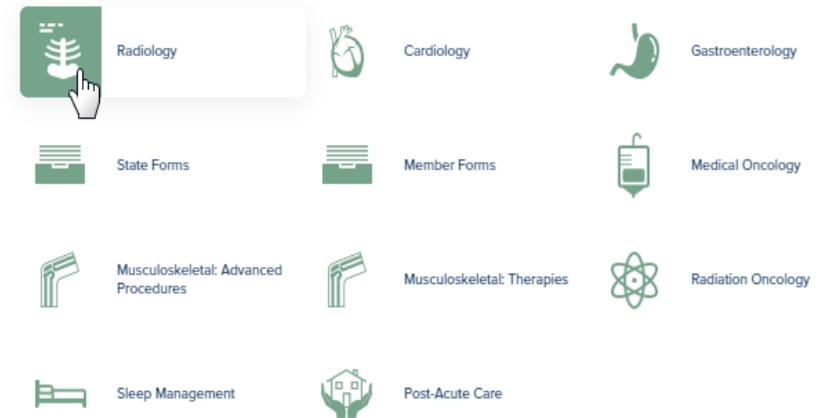
- Open the Resources menu in the top right hand of the browser

Step 2

- Select Clinical Worksheets below Clinical Guidelines



Clinical Worksheets



Step 3

- Select the solution/program for the associated with the requested services

Once the appropriate worksheet has been located, please complete the form as a guide prior to requesting authorization through eviCore.

Portal Features

•Certification Summary

- You can begin an authorization request
- Allows you to track recently submitted cases

•Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

•Eligibility Lookup

- Confirm if member requires prior authorization

•eNotification Alerts

- You can opt in to case status email alerts



Dedicated eviCore Teams

•Call Center

- Phone: (844) 725-4448
- Representatives available 7 a.m. to 7 p.m. (local time)

•Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option #2)

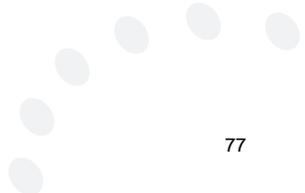
•Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

• Pat Allen

- pallen@evicore.com
- 800.918.8924 x24176
- Regional team that works directly with the provider community



•Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

•We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources



How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

•Provider Newsletter

Stay Updated With Our Free Provider Newsletter

- eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:
- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE



Submitting Urgent Cases

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard select Yes.

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Certification Summary

Home **Certification Summary** Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Certification Summary

Search..

Page 1 of 0 10 ▼

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x			<input type="text"/> x					

Page 1 of 0 10 ▼

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

•How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

•How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

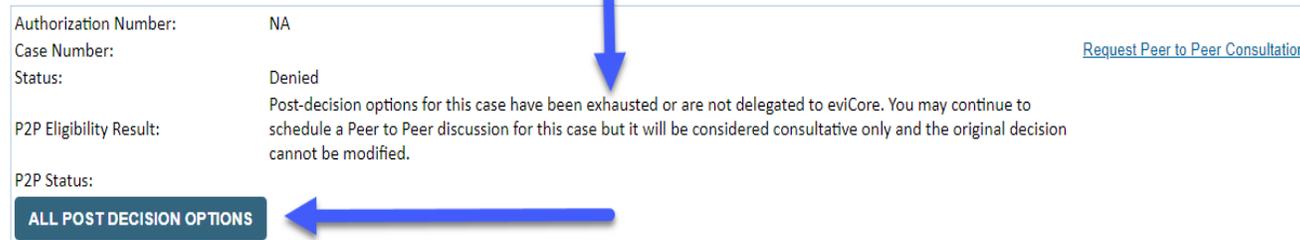
•How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

•How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.
- You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #:

Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

•How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

•You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

•You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

•How to Schedule a Peer to Peer

•Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

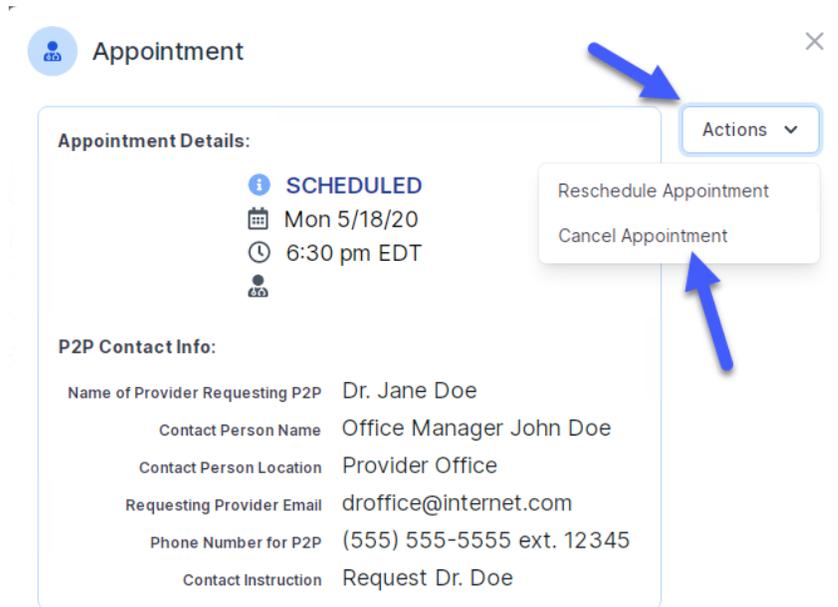
The screenshot shows a scheduling interface with a progress bar at the top indicating four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The main form is divided into two columns. The left column contains 'P2P Info' with date and time, 'Case Info' with a list of case details, and a '1st Case' section. The right column is titled 'P2P Contact Details' and includes fields for 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@intemet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right.

The screenshot shows a scheduling summary page. It features a calendar icon, the word 'Scheduling', and a 'Scheduled' status. Below this, there is a date and time: 'Mon 5/18/20 - 6:30 pm EDT'. A 'SCHEDULED' badge is visible in the bottom right corner.

•Canceling or Rescheduling a Peer to Peer Appointment

•To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action
- If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
- If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

Resources- Links

- Worksheets: <https://www.evicore.com/provider/online-forms>
- Clinical Guidelines: <https://www.evicore.com/provider/clinical-guidelines>
- Request a Clinical Consultation: <https://www.evicore.com>
- Resource Page: <https://www.evicore.com/resources/healthplan/wellsense>

Thank You!

