
Pain Management, Spine & Joint Surgeries

Frequently Asked Questions

Who is eviCore healthcare?

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

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

eviCore will manage prior authorization for all WellSense members who are enrolled in the following programs in the states of Massachusetts and New Hampshire:

- WellSense Medicare
- WellSense Medicaid
- WellSense Commercial

What is the relationship between eviCore and WellSense?

eviCore manages pain management services, joint and spine surgeries.

Which Musculoskeletal services require prior authorization for WellSense?

eviCore has a list of services that will now require prior authorization specific to Pain Management /Joint and Spine Surgeries. The list of covered services can be found by visiting <https://www.evicore.com/healthplan/wellsense>.

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. (Local time is the time zone the staff is calling from). Providers and/or staff can request prior authorization and make revisions to existing cases by calling 844-725-4448.

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.

Fax number for MSK: 855-774-1319

Who needs to request prior authorization through eviCore?



All ordering (requesting) physicians are required to obtain a prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and last name
- Date of birth
- Member id

Ordering Provider

- First and last name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and fax number

Rendering (Performing) Provider

- Facility name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street address

Clinical(s)

- Requested procedure code (CPT Code for Pain) (CPT=Spine or Joint)
- Signs and symptoms (Diagnosis)
- Imaging study results
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

Note: eviCore suggests utilizing the clinical worksheets when requesting authorization for Pain Management services.

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the requesting, rendering providers and site via fax or email. The member will receive an approval letter by mail. The provider and site will receive a verbal notification as well.



Note: The authorization number will begin with the letter 'A' followed by a nine-digit number. This is an example of the format but each case will have a specific authorization number. e.g. A123456789

How will the denied authorization determination be communicated to the providers?

eviCore will fax or email the denial letter to the provider, site and mail it to the member. The provider and site will receive a verbal notification as well.

Providers may also visit www.evicore.com to view the authorization determination.

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

Commercial insurance requests are processed within two business days from receipt of request or requested information is received, not to exceed 15 calendar days.

Medicaid and Medicare requests are processed within two business days not to exceed 14 calendar days. Please make certain all necessary clinical information has been submitted initially.

How can the servicing provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.evicore.com.

To request a fax letter with the prior authorization number, please call eviCore healthcare at 844-725-4448 to speak with a Customer Service Specialist.

How long is the authorization valid?

- MSK Spine and Joint Surgery Inpatient: Requested Date of Service
- MSK Spine and Joint Surgery Outpatient: 60 Calendar Days
- Pain Management: 60 calendar days

If the service is not performed within the specified time frame referenced on 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.

Note: If the requested procedure is approved, WellSense will determine if the inpatient place of service is appropriate to issue authorization. The provider will receive a separate approval for the inpatient stay. WellSense 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.

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

Urgent requests, as defined above, may be initiated on our web portal at www.evicore.com or by contacting our contact center at 844-725-4448. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

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

Once surgery has been completed and additional procedures were required, please contact eviCore via phone at 844-725-4448 and advise what codes need to be added or changed. Please be prepared to offer additional documentation to support the change.

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

Member eligibility and benefits should be verified with WellSense Health Plan's provider portal before requesting authorization from eviCore:

<https://bmchp-wellsense.healthtrioconnect.com/>

How do I determine if a provider is in network?

Participation status can be verified on the WellSense Provider Portal wellsense.org or by contacting Provider Services at 800-900-1451. Providers may also contact eviCore healthcare Client Services at 844-725-4448.

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

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

Where do I submit my claims?

All claims will continue to be filed directly to WellSense.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests are out of scope unless being requested for an urgent/emergent service.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com.

Where can I find additional educational materials?

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



Where can the clinical guidelines be found?

[https://www.evicore.com/provider/clinical-guidelines.](https://www.evicore.com/provider/clinical-guidelines)