

Musculoskeletal Management Prior Authorization Program: Physical Therapy, Occupational Therapy, Speech Therapy and Chiropractic Services

Provider Orientation Session for FirstCarolinaCare



Empowering
the Improvement
of Care

Agenda

- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions



Dedicated pediatric guidelines



Contributions from a panel of community physicians



Experts associated with academic institutions



Current clinical literature



Aligned with National Societies:

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

Musculoskeletal by the Numbers

45 

Musculoskeletal
physicians on staff

43 

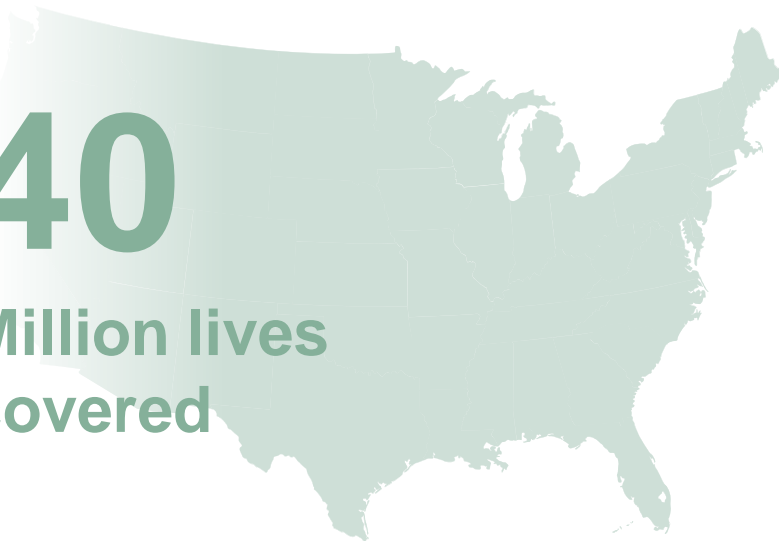
Musculoskeletal-trained
nurses on staff

93 

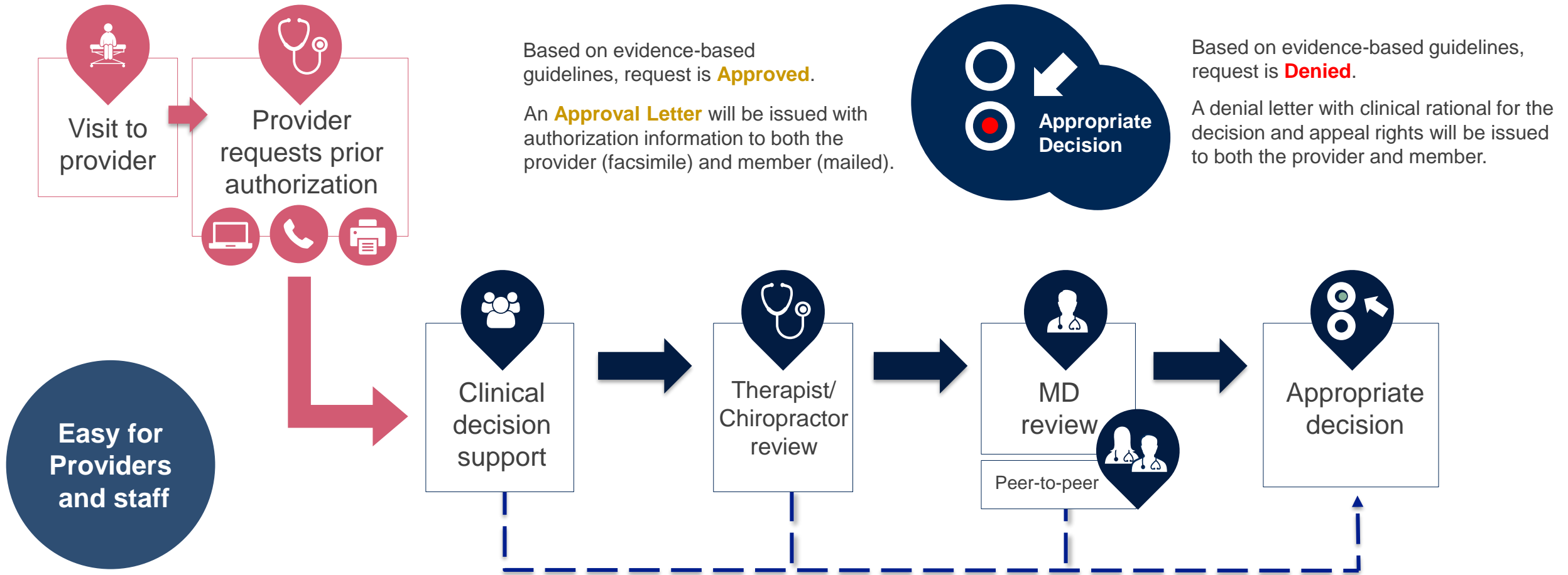
Musculoskeletal
therapists
(PT/OT/ST/MT/CHIRO/ACU)

40

Million lives
covered



Utilization Management – the Prior Authorization Process



Program Overview - Physical Therapy, Occupational Therapy, Speech Therapy and Chiropractic Services

FirstCarolinaCare Prior Authorization Services Performed by eviCore

eviCore healthcare (eviCore) will begin accepting prior authorization requests for therapy services on **December 17, 2020** for dates of service **January 1, 2021** and after.

Prior authorization applies to the following services:

- Outpatient, including outpatient therapy provided to custodial patients residing in a skilled nursing facility (SNF)
- Home Health

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: login.firstcarolinacare.com

Applicable Memberships

Prior Authorization is required for FirstCarolinaCare members who are enrolled in the following lines of business/programs and ID # begins with 94:

Medicare	<ul style="list-style-type: none">• FirstMedicare Direct• New Hanover Health FirstMedicare
Commercial	<ul style="list-style-type: none">• Fully Insured• Self Insured

Prior Authorization requests should NOT be requested through eviCore for FirstCarolinaCare members who are enrolled in the following lines of business/programs:

- FirstMedicare Direct Smart HMO

Musculoskeletal Therapy Programs

Covered Services:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chiropractic Services

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

<https://www.evicore.com/resources/healthplan/firstcarolinacare>



Submitting Requests

Methods to Submit Prior Authorization Requests

FirstCarolinaCare Provider Portal (preferred)

The FCC online portal login.firstcarolinacare.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

877-872-4161

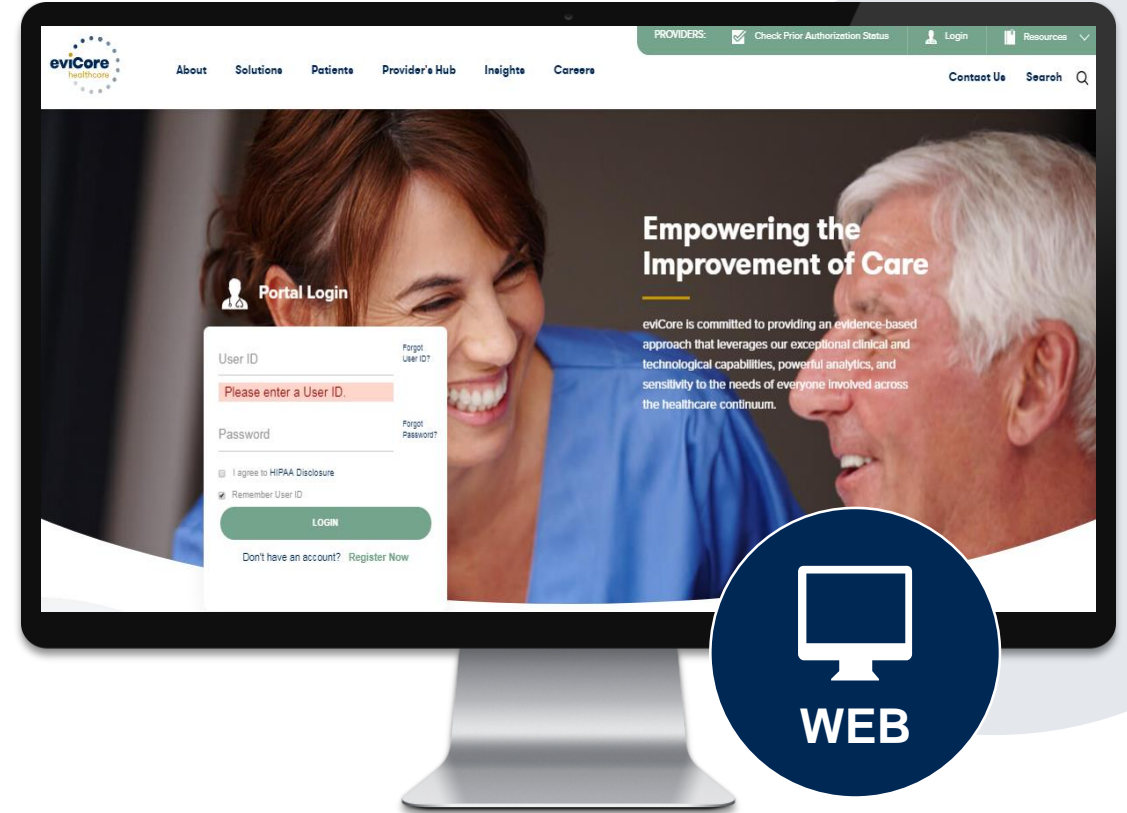
Monday through Friday:

7 am – 7 pm EST

Fax Number:

855-774-1319

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



Clinical Information Worksheets

- eviCore's clinical worksheets are specific to specialized therapies and designed to assist with the submission of the patient and provider information for medical necessity review.
- Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.
- These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.

Link to Clinical Worksheets

Start at evicore.com, click on Resources



From the Resources dropdown, select Clinical Worksheets



Select Musculoskeletal: Therapies



Musculoskeletal: Therapies

Enter Health Plan name in the search field



Musculoskeletal: Therapies

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

Search by Health Plan ...



Clinical Worksheets will be listed under the therapy name; Chiropractic, Physical Therapy and Occupational Therapy or Speech Therapy



Chiropractic

CorePath PTOT Chiro Musculoskeletal

Clinical Information Worksheets




Sample Speech Therapy Form

Worksheets for are available for:

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Chiropractic Services

For Clinical Worksheets, Please visit
<https://www.evicore.com/resources/Pages/providers.aspx>



Musculoskeletal Program: Speech Therapy

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on [evicore.com](http://www.evicore.com) under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care):

Date of Submission:

PATIENT

First Name: _____ MI: _____ Last Name: _____

Member ID: _____ DOB (mm/dd/yyyy): _____ Gender: Male Female

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Primary: Home Cell

Member Health Plan/Insurer: _____

PROVIDER

First Name: _____ Last Name: _____

Primary Specialty: _____ TIN: _____ NPI: _____

Physician Phone: _____ Physician Fax: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Office Contact: _____ Ext: _____ Email: _____

ADMINISTRATIVE

Diagnoses - Medical and SLP Diagnoses Relevant to Your Patient:

Code	Description	Code	Description

Is this request for any of the following? If no, select "None of the Above":

Voice Prosthetic Fitting
 Instrumental Examination
 Specialty Team Evaluation
 Auditory Processing Evaluation
 None of the Above

Start Date for this Request: _____ This is an: INITIAL: New condition not previously treated within past 60 days
 ONGOING: Same/previous condition
 UNKNOWN

Date of most recent evaluation: _____ Date of Onset of Condition: _____ Date of Current Findings: _____

For an INITIAL request, please complete the following section.
 Note: If there has been a gap in care greater than 60 calendar days, consider this as an initial request.

Is the request for Speech Therapy related to a neurological condition? Yes No

Test	Standard Score	Impairment Rating: Check the level that best represents the impairment					
		Minimally Impaired = 1-19%		Maximally Impaired = 100%			
Speech		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Feeding / Swallowing		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Expressive Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Receptive Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Pragmatics		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Cognitive Communication		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Voice		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Fluency		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Oral Motor		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Written Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%

If this is an ONGOING request, please submit medical records that include the most recent examination findings, test results and goals with current objective measures that can support a request for ongoing care.

Benefits of Provider Portal

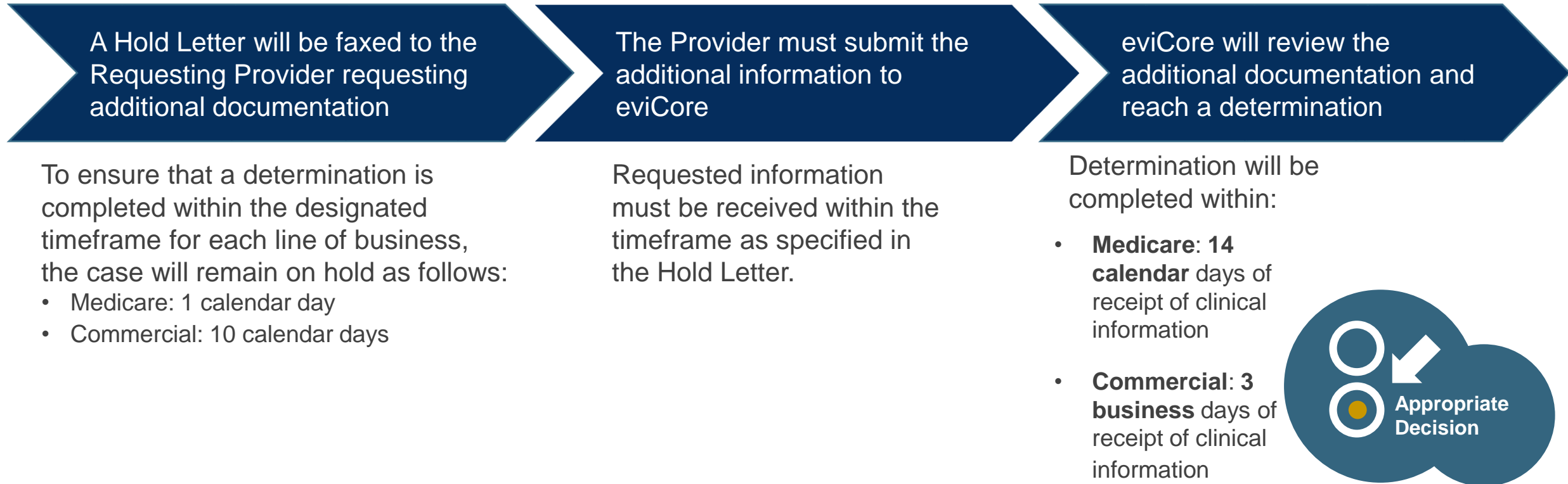
Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- 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

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

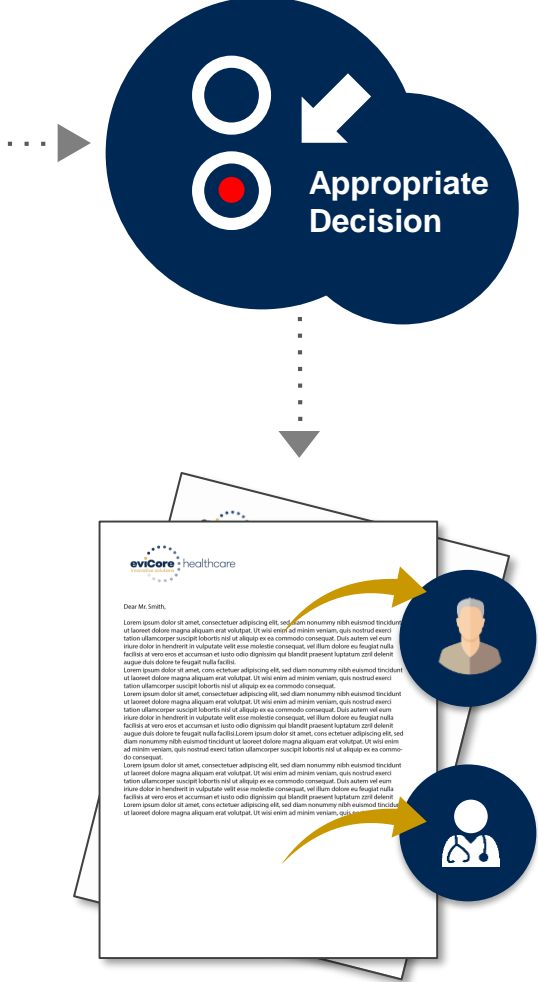
- Standard requests are processed within 3 business days after receipt of all necessary clinical information
- Advanced Imaging authorizations are valid for 60 days from the date of the final determination
- Authorization letters will be faxed to the treating provider
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be printed on demand from the FCC portal: login.firstcarolinacare.com



When a Request Does Not Meet Clinical Criteria

Based on evidence-based guidelines, request is determined as **denied**.

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.



Musculoskeletal Therapy Special Circumstances

Retrospective (Retro) Authorization Requests

- Will not be accepted

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within 72 hours

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone 877-872-4161
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Reconsideration and Post Decision Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 877-872-4161 to speak to an agent who can provide available option(s) and instruction on how to proceed.



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions and how to file an appeal
- A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Post-Decision Options: Commercial

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Musculoskeletal Therapy Program Overview



corePath

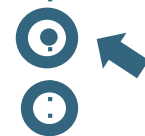
Evidence-based, condition-specific approach



Focused on the patient: Authorization strategy emphasizes the unique attributes of a patient's condition and any associated complexities

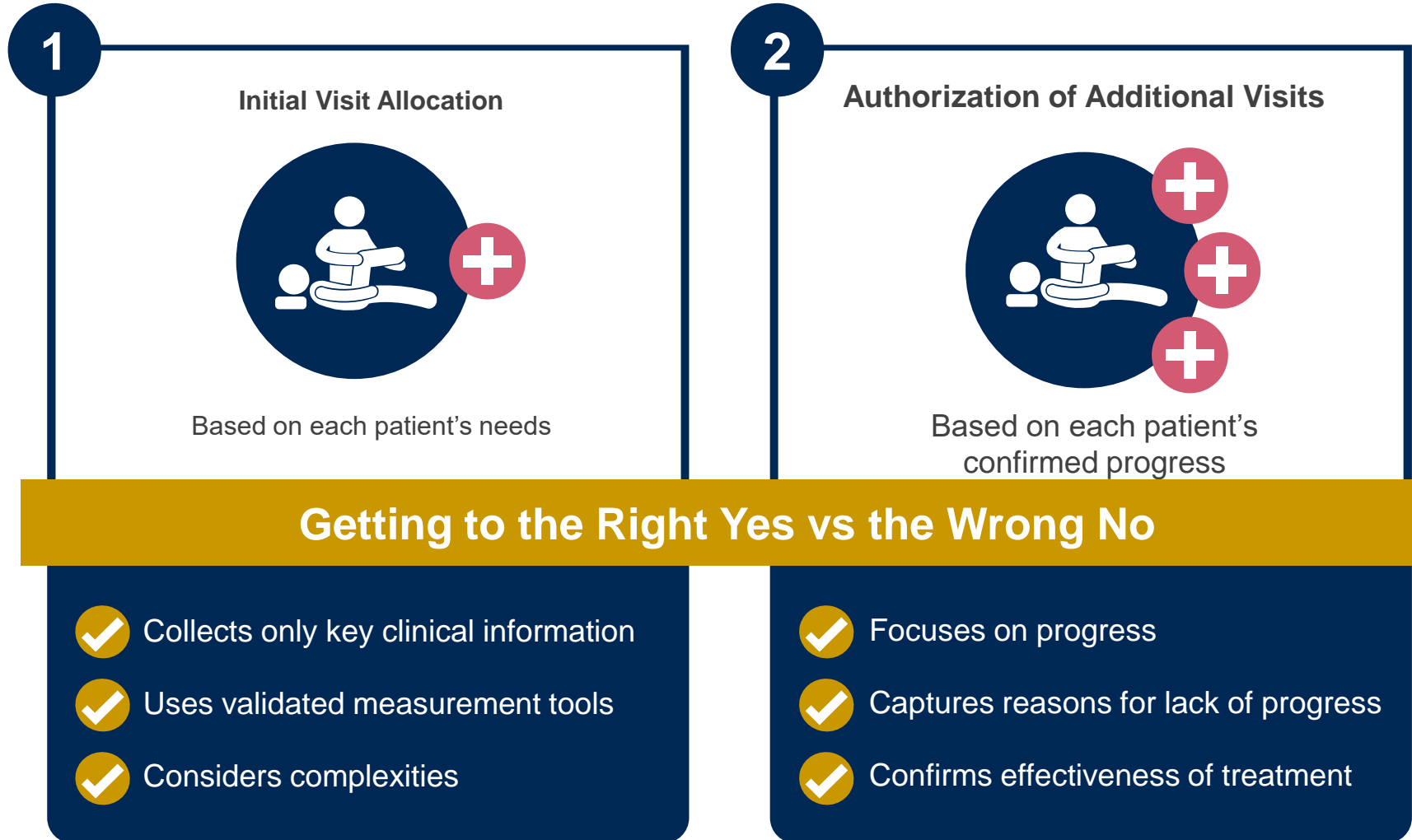


Streamlined for providers: Providers will experience a simplified and consistent prior authorization process that requires only key clinical information



Condition-specific approvals: Visits allocated in accordance with condition severity / complexity, functional loss, and confirmation that care is progressing as planned

Therapy corePath: How it Works



Ongoing care requires more detailed review to identify the individual patient's need

Prior Authorization Process

Clinical Information – What eviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at eviCore.com as a guide to determine what clinical information is required.
- Be prepared to provide patient reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within 14 days prior of the request.
 - Exception – for peds neurodevelopmental, information may be up to 20 days old and the standardized testing should have been completed within up to one year prior to the requested start date.
- **Missing or incomplete clinical information will delay case processing.**
- **Medicare cases with incomplete or missing information will receive special handling. CMS allows eviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.**

Prior Authorization Process

Tips for Home Health Providers

- Use the web whenever possible
 - Works well for Orthopedic and Neurologic conditions
- There are currently no clinical pathways that work well for general medical conditions
 - Fax this type of request
 - Use the first page of the clinical worksheet and attach the evaluation or progress report
 - There is no need to include notes from hospitalization or daily clinical notes
- eviCore will request additional clinical information if necessary

Pathway Questions

- Questions are included in the pathway to help eviCore create a case correctly.
- For example, you may be asked questions about the site (location) of the service.
 - Reason – Prior authorization may not be required for some sites of service.
 - Example – Emergency Department, Inpatient Services.
- Is the care requested following a mastectomy?
 - Should present only when the request is for a cervical or upper extremity condition.
 - Presents for both males and females since mastectomy applies to both.
 - There is a federal mandate related to post-mastectomy care.

Pathway Comparisons: ST Initial requests



We've received your feedback and modified our approach



Initial Requests:

- Incorporates standardized testing and/or impairment ratings
- Focusing on key clinical elements to decrease administrative burden to begin treatment
- Patient severity and complexity established at entry point

Follow-Up Requests:

- Pathway experience will be similar as initial.
- For all ongoing requests, please submit most recent test results and goals with current objective measures that can support a request for on-going care.

Prior Authorization Process

Requesting Authorization

- For the first request
 - Evaluate the member before you request prior authorization.
 - Evaluation codes do not require prior authorization. (only applies to 97xxx codes)
 - Submit your request within 7 days of the requested start date.
- If additional care is needed:
 - You may submit your request as early as 7 days prior to the requested start date.
 - This allows time for the request to be reviewed and prevents a gap in care.
 - Remember to provide complete, current clinical information including patient reported functional outcome measures.
- Notes: Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from therapy, reassess the condition once therapy has resumed. This allows you to provide current information to allow eviCore to determine medical necessity of ongoing therapy.

Prior Authorization Process

Timely Filing

- FirstCarolinaCare allows providers to evaluate and treat at the initial visit.
- The evaluation code does not require prior authorization, but treatment does.
- If treatment is provided during the evaluation visit, you have 7 days from the date of service to submit your request for authorization for the initial treatment.
- Authorization for treatment beyond the initial visit must be requested prior to providing care.

Treating Multiple conditions

Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If you are treating more than 1 condition, advise eviCore to ensure adequate units are approved.
 - When submitting by the web, you will be asked if you are treating a second condition.
 - Answer = Yes; report information specific to the second condition
 - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions
 - If submitting by fax, complete clinical worksheets for both conditions

Duplicates

Duplicate Care

- eviCore will approve care by two different providers within the same period only when it is medically necessary.
- Examples – PT and OT for therapy following a CVA; PT treating a knee condition and PT treating a vestibular condition.
- eviCore will not approve care by two providers within the same period if the care is duplicative.
- If a provider submits a request for authorization and there is an existing authorization for the same condition with a different provider, eviCore will reach out to the second provider to ask if the member has discontinued care with their original therapist. If this has occurred, please provide the date of discharge from the original therapist.
- If the condition being treated is the same and the member has not discontinued care with their original provider, the request for duplicate care will be denied.

Care Management Process – Important Concepts

Authorization decisions include:

- **Units** – These represent the total # of CPT codes that can be billed over the approved period
- **Approved Time Period**

Example – 4 units from 1/1/16 to 1/1/16

- Units example – 97110 x4 or 97110 x2, 97035 x1, 97112 x1

Spread the Units over the approved period to prevent a gap in care.

Visits

- Variation in frequency/intensity
 - Frequency and intensity of care should be individualized to meet the needs of your patient
 - Avoid historical practice patterns or care driven by business models
 - 3 visits/week throughout the episode
 - “We always bill 6 units”
- The episode length should be determined by functional progress or lack of
 - Episode should have a definite end
- Emphasize the importance of carryover/self-management
- If condition is chronic, ensure the member incorporates management strategies in daily life
- Investigate availability of community resources

Date Extensions

Date extensions are available if you are unable to use all units within the approved period

- Extend for the period that is needed, up to a maximum of 30 days
- One date extension is available per case
- Must be requested prior to the expiration of the authorization

Available

- By phone 877-872-4161
- Online login.firstcarolinacare.com

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"

Provider Portal Overview

Single-Sign On Experience

The screenshot displays the First CarolinaCare Insurance Company website. At the top, the logo and navigation menu are visible. The main content area is titled "Request Preauthorization" and includes a "Do I Need to File?" section with a link to "Look up the member to view Preauthorization Lists". Below this is a "Filing Options" section featuring logos for Altruista Health and eviCore healthcare, each with a "File at" link. A note below the logos asks "What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?" and provides instructions. The footer contains "Forms & Resources", "Contact" information, and legal notices.

- Providers may access the eviCore online portal through the FirstCarolinaCare secure provider portal, login.firstcarolinacare.com
- You must create an account in order to access the secure provider portal. The 'Create an Account' option is available at login.firstcarolinacare.com
- Log in to the FCC site in order to be routed to eviCore. FCC prior authorizations can only be created when accessing eviCore through the single-sign-on (SSO) option
- If you are unable to create an account to access the online portal, please call to submit your prior authorization request to eviCore:

Phone Number:

877-872-4161

Monday through Friday:

7 am – 7 pm EST

Initiating A Case

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

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

Requesting Provider Information

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:

SEARCH **CLEAR SEARCH**

	Provider
SELECT	[REDACTED]

BACK **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

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.

- Choose the appropriate **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select **CONTINUE** and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [REDACTED] [?]

Fax:* [REDACTED] [?]

Phone:* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK

CONTINUE

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

- Enter the **member information**, including the patient ID number, date of birth, and last name. Click **Eligibility Lookup**

Request Information

Requested Service + Diagnosis

This procedure will be performed on 6/22/2020.

[CHANGE](#)

Musculoskeletal Management Procedures

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

MSMPT

PHYSICAL THERAPY

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

Diagnosis

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

M25.50

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Secondary Diagnosis Code: **M25.50**

Description: **Pain in unspecified joint**

[Change Secondary Diagnosis](#)

[BACK](#)

[Click here for help](#)

Attention!

Will the procedure be performed in your office?

Yes

No

- Next you can enter “CPT code” (**MSMPT, MSMOT, MSMST** or **CHIRO**)
- Also add diagnosis code(s)

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 6/22/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.50
Primary Diagnosis: Pain in unspecified joint
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Review the patient's history
- Verify requested service & diagnosis
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection

Attention!

Patient ID: [REDACTED] Time: 6/19/2020 6:38 PM
Patient Name: [REDACTED]

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
4/7/2020	[REDACTED]	[REDACTED]	MSMPT	PHYSICAL THERAPY	A
3/18/2020	[REDACTED]	[REDACTED]	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	[REDACTED]	[REDACTED]	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	[REDACTED]	[REDACTED]	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	[REDACTED]	[REDACTED]	MSMPT	PHYSICAL THERAPY	A

Clinical Information – Example of Questions

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ...Such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

i Please indicate the type of condition that therapy is being requested for.

Musculoskeletal - All (including hand and pelvic pain) ▼

i Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?

Yes No

SUBMIT

Finish Later

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

i This request is for:

- Initial care (for a condition not treated in the previous 60 days)
 Continuing care

i Please indicate the primary treatment area (Choose only one):

▼

i Please indicate the secondary treatment area. (Choose only one)

No second area being treated ▼

SUBMIT

Clinical Certification questions may populate based upon the information provided

Note: The worksheets are available to offer insight into the clinical questions that will be asked in the pathway

Clinical Information –Imbedded messages

You requested a treatment start date of 06/29/2020

i Date of initial evaluation

06/29/2020 

i Date of onset of CONDITION:

06/19/2020 

i Enter date of current findings:

06/19/2020 

The clinical information will be considered out-of-date if the “date of current findings” is greater than 10 days prior to the “treatment start date” for this request. Cases with out-of-date clinical information may be placed on hold awaiting current clinical information. This may delay an authorization decision.

Finish Later

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



- Questions may populate based upon the information provided
- Many screens have imbedded messages that help you understand the criteria.

Additional Provider Portal Features

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0 10

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

Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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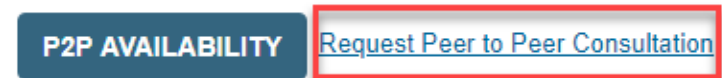
Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence


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:	



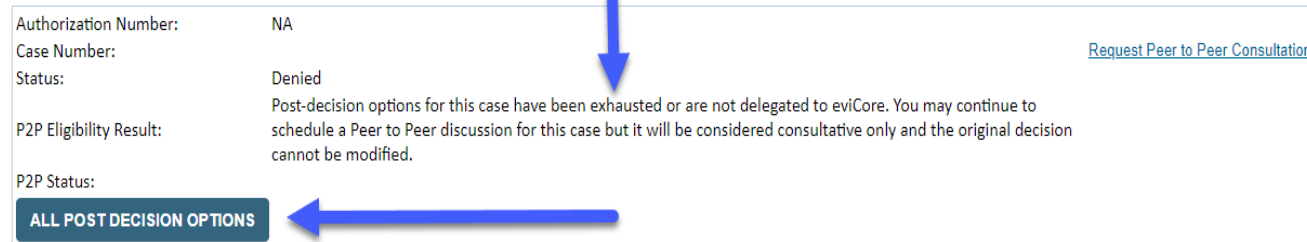
How to schedule a Peer to Peer Request

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

New P2P Request

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

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.

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...	-	-	-

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.

How to Schedule a Peer to Peer

Confirm Contact Details

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

The screenshot displays a scheduling interface with a progress bar at the top indicating four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two panels. The left panel, titled 'P2P Info', shows the date 'Mon 5/18/20' at '6:30 pm EDT' and a 'Case Info' section with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right panel, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the right panel. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

- 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' summary page. It features a calendar icon and the text 'Scheduled' followed by the date and time 'Mon 5/18/20 - 6:30 pm EDT'. A 'SCHEDULED' status is displayed in a red oval on the right side of the page.

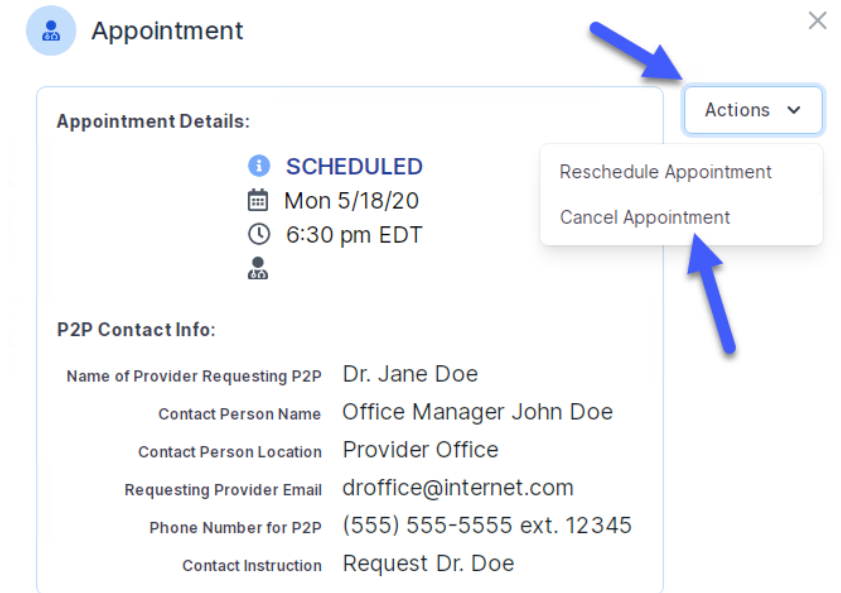
Canceling or Rescheduling a Peer to Peer Appointment

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

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 877.872.4161

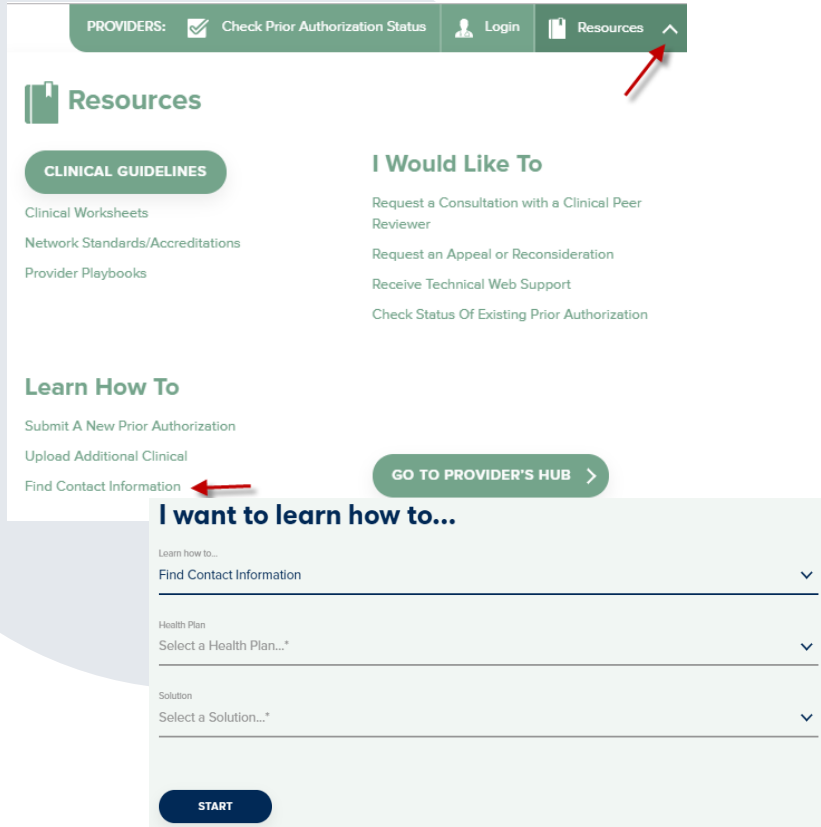
Our call centers are open from 7 a.m. to 7 p.m. Eastern.

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com/resources/healthplan/firstcarolinacare
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider’s Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a “eviCore Portal Training” or “Provider Resource Review Forum”
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/firstcarolinacare>

FirstCarolinaCare Provider Services: 910.715.8100



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](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



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



Thank You!

