

Musculoskeletal Prior Authorization for Excellus BlueCross BlueShield

Provider Orientation 2019



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Company Highlights

**4K employees
including 1K clinicians**

Headquartered in Bluffton, SC

Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

**SHARING
A VISION
AT THE CORE OF CHANGE.**

**100M members
managed nationwide**



**Quality Improvement
Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

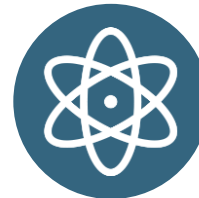
**12M claims
processed annually**

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



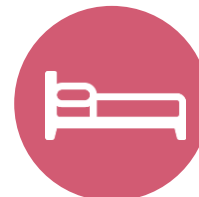
MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives



CARDIOLOGY
46M lives

SLEEP
14M lives



POST-ACUTE CARE
1.3M lives



Musculoskeletal Solution Experience

- Since 2008
- 30+ regional and national clients
- 34M total membership
 - 25.5M Commercial membership
 - 2M Medicare membership
 - 6.5M Medicaid membership
- 3,120 average cases built per day



Musculoskeletal by the Numbers

44



**Musculoskeletal
physicians on staff**

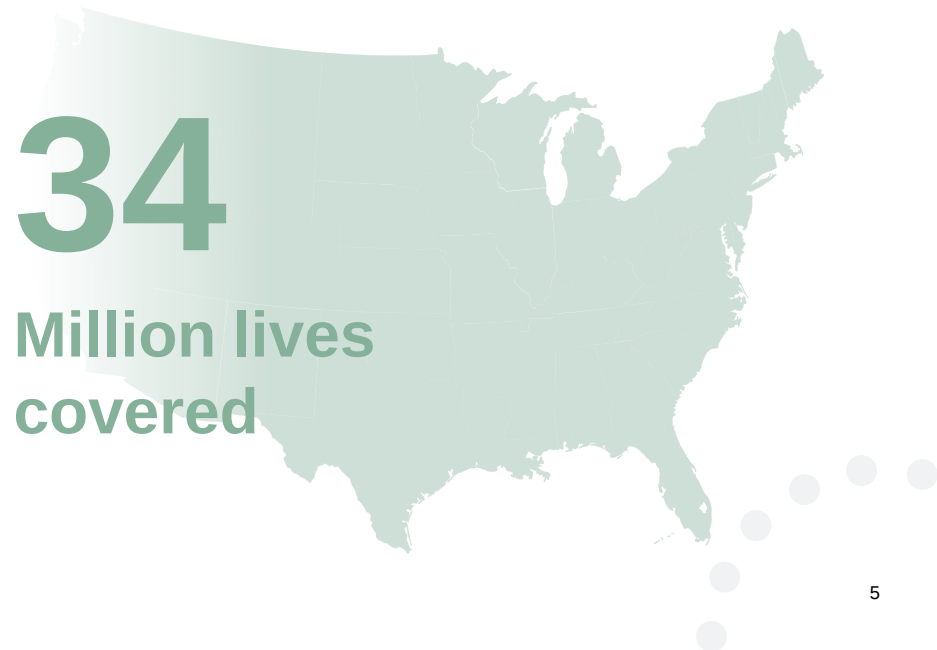
66



**Musculoskeletal-trained
nurses on staff**

34

**Million lives
covered**



Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Musculoskeletal
Pediatrics	• Orthopedic Surgery • Spine Surgery • Interventional Pain
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	• Nuclear Medicine • Musculoskeletal • Neuroradiology
Sleep Medicine	

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our musculoskeletal solution:



Dedicated
pediatric
guidelines



Medicare
LCDs & NCDs



Academic
institutional
experts and
community
physician panels



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 Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives



Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Experience Managers



Client Experience Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers



Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Musculoskeletal Prior Authorization Program for Excellus BCBS



Program Overview

eviCore will begin accepting requests on **January 21, 2019** for dates of service **February 1, 2019** and beyond

Prior authorization applies to services that are:

- Outpatient
- Inpatient
- Elective / Non-emergent
- 23-hour observation

Prior authorization **does not apply** to services that are performed in:

- Emergency room

It is the responsibility of the rendering provider to request prior authorization approval for services.

Applicable Membership

Authorization is required for Excellus BCBS members enrolled in the following programs:

- **Commercial Fully Insured***
- **Medicare Advantage Products**

*Membership should be validated with the Health Plan to determine fully insured vs. self-insured Commercial products

Prior Authorization Required:

Joint Surgery

- Large joint replacement
- Arthroscopic and open procedures

Spine Surgery

- Spinal Implants
 - Spinal cord stimulators
 - Pain Pumps
- Cervical/Thoracic/Lumbar
 - Decompressions
 - Fusions

Interventional Pain

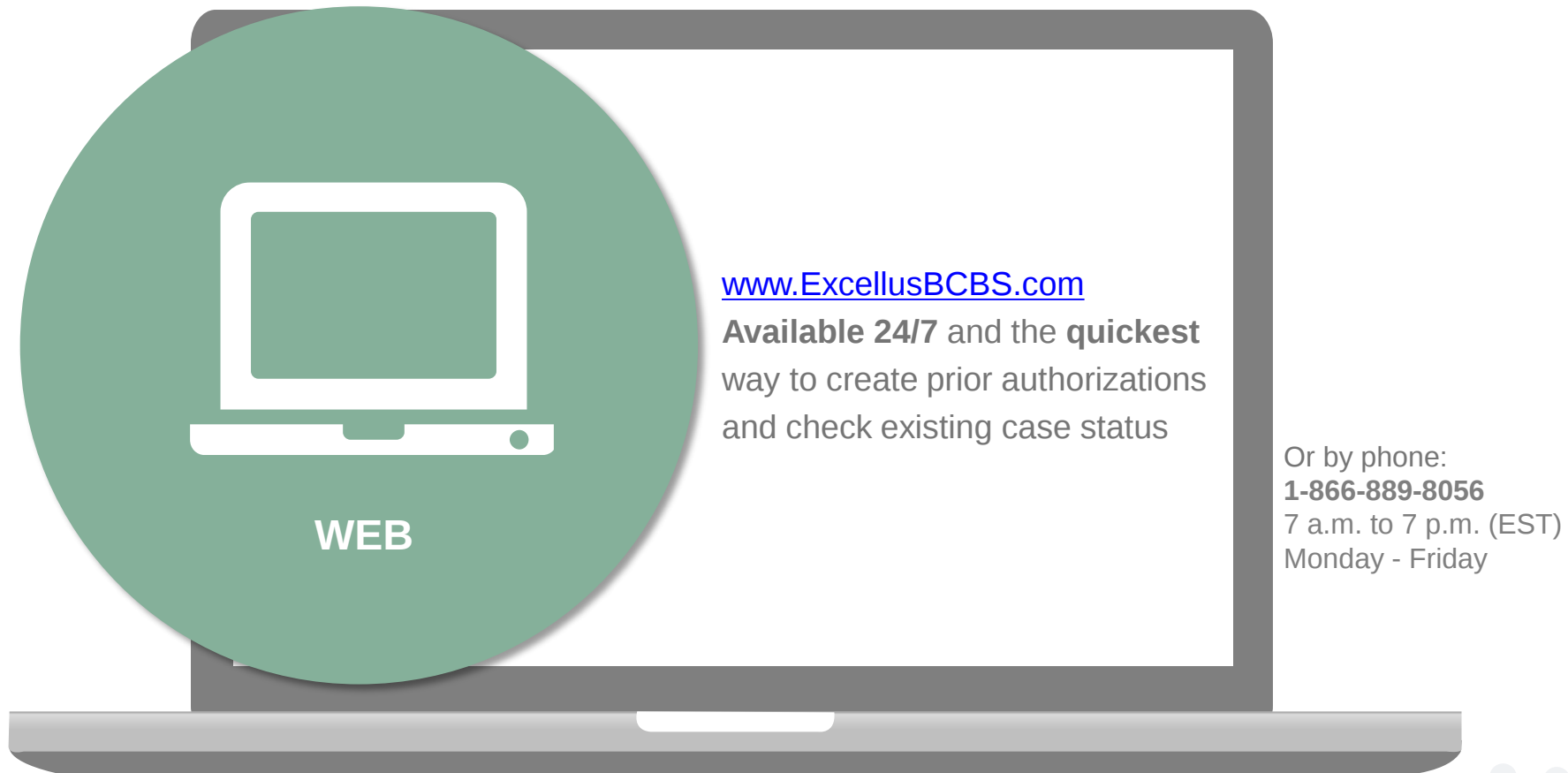
- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

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

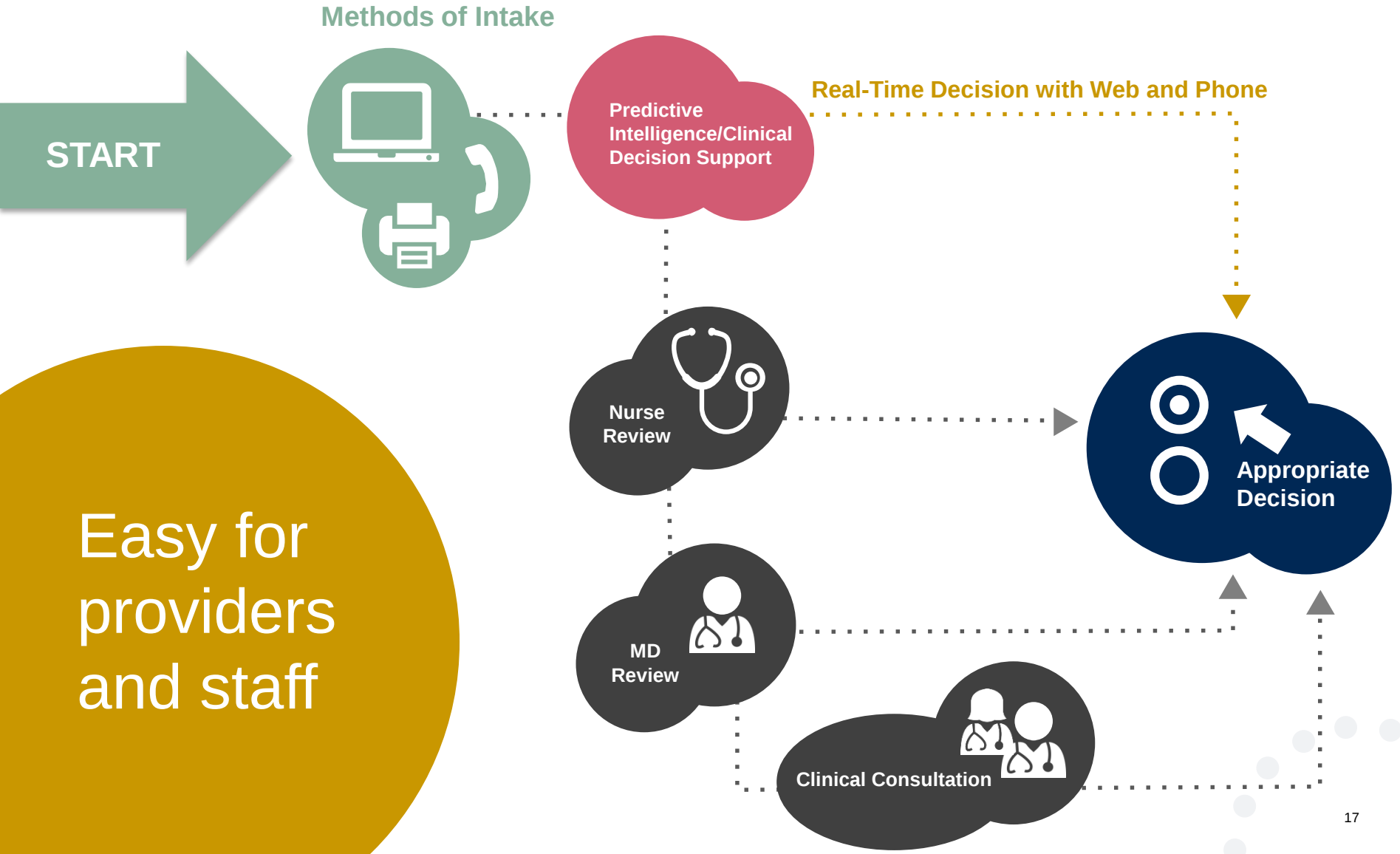
www.ExcellusBCBS.com

Prior Authorization Requests

How to request prior authorization:



Clinical Review Process



Needed Information

Member

Member ID
Member name
Date of birth (DOB)



Facility

Facility name
National provider identifier (NPI)
Street address



Referring Physician

Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number



Requests

CPT code(s) for
requested procedure



The appropriate
diagnosis code for the
working of differential
diagnosis



If clinical information is needed, please be able to supply:

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Therapy notes related to the current diagnosis

Prior Authorization Outcomes

➤ Approved Requests:

- All requests are processed within **two business days** after receipt of all necessary clinical information.
- Authorizations are typically good for **90 calendar days** from the date of determination.

➤ Delivery:

- Outbound call will be made to the ordering provider and member
- Faxed to ordering provider and rendering facility,
- Mailed to the member.
- Information can be printed on demand from the eviCore healthcare Web Portal.

➤ Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

➤ Delivery:

- Outbound call will be made to the ordering provider and member
- Faxed to the ordering provider and rendering facility
- Mailed to the member

Prior Authorization Outcomes – Commercial

➤ Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested on or before the anticipated date of service
- Commercial members only

➤ Peer-to-Peer Review:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician.

Pre-Decision Consultation – Medicare / Medicare Advantage



Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.

Special Circumstances

➤ Appeals

- eviCore will not process first level appeals.
- Please follow the process currently in place with Excellus BCBS.

➤ Retrospective Reviews

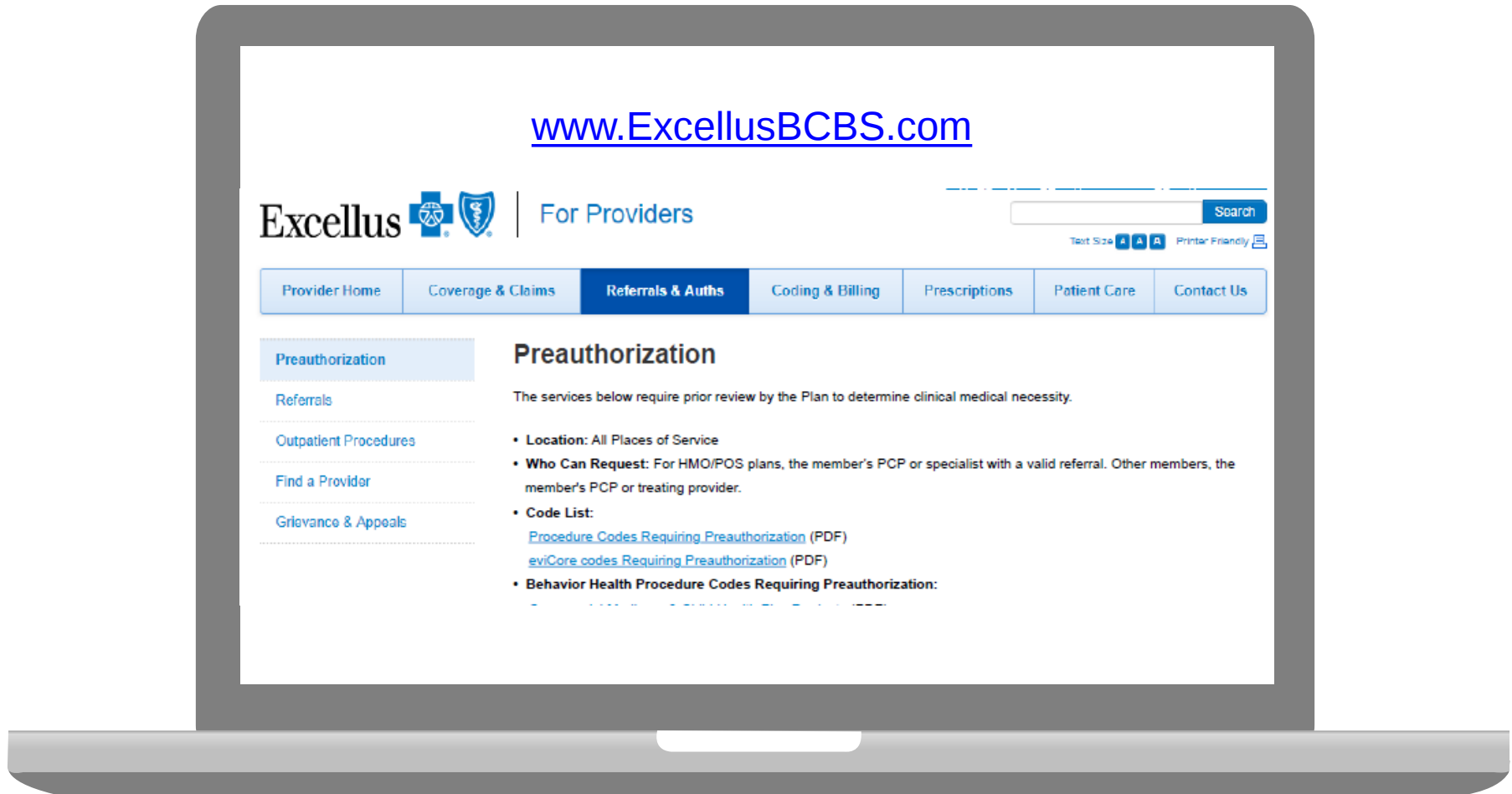
- eviCore will not process retrospective requests.
- Please follow the process currently in place with Excellus BCBS.

➤ Outpatient Urgent Procedures

- Urgent requests may be submitted on the portal or by phone.
- In order to submit an urgent request online, providers must upload all supporting clinical documentation during case initiation.
- If submitting by phone, request an expedited outpatient prior authorization review and provide clinical information.
- Requests will be reviewed for clinical urgency and medical necessity.
- Urgent Cases will be reviewed within **24 hours not to exceed 72 hours** of the request.

Web Portal Services

Single-Sign On for Excellus BCBS Providers



Sign in under **Provider** and select **Referrals and Auths**
**Sign in must be MD or linked directly to an MD

Single-Sign On for Excellus BCBS Providers

- The revisions to this page are effective 4/4/2016.

Not all services are covered by all medical plans. There may be services which require preauthorization or notification that do not require clinical review. Final determination of coverage is subject to the member's benefits and eligibility on the date of service. For questions about preauthorization, call 1-800-363-1658.

Behavioral Health

Services Requiring Authorization

Request Authorization

eviCore healthcare

Note: You'll need your Facets Provider ID to use Clear Coverage or do Pre-Service Reviews at Other Blue Plans.

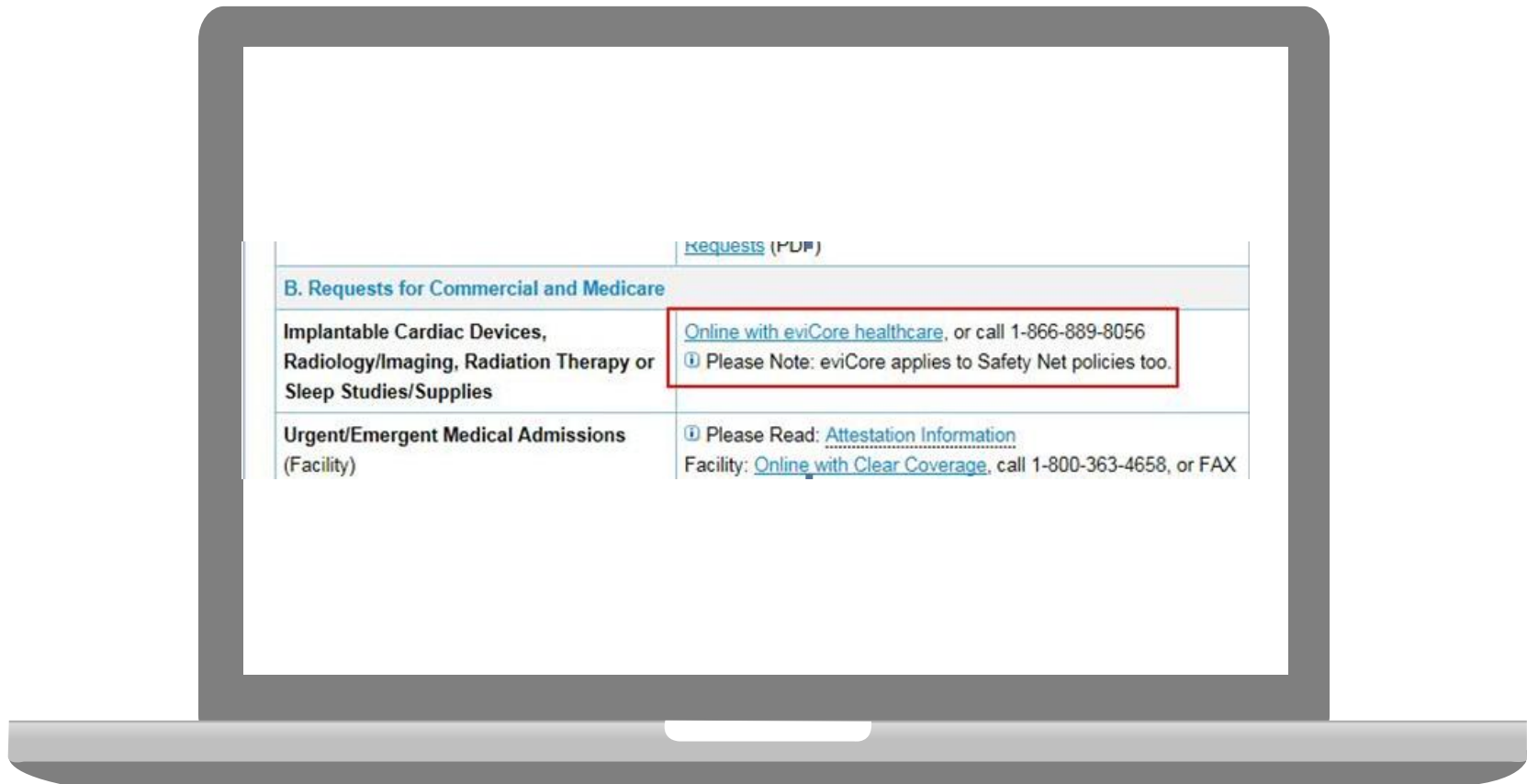
[Get Your Facets Provider ID](#) [View new Clear Coverage Features](#) (PDF)

Step 1: [Check the Patient's Benefits & Coverage](#) for plan-specific preauthorization requirements.

Step 2: Submit Your Request

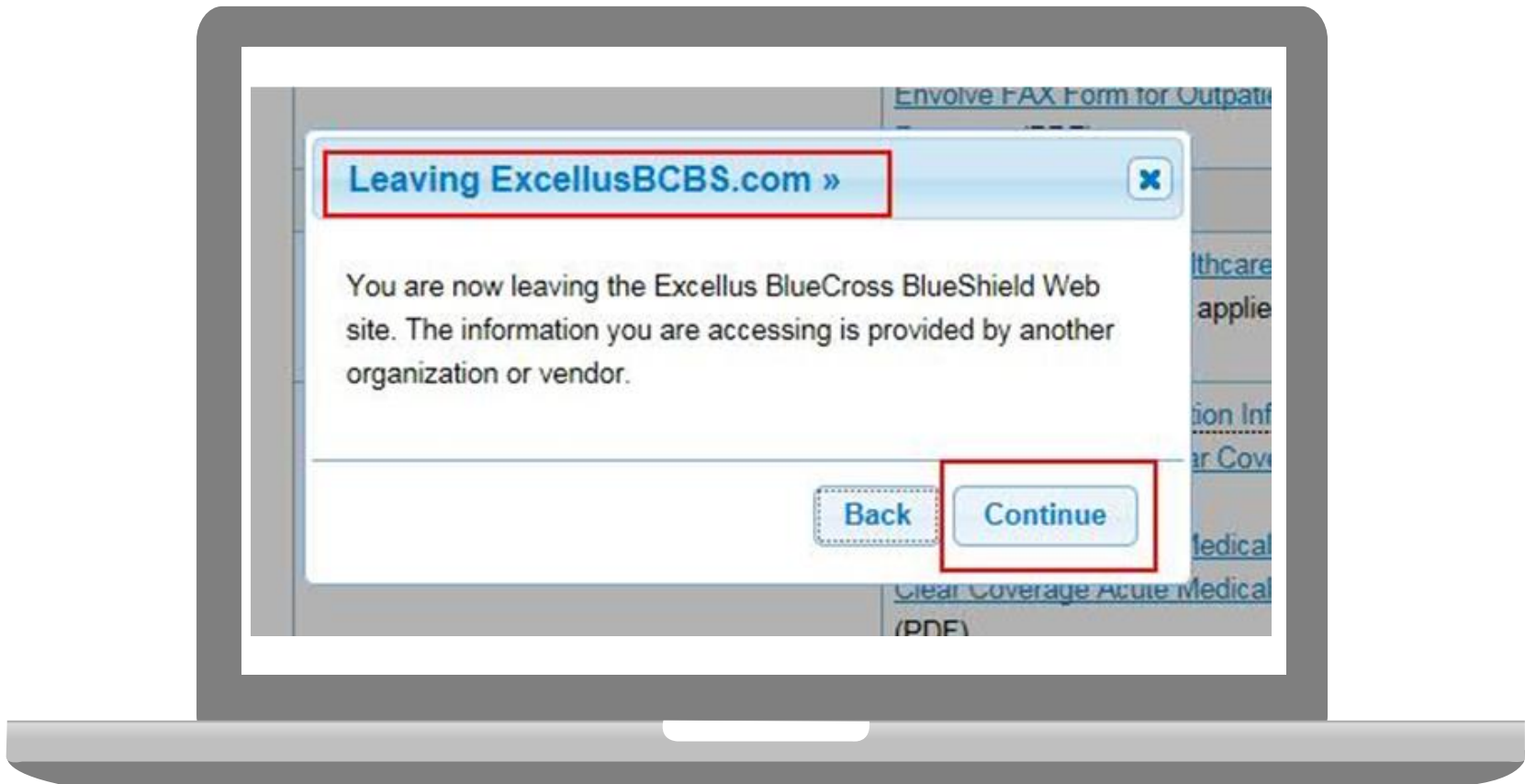
Select the **Request Authorization**

Single-Sign On for Excellus BCBS Providers



Go to **B. Requests for Commercial and Medicare** and select **Online with eviCore healthcare**

Leaving ExcellusBCBS.com



➤ You will receive notification that you are leaving ExcellusBCBS.com and accessing the eviCore web portal. Please select **Continue**.

Select Program



Select the **Program** for your certification.

Certification Summary Dashboard

Certification Summary

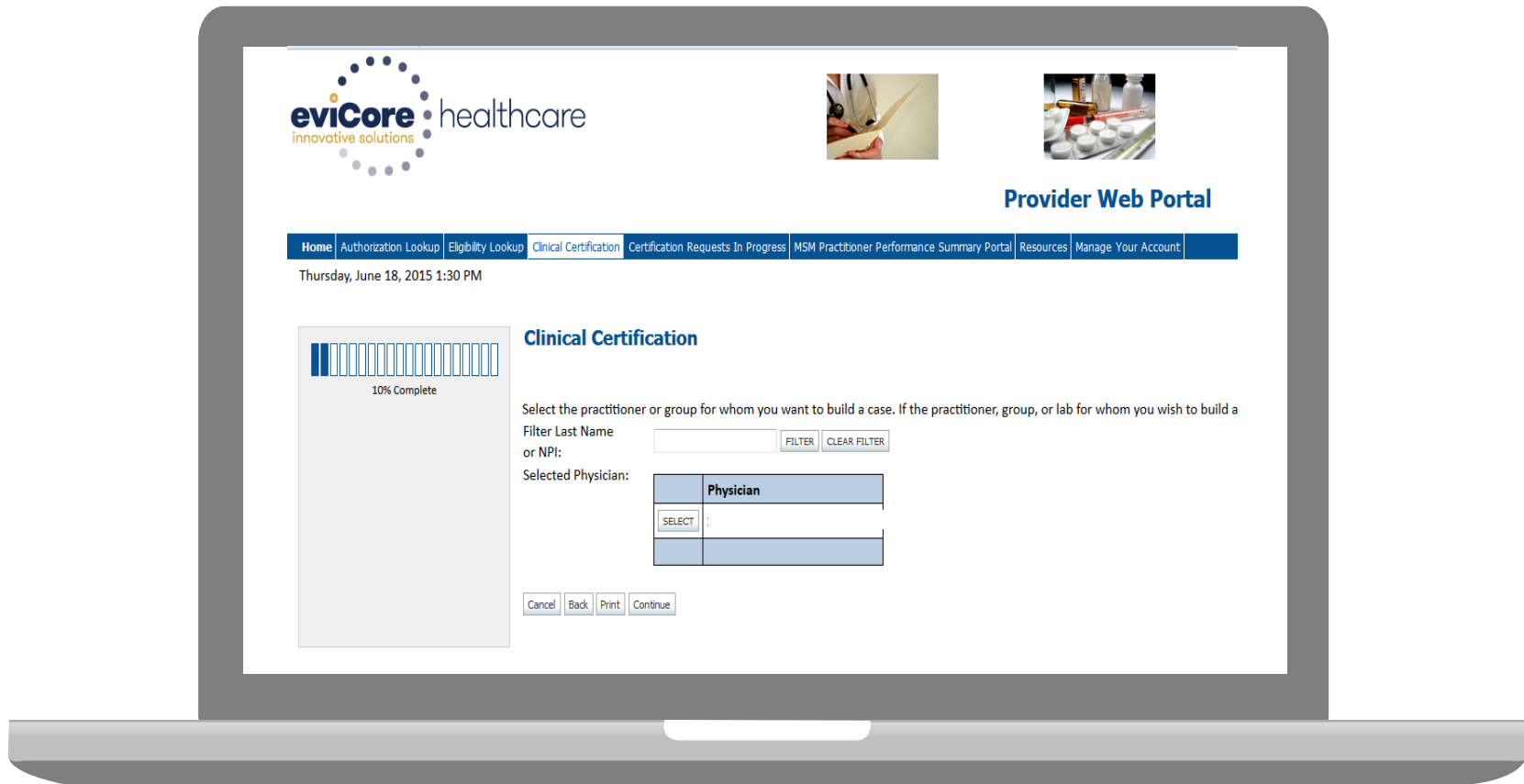


Page 1 of 010

	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
	X	X	X	X	X			X			

Page 1 of 010

Select Provider



Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan

The screenshot shows a web application interface for Clinical Certification. At the top is a dark blue navigation bar with links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. Below the navigation bar is a light gray sidebar on the left containing a progress bar with 15 segments, the first two of which are filled blue. Below the progress bar, it says "20% Complete". The main content area has a title "Clinical Certification" and a paragraph: "To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!". Below this is a section titled "You selected:" followed by a large, empty text area. Another paragraph follows: "Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary." Below this is a dropdown menu labeled "Please Select a Health Plan" with a downward arrow. At the bottom of the main content area are four buttons: Cancel, Back, Print, and Continue. A link at the very bottom says "Click [here](#) for help or technical support".

Friday, March 23, 2018 2:57 PM

20% Complete

Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan ▼

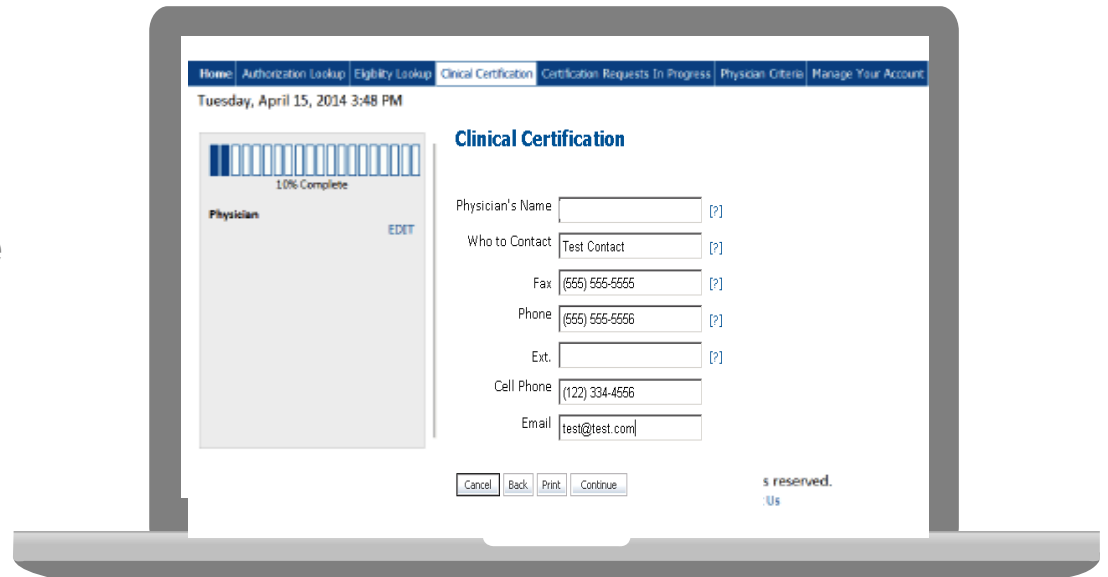
Cancel Back Print Continue

Click [here](#) for help or technical support

Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information

Enter the **Provider's name** and appropriate information for the point of contact individual.



The screenshot shows a web application interface on a laptop screen. At the top, a navigation bar contains links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time 'Tuesday, April 15, 2014 3:48 PM' are displayed. The main content area is titled 'Clinical Certification'. On the left, there is a progress bar with 10 segments, the first of which is filled, and the text '10% Complete' and 'Physician' are shown. To the right of the progress bar is an 'EDIT' link. The main form area contains several input fields: 'Physician's Name' (with a help icon), 'Who to Contact' (with a dropdown menu showing 'Test Contact' and a help icon), 'Fax' (with a help icon), 'Phone' (with a help icon), 'Ext.' (with a help icon), 'Cell Phone' (with a help icon), and 'Email' (with a help icon). At the bottom of the form, there are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, the text 's reserved. Us' is visible.

Member Information

Patient Information

30% Complete

Physician
DOE, JOHN

[EDIT](#)

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

[LOOKUP AGAIN](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT				3/23/1953		

[Cancel](#) [Back](#) [Print](#)

[Click here for help or technical support](#)



Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Member History

Patient ID

Time: 9/2/2015 5:47 PM

Patient Name

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
9/2/2015					A

Clinical Details

Clinical Certification

This procedure will be performed on 2/21/2017. [CHANGE](#)

Musculoskeletal Management Procedures

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

Diagnosis

Primary Diagnosis Code: **M25.561**

Description: **Pain in right knee**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

Verify Service Selection

The screenshot shows a web portal interface for a provider. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed: Friday, February 24, 2017 4:48 PM. The main content area is titled "Clinical Certification" and contains a progress bar showing 60% completion. To the left of the progress bar, there are two sections: "Provider and NPI" and "Patient", both with redacted information and an "EDIT" button. To the right of the progress bar, there is a "Confirm your service selection" section. This section contains the following information: Procedure Date: [redacted], CPT Code: JOINT, Description: JOINT SURGERY, Primary Diagnosis Code: M25.512, Primary Diagnosis: Pain in left shoulder, and Secondary Diagnosis Code: [redacted]. Below this information, there are two links: "Change Procedure or Primary Diagnosis" and "Change Secondary Diagnosis". At the bottom of the form, there are four buttons: Cancel, Back, Print, and Continue. A link for help or technical support is also provided.

Provider Web Portal

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account

Friday, February 24, 2017 4:48 PM

Clinical Certification

Confirm your service selection.

Procedure Date: [redacted]

CPT Code: JOINT

Description: JOINT SURGERY

Primary Diagnosis Code: M25.512

Primary Diagnosis: Pain in left shoulder

Secondary Diagnosis Code: [redacted]

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

Site Selection

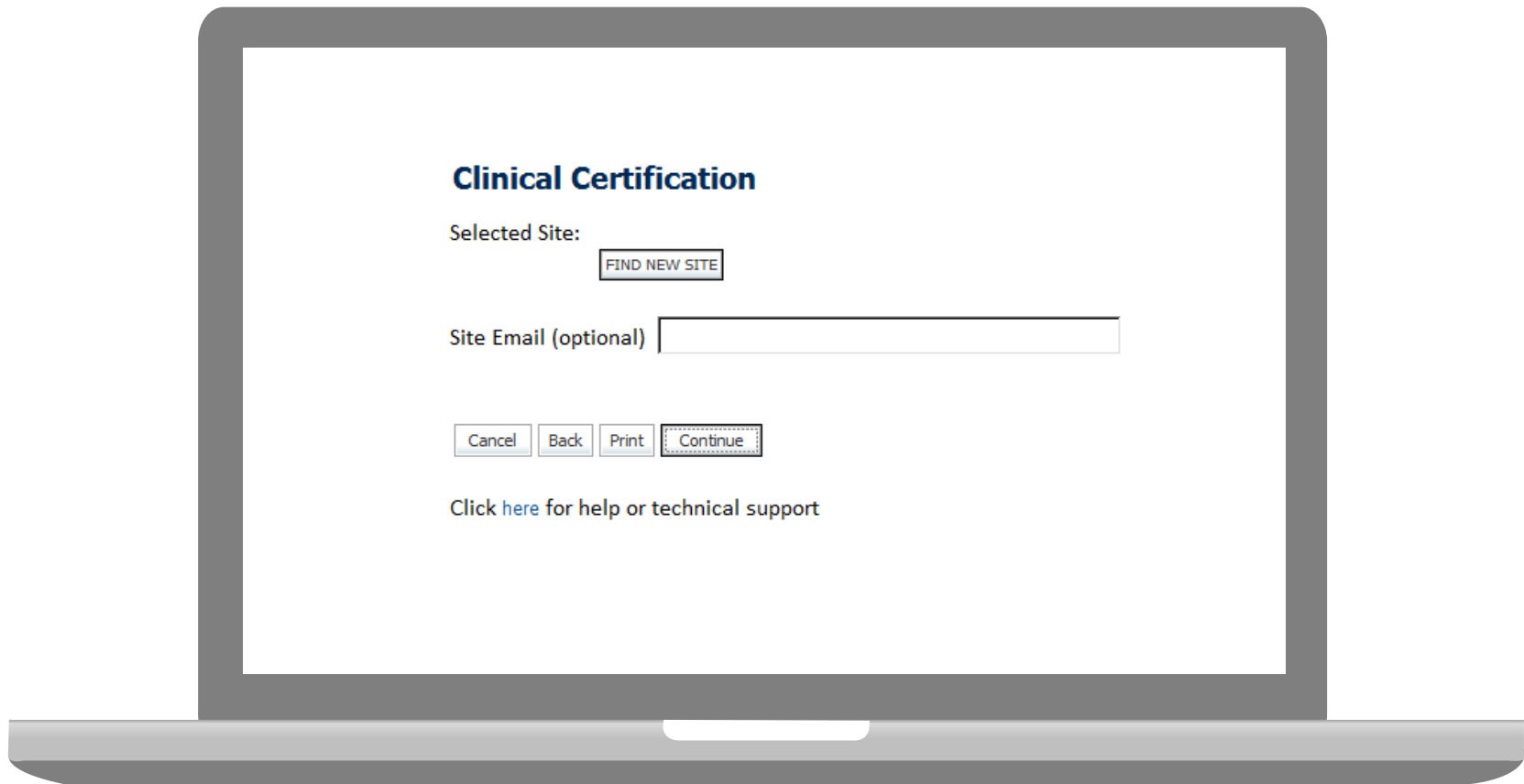
The screenshot displays the 'Provider Web Portal' interface. At the top, a navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted), Certification Requests In Progress, Physician Change, Manage Your Account, and Cardiology Approval Report. Below the navigation bar, the date and time 'Tuesday, April 15, 2014 4:03 PM' are shown on the left, and a 'Log Off (ACCHAP)' link is on the right.

The main content area is titled 'Clinical Certification'. It contains a progress bar indicating '60% Complete' and a list of fields for 'Physician', 'Patient', and 'Service' (dated 4/16/2014), each with an 'EDIT' link. Below this, the 'Specific Site Search' section provides instructions and search parameters. The search criteria include NPI, TIN, Zip Code (10016), and Site Name. There are radio buttons for 'Exact match' and 'Starts with', and a 'LOOKUP SITE' button.

The search results are displayed in a table with two columns: 'Name' and 'Address'. Each row has a 'SELECT' button in the 'Name' column. At the bottom of the search section, there are 'Cancel', 'Back', and 'Print' buttons.

Select the appropriate site for the request.

Site Selection



Clinical Certification

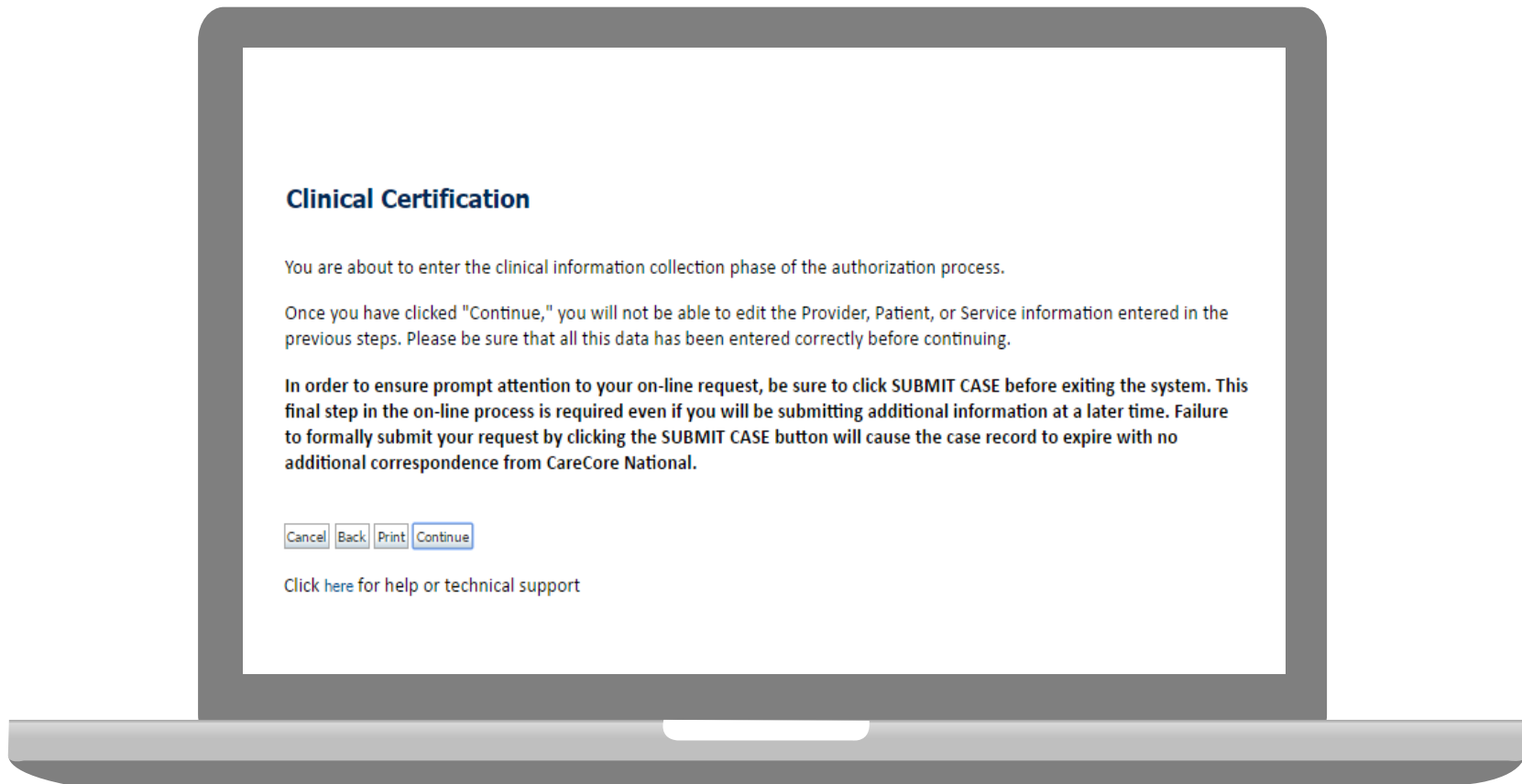
Selected Site:

Site Email (optional)

Click [here](#) for help or technical support

Confirm the site selection.

Clinical Certification



- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

Contact Information

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.



Clinical Certification

Is this case Routine/Standard?

☐ Yes ☐ No

A red arrow points to the 'No' radio button.

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.

Medical Review

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

© CareCore National, LLC. 2018 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

Pause/Save Option

Clinical Certification

1 Please enter the primary CPT code for this surgery.

1 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)

1 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.

Cancel Print

Click [here](#) for help or technical support

Once you have entered the clinical collection phase of the case process, you can save the information and return **within two business days** to complete.

Clinical Certification Pathway

Clinical Certification

Lumbar Discectomy - LEVEL / SIDE

 Please indicate the levels involved in this procedure: (Choose all that apply)

- ☒ L1 - L2 ☐ L4 - L5
☐ L2 - L3 ☐ L5 - S1
☐ L3 - L4 ☐ Unknown

 Please indicate the side this procedure will be performed:

- ☐ Left
☐ Right
☐ Bilateral

PREVIOUS SURGERY

 Is this the first lumbar disk surgery at this level and side?

- ☐ Yes ☐ No

 Please indicate the reason for the requested procedure:

☐ Finish Later

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

Click [here](#) for help or technical support

Clinical Certification Pathway Continued

Clinical Certification

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

☒ Yes ☐ No

SUBMIT

☐ Finish Later

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

Cancel

Print

[Click here](#) for help or technical support

Medical Review

Clinical Certification

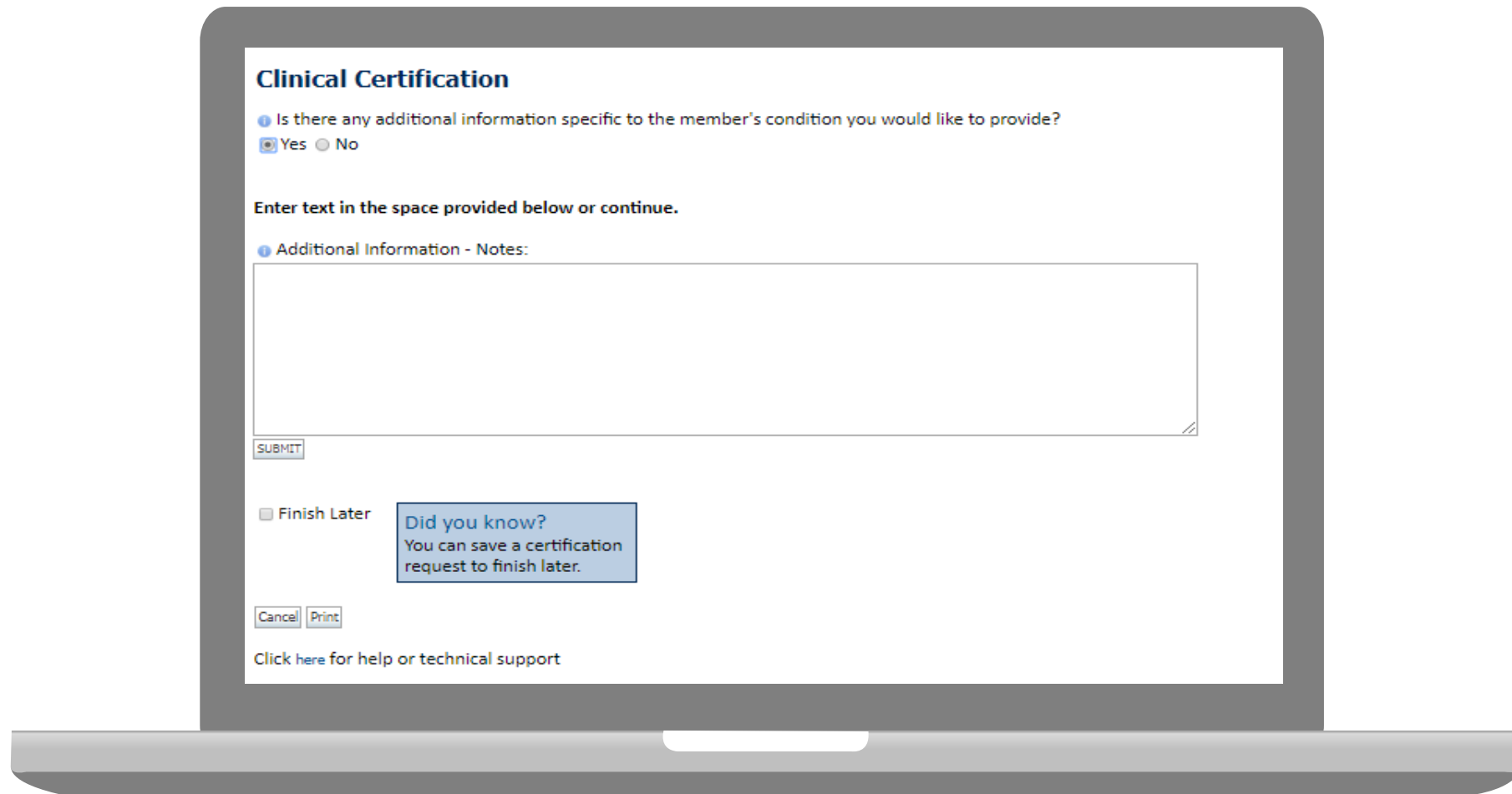
☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

Click [here](#) for help or technical support

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

Medical Review



The screenshot shows a laptop screen displaying a web form titled "Clinical Certification". The form includes a question about providing additional information, a "Yes/No" selection, a text entry box, and buttons for "SUBMIT", "Finish Later", "Cancel", and "Print". A blue callout box provides a tip about saving the request to finish later. A link for help or technical support is at the bottom.

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

☒ Yes ☐ No

Enter text in the space provided below or continue.

Additional Information - Notes:

☐ Finish Later

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

[Click here](#) for help or technical support

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

Approval

Clinical Certification

Your case has been Approved.

Provider Name:

Provider Address:

Contact:

Phone

Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code:

Secondary Diagnosis
Code:

CPT Code:

Description:

Description:

Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.

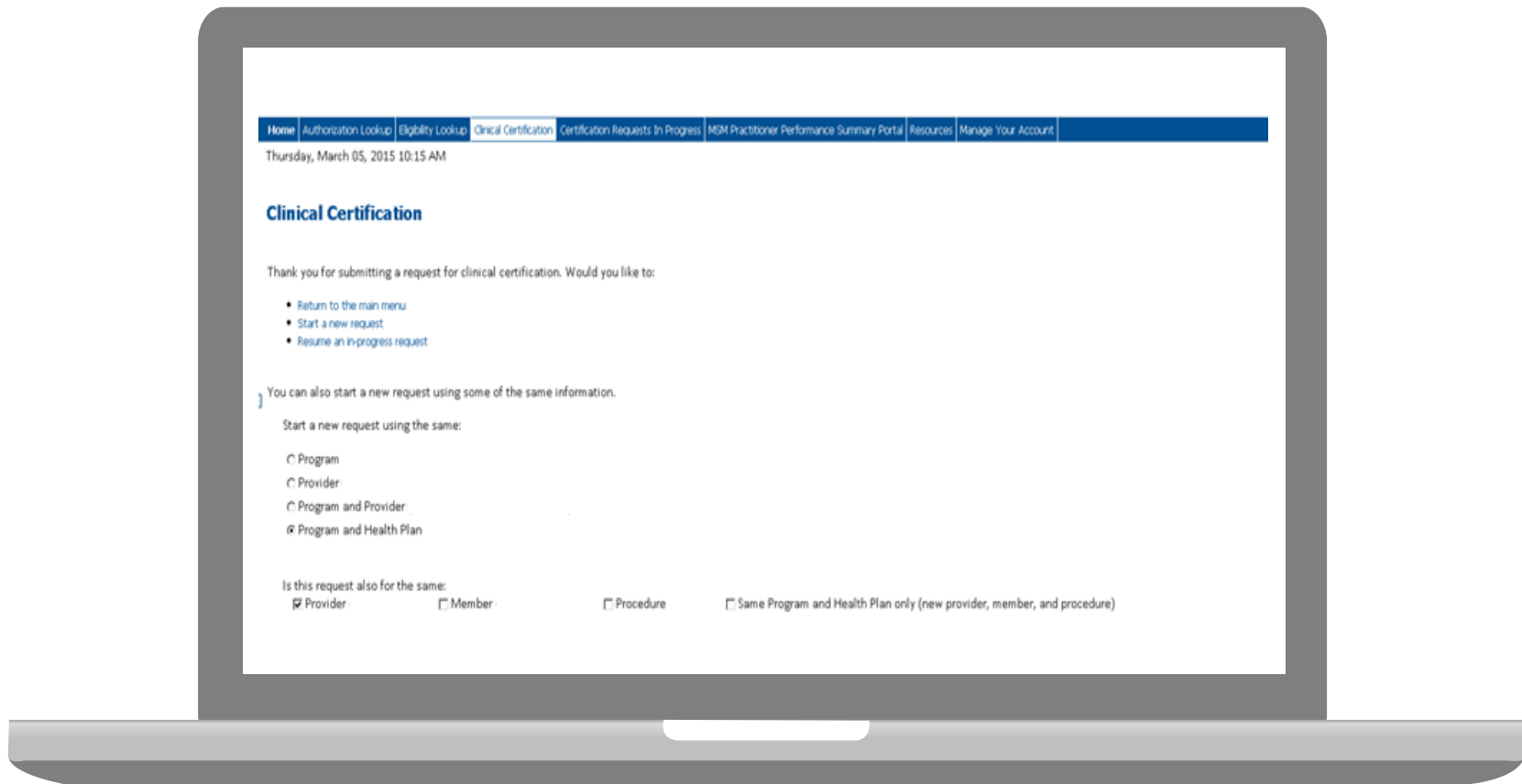
Print

Continue

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Building Additional Cases



The screenshot shows a web application interface for Clinical Certification. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. Below the navigation bar, the date and time are displayed: Thursday, March 05, 2015 10:15 AM. The main heading is "Clinical Certification". The text "Thank you for submitting a request for clinical certification. Would you like to:" is followed by a bulleted list of options: "Return to the main menu", "Start a new request", and "Resume an in-progress request". Below this, a section titled "You can also start a new request using some of the same information." contains a sub-section "Start a new request using the same:" with four radio button options: "Program", "Provider", "Program and Provider", and "Program and Health Plan" (which is selected). At the bottom, a section titled "Is this request also for the same:" contains four checkbox options: "Provider" (checked), "Member", "Procedure", and "Same Program and Health Plan only (new provider, member, and procedure)".

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

Thursday, March 05, 2015 10:15 AM

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

☐ Program

☐ Provider

☐ Program and Provider

☒ Program and Health Plan

Is this request also for the same:

☒ Provider ☐ Member ☐ Procedure ☐ Same Program and Health Plan only (new provider, member, and procedure)

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up

eviCore healthcare

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

Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

☒ Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

☒ Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

➤ Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Electronic Clinical Upload

New Security Features Implemented

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date:

Service Code: 74178

Service Description: CT ABD & PELV W/O & W CONTRAST

Site Name:

Expiration Date:

Date Last Updated: 9/15/2017 10:45:49 AM

Correspondence:

VIEW CORRESPONDENCE

Clinical Upload:

UPLOAD ADDITIONAL CLINICAL



Eligibility Look Up

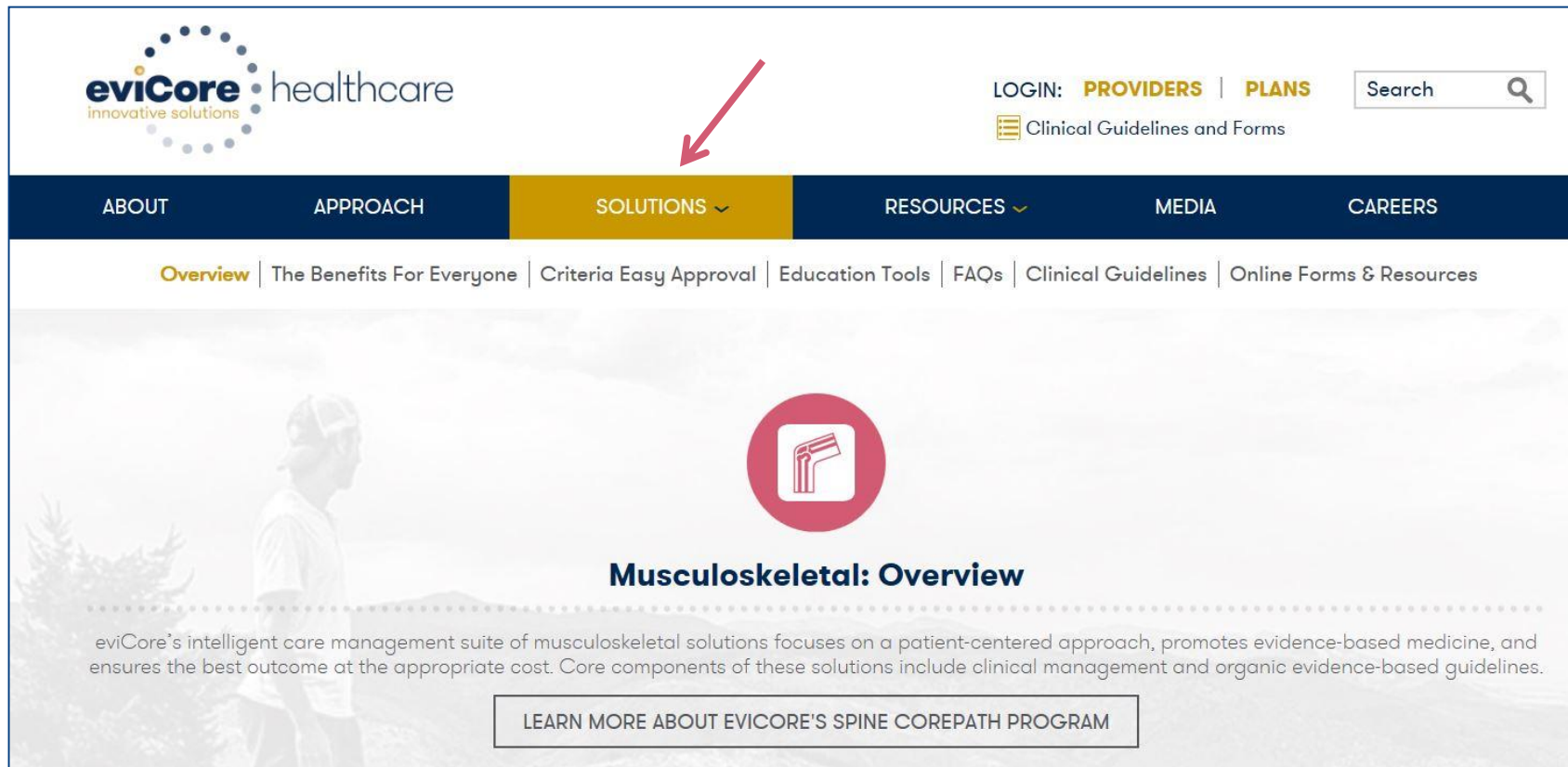


Provider Resources



Musculoskeletal Online Resources

Clinical Guidelines, FAQs, Online Forms, and other important resources can be accessed at www.evicore.com. Click **“Solutions”** from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website. The header features the eviCore logo with the tagline "innovative solutions" and the word "healthcare". To the right of the logo is a navigation bar with links for "ABOUT", "APPROACH", "SOLUTIONS" (highlighted with a red arrow), "RESOURCES", "MEDIA", and "CAREERS". Further right, there is a "LOGIN" section with links for "PROVIDERS" and "PLANS", and a "Clinical Guidelines and Forms" link. A search bar is also present. Below the navigation bar, a secondary menu includes "Overview" (highlighted), "The Benefits For Everyone", "Criteria Easy Approval", "Education Tools", "FAQs", "Clinical Guidelines", and "Online Forms & Resources". The main content area features a large image of a person in a hard hat, a red circular icon with a white medical symbol, and the heading "Musculoskeletal: Overview". Below this, a paragraph describes eviCore's intelligent care management suite. At the bottom, a button reads "LEARN MORE ABOUT EVICORE'S SPINE COREPATH PROGRAM".

eviCore healthcare
innovative solutions

LOGIN: **PROVIDERS** | **PLANS**
Clinical Guidelines and Forms

Search

ABOUT APPROACH **SOLUTIONS** RESOURCES MEDIA CAREERS

Overview | The Benefits For Everyone | Criteria Easy Approval | Education Tools | FAQs | Clinical Guidelines | Online Forms & Resources

Musculoskeletal: Overview

eviCore's intelligent care management suite of musculoskeletal solutions focuses on a patient-centered approach, promotes evidence-based medicine, and ensures the best outcome at the appropriate cost. Core components of these solutions include clinical management and organic evidence-based guidelines.

LEARN MORE ABOUT EVICORE'S SPINE COREPATH PROGRAM

Quick Reference Tool

eviCore

healthcare

to access member plan-specific guidelines

LOGIN: PROVIDERS | PLANS

Clinical Guidelines and Forms

Search

ABOUT

APPROACH

SOLUTIONS

RESOURCES

MEDIA

CAREERS

Overview

Clinical Guidelines

Quick Reference Tool

Online Forms & Resources

Solutions

Video Tutorial

Quick Reference Tool

Select the member's health plan and solution in the dropdowns below to access the appropriate contact phone and fax numbers as well as the legacy portal used to initiate a case request online.

Select Health Plan

Select Solution (Required)

Select Solution (Required)

Cardiology

Lab Management

Medical Oncology

Musculoskeletal

Post-Acute Care

Radiation Therapy

Radiology

Sleep

Access the **Quick Reference Tool** at www.evicore.com under the “Clinical Guidelines and Forms” section.

54

Provider Resources: Prior Authorization Call Center



Prior Authorization
Call Center



Web-Based
Services



Documents

7 a.m. - 7 p.m. (Eastern Standard Time): 1-866-889-8056

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: 1-866-466-6964

Provider Resources: Web-Based Services



Prior Authorization
Call Center



Web-Based
Services



Documents

Email portal.support@evicore.com

Call a Web Support Specialist at
(800)646-0418 (Option 2)

Connect with us via Live Chat

Provider Resources: Implementation Document



Prior Authorization
Call Center



Web-Based
Services



Documents

Excellus BCBS Implementation site - includes all implementation documents:

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

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above.

Thank You!

