

Pain Management, Spine Surgery, Joint Surgery Preauthorization for Blue Cross and Blue Shield Medicare

Provider Orientation



Company Overview



Headquartered in Bluffton, SC
Offices across the US including:

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

9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4k+ employees including **1k clinicians**

Engaging with 570k+ providers












Advanced, innovative, and intelligent technology

9 | Comprehensive Solutions

End-to-End Solution on a single integrated platform

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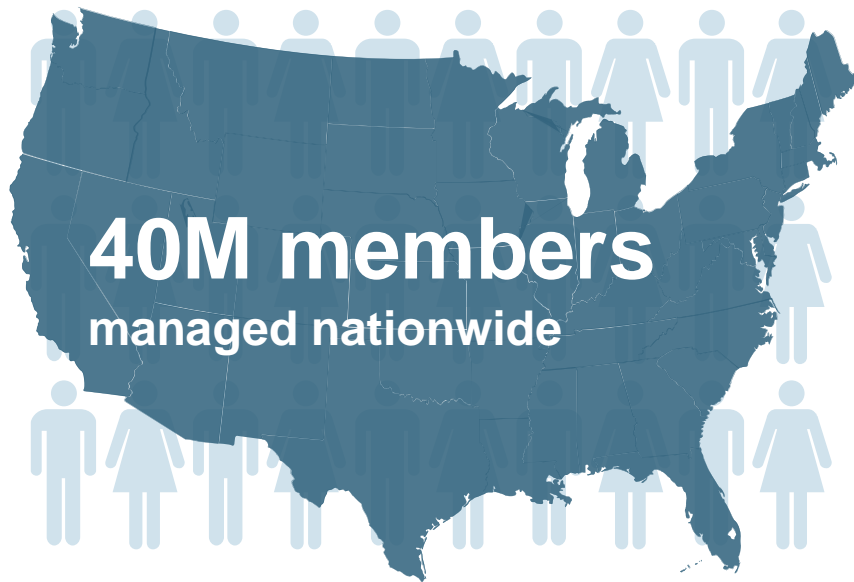
-  Radiology
-  Cardiology
-  Musculoskeletal
-  Sleep Management
-  Medical Oncology
-  Specialty Drug
-  Radiation Therapy
-  Lab Management
-  Post-Acute Care

Musculoskeletal Management Solution - Our Experience

30+ Regional
and National Clients

300k+
Cases built per day

10 Years
Managing Radiation Therapy Services



Members Managed

- 25.5M Commercial Memberships
- 2M Medicare Memberships
- 6.5M Medicaid Memberships



Our Clinical Approach

Clinical Staffing

44



**Musculoskeletal
physicians on staff**

66



**Musculoskeletal-trained
nurses on staff**

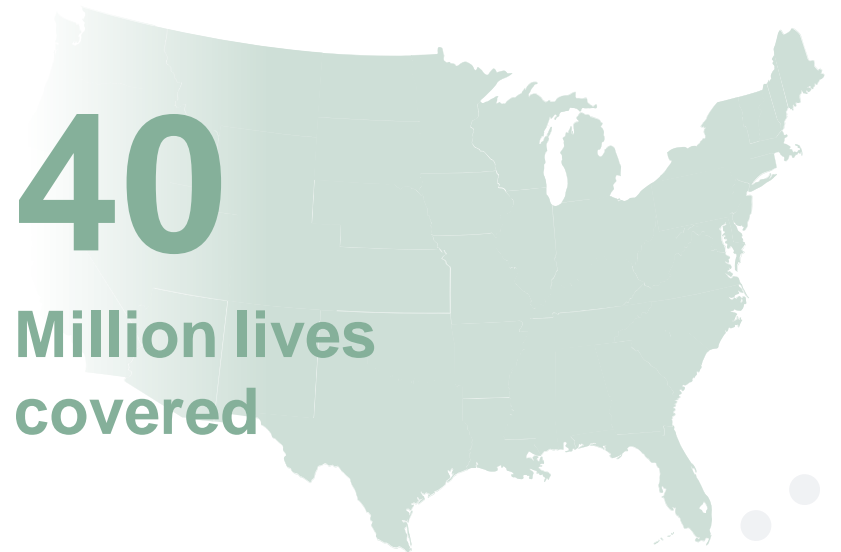
100



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

40

**Million lives
covered**



Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none">• General
Sports Medicine	<ul style="list-style-type: none">• Orthopedic
OB/GYN	<ul style="list-style-type: none">• Thoracic
Cardiology	<ul style="list-style-type: none">• Cardiac
Nuclear Medicine	<ul style="list-style-type: none">• Neurological
Anesthesiology	<ul style="list-style-type: none">• Otolaryngology
Radiation Oncology	<ul style="list-style-type: none">• Spine
Sleep Medicine	Radiology
	<ul style="list-style-type: none">• Nuclear Medicine
	<ul style="list-style-type: none">• Musculoskeletal
	<ul style="list-style-type: none">• Neuroradiology

- **260 board-certified medical directors**
- **Diverse representation of medical specialties**
- **800 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 Service Managers



Client Service 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.

Preauthorization Program for Blue Cross and Blue Shield Medicare

Program Overview

eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.

Preauthorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Inpatient-initial

eviCore Preauthorization does not apply to services that are performed in:

- Emergency room
- Inpatient-subsequent
- 23-hour observation

It is the responsibility of the ordering provider to request preauthorization approval for services.

Applicable Membership

Preauthorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
 - Medicare members
- **Blue Cross and Blue Shield of Montana**
 - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
 - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
 - Medicare members
- **Blue Cross and Blue Shield of Texas**
 - Medicare members



Preauthorization Required:

Joint Surgery-IP & OP

- Large joint replacement
- Arthroscopic and open procedures

Spine Surgery-IP & OP

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

Interventional Pain

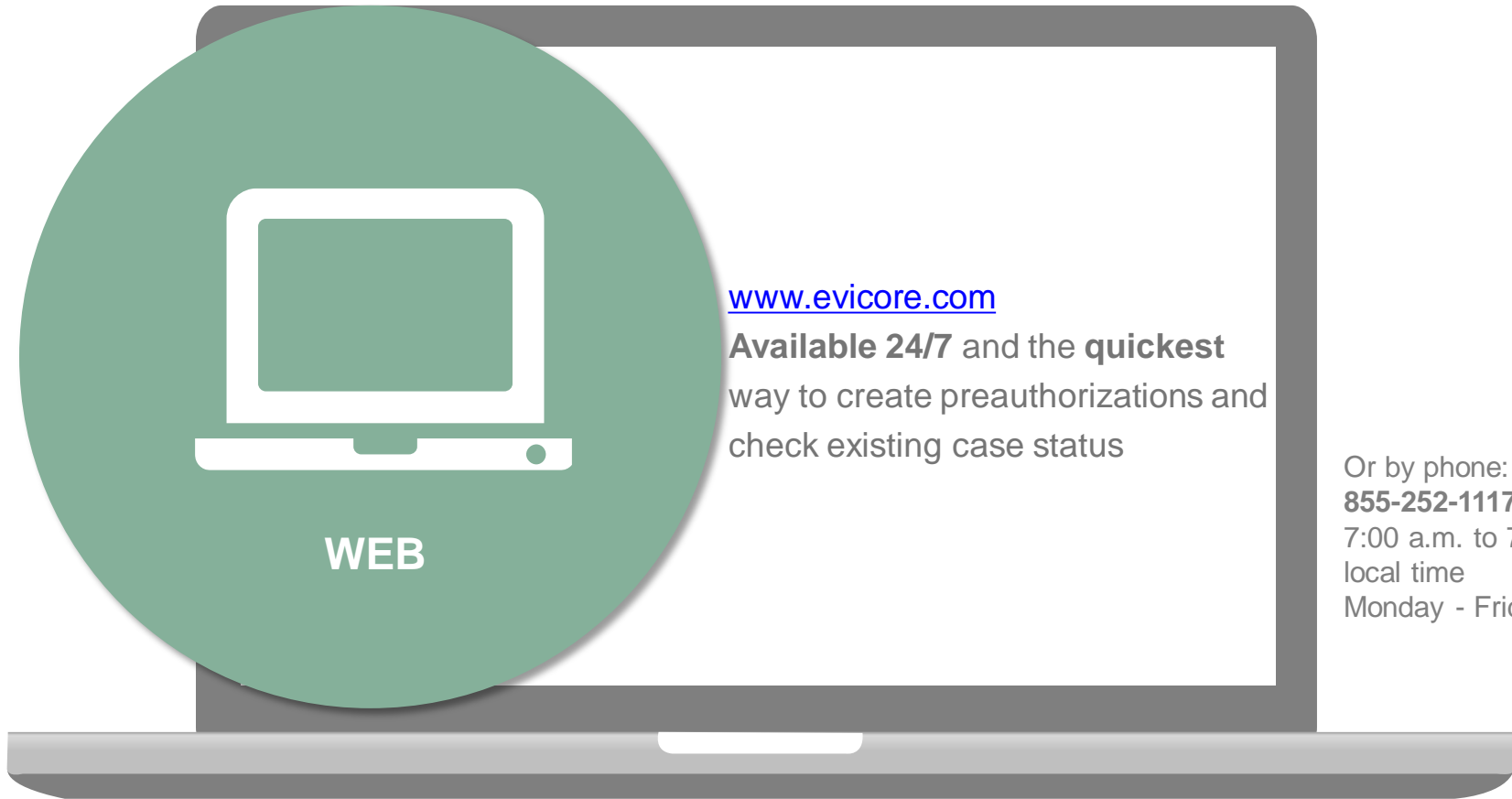
- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

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

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

Preauthorization Requests

How to request preauthorization:

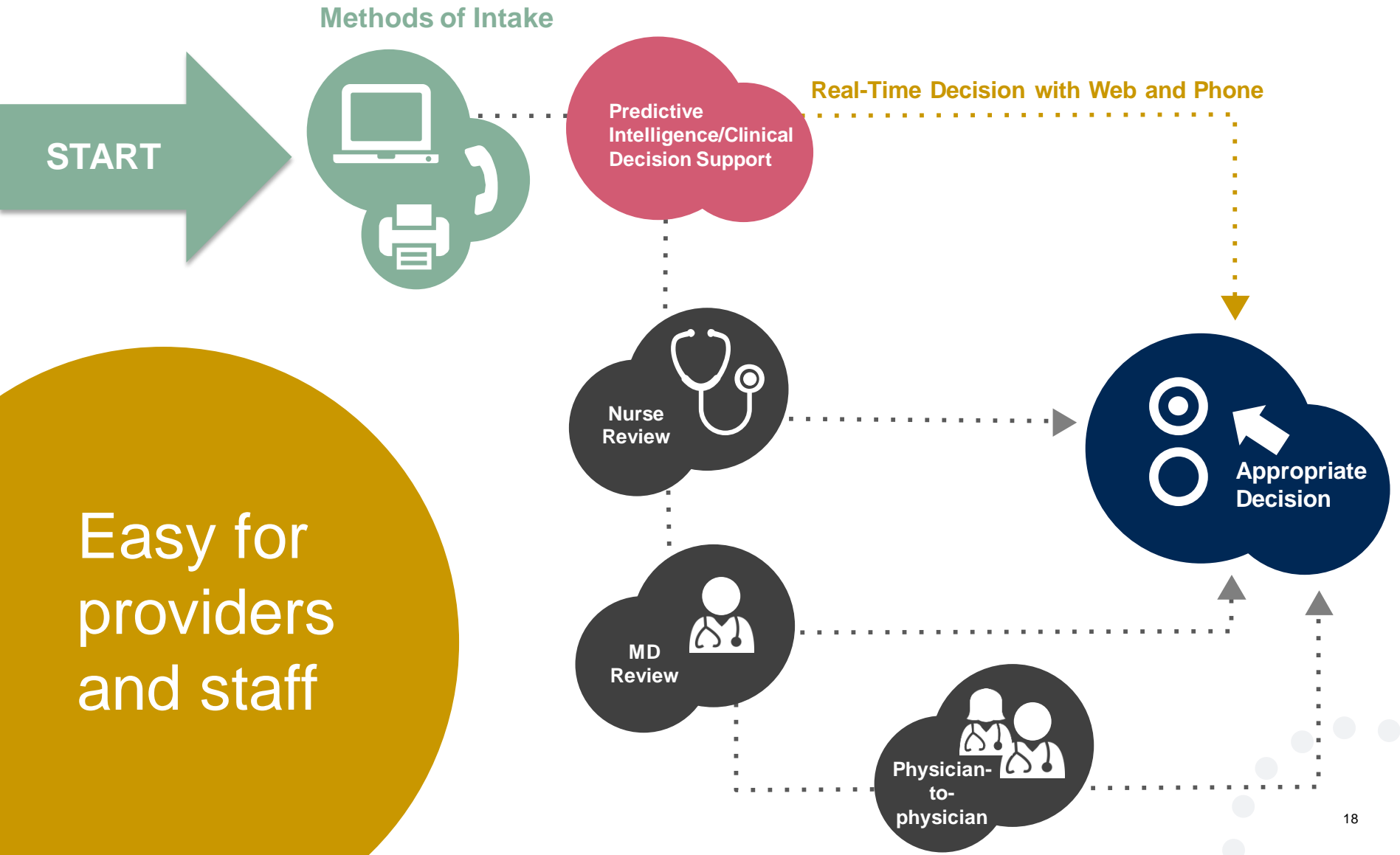


www.evicore.com

Available 24/7 and the **quickest** way to create preauthorizations and check existing case status

Or by phone:
855-252-1117
7:00 a.m. to 7:00 p.m.
local time
Monday - Friday

Clinical Review Process



Needed Information



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

Preauthorization Outcomes

Approved Requests:

- Medicare requests are processed within 14 calendar days.
- Authorizations are typically good for 45 days from the date of determination.

Delivery:

- Faxed to ordering provider and rendering facility. (verbal outreach for urgent requests).
- Mailed to the member, (verbal outreach for urgent requests).
- 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:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).

Preauthorization Outcomes

➤ 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

➔ Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 120 calendar days. eviCore will respond within 30 calendar days.

➔ Outpatient Urgent Services:

- Contact eviCore by phone to request an expedited preauthorization review and provide clinical information.
- Urgent Cases will be reviewed with 72 hours of the request.

Web Portal Services

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

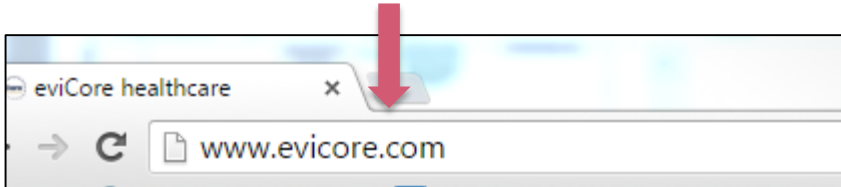
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).



eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) [Password?](#) [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical
Solutions That Benefit **Everyone.**

 Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

 I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



To create a new account, click **Register**.

Creating An Account

eviCore healthcare

* Required Field

Web Portal Preference

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

Default Portal: CareCore National MedSolutions

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*: Address*:
Email*: City*: Phone*:
Confirm Email*: State*: Zip*: Ext*:
First Name*: Office Name*: Fax*:
Last Name*:

Next

- Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.
- Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

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 Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	*****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#) [Submit Registration](#)

Review information provided, and click **“Submit Registration.”**

User Registration-Continued

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*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST **Physician LastN**
State: TN **Tax ID:**

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assis
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or F

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). The electronic access to any of eviCore's web-based applications is subject

Accept Terms and Conditions *

Submit Cancel

Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued

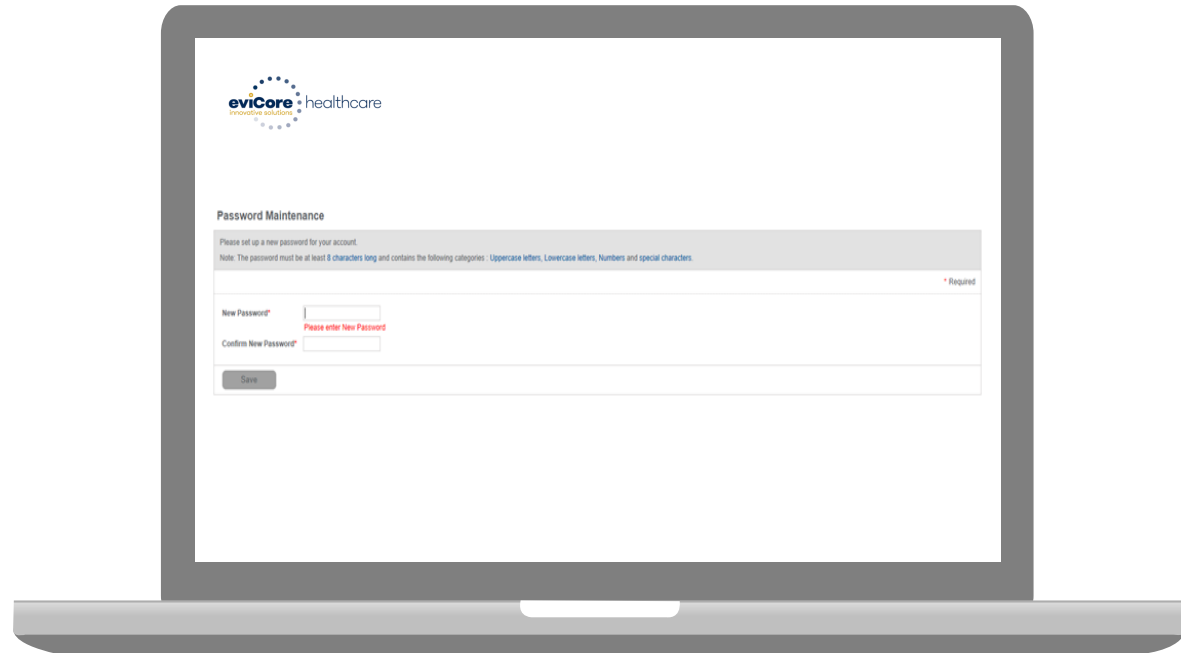


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

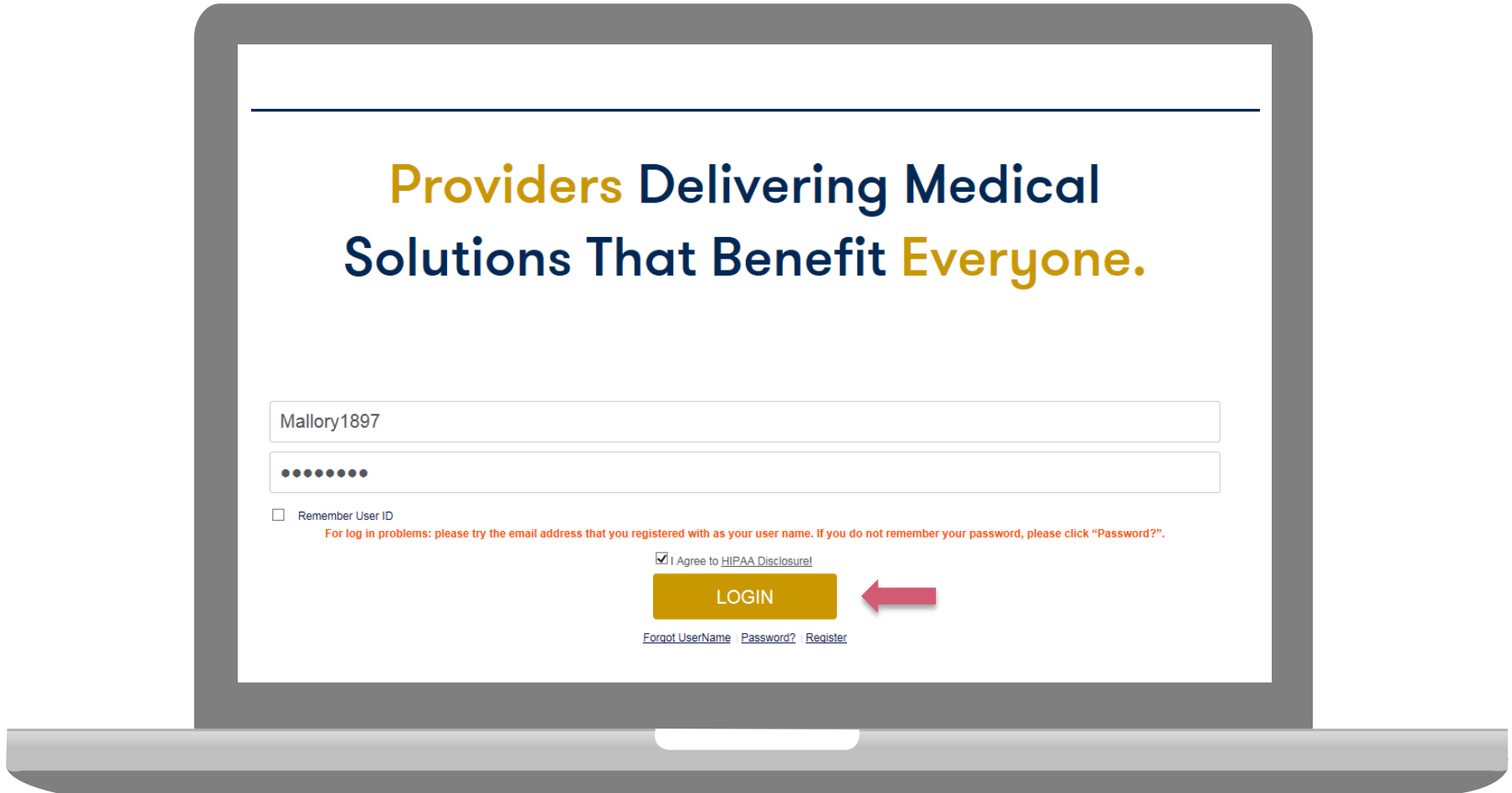
Create a Password

Your password must be at least (8) characters long and contain the following:

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)



Account Log-In



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click "**Login**."

Account Overview

Welcome Screen

eviCore healthcare
innovative solutions

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

Friday, July 22, 2016 12:02 PM Log Off (MALLOR)

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for](#)

[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

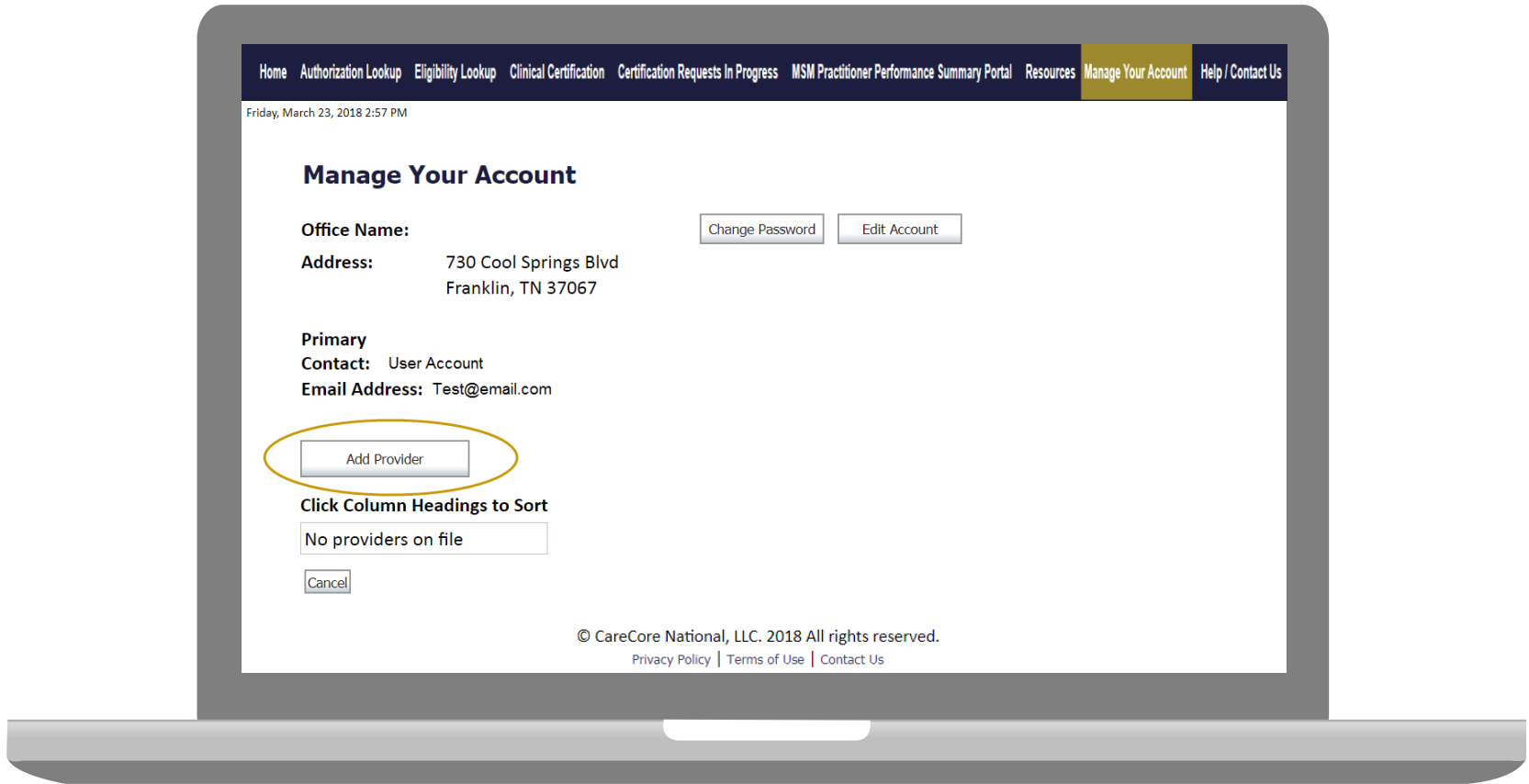
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

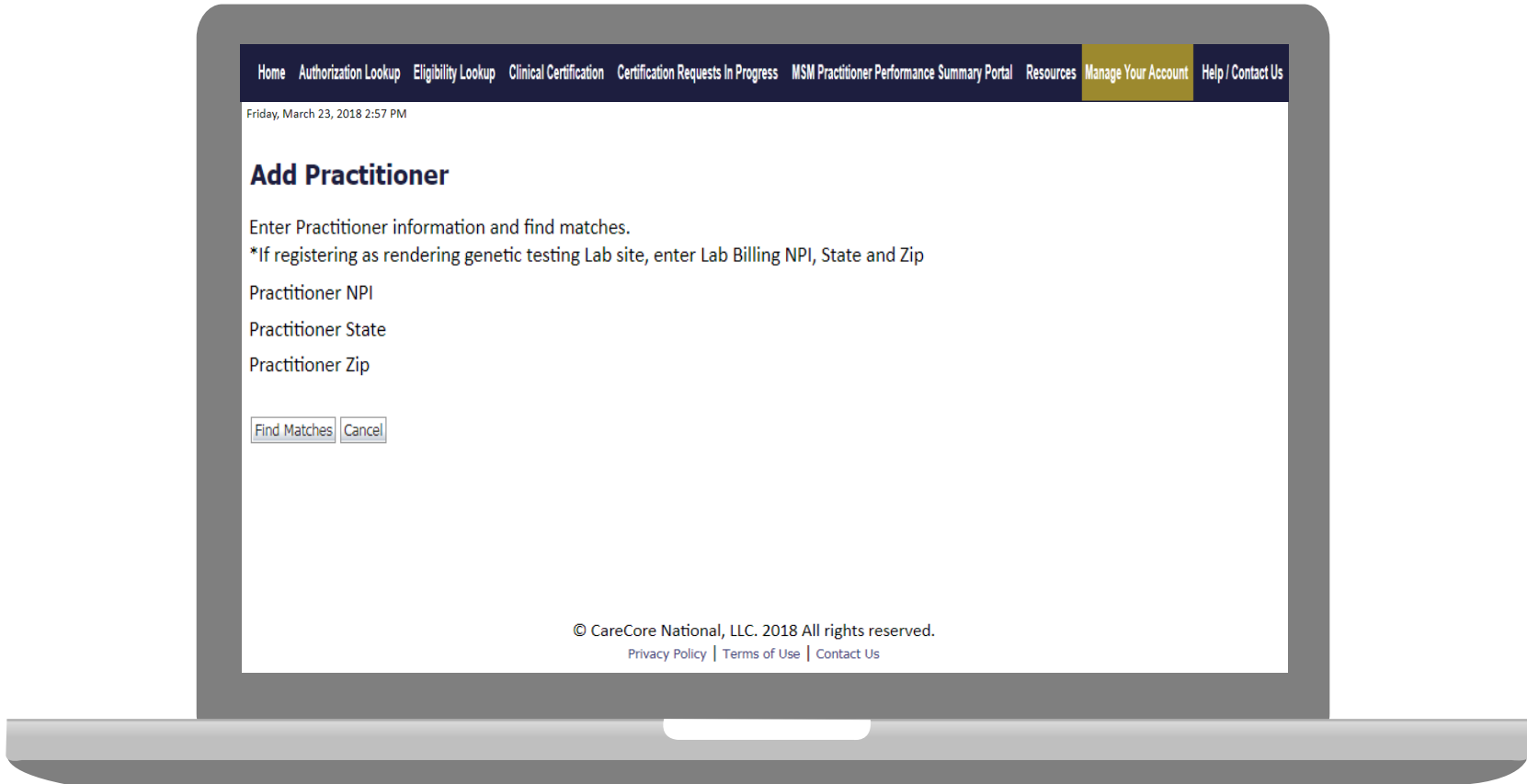
Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners



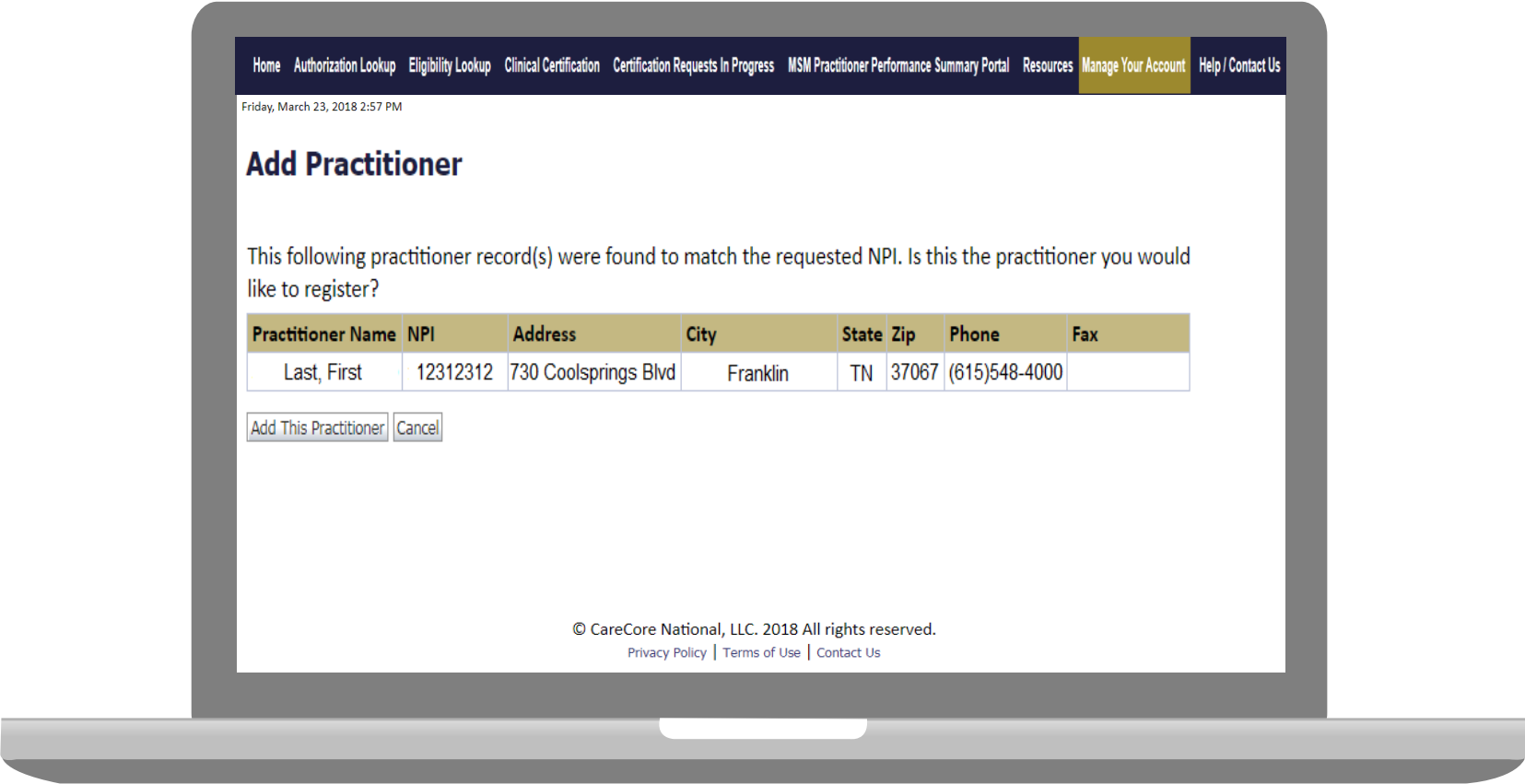
Click the “Add Provider” button.

Add Practitioners

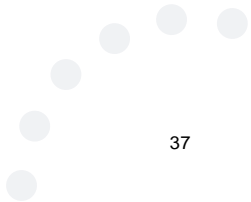


Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

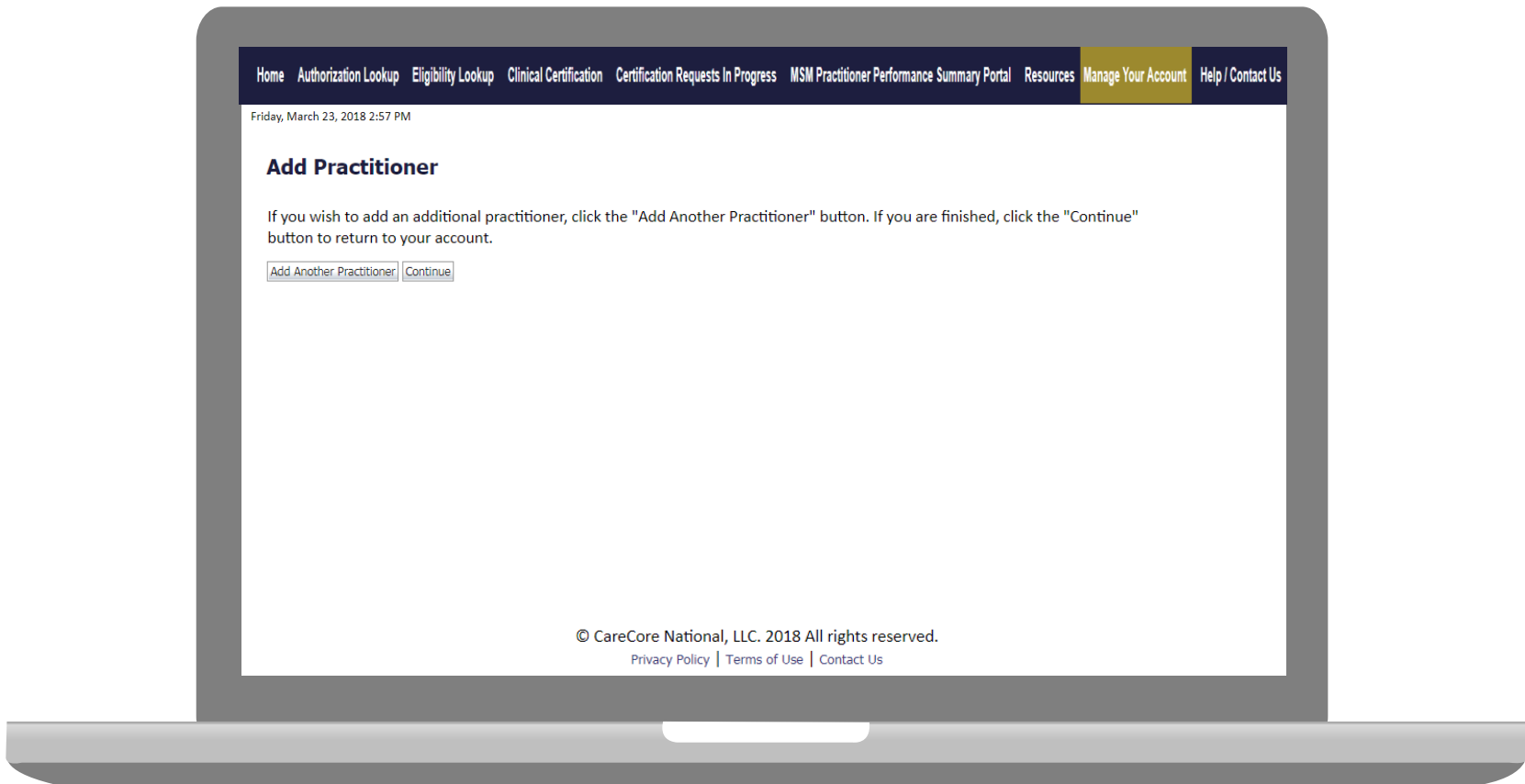
Adding Practitioners



Select the matching record based upon your search criteria



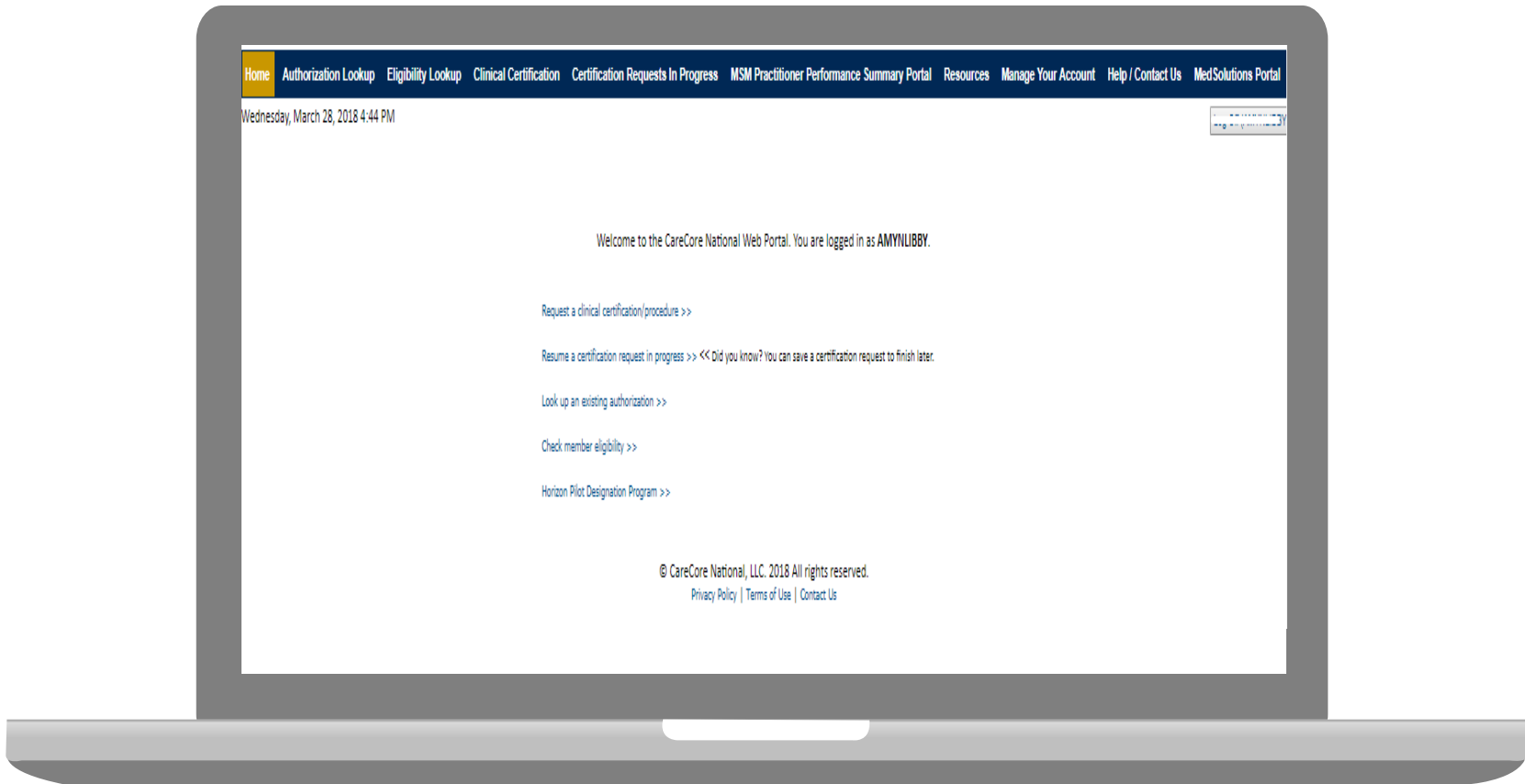
Manage Your Account



- 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.

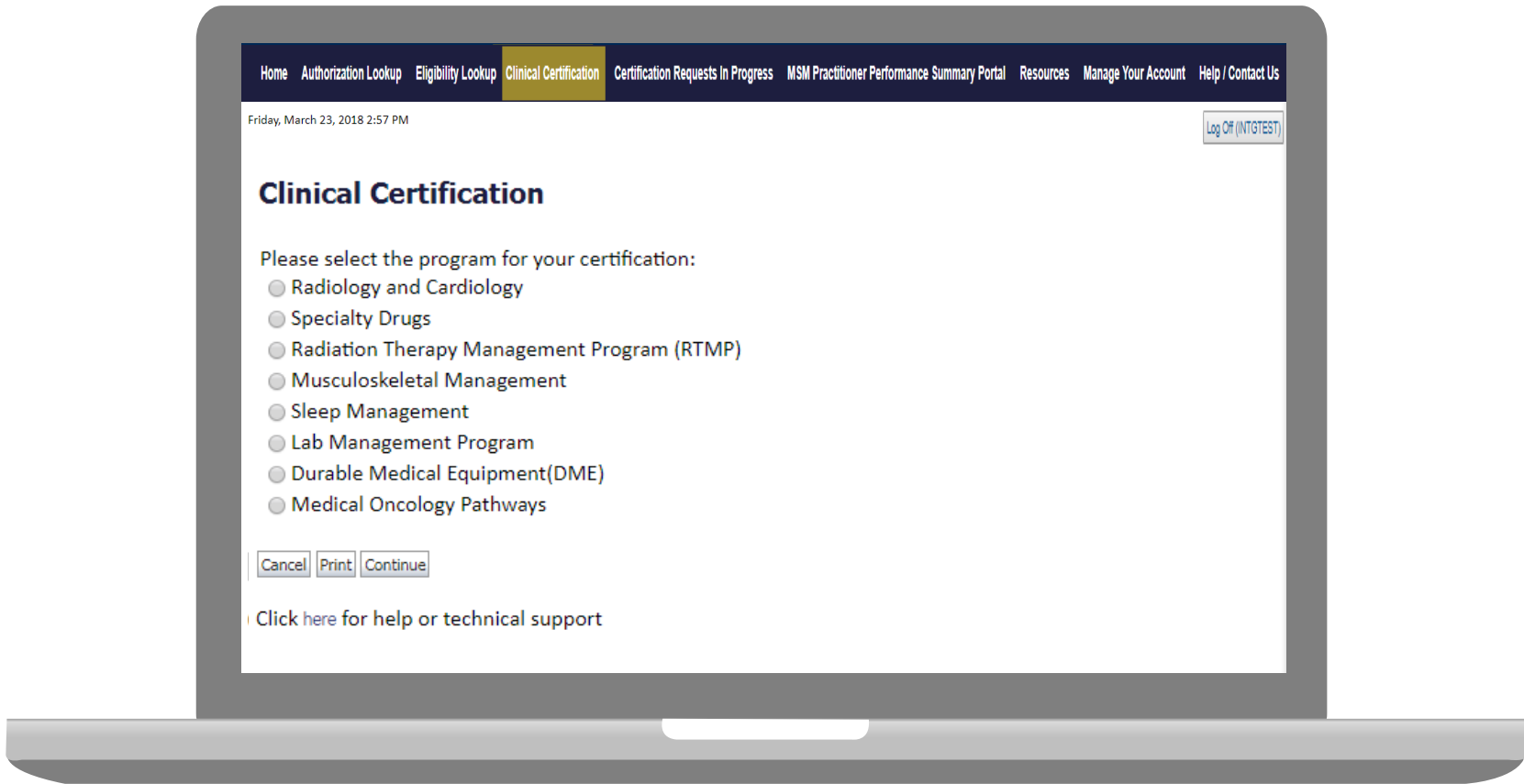
Case Initiation

Initiating A Case



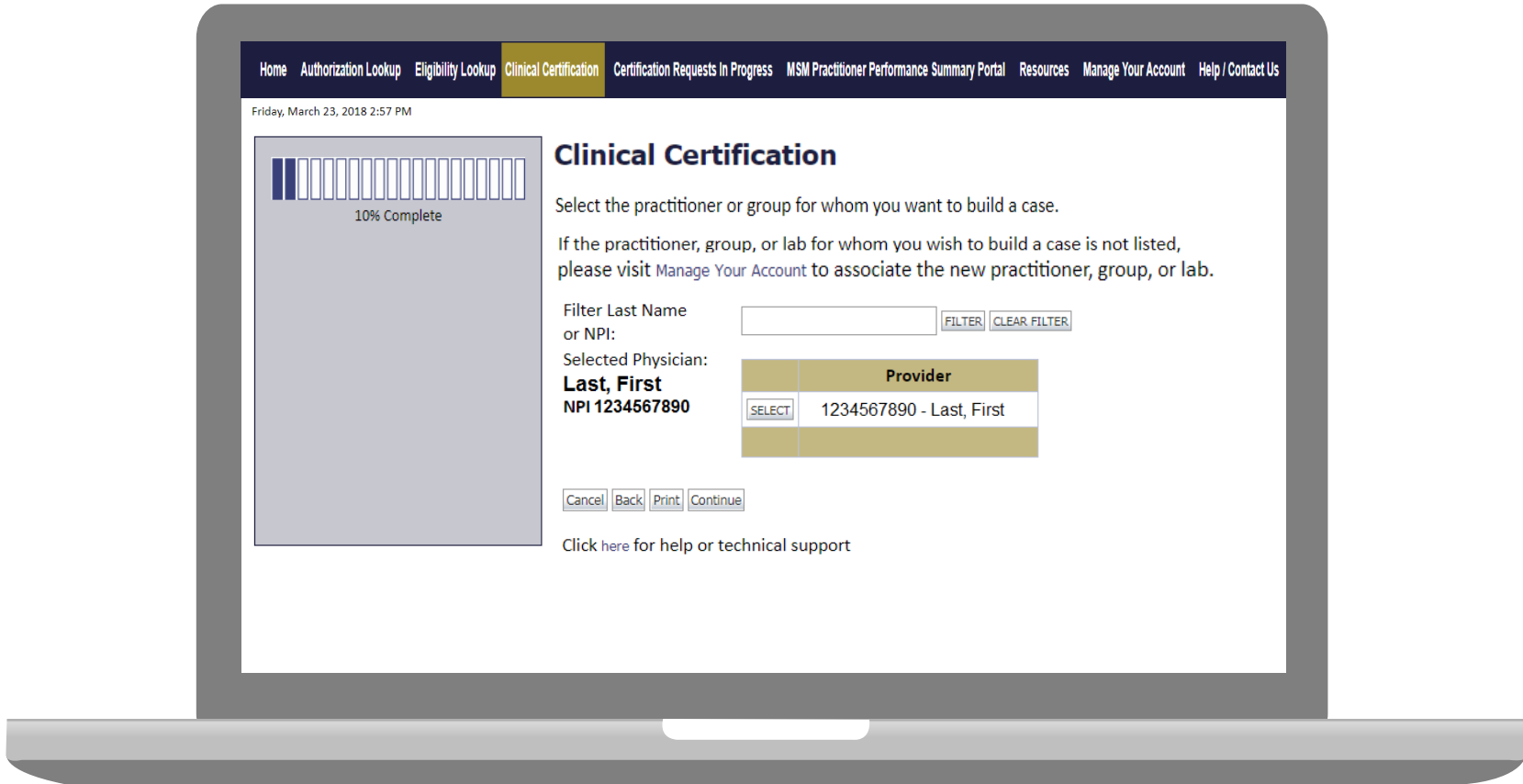
Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Program



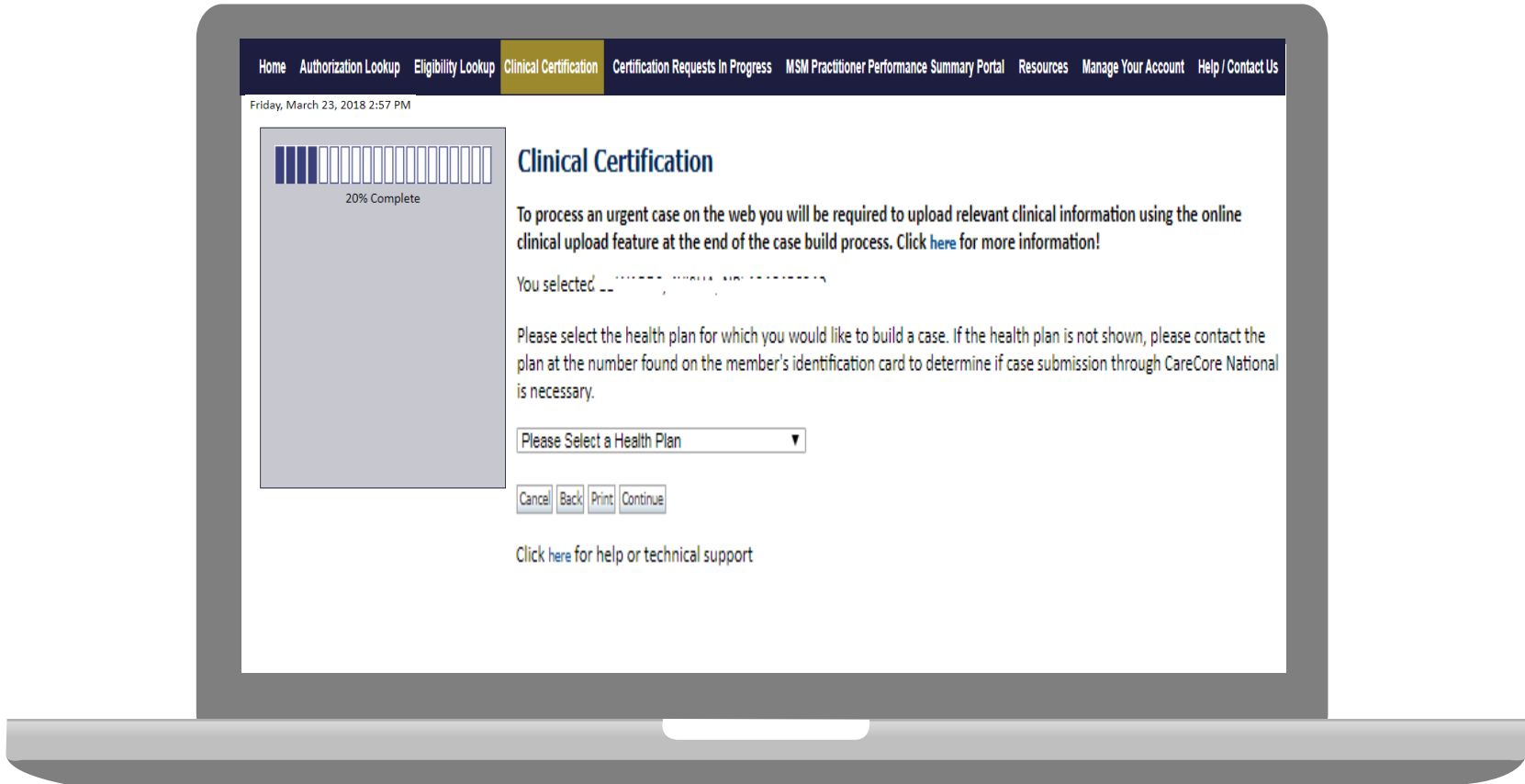
Select the **Program** for your certification.

Select Provider



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

Select Health Plan



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

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests in Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Friday, March 23, 2018 2:57 PM [Log Off \(INTGTEST\)](#)

Clinical Certification

30% Complete

Provider and NPI

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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

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

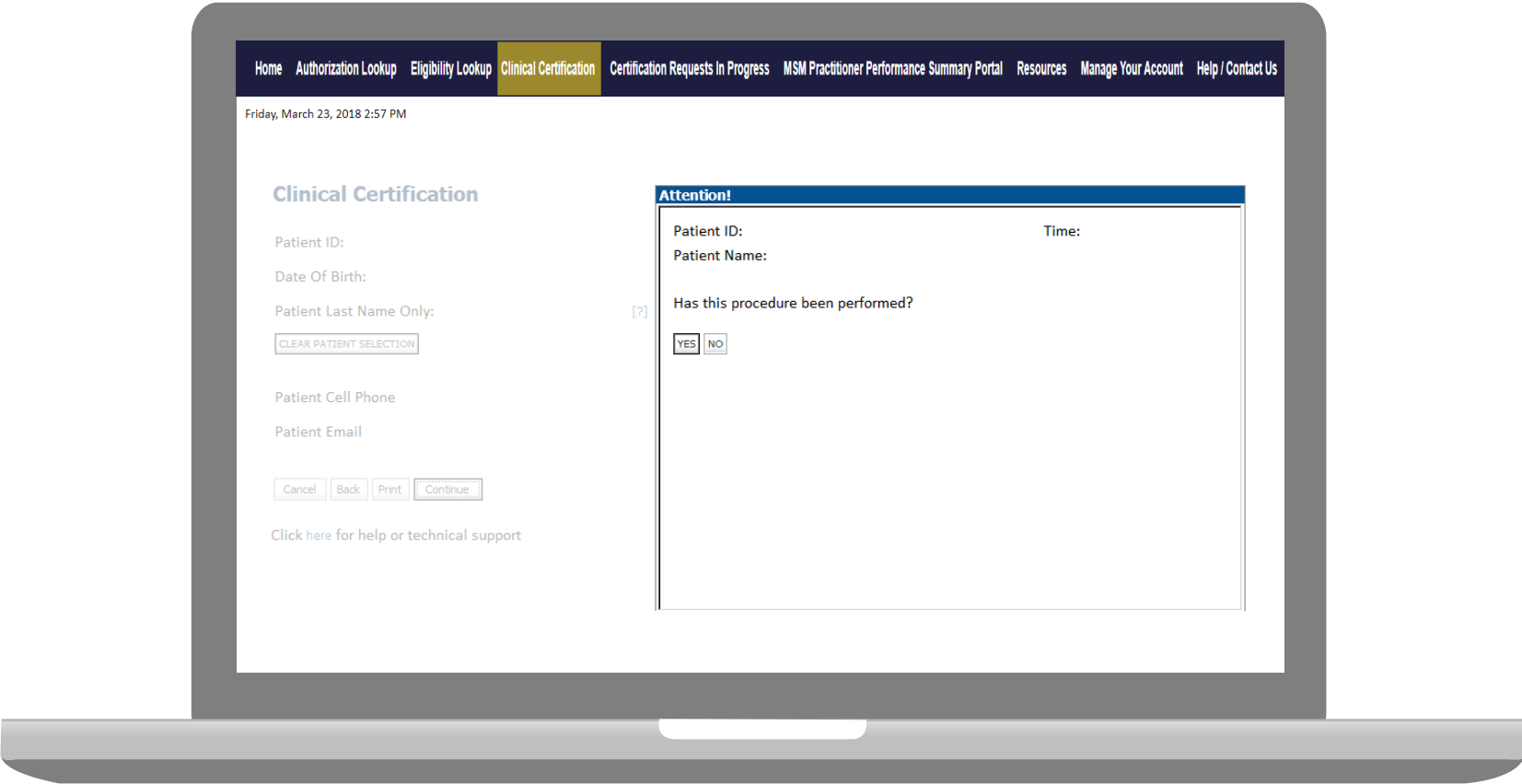
Enter the **Provider's name** and appropriate information for the point of contact individual.

Member Information

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, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time are displayed: Friday, March 23, 2018 2:57 PM. The main content area is titled "Clinical Certification" and contains a progress indicator showing 40% completion (4 out of 10 bars filled). Below the progress indicator is a section labeled "Provider and NPI" which is currently empty. To the right of the progress indicator, there are three input fields: "Patient ID:" (a text box), "Date Of Birth:" (a date picker showing MM/DD/YYYY), and "Patient Last Name Only:" (a text box with a help icon [?]). Below these fields, there is a note: "IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID" and a button labeled "ELIGIBILITY LOOKUP". At the bottom of the form, there are three buttons: "Cancel", "Back", and "Print". A link "Click here for help or technical support" is also present.

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

Member/Procedure Information



Verify if the procedure has already been performed.

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

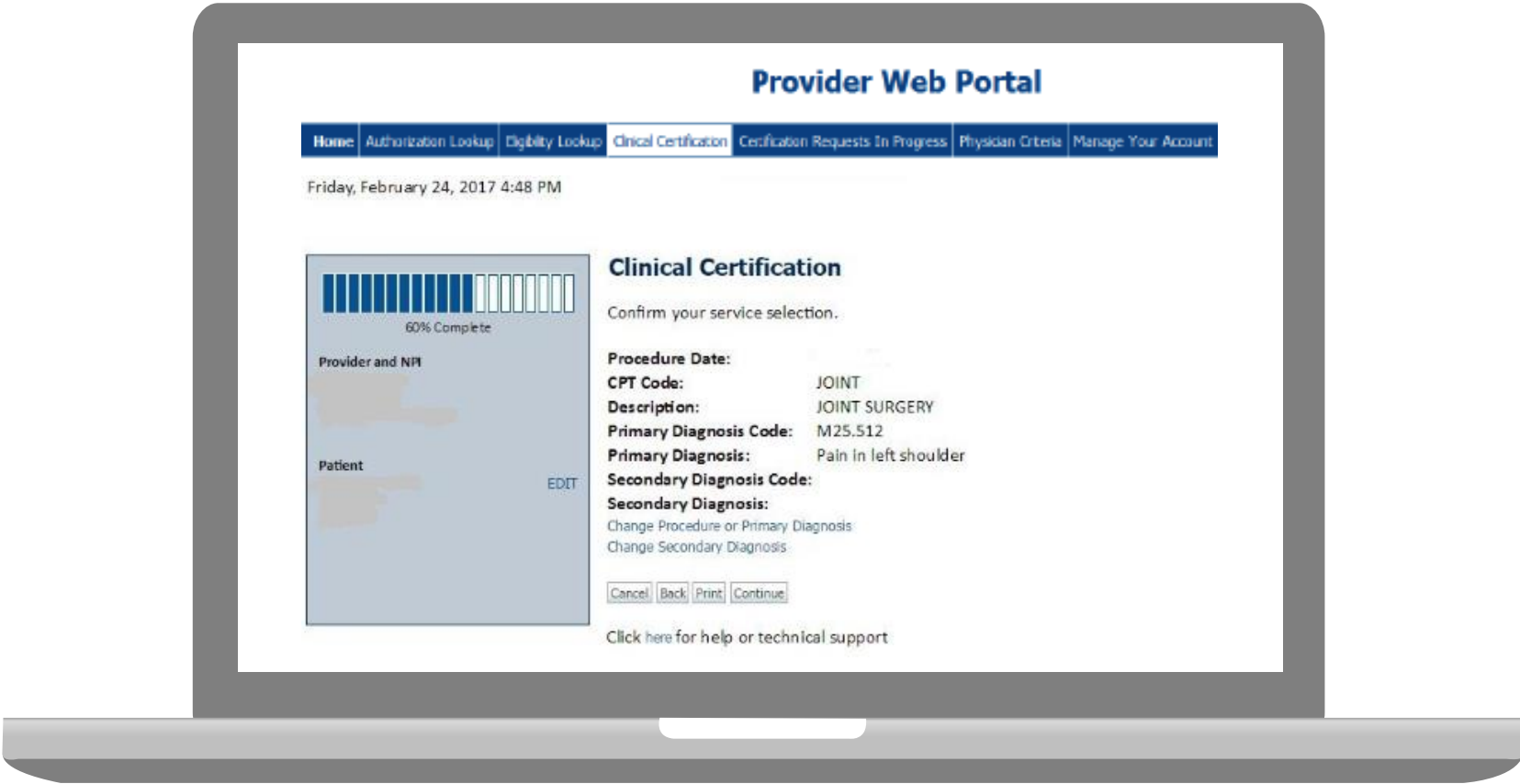
Primary Diagnosis Code: **M25.561**
Description: **Pain in right knee**
[Change Primary Diagnosis](#)

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

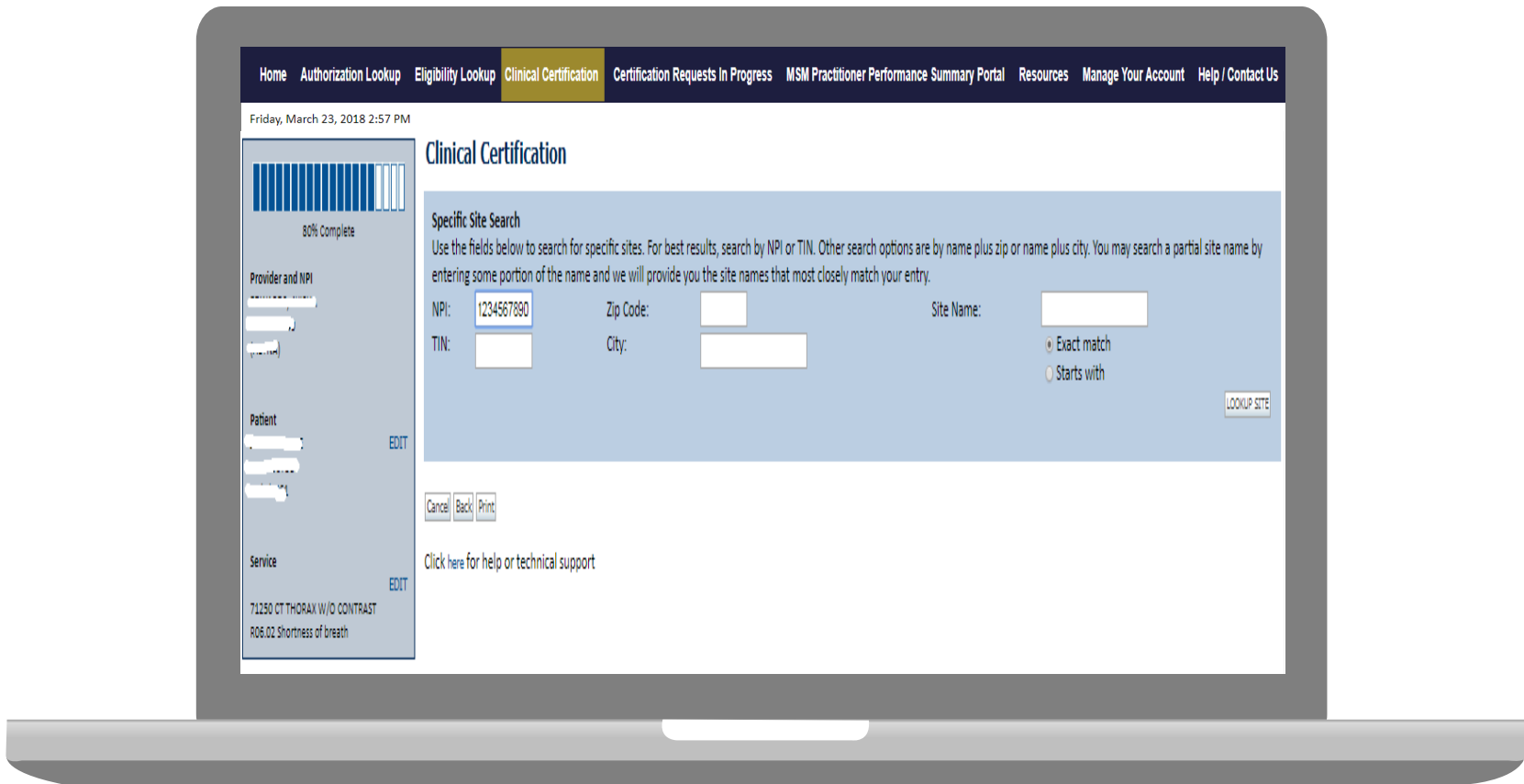
[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

Verify Service Selection



Site Selection

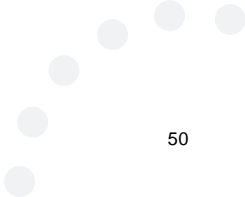


Select the **specific site** where the testing/treatment will be performed.

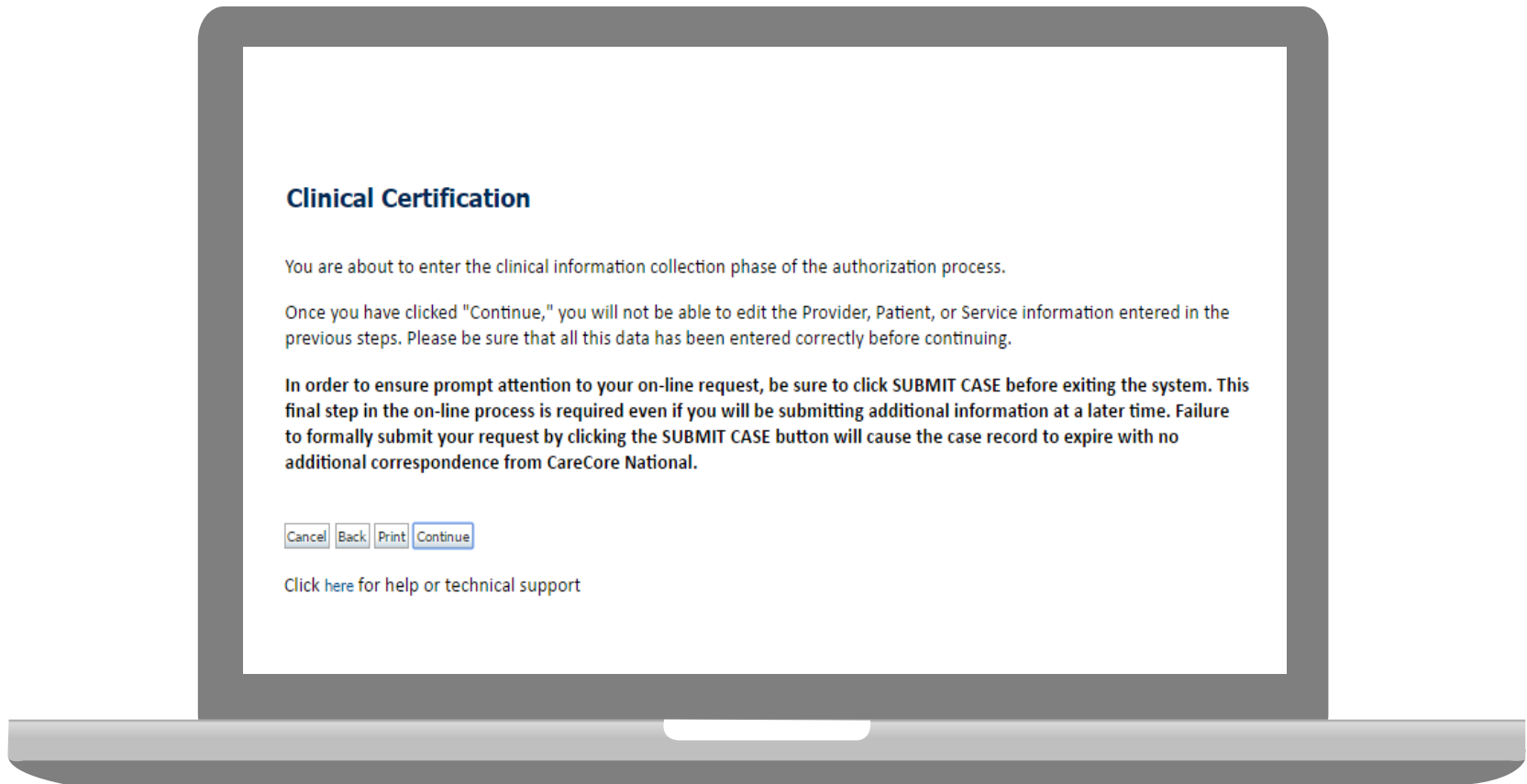
Site Selection



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

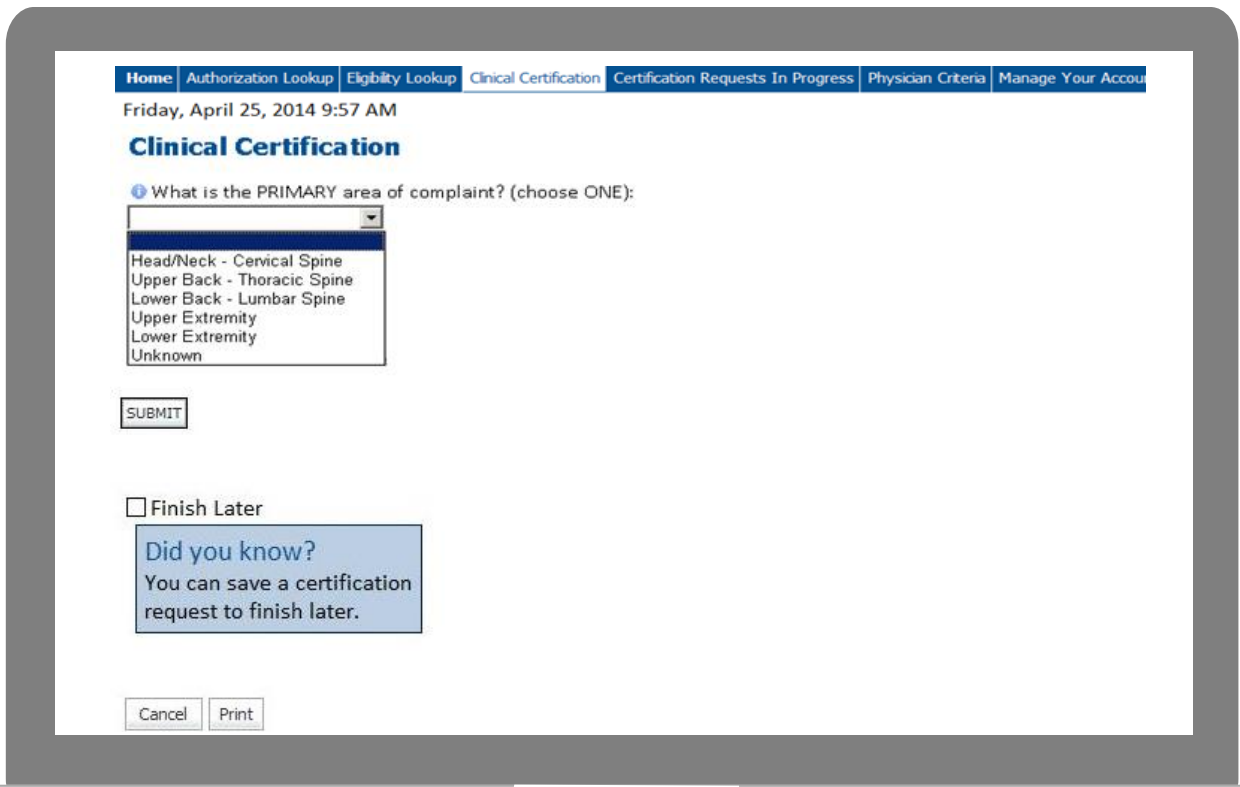
Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

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



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.

Pause/Save Option



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, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed: Friday, April 25, 2014 9:57 AM. The main heading is "Clinical Certification". A question asks: "What is the PRIMARY area of complaint? (choose ONE):". Below this question is a dropdown menu with the following options: Head/Neck - Cervical Spine, Upper Back - Thoracic Spine, Lower Back - Lumbar Spine, Upper Extremity, Lower Extremity, and Unknown. A "SUBMIT" button is located below the dropdown menu. Below the "SUBMIT" button is a checkbox labeled "Finish Later". A blue callout box with the text "Did you know? You can save a certification request to finish later." is positioned below the "Finish Later" checkbox. At the bottom of the form, there are "Cancel" and "Print" buttons.

➤ Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

Medical Review

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.

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

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[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.

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.”**

Approval

Clinical Certification

Your case has been Approved.

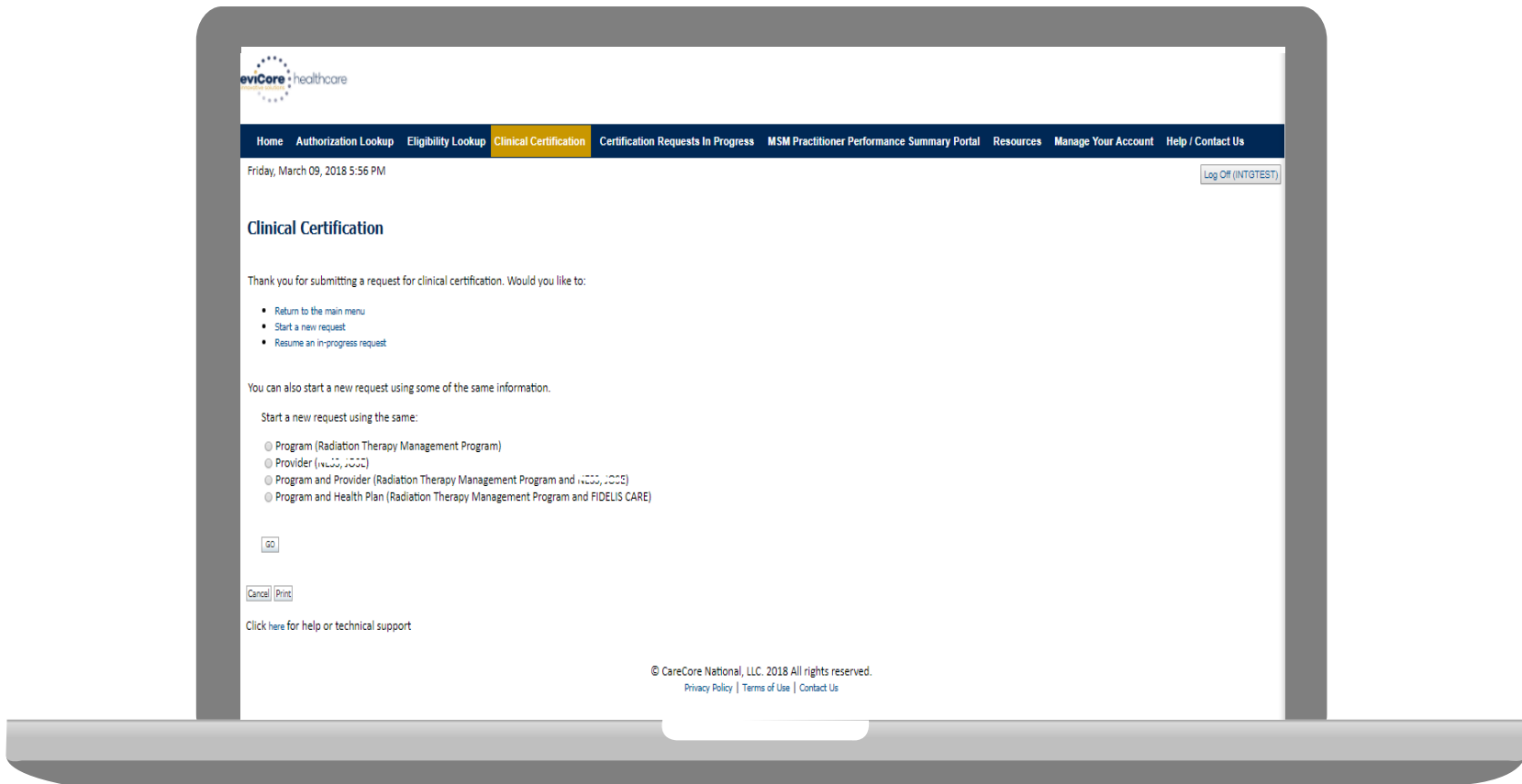
Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
<hr/>	
Patient Name:	Patient ID:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	

Primary Diagnosis Code:	M25.562	Description:	Pain in left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	2:12:39 PM		
Expiration Date:			
Status:	Your case has been Approved.		

Once the clinical pathway questions are completed and if 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



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



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

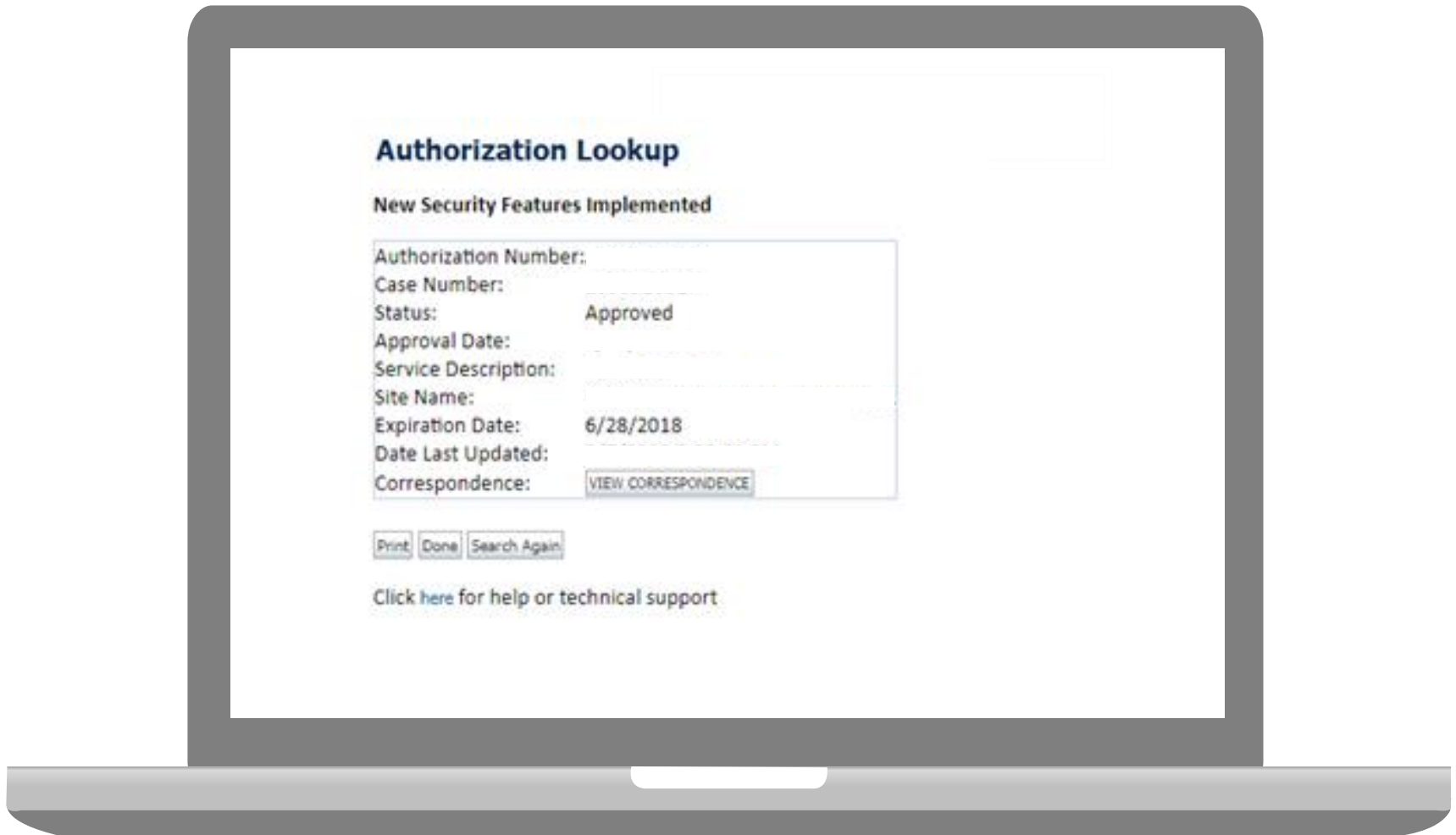
REQUIRED FIELDS

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.

Authorization Status



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

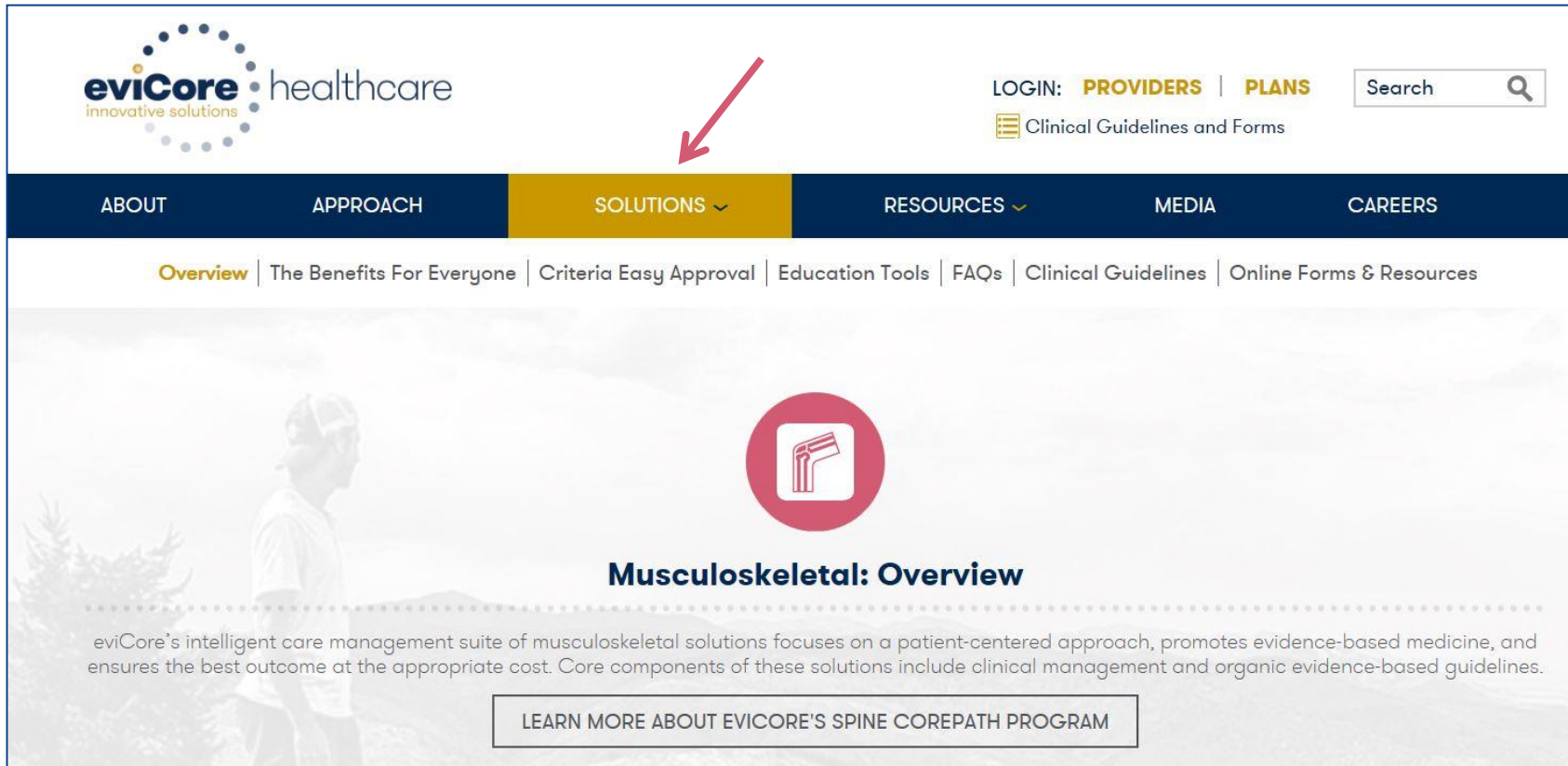
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

Provider Resources



Musculoskeletal Online Resources

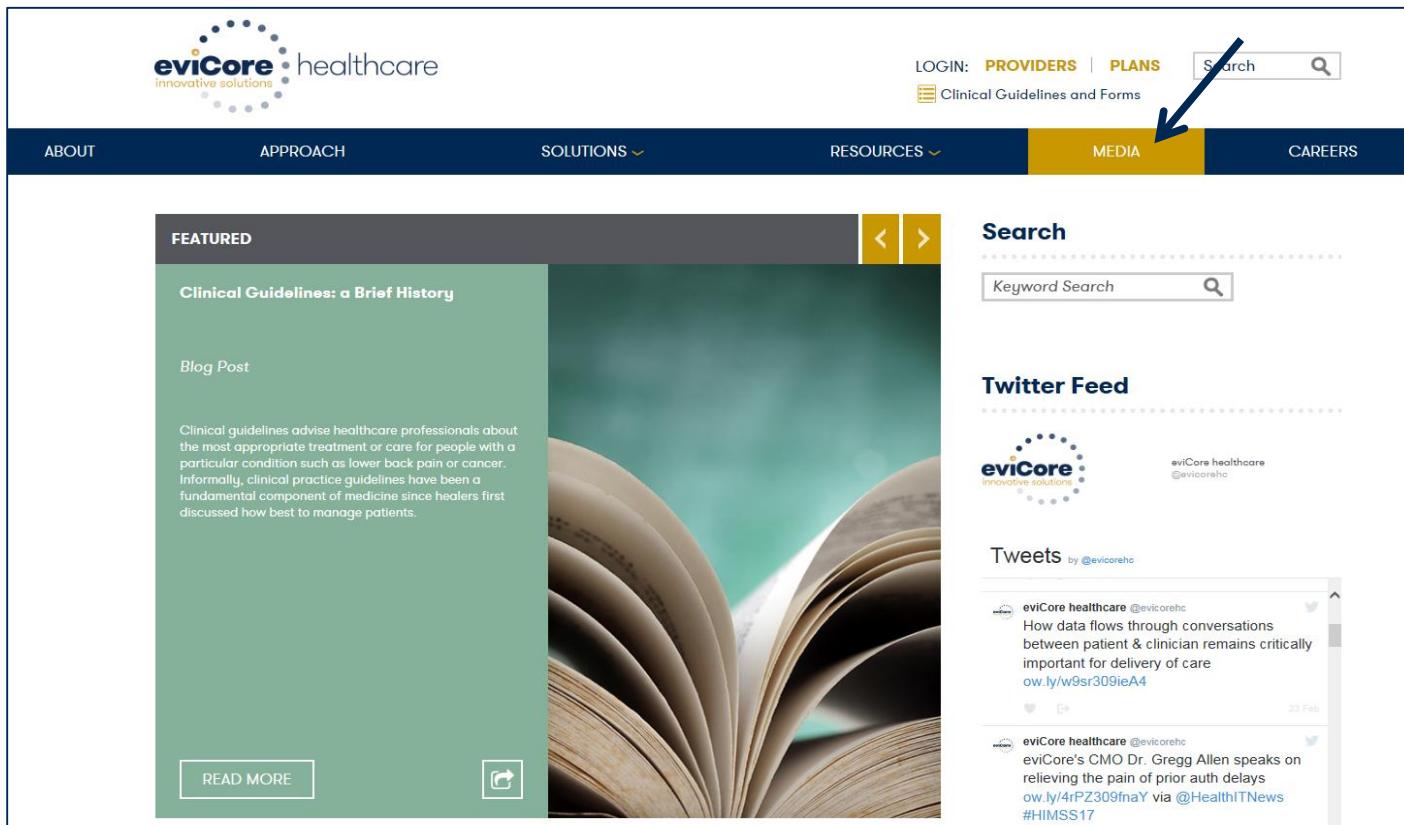
Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click **"Solutions"** from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. To the right of the logo is a navigation menu with the following items: ABOUT, APPROACH, SOLUTIONS (highlighted in yellow with a red arrow pointing to it), RESOURCES, MEDIA, and CAREERS. Above the SOLUTIONS menu item, there is a LOGIN section with links for PROVIDERS and PLANS, and a search bar with the text 'Search' and a magnifying glass icon. Below the LOGIN section, there is a link for 'Clinical Guidelines and Forms'. The main content area features a navigation bar with the following links: Overview (highlighted in yellow), The Benefits For Everyone, Criteria Easy Approval, Education Tools, FAQs, Clinical Guidelines, and Online Forms & Resources. Below this navigation bar is a large image of a construction worker in a hard hat and safety vest, looking out over a landscape. In the center of the image is a red circular icon containing a white graphic of a spine. Below the image is the heading 'Musculoskeletal: Overview'. Underneath the heading is a paragraph of text: '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.' At the bottom of the page is a button that reads 'LEARN MORE ABOUT EVICORE'S SPINE COREPATH PROGRAM'.

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate preauthorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions' and 'healthcare'. To the right, there are links for 'LOGIN: PROVIDERS | PLANS' and a search bar. Below the login links is a menu icon and the text 'Clinical Guidelines and Forms'. The main navigation bar includes 'ABOUT', 'APPROACH', 'SOLUTIONS', 'RESOURCES', 'MEDIA' (highlighted in yellow with a blue arrow pointing to it), and 'CAREERS'. The 'FEATURED' section on the left shows a blog post titled 'Clinical Guidelines: a Brief History' with a 'Blog Post' sub-header and a 'READ MORE' button. The right sidebar contains a 'Search' section with a 'Keyword Search' input field, a 'Twitter Feed' section with the eviCore logo and handle '@evicarehc', and a 'Tweets by @evicarehc' section showing two tweets from the account.

Provider Resources: Preauthorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Local Time): 855-252-1117

- Obtain preauthorization 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

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

www.evicore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions

Contact your Provider Network Consultant for more information

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

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

- CPT code list of the procedures that require preauthorization
- 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. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

