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
- Greenwich, CT
- Franklin, TN
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

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



End-to-End Solution on a single integrated platform



Radiology



Cardiology



Musculoskeletal



Sleep Management



Medical Oncology



Specialty Drug



Radiation Therapy



Lab Management



Post-Acute Care

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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 Wusculoskeletal-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	 General Orthopedic Thoracic Cardiac Neurological Otolaryngology Spine
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	Nuclear MedicineMusculoskeletalNeuroradiology
Sleep Medicine	

- 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:





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 <u>team</u> 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

<u>Preauthorization is required</u> 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:

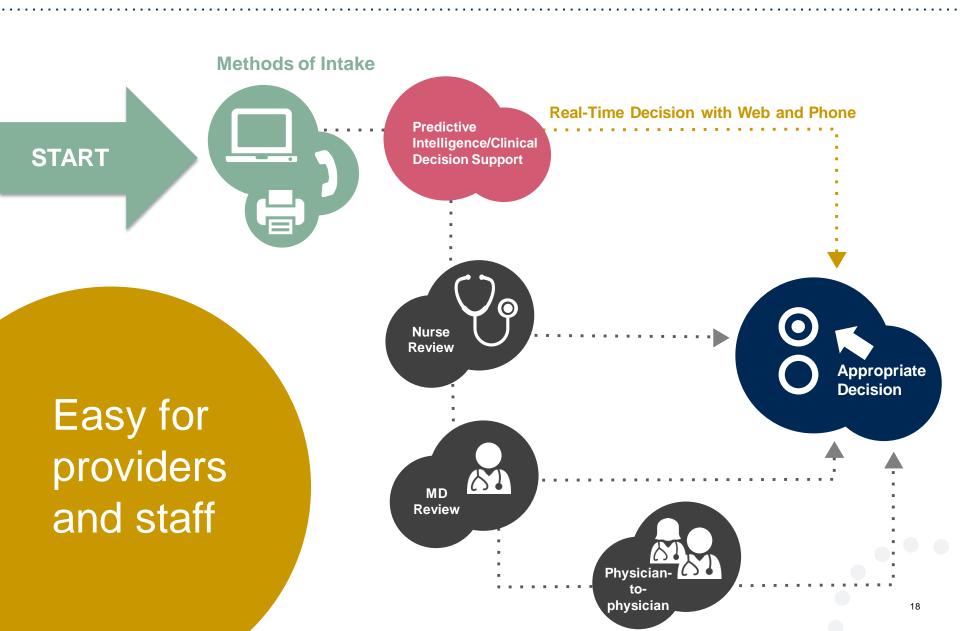
https://www.evicore.com/healthplan/bcbs

Preauthorization Requests

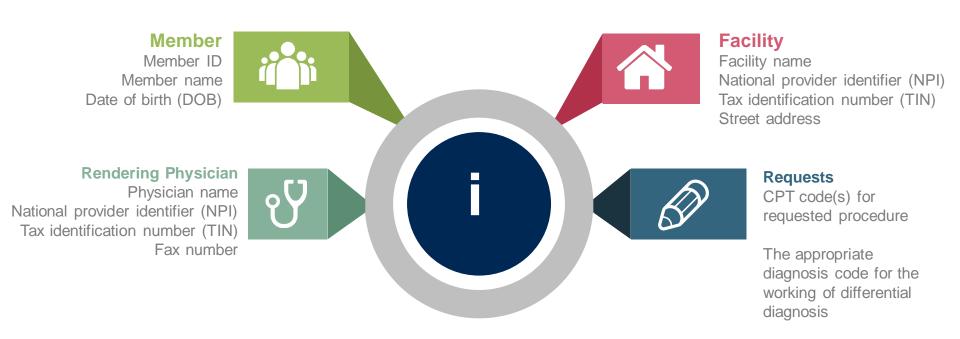
How to request preauthorization:



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



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



- 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



- 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 predecision 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

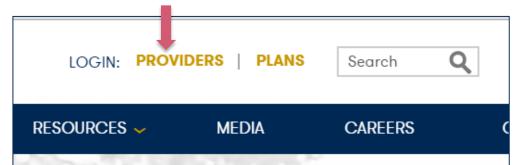
You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our <u>Disabling Pop-Up Blockers guide</u>.

eviCore healthcare website

Point web browser to evicore.com



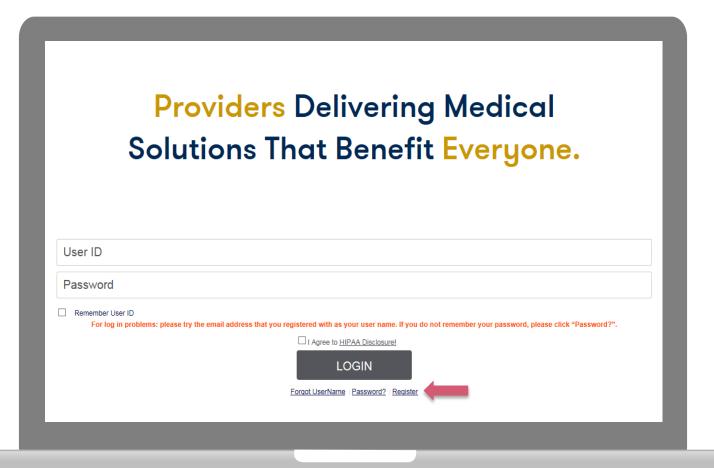
Click on the "Providers" link



Login or Register

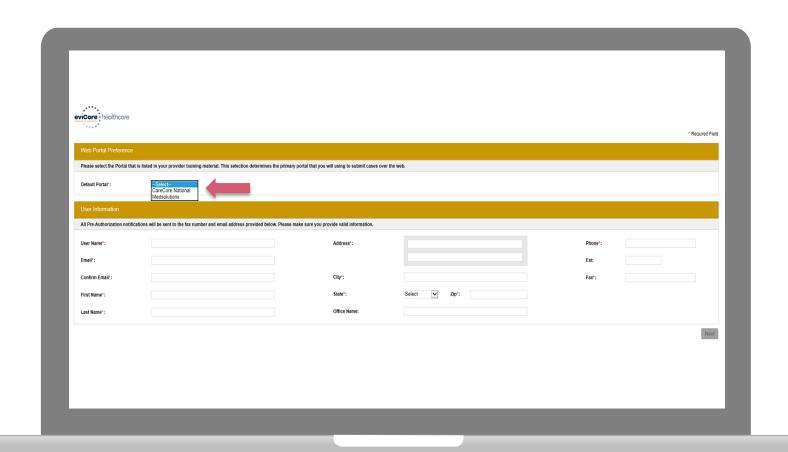


Creating An Account



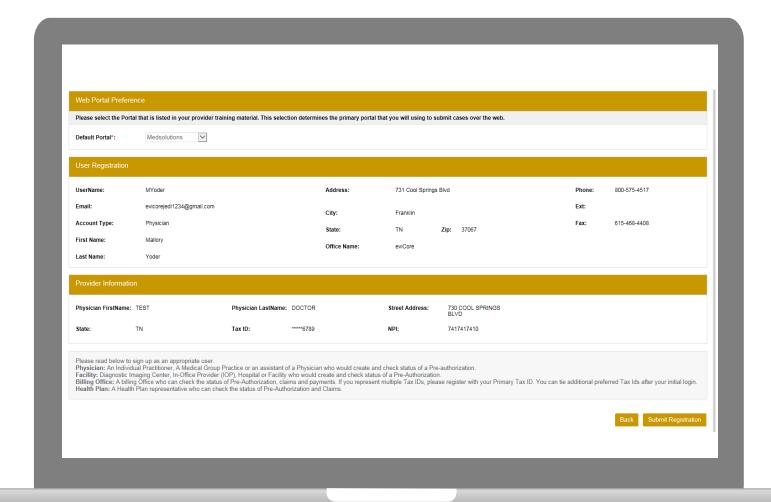
To create a new account, click Register.

Creating An Account



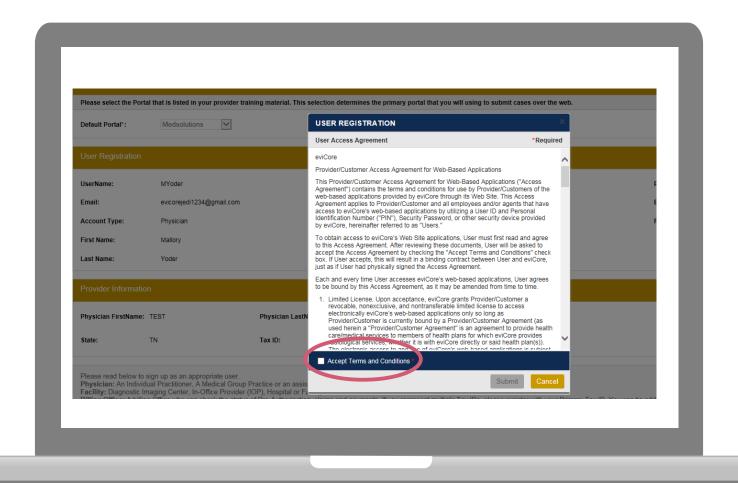
- Select <u>CareCore National or MedSolutions</u> as the <u>Default Portal</u>, and complete the user registration form.
- Please note: For the MedSolutions portal, you will also need to select the appropriate Account Type: Facility, Physician, Billing Office, and Health Plan.

Creating An Account





User Registration-Continued





User Registration-Continued

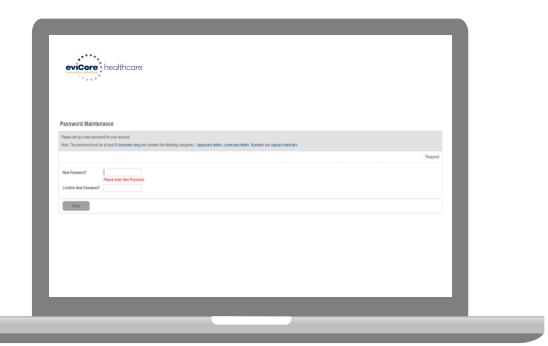


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

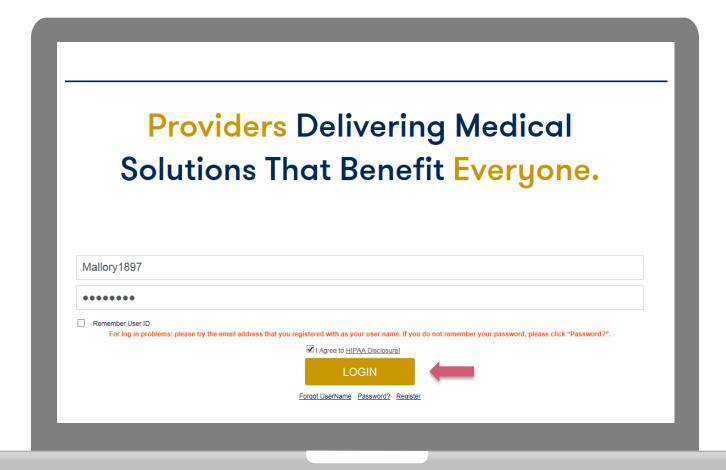
Create a Password

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

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



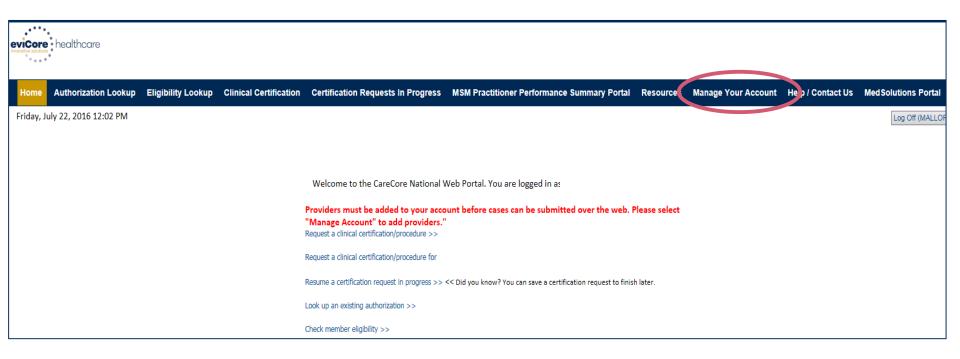
Account Log-In



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

Account Overview

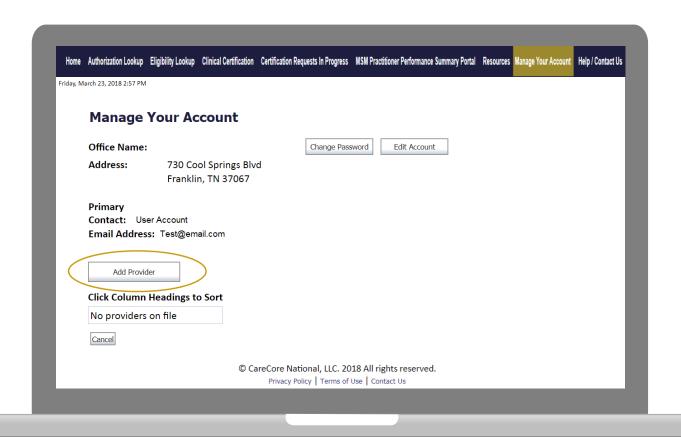
Welcome Screen



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

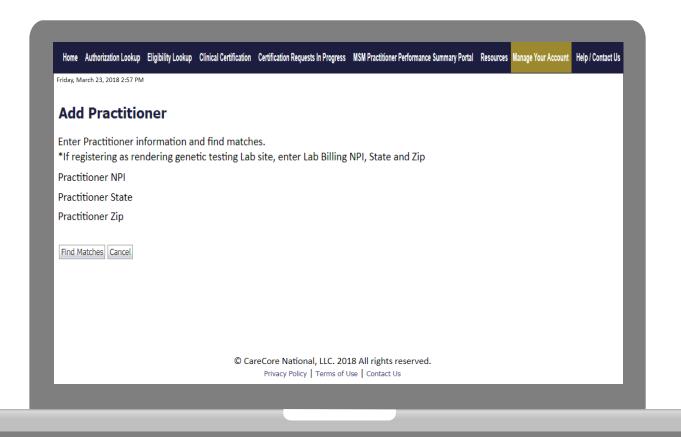
<u>Note</u>: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners



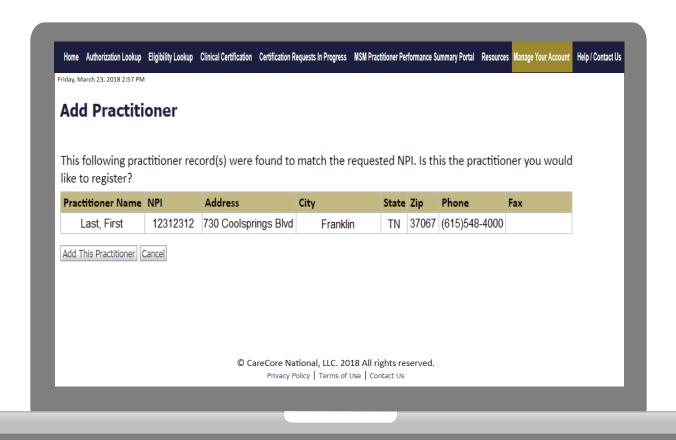
Click the "Add Provider" button.

Add Practitioners



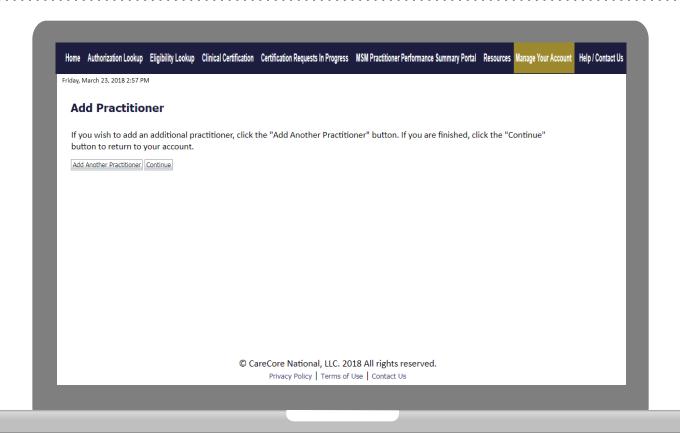
Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners



Select the matching record based upon your search criteria

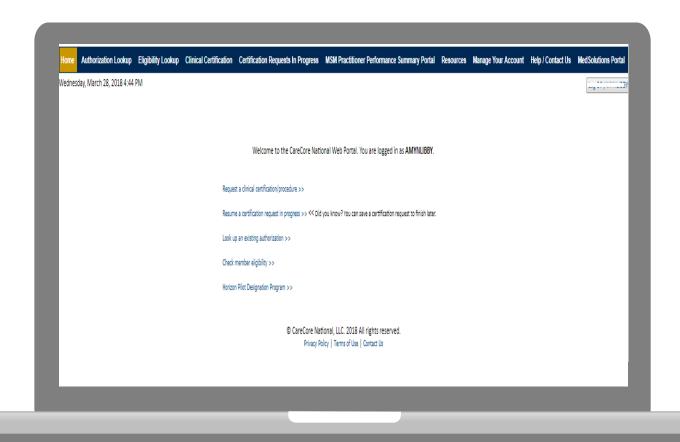
Manage Your Account



- 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.

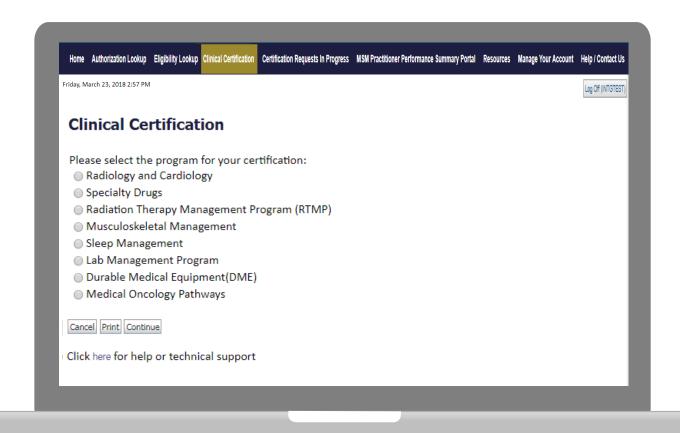
Case Initiation

Initiating A Case



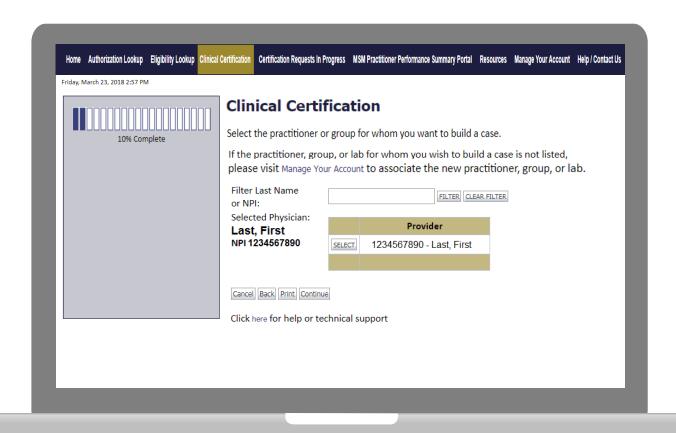
Choose "request a clinical certification/procedure" to begin a new case request.

Select Program



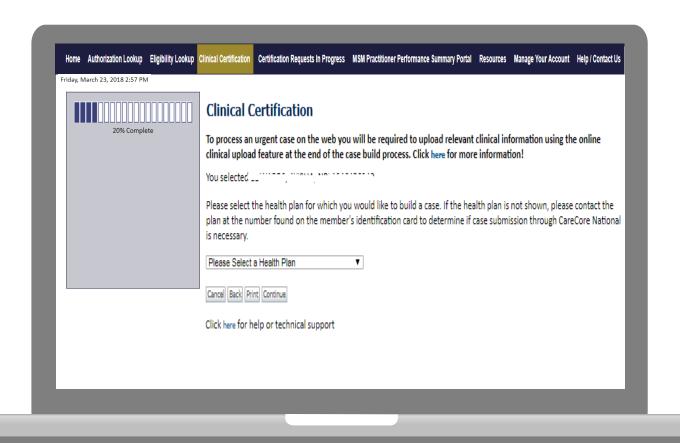
Select the **Program** for your certification.

Select Provider



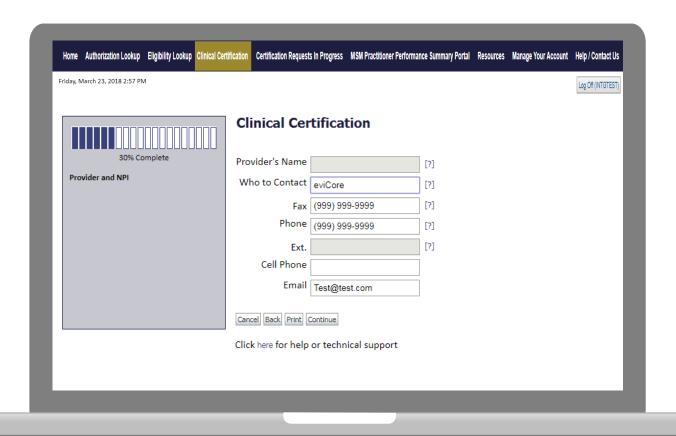
Select the Practitioner/Group for whom you want to build a case.

Select Health Plan



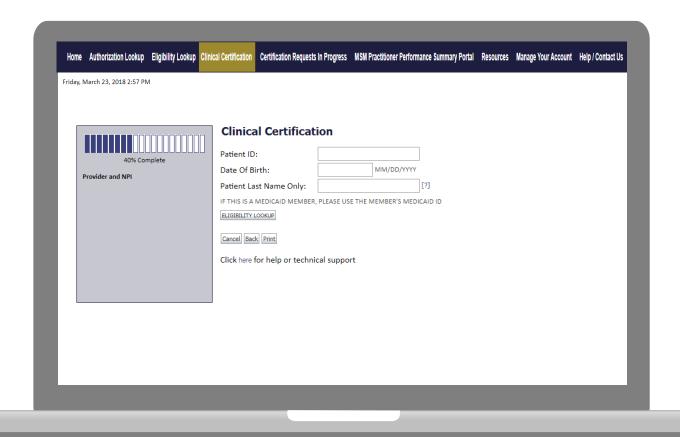
Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



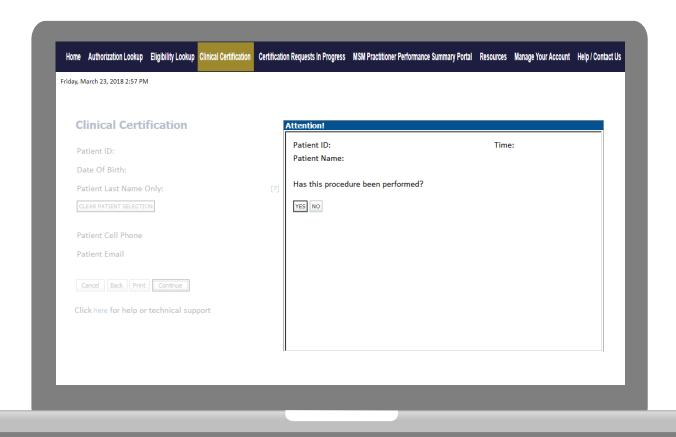
Enter the Provider's name and appropriate information for the point of contact individual.

Member Information



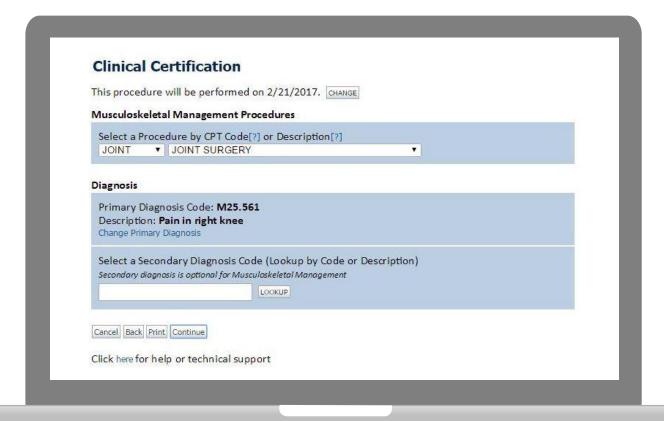
Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

Member/Procedure Information

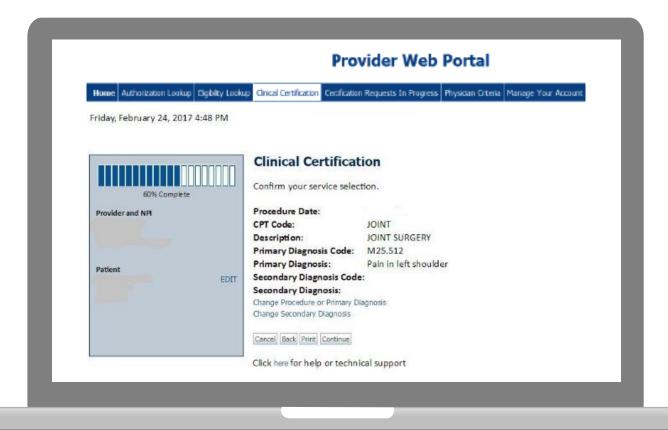


Verify if the procedure has already been performed.

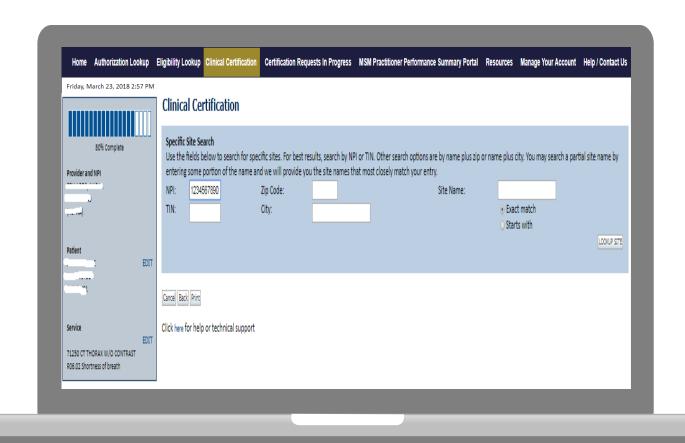
Clinical Details



Verify Service Selection



Site Selection



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

Site Selection



Confirm the site selection.

Clinical Certification

Clinical Certification You are about to enter the clinical information collection phase of the authorization process. Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing. In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National. Cancel Back Print Continue Click here for help or technical support

- 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

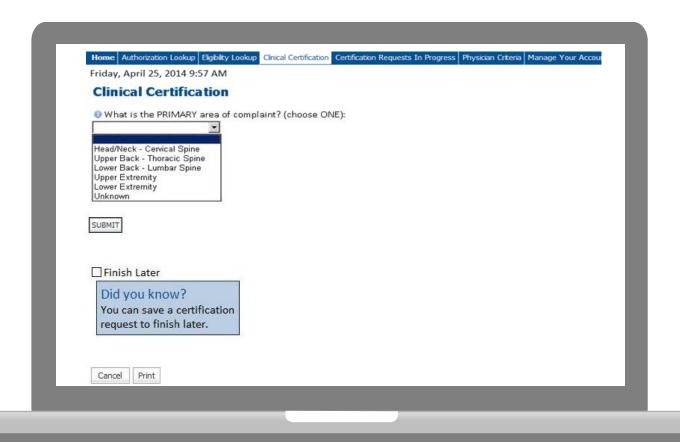
Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

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



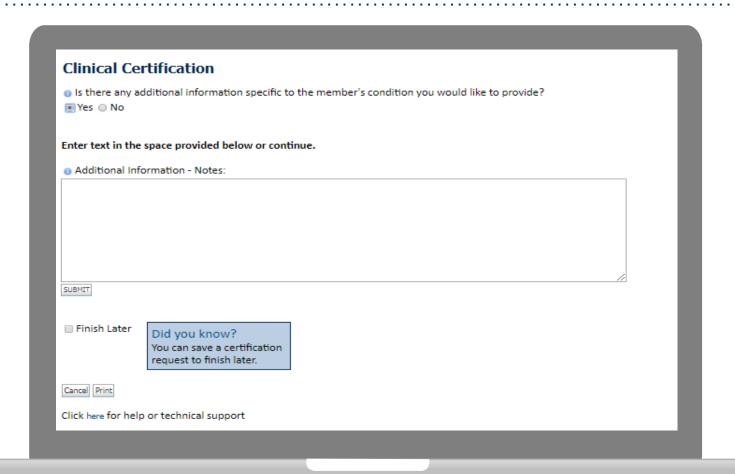
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Pause/Save Option



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.

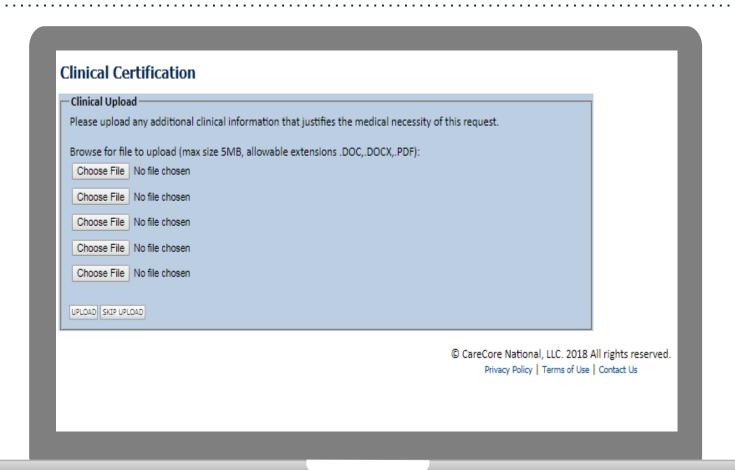
Medical Review



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



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

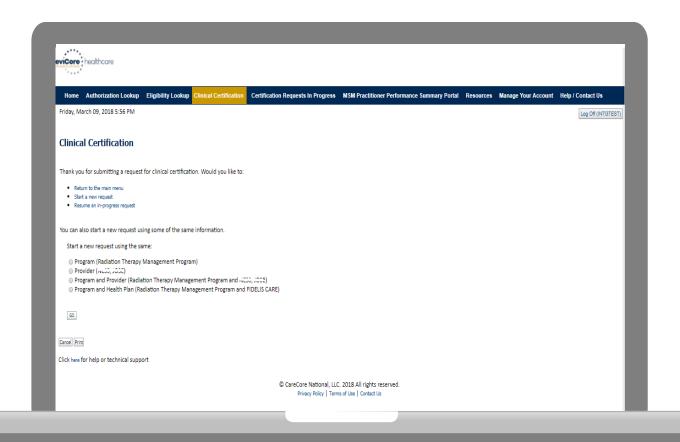
Clinical Certification

Provider Name:		Contact:	
Provider Address:		Phone	
		Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis	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.

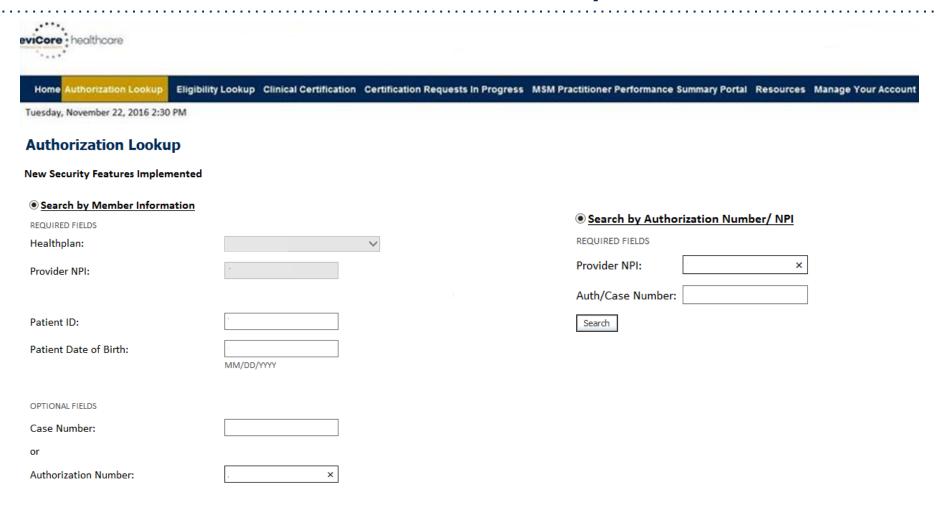
Print the screen and store in the patient's file.

Building Additional Cases



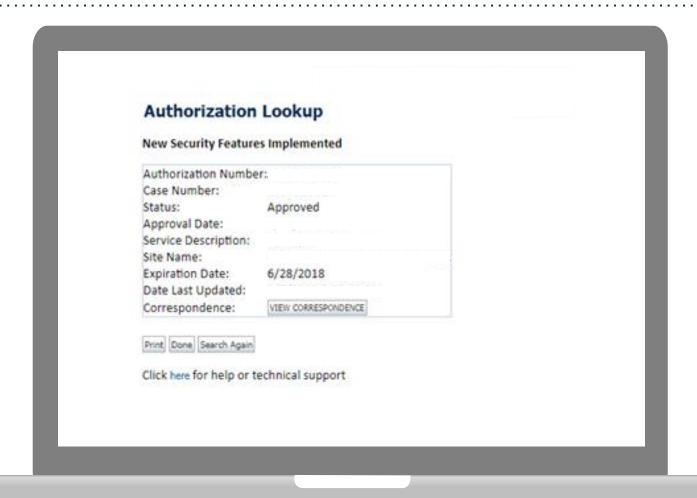
Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up



- 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



Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Medical necessity determination required. Cardiology Eligibility:

Radiology Eligibility: Precertification is Required

Radiation Therapy Eligibility: Medical necessity determination required.

Precertification is Required MSM Pain Mgt Eligibility:

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



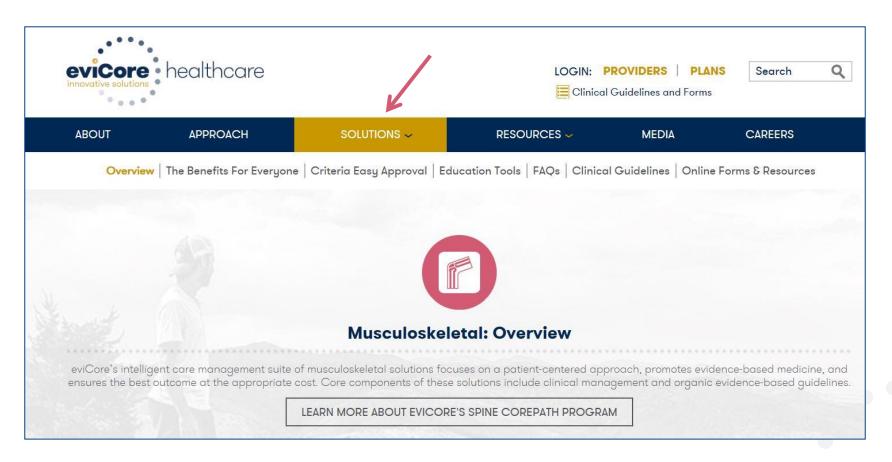






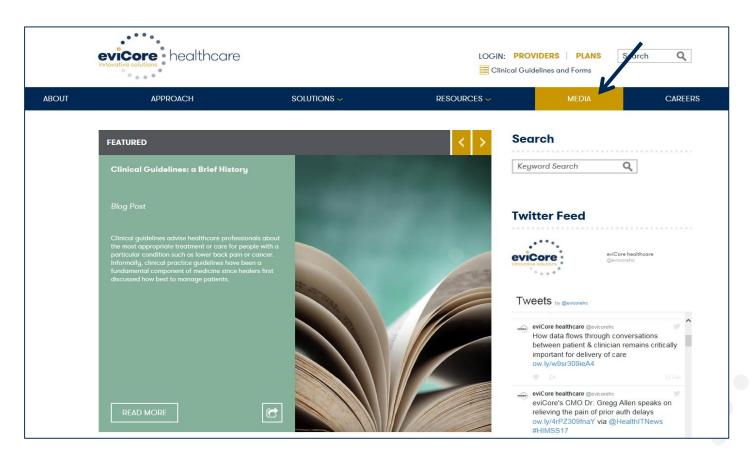
Musculoskeletal Online Resources

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.



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.



Provider Resources: Preauthorization Call Center





Web-Based Services





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





Web-Based Services



Operations



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





Web-Based Services





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





Web-Based Services





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!

