

Utilization Management Program

Quick Reference Guide

Authorization Required

All out-patient, inpatient, non-emergent, elective procedures including:

- Interventional Pain Management (Outpatient)
- Spine Surgery (Inpatient & Outpatient)
- Joint Surgery (Inpatient & Outpatient)

Authorization Not Required

- Emergency Room
- 23-hour Observation
- Inpatient Management: Concurrent review & discharge planning

Urgent Requests

When service is required due to a medically urgent condition, the rendering (treating) provider/office must **call eviCore healthcare at 855.252.1117** for authorization. Urgent care is a request for prior authorization of medical care/treatment required to prevent serious jeopardy to the life or health of the patient or to the patient's ability to regain maximum function or to manage severe pain that cannot be adequately managed without such medical care/treatment. eviCore will make a good faith effort to render a decision within 72 hours of receipt (**48 hours for IL Medicaid only**) of all necessary information. In most cases where requisite information is provided in the initial call, a decision is rendered and communicated within 1 business day. Please indicate that the notification is for **medically urgent care**.

Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have:

- Recent clinical information including imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Patient's name, address, and current member ID

Authorizations

An authorization number will be faxed to the rendering provider/facility upon approval, urgent requests will be delivered verbally. eviCore healthcare will approve the CPT code or codes for the requested procedure. **Contact eviCore healthcare for changes to facility or codes.**

It is the responsibility of the provider/facility to confirm that prior authorization has been requested and approved prior to service(s) being performed. Verification may be obtained via the eviCore healthcare website or by calling 855.252.1117.

Important! Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan, and the member must be eligible at the time services are rendered. **Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.** Please verify the member's eligibility with the health plan.

Authorization Denials

eviCore healthcare notifies the rendering provider, facility and member in writing of a denial and provides a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current state policy. eviCore healthcare also offers the rendering physician a consultation with an eviCore healthcare Medical Director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Utilization Management Program

Quick Reference Guide

We offer three convenient methods to request authorizations:

Web Portal

The eviCore healthcare Web Portal is available 24/7 at <https://evicore.com/Pages/ProviderLogin.aspx>.

After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/eligibility, and more. The Web Portal remains the quickest, most efficient way to obtain information.

If you have questions or need assistance, please contact the Web Portal team via email at portal.support@evicore.com or via phone at **800-646-0418 (Option 2)**.

Phone

Contact us toll-free at 855.252.1117 from 7AM to 7PM Local Time. Texas hours of operation are 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

Fax

Fax requests can be submitted to 800.540.2406. You can obtain condition specific forms on the eviCore healthcare website at www.evicore.com under the Clinical Guidelines and Forms section. Complete the appropriate fax form, and fax to the number above. eviCore healthcare will respond by fax when the authorization decision is complete.

Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit our Musculoskeletal site at the following link:

<http://www.evicore.com/solution/Pages/Musculoskeletal.aspx>

From there you can access important information and resources:

- Education Tools
- Program Overview
- Clinical Guidelines & Quick Reference Guides
- Online Forms

Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from rendering provider. One of eviCore healthcare's physicians can assist in a consideration of interventional pain management and spine/joint surgery options. To request a clinical discussion, call eviCore healthcare at 855.252.1117 and request a peer to peer discussion.

This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.

Implementation Site

The eviCore Blue Cross and Blue Shield implementation website contains web registration and submission information, comprehensive CPT code list, FAQ documents, and other important resources that are kept up-to-date for your convenience:

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