

Utilization Management Program

Quick Reference Guide

Authorization Required

All out-patient, non-emergent services including:

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

Authorization Not Required

- Inpatient Services
- Services performed in the Emergency Room
- Home Health

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 prior tests, information from Treatment Request Clinical Worksheet, and office notes (as needed)
- Select MSMPT, MSMOT, MSMST or Chiropractic for requested services
- Appropriate diagnosis code for the working of differential diagnosis
- Therapist Name/NPI/TIN
- Member ID/Name/DOB

Authorizations

An authorization number will be faxed to the performing provider and mailed to the member, urgent requests will be delivered verbally. eviCore healthcare will approve the specific services being performed. The initial authorization is based on the average number of visits used for the diagnosis and treatment type of service being requested. **Contact eviCore healthcare for changes to facility or request.**

It is the responsibility of the performing provider to obtain an authorization. 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 studies 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 performing provider via fax 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 ordering provider a consultation with an eviCore healthcare provider 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.

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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. 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 855.774.1319. You can obtain specific forms on the eviCore healthcare website at www.evicore.com under the Clinical Guidelines and Forms section. eviCore's Clinical Worksheets must be used for fax initiated requests. If the worksheet is completed, it is not necessary to fax additional clinical documentation. 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 providers. One of eviCore healthcare's providers can assist in a consideration. 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>.