



**eviCore healthcare Chiropractic Program**  
**VNSNY CHOICE Chiropractic**  
**Frequently Asked Questions**  
*Effective 5/1/18 – Updated 12/15/18*

**What is changing with the current prior authorization process?**

The claims submission section has been updated. Please refer to page 2 for details.

Also, you now have access to a web portal to check member eligibility, submit a request for prior authorization, and check case status. The web portal is user friendly and the preferred method to initiate a request. The current fax form will also be updated and available at [www.evicore.com](http://www.evicore.com), click on “Solutions” at the top and choose Musculoskeletal, and then Online Forms and Resources to obtain the updated fax forms. In addition, you are able to request prior authorization telephonically. Telephonic requests can be made by dialing 800-409-9081 and selecting VNS when prompted. You may use the clinical worksheets located at [www.evicore.com](http://www.evicore.com) to guide you through the information eviCore will be collecting. All other components of the program remain unchanged.

**How can I initiate a prior authorization request?**

The preferred, most efficient method is to initiate a request online at [www.evicore.com](http://www.evicore.com). At the top of the page next to LOGIN: select PROVIDERS. You may also initiate requests via phone at 800-409-9081 or fax a completed form and medical records to 866-225-1033.

**What are the hours of operation for the prior authorization department?** eviCore healthcare’s prior authorization call center is available from 8:00 a.m. to 6:30 p.m. eastern time, Monday through Friday. The web portal is available for access 24/7.

**How do I verify patient eligibility?** Office staff may contact at 1-800-409-9081 to verify member eligibility and inclusion in this program.

**What VNS members are covered under this agreement?**

VNSNY Choice FIDA Complete and VNS Choice Total (HMO).

**When do I need to submit a prior authorization request for Chiropractic services?** The prior authorization request must be submitted before the patient’s second visit or within seven (7) calendar days of the initial visit, whichever occurs first.

**What services do I need to report to eviCore?** Similar to eviCore’s other programs, all chiropractic services must be reported utilizing the *Chiropractic Treatment Request Clinical Worksheet*. The

Chiropractic Treatment Request Clinical Worksheet is the Authorization Form which can be accessed at [www.evicore.com](http://www.evicore.com). Click on Solutions; Musculoskeletal, then Online Forms & Resources. You may select the following Auth Forms: Chiropractic Cervical Spine, Chiropractic Lumbar Spine, or Chiropractic Thoracic Spine.

**How do I send supporting clinical documents to be considered in eviCore's review determination?** In most cases, you may upload clinical to the web portal: [www.evicore.com](http://www.evicore.com). If you are submitting by phone or fax, you can fax in the supporting documentation to 866-225-1033.

**What is the most effective way to get authorization for clinically urgent requests?**

Urgent requests must be initiated via phone. Contact eviCore healthcare directly at 800-409-9081, indicating the request is urgent. Any requests submitted by web portal and fax are treated as standard requests.

**Where can I view eviCore healthcare's Chiropractic criteria?** You can access eviCore healthcare's clinical guidelines at [www.evicore.com](http://www.evicore.com), click on Resources, then providers and scroll down on the page to the clinical guidelines section and select the musculoskeletal solution.

**How will I receive notification of a medical necessity determination?** The requesting chiropractor will receive notification by fax of the determination. The status can be checked on the web portal at any time. eviCore will make a determination within two (2) business days following receipt of complete clinical information.

**Where should I send claims once services are rendered?** Participating providers will need to submit all Chiropractic claims for VNS members directly to eviCore. There are two (2) methods to submit claims:

- Mail: eviCore healthcare Attn: Claims, 80 Spring Lane, Plainville, CT 06062
- Electronic submission:

The website for Triad MD Online claims is <https://www.mdonline.com/mdonline/sponsor.asp?brand=triad>

You may also use the eviCore claims portal:

<https://www.carecorenational.com/page/claim-lookupsubmission.aspx> and login or click the "Register" button. Please include eviCore's address (see above) and electronic payer ID # 39181.

**How long do I have to submit a claim?** All claims must be submitted within 180 days from the date services are rendered.

**IMPORTANT INFORMATION REGARDING NON COVERED SERVICES:** IN THE EVENT THAT A MEMBER REQUIRES OR REQUESTS A SERVICE THAT IS NOT A CHIROPRACTIC COVERED SERVICE, THE IPA PROVIDER MUST INFORM THE MEMBER THAT THE MEMBER WILL BE PERSONALLY RESPONSIBLE FOR ALL FEES RELATED TO THE SERVICE AND THE ESTIMATED FEE FOR THE SERVICE, AND OBTAIN AN EXECUTED ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY FROM THE MEMBER OR THE MEMBER'S LEGAL REPRESENTATIVE. THESE STEPS MUST BE TAKEN TO BILL THE MEMBER AND COLLECT FOR SUCH SERVICES.

**APPEALS: The following process pertains to the VNSNY CHOICE / eviCore contract only.**  
For additional information about the appeal process, please refer to the denial letter.

**Administrative claim appeals should be sent to eviCore:**

eviCore healthcare  
Appeals Department  
PO Box 760  
Lake Katrine NY 12449  
Fax: 615-468-4442

You may request another copy of the denial letter by calling eviCore's Network Services Department 1-800-409-9081.

**Utilization Management and Member Appeals**

VNSNY CHOICE  
Medicare Grievance & Appeals  
P.O. Box 445  
Elmsford, NY 10523

**How can I contact eviCore?** If you would like to speak with someone at eviCore, contact eviCore's Call Center at 1-800-409-9081. A representative will answer your questions or schedule a call with a clinician. All providers are encouraged to speak directly to a clinician regarding clinical determinations for which there is a question or concern.

**Where can I obtain a copy of the provider manual?** The Provider Manual is available at:  
<http://www.triadhealthcareinc.com/providers/manual.aspx>.