

Interventional Pain Program

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for University Health Alliance (UHA).

Which members will eviCore healthcare manage for the Musculoskeletal Management program?

eviCore will manage prior authorization for UHA commercial members.

What is the relationship between eviCore and UHA?

eviCore manages *outpatient* pain management services.

Which Musculoskeletal services require prior authorization for UHA?

eviCore has a list of covered services that will now require authorization for UHA specific to Pain Management. The list of covered services can be found by visiting:

<https://www.evicore.com/resources/healthplan/uha>

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal

The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com

Call Center

eviCore's call center is open from 7 a.m. to 4:00 p.m. HST. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 855-252-1119.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms. Fax requests to 855-774-1319.

Who needs to request prior authorization through eviCore?

All ordering (requesting) physicians are required to obtain a prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.

eviCore's call center is open from 7 a.m. to 4:00 p.m. HST. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 855-252-1119.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)

- Requested Procedure Code (CPT Code)
- Signs and symptoms (Diagnosis)
- Imaging Study Results
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

Note: eviCore suggest utilizing the clinical worksheets when requesting authorization for Pain Management services

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the requesting and rendering providers via fax. The member will receive an approval letter by mail.

How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting and servicing provider. Providers may also visit www.evicore.com to view the authorization determination.

Note: The authorization number will begin with the letter 'A' followed by a nine-digit number. A123456789

What is the turnaround time for a determination on a standard pre-service authorization request?

All requests are processed within 2 days from receipt of request, not to exceed 15 calendar days. Please make certain all necessary clinical information has been submitted initially.

How can the servicing provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.evicore.com.

To request a fax letter with the prior authorization number, please call eviCore healthcare at 855-252-1119 to speak with a customer service specialist.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

How long is the authorization valid?

Authorizations are valid for 60 days. If the service is not performed within calendar days from the issuance of the authorization, please contact eviCore healthcare.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

What qualifies a request as urgent?

Urgent requests are defined as a condition that a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at 855-252-1119. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

What happens if codes need to be changed/added to after surgery has been completed?

Once surgery has been completed and additional procedures were required, please contact eviCore via phone at 855.252.1119 and let us know what codes need to be added. Please be prepared to offer additional documentation to support the change.

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified on <https://www.uhahealth.com/eligibility> before requesting prior authorization through eviCore.

How do I determine if a provider is in network?

Participation status can be verified by using the UHA Provider Portal or contacting **Provider Services at 800.458.4600**. Providers may also contact eviCore healthcare Client Services at 855.252.1119.

If denied, what follow-up information will the requesting provider receive?

The requesting provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes.

Where do I submit my claims?

All claims will continue to be filed directly to UHA.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within **365 days** following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at <https://www.evicore.com/resources/healthplan/uha>

Where can the clinical guidelines be found?

<https://www.evicore.com/provider/clinical-guidelines>