Pain Management, Spine & Joint Surgeries

Frequently Asked Questions

What is the relationship between eviCore and Network Health Wisconsin?

For **Commercial members**, eviCore manages select outpatient pain management services, as well as spine and joint surgeries, not performed on an emergency basis. For **Medicare members,** eviCore also manages select outpatient pain management services, as well as joint surgeries (not currently spine surgeries), not performed on an emergency basis.

What is changing as of January 1, 2024?

As of January 1, 2024, eviCore will also manage spine surgeries, not performed on an emergency basis, for **Medicare plans**.

For a complete list of services delegated to eviCore by Network Health, refer to the most updated NWH-WI Comprehensive Code list at Network Health Wisconsin Implementation Resources | eviCore healthcare.

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 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **855-727-7444**.

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 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **855-727-7444.**

- **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

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

Do services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

eviCore healthcare will review the surgery pre-service authorization request for medical necessity and make a determination based on the clinical information provided. eviCore will collect the requested place of service during the pre-service auth process. **If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to Network Health Wisconsin. The provider will need to seek a separate approval for the inpatient stay. Network Health Wisconsin will authorize the facility admission.**

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 60 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.

After I submit my request, when and how will I receive the determination?

After all clinical information is received, for normal (non- urgent) requests a decision is typically made within 2-3 business days. For urgent requests, a decision is made within 72 hours. The provider will be notified by email notification or fax.

How will the authorization determinations be communicated to the providers?

eviCore will email or 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.

How can the servicing/rendering provider confirm prior authorization of a needed service?

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 **855-727-7444** 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.

What qualifies a request as urgent?

Urgent requests are defined as a condition that

1. could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or
2. 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.

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 **855-727-7444** and let us know what codes need to be added. Please be prepared to offer additional documentation to support the change.

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 Network Health Wisconsin.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated within 7 business 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 Network Health Wisconsin Implementation Resources | eviCore healthcare.