

Musculoskeletal Management adding Spine Surgery for Medicare Members

Provider Orientation Session for Network Health Wisconsin

January 1, 2024



Agenda



Solutions Overview

Musculoskeletal Management adding Spine Surgery (Medicare)

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

eviCore Provider Portal

- Portal Demo
- Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

- Portal Case Submission
- Peer-to-peer Scheduling Tool

Solution Overview



Network Health Wisconsin Prior Authorization Services

eviCore will begin accepting prior authorization requests for Musculoskeletal Management Spine Surgery Services for Medicare memberships on December 11, 2023 for dates of service January 1, 2024 and after

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<p>Existing</p> <ul style="list-style-type: none">Commercial Pain Management, Spine and Joint SurgeriesMedicare Pain Management and Joint Surgeries <p>Adding</p> <ul style="list-style-type: none">Medicare Spine Surgery	<ul style="list-style-type: none">Outpatient SurgeryElective/Non-emergent	<ul style="list-style-type: none">Emergency RoomsObservation Services

Verify member eligibility & benefits through your Network Health provider account at: <https://login.networkhealth.com> or by calling Network Health.

- Medicare 855-580-9935 or 920-720-1460
- Group 800-826-0940 or 920-720-1300
- Individual and Family 855-275-1400 or 920-720-1400
- State of Wisconsin (ETF) 844-625-2208 or 920-720-1811

Musculoskeletal Solution – Covered Services

Interventional Pain:

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery:

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery:

- Spinal implants
 - Spinal cord stimulators
 - Pain pumps
- Cervical/Lumbar
 - Decompressions
 - Fusions

To find a complete list of musculoskeletal Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

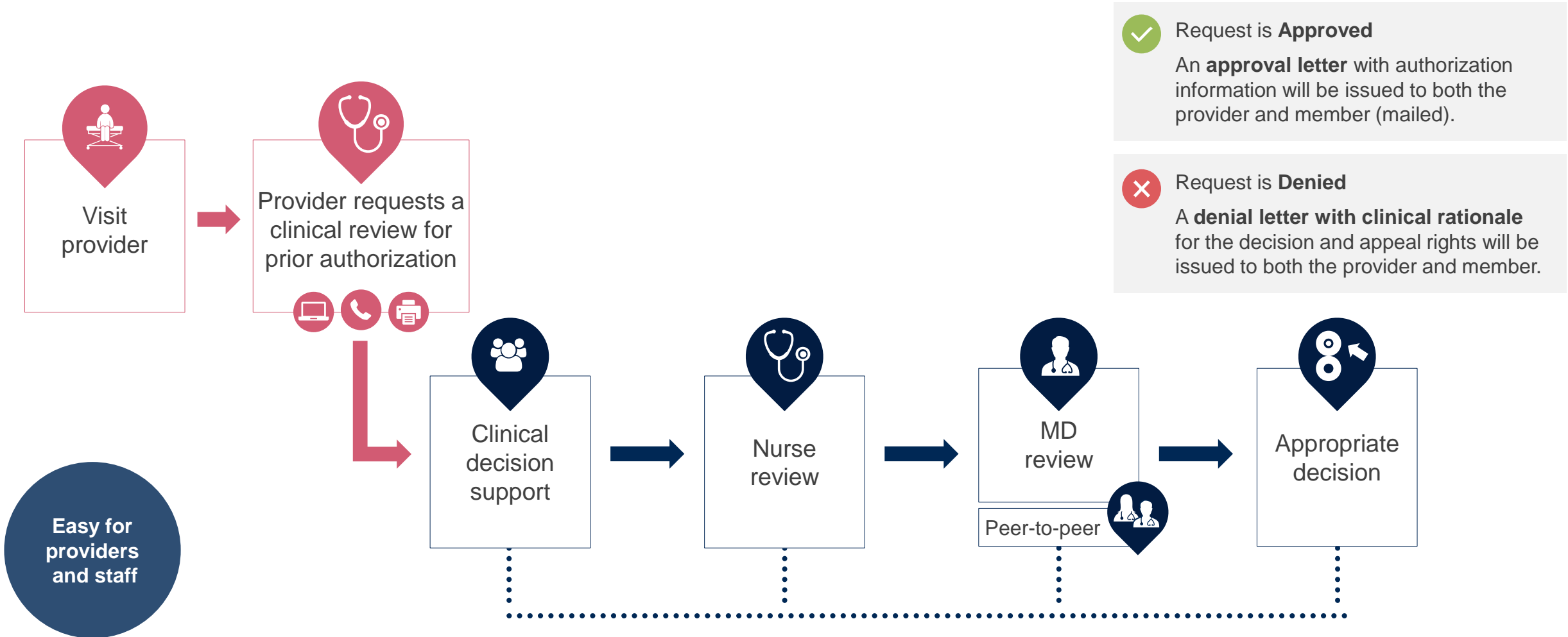
<https://www.evicore.com/resources/healthplan/network-health-wisconsin>



Submitting Requests



Utilization Management | Prior Authorization



How to Request Prior Authorization

The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the eviCore Provider Portal, visit [evicore.com/provider](https://www.evicore.com/provider)



Contact eviCore by **phone: 855-727-7444**
Monday – Friday 7 AM – 7 PM (central time)

Or **fax: 855-774-1319**

Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Member

- Health Plan ID
- Member name
- Date of birth (DOB)



Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to eviCore.

eviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.

Sharing additional Medical Information

**I've received a request for additional clinical information.
What's next?**

Before a denial decision is issued on Medicare cases, eviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to eviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Upload** directly into the case via the provider portal at [eviCore.com](https://www.eviCore.com)
2. **Fax** to 855-774-1319
3. **Request a Pre-Decision Clinical Consultation**
This consultation can be requested via the eviCore website (see appendix for instructions), and must occur prior to the due date referenced

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [eviCore.com](https://www.eviCore.com).



Prior Authorization Outcomes, Special Considerations & Post-Decision Options



Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 60 Calendar days from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [eviCore portal](#).



Special Circumstances

Retrospective Authorization Requests

- Must be submitted within **7 business days** from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 72 hours



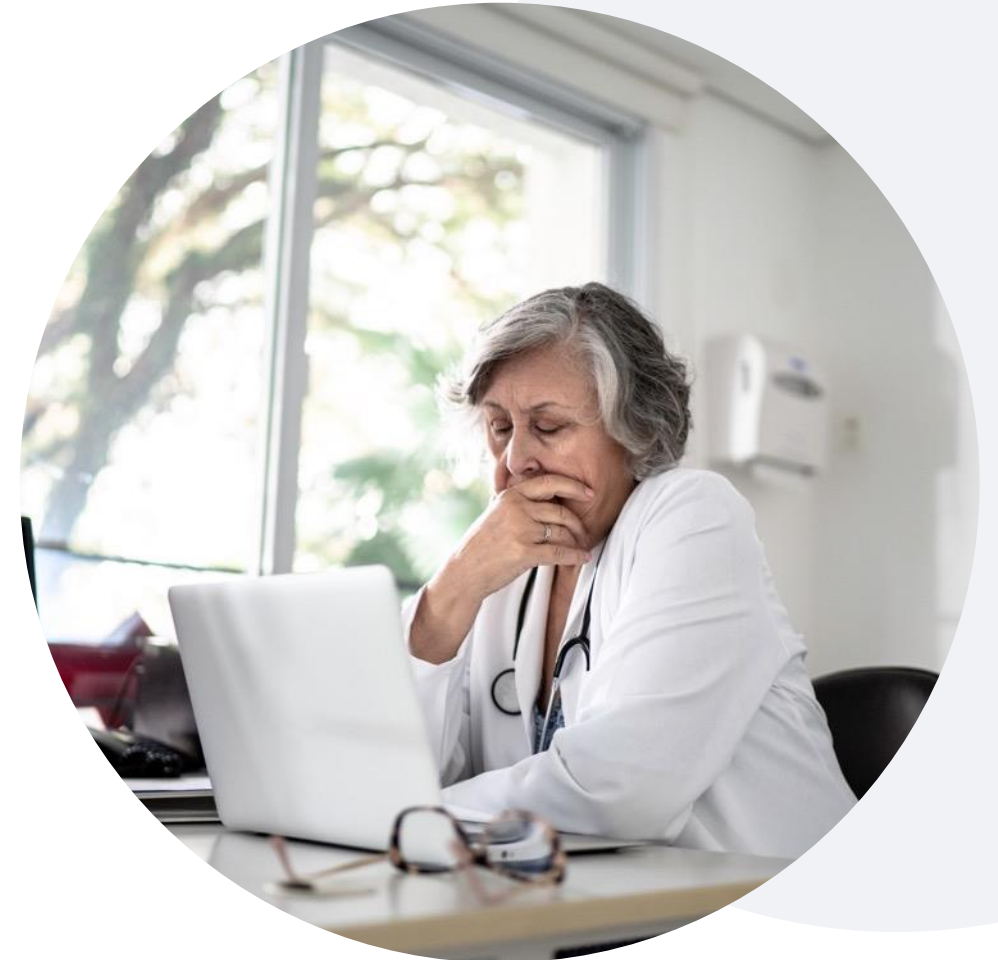
Special Circumstances (cont.)

Alternative Recommendation

- An alternative recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- Providers have up to **30 calendar days** to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, providers can contact eviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Post-Decision Options Commercial Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call eviCore at **855-727-7444** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on [eviCore.com](https://www.eviCore.com) to see available options.

Reconsiderations

- Reconsiderations must be requested **within 30 calendar days** after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician.

Appeals

- eviCore will not process appeals.
- Appeal requests can be submitted to Network Health Wisconsin with 180 days.



Post-Decision Options Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases do not include a reconsideration option

Appeals

- eviCore will not process appeals.



eviCore Provider Portal Registration



eviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

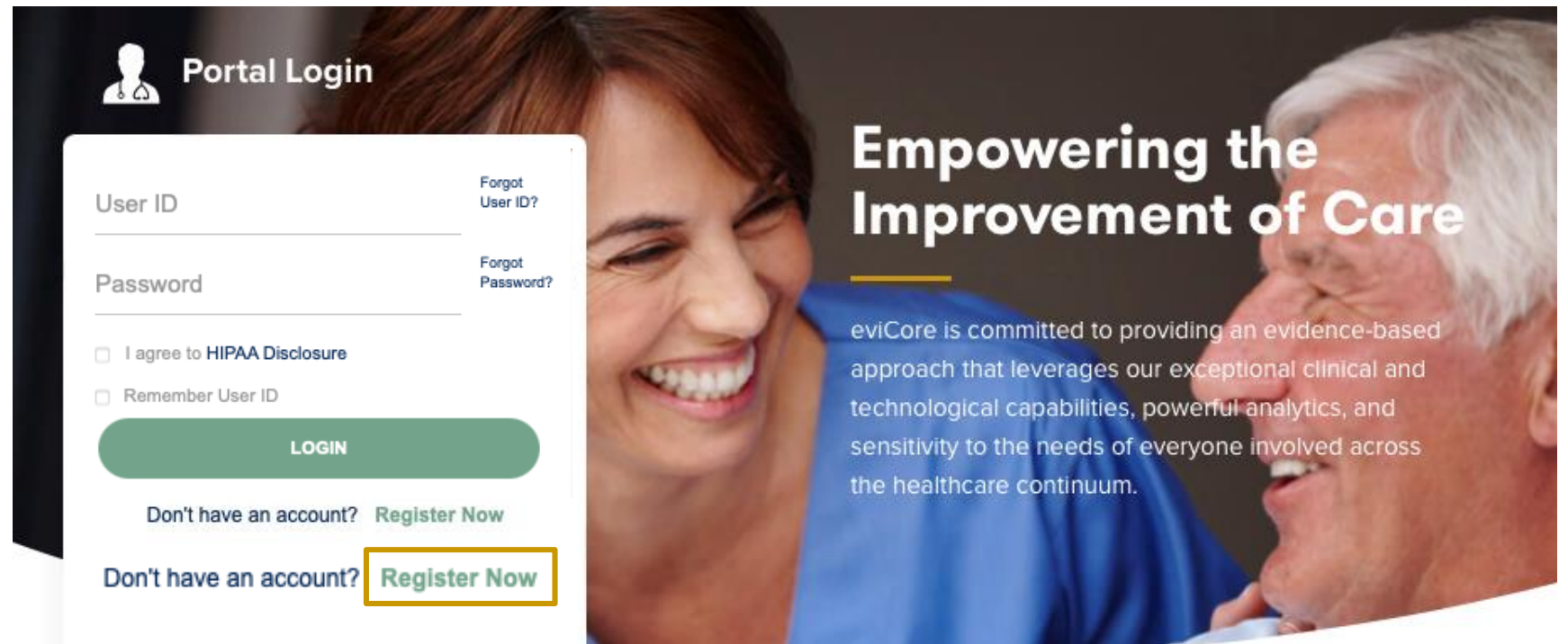
To access resources on the eviCore Provider Portal, visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



eviCore's website is compatible with all web browsers. No matter what browser used, the user does need to disable pop-up blockers to access the site.

Creating an eviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: (Dropdown menu showing: CareCore National, Medsolutions)

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>			Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Sele"/>	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

Web Support 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

The screenshot displays a web form titled "Set up Two Factor Authentication". At the top, there are two radio button options: "Email" (which is selected) and "SMS". Below this, the text "Register Email Address" is followed by a text input field containing the email address "meh****@evicore.com". A green "Send PIN" button is positioned below the email field. Further down, the text "Please enter PIN sent to your Email Address" is followed by a text input field containing the PIN "768342". A green "Submit" button is located below the PIN field, and a grey "Skip" button is at the bottom of the form.

eviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

Manage Your Account

Office Name: CHANGE PASSWORD EDIT ACCOUNT

Address:

Primary Contact:
Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES CANCEL

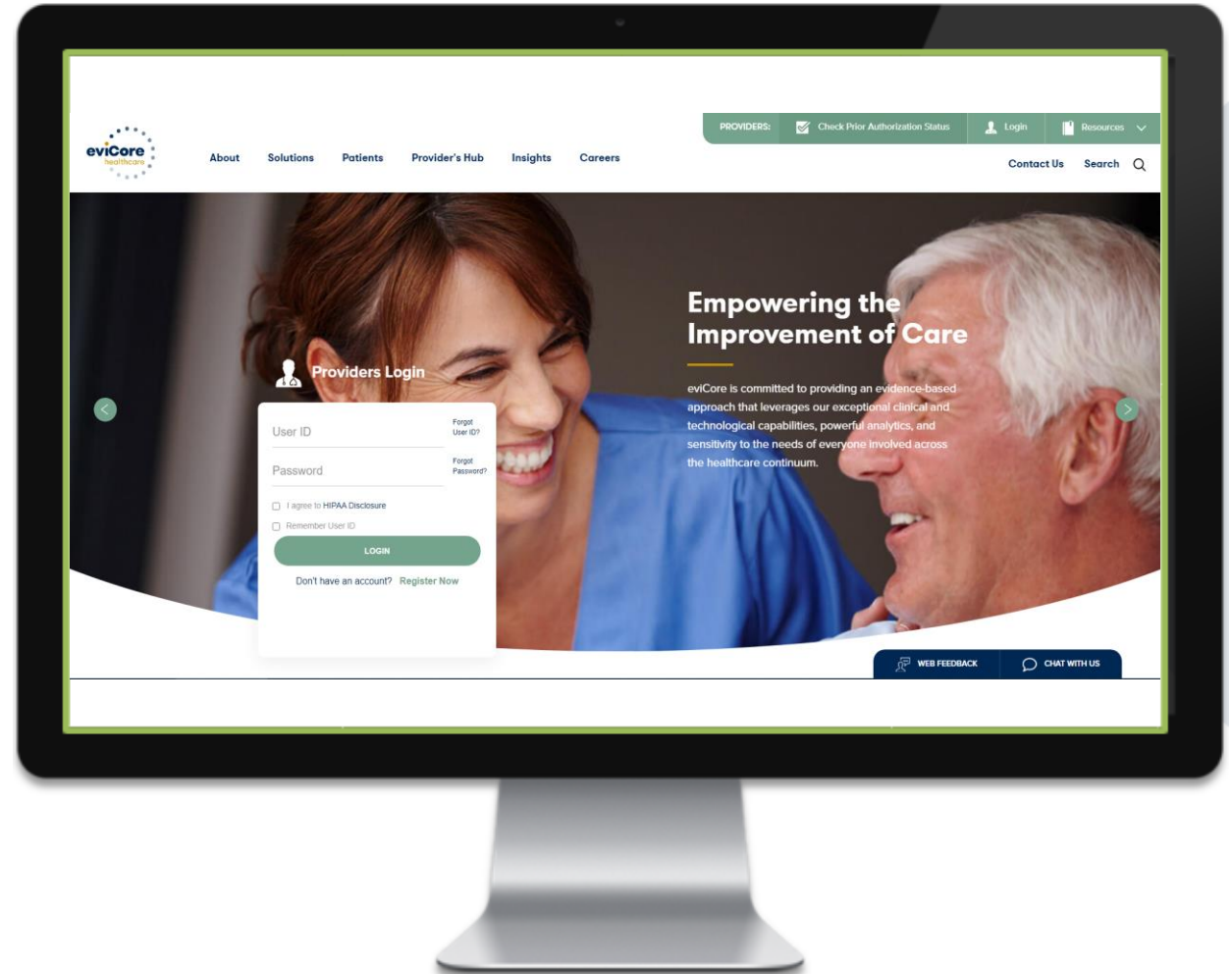
eviCore Provider Portal Submitting Requests



Provider Portal Demo | MSK: Pain, Joint & Spine Surgery

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click [HERE](#) to view a video demo (2 min)



Clinical Collection Process – Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:31 PM

[Log Off \(JL\)](#)

Proceed to Clinical Information

Do you want to enter a second code for this surgery?

Yes No

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

You can save the case at any point during the clinical collection process by clicking the “**Finish Later**” box. Make sure to return to “**Certification Requests In Progress**” before the end of the day to finish the case.

Clinical Certification – Case Summary - Approval

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VESTIL	Contact:	1000
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56309	Phone Number:	(320) 250-1000
		Fax Number:	(320) 250-1000
Patient Name:	DAVID JAMES	Patient Id:	1000000
Insurance Carrier:	WELLSFARGO		
Site Name:	COMMUNITY HOSPITAL OF ST. CLOUD	Site ID:	1000000
Site Address:	875 LAMAR BLVD SAINT CLOUD, MN 56309		
Primary Diagnosis Code:	M43.16	Description:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Spine Surgery
CPT Code:	SPINE		
Authorization Number:	1000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Clinical Certification – Case Summary – Medical Review

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Spine Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Clinical Certification Request | Request for Clinical Upload

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Test clinical.docx

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

eviCore Provider Portal Features



eviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary



- Track recently submitted cases



Certification Summary



Certification Summary

Search..  

Page 1 of 0 10

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence

Page 1 of 0 10

No records to display

Expand your list as desired

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days
7 days
14 days
30 days

Submit Close

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered as shown

Authorization Lookup | Popular Tool

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI



- You can lookup an authorization case status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- Initiate Appeals and/or Schedule Peer to Peers
- View and print any correspondence

Authorization Lookup – example 1



Authorization Lookup

Authorization Number: NA

Case Number: [REDACTED]
Patient Name: [REDACTED]
DOB: 10/10/1977
Status: **Additional Information Required**
P2P Status:
Approval Date:
Service Code: SPINE
Service Description: SPINE SURGERY
Site Name: [REDACTED]
Start Date:
Expiration Date: 1/14/2024
Date Last Updated: 10/17/2023 10:11:45 AM
Correspondence: **UPLOADS & FAXES**
Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**
[Run Clinical Questionnaire](#)

P2P AVAILABILITY

- See Status
- See uploads and faxes that have already been shared
- View and print any correspondence
- Schedule a peer to peer directly on the portal as shown in the appendix

REFRESH

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
22612 CHANGE CODE	Arthrodesis, a spinal surgery to stabilize the spine in the low back	1	0	
22633 CHANGE CODE	Arthrodesis, a surgery to remove bone and/or a disc in the low back to stabilize the spine	1	0	
22853 CHANGE CODE	Insertion of interbody biomechanical device (Surgery to put in a device to stabilize the spine)	1	0	
63047 CHANGE CODE	Laminectomy, Facetectomy and Foraminotomy, a spinal surgery to remove parts of the spine in order to relieve pressure on nerves in the lower back	1	0	
63052 CHANGE CODE	Laminectomy, Facetectomy, or Foraminotomy with decompression, surgical procedure, performed at the same time as a spine fusion to remove bone or tissue to relieve pressure on your lower back spinal cord to help with pain	1	0	

Authorization Lookup - example 2

Authorization Lookup

Authorization Number: [REDACTED]

Case Number: [REDACTED] **P2P AVAILABILITY**

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: **Partial Approval**

P2P Status: **ALL POST DECISION OPTIONS**

Approval Date: 9/22/2023 12:00:00 AM

Procedure Code: 22510

Units Requested: 1

Units Approved: **1**

Procedure Code: 22511

Units Requested: 1

Units Approved: **0**

Procedure Code: 22513

Units Requested: 1

Units Approved: **0**

Service Description: SPINE SURGERY

Site Name: [REDACTED]

Start Date: 9/18/2023

Expiration Date: 12/21/2023

Date Last Updated: 9/22/2023 12:34:47 PM

Correspondence: **UPLOADS & FAXES**

REFRESH

- See Status
- See uploads and faxes that have already been shared
- View and print any correspondence
- Schedule a peer to peer directly on the portal as shown in the appendix

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
22510 CHANGE CODE	Percutaneous Vertebroplasty, a surgical procedure done with a needle to repair a broken bone in the upper back area	1	1	
22511 CHANGE CODE	Percutaneous Vertebroplasty, a surgical procedure done with a needle to repair a broken bone in in the low back area	1	0	
22513 CHANGE CODE	Percutaneous Vertebral Augmentation, a surgical procedure done with a needle to repair and strengthen a broken bone in the mid back area	1	0	

Provider Resources



Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: clientservices@evicore.com
- Phone: (800) 646-0418 (option 4).

Web-Based Services and Portal Support

- Live chat
- Email: portal.support@evicore.com
- Phone: 800-646-0418 (option 2)

Provider Engagement

Regional team that works directly with the provider community.

Lisa Mekkelsen for Wisconsin

- Email: lisa.mekkelsen@evicore.com
- Phone: 843-949-0022.

Intake Center/ Customer Service

Call 855-727-4444, agents are available from 7 a.m. to 7 p.m. central time.



Provider Resources on eviCore.com

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eviCore maintains provider resource pages that contain health plan specific, and solution specific, educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit [Network Health Wisconsin Implementation Resources | eviCore healthcare](#)

eviCore also maintains online resources not specific to health plans, such as Guidelines and our required clinical information checklist.

To access these helpful resources, visit [eviCore's Provider Hub](#)

Provider Resource Review Forum | Tips and Tools

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Prior Authorization Online Portal Tips and Tools** to learn how to navigate [eviCore.com](https://www.eviCore.com) and understand all the resources available on the Provider's Hub.

Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Go to: [eviCore Healthcare \(webex.com\)](https://www.eviCore.com)

Click the **Upcoming** tab and search for "Prior Authorization Online Portal Tips and Tools."

Click register next to the session that fits your schedule



eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- Visit [eviCore.com](https://www.eviCore.com)
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



Thank You



Appendix – portal detail



Select Program

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, June 13, 2022 9:03 AM

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

[Click here for help](#)

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Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Clinical Certification Request | Search for and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

	Provider
<input type="button" value="SELECT"/>	12312312 - Provider Name

[Click here for help](#)

Search for and select the **Practitioner/Group** for whom you want to build a case

Chose the requesting provider from the providers listed on your account. If your provider is not listed, you can add a new provider under the Manage Your Account tab

Clinical Details

Attention!

Will you also be the surgeon performing the procedure?

YES **NO**

If you answer NO, you will have the option of entering a rendering surgeon.

Attention!

Surgeon Search

Use the fields below to search for specific providers. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI: TIN:

Zip Code: City:

Provider Name:

Exact match
 Starts with

LOOKUP PROVIDER

Clinical Certification Request | Select Health Plan

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

[Click here for help](#)

- Provider information will pre-populate based on the provider file information in our system.
- Please enter your (requester) name in the “who to contact” field, and enter or edit the fax, phone and email to assure accuracy.
- If the contact information is not accurate, **we will not be able to contact you** with updates, or reach you if additional information is needed.
- **E-notification is check by default.** If you prefer to receive faxed updates, un-check this box and make sure the fax number is accurate.

Clinical Certification Request | Enter Member Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	000000000		WATKINS, JONATHAN	8/28/1982	M	100 WATKINS RD SPRINGVILLE, FL 32086

BACK

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

Clinical Details



Monday, June 13, 2022 9:12 AM

Requested Service + Diagnosis

This procedure was performed on / / . [CHANGE](#)

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code:
Description:
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

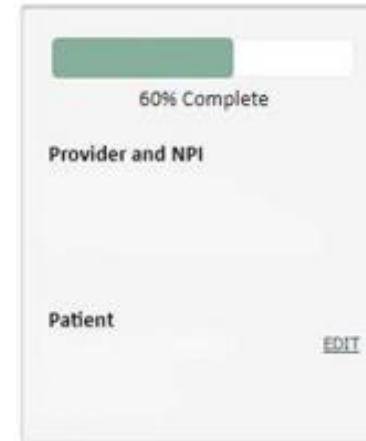
[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

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For **Interventional Pain** requests, enter the CPT code in the drop down box.
For **Joint or Spine surgery** requests, chose JOINT or SPINE from the drop down box.

Verify Treatment Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: SPINE
Description: SPINE SURGERY
Primary Diagnosis Code: M54.16
Primary Diagnosis: Radiculopathy, lumbar region
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	<input type="radio"/> Starts with

LOOKUP SITE

- Search for the **Site of Service** where the procedure will be performed. For best results, search with NPI **and** zip code when **'Exact match'** is selected. When searching by site name, select **'Starts with.'**
- Select the specific site where the procedure will be performed

Clinical Certification Request | Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

Clinical Certification Request | Standard or Urgent Request?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 25MB size)
- Your case will only be considered urgent if there is a successful upload

Clinical Collection Process – Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal
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Tuesday, December 12, 2023 12:10 PM

[Logout](#)

Proceed to Clinical Information

Please select the Place of Service in which this procedure will be performed:

- 11 - Office
- 12 - Home Outpatient
- 22 - Outpatient Hospital
- 31 - Skilled Nursing Facility
- 62 - Comprehensive Outpatient Rehabilitation Facility

SUBMIT

This is a standard pathway question, but will not impact reimbursement for the services with Network Health. Feel free to select the option that most closely resembles the Place of Service.

Clinical Collection Process – Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

1 Please enter the primary CPT code for this surgery.

1 How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

1 Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

Questions will populate based upon previous information provided.

Clinical Collection Process – Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Wednesday, July 01, 2020 3:32 PM

[Log Off \(JD\)](#)

Proceed to Clinical Information

SPINE / LEVEL

Which spinal level(s) will be involved? (Choose ALL that apply):

- C1 - C2 C5 - C6
- C2 - C3 C6 - C7
- C3 - C4 C7 - T1
- C4 - C5 Other/Unknown

How many previous cervical fusions has your patient had?

- 0 (This is the first cervical fusion)
- 1 previous cervical fusion
- 2 or more cervical fusions
- Unknown or not sure

Does your patient have any of the following urgent or emergent conditions:

Questions will populate based upon the previous information provided.

SUBMIT

Appendix – self schedule a P2P

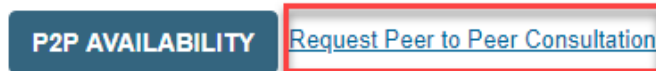



Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	



- Log-in to your account at eviCore.com
- Perform **Clinical Review Lookup** to determine the status of your request
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- Note carefully any messaging that displays*

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Provider Resources | Schedule a P2P Request (con't.)

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

Provider Resources | Schedule a P2P Request (con't.)

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone
US/Eastern

[Continue >](#)

- You will be prompted with a list of eviCore Physicians / Reviewers and appointment options
- Select any of the listed appointment times to continue
- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that option and then click **Continue**

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

Provider Resources | Schedule a P2P Request (con't.)

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type: MSK Spine Surgery
Level of Review: Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555
Phone Ext.: 12345

Alternate Phone: (xxx) xxx-xxxx
Phone Ext.: Phone Ext.

Requesting Provider Email: droffice@internet.com

Contact Instructions: Select option 4, ask for Dr. Doe

Submit

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

Provider Resources | Cancel or Reschedule a P2P Appointment

The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

Appointment Details:

- Status: **SCHEDULED** (indicated by an information icon 'i')
- Date: **Mon 5/18/20** (indicated by a calendar icon)
- Time: **6:30 pm EDT** (indicated by a clock icon)

P2P Contact Info:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the "Appointment Details" section, there is an "Actions" drop-down menu. A blue arrow points to this menu. A secondary menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". A second blue arrow points to the "Cancel Appointment" option.

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
 - **If choosing to reschedule**, select a new date or time as you did initially
 - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished