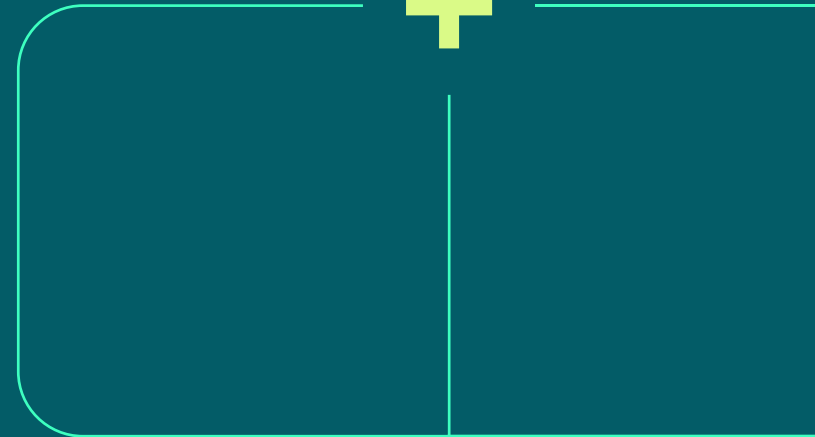


# Pain Management, Spine Surgery, Joint Surgery

Blue Cross Blue Shield Medicare Program



# Program Overview

EviCore began accepting requests on May 22, 2017 for dates of service July 1, 2017 and beyond.

**Preauthorization applies to services that are:**

- Outpatient
- Elective / Non-emergent
- Inpatient-initial

**eviCore Preauthorization does not apply to services that are performed in:**

- Emergency room
- Inpatient-subsequent
- 23-hour observation

**It is the responsibility of the ordering provider to request preauthorization approval for services.**

# Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
  - Medicare members
- **Blue Cross and Blue Shield of Montana**
  - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
  - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
  - Medicare members
- **Blue Cross and Blue Shield of Texas**
  - Medicare members

## Preauthorization Required:

### Spine Surgery-IP & OP

- Spinal Implants
  - Spinal cord stimulators
  - Pain Pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

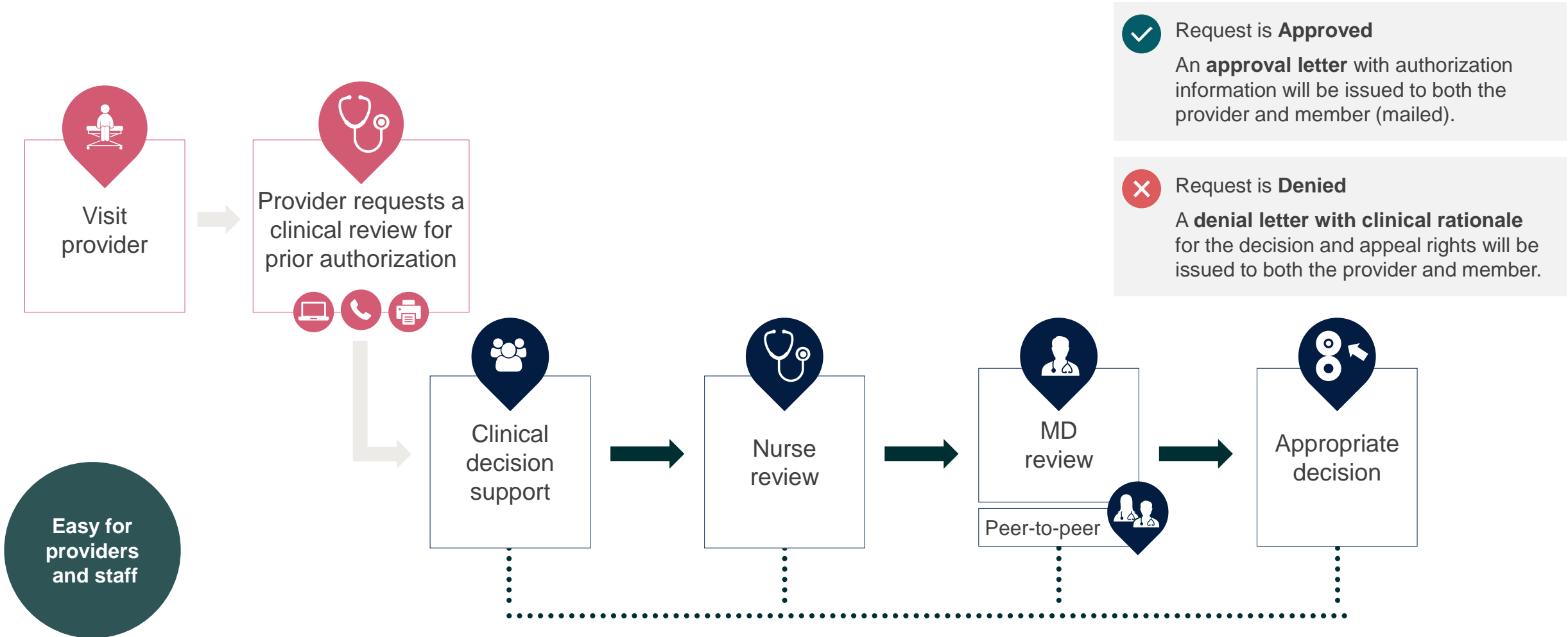
### Interventional Pain

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

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

<https://www.evicore.com/healthplan/bcbs>

# Utilization Management | Prior Authorization



Easy for providers and staff

# 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://evicore.com/provider)



Or by **phone: 888-444-9261**

Monday – Friday  
7 AM – 4 PM (local time)

Or by **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

# Preauthorization Outcomes

## Approved Requests:

- Medicaid requests are processed within 3 business days.
- Authorizations are typically good for 45 days from the date of determination.

## Delivery:

- Faxed to ordering provider and rendering facility. (verbal outreach for urgent requests).
- Mailed to the member, (verbal outreach for urgent requests).
- Information can be printed on demand from the eviCore healthcare Web Portal.

## Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

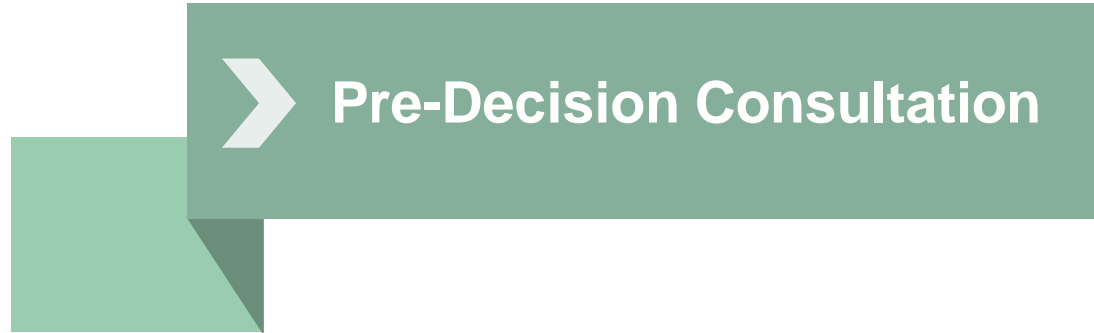
## Delivery:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).

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## Preauthorization Outcomes



- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.

# Clinical Consultation

- Provides the ability to review clinical aspects of the case with a peer
- Be prepared to provide information that was not submitted previously
- Schedule the clinical consultations on line



Select “Request a Consultation with a Clinical Peer Reviewer”

**PROVIDERS AREA** X

Login

Check Prior Authorization Status

Go To Provider's Hub

## Resources

CLINICAL GUIDELINES

Clinical Worksheets

Network Standards/Accreditations

Provider Playbooks

Training Resources

## I Would Like To

Request a Consultation with a Clinical Peer Reviewer

# Special Circumstances

## ➔ Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 120 calendar days. eviCore will respond within 30 calendar days.

## ➔ Outpatient Urgent Services:

- Contact eviCore by phone to request an expedited preauthorization review and provide clinical information.
- Urgent Cases will be reviewed with 72 hours of the request.

# Web Portal Services

# Portal Compatibility

+ The [eviCore.com](https://www.eviCore.com) website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).

# eviCore healthcare website

- Point web browser to evicore.com



+ Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white and centered on a dark background. It features a doctor icon and the text 'Portal Login' at the top. Below this are two input fields: 'User ID' and 'Password'. To the right of each field is a link: 'Forgot User ID?' and 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green 'LOGIN' button is positioned below the checkboxes. At the bottom of the form, there is a link: 'Don't have an account? Register Now'.

# Creating An Account

+ **Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.**

+ **Please note: For the MedSolutions portal, you will also**

**+ **Account Type: Facility, Physician, Billing Office, and Health Plan.****

The screenshot shows a laptop displaying the eviCore healthcare registration page. The page has a yellow header bar with the eviCore healthcare logo. Below the header, there is a section titled 'Web Portal Preference' with a yellow background. A message reads: 'Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.' Below this, there is a 'Default Portal:' label and a dropdown menu. The dropdown menu is open, showing two options: 'CareCore National' and 'Medsolutions'. A red arrow points to the 'CareCore National' option. Below the dropdown menu, there is another yellow header bar titled 'User Information'. A message reads: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' Below this, there are several input fields for user information, including 'User Name', 'Email', 'Confirm Email', 'First Name', 'Last Name', 'Address', 'City', 'State', 'Office Name', 'Phone', 'Ext', and 'Fax'. A 'Next' button is located at the bottom right of the form.

# Creating An Account

+ Review information provided, and click **“Submit Registration.”**

**Web Portal Preference**

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

Default Portal:

**User Registration**

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

**Provider Information**

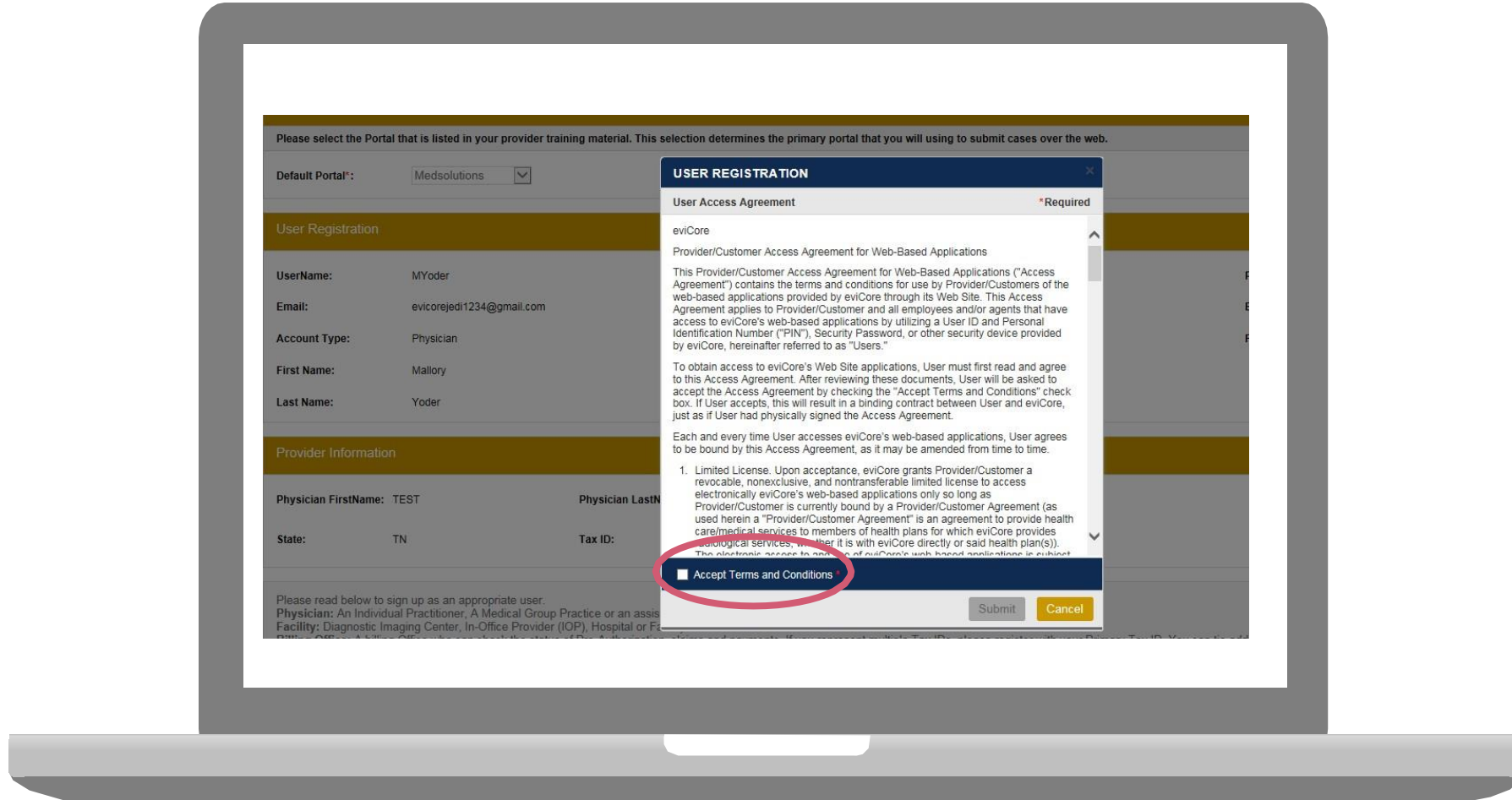
Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.  
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.  
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.  
Billing Office: A billing Office who can check the status of Pre-authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.  
Health Plan: A Health Plan representative who can check the status of Pre-authorization and Claims.



# User Registration-Continued

Accept the **Terms and Conditions**, and click **“Submit.”**



## User Registration-Continued

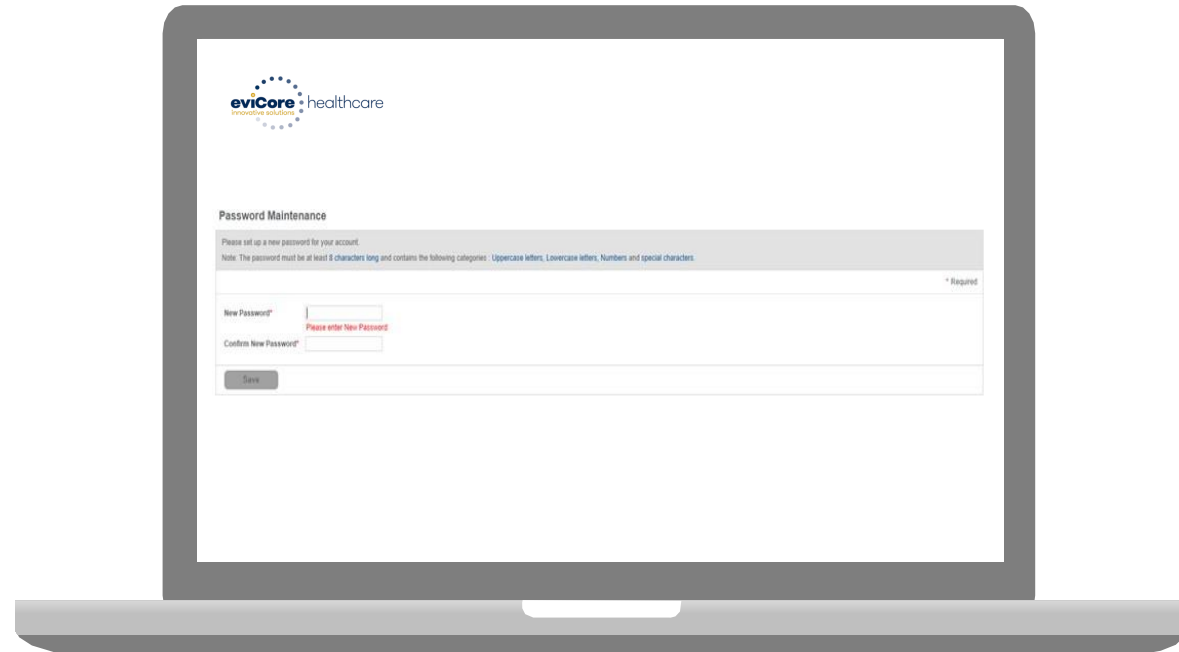
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.



# Create a Password

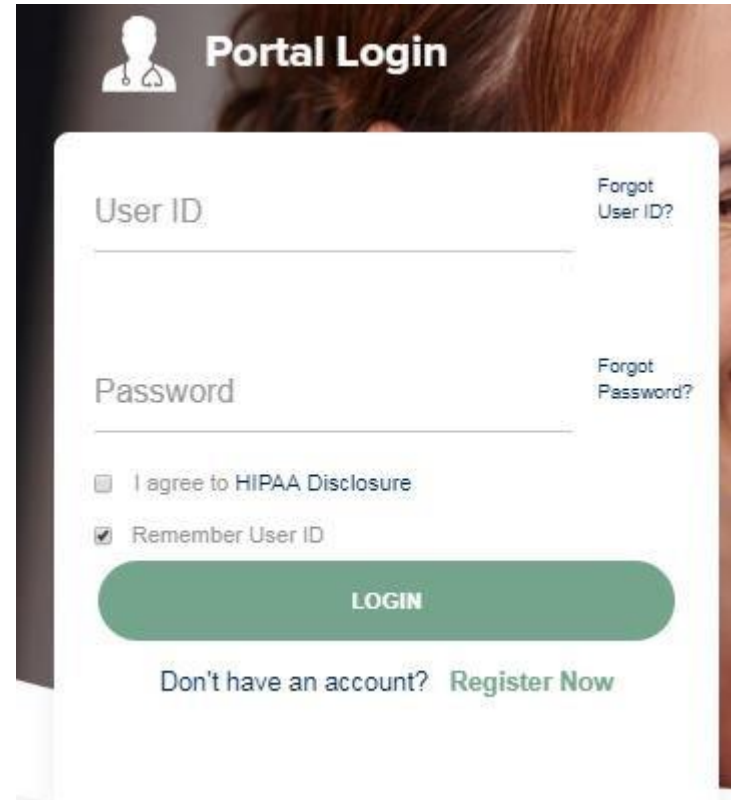
+ Your password must be at least (8) characters long and contain the following:

- + Uppercase letters
- + Lowercase letters
- + Numbers
- + Characters (e.g., ! ? \*)



# Account Log-In

To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login.**”



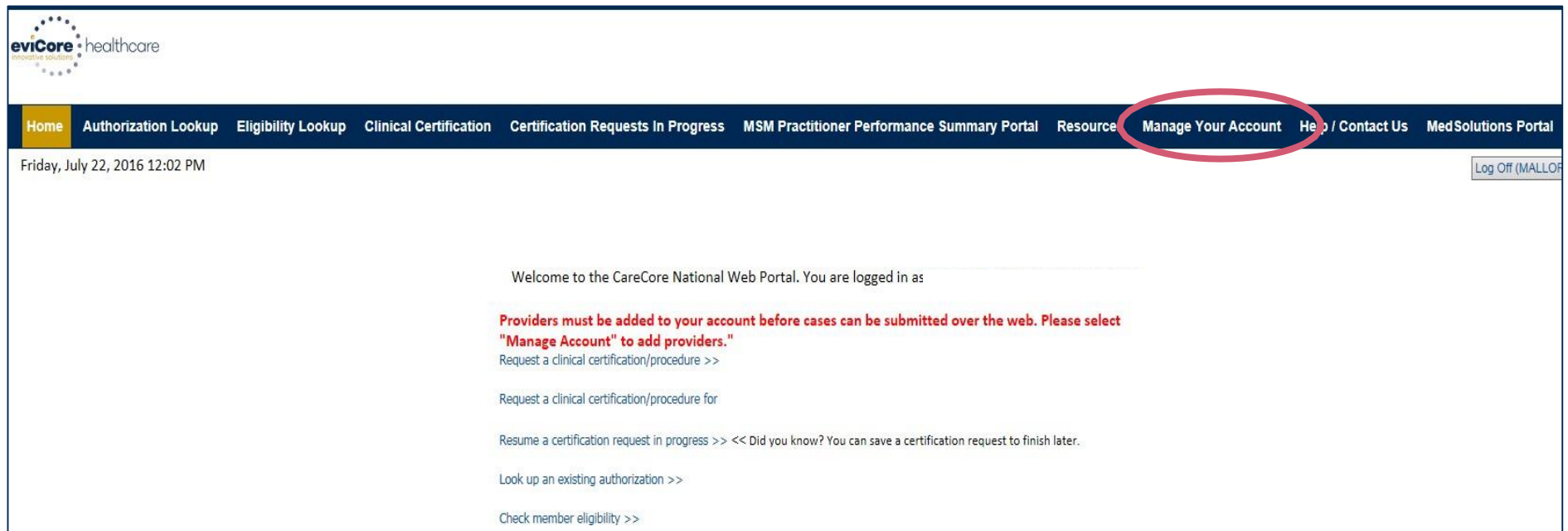
The screenshot shows a 'Portal Login' form with a white background and a dark header. The header includes a white icon of a person with a stethoscope and the text 'Portal Login'. The form contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green button with the text 'LOGIN' is centered below the checkboxes. At the bottom of the form, there is a link 'Don't have an account? Register Now'.

# Account Overview

# Welcome Screen

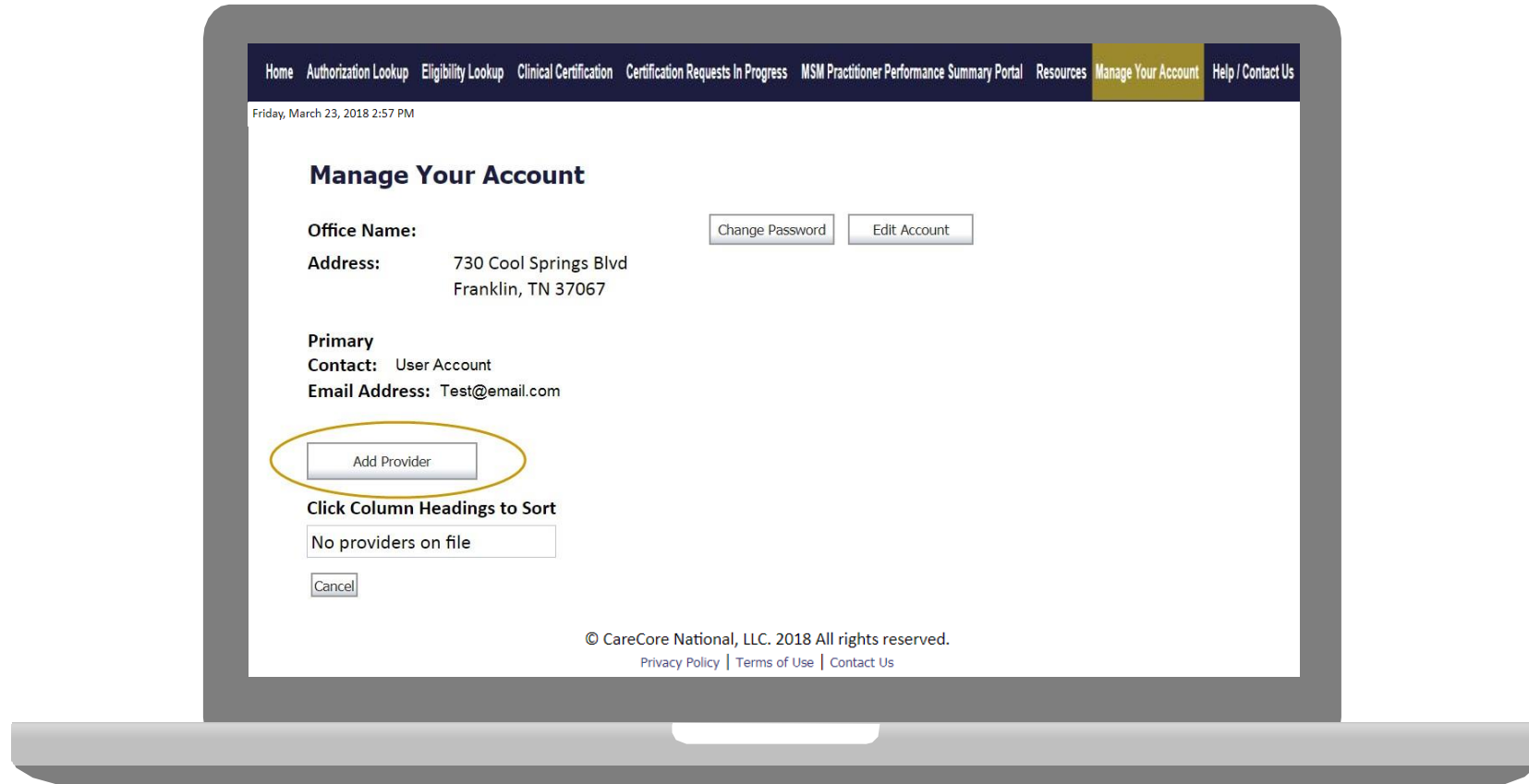
+ Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

+ **Note:** You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.



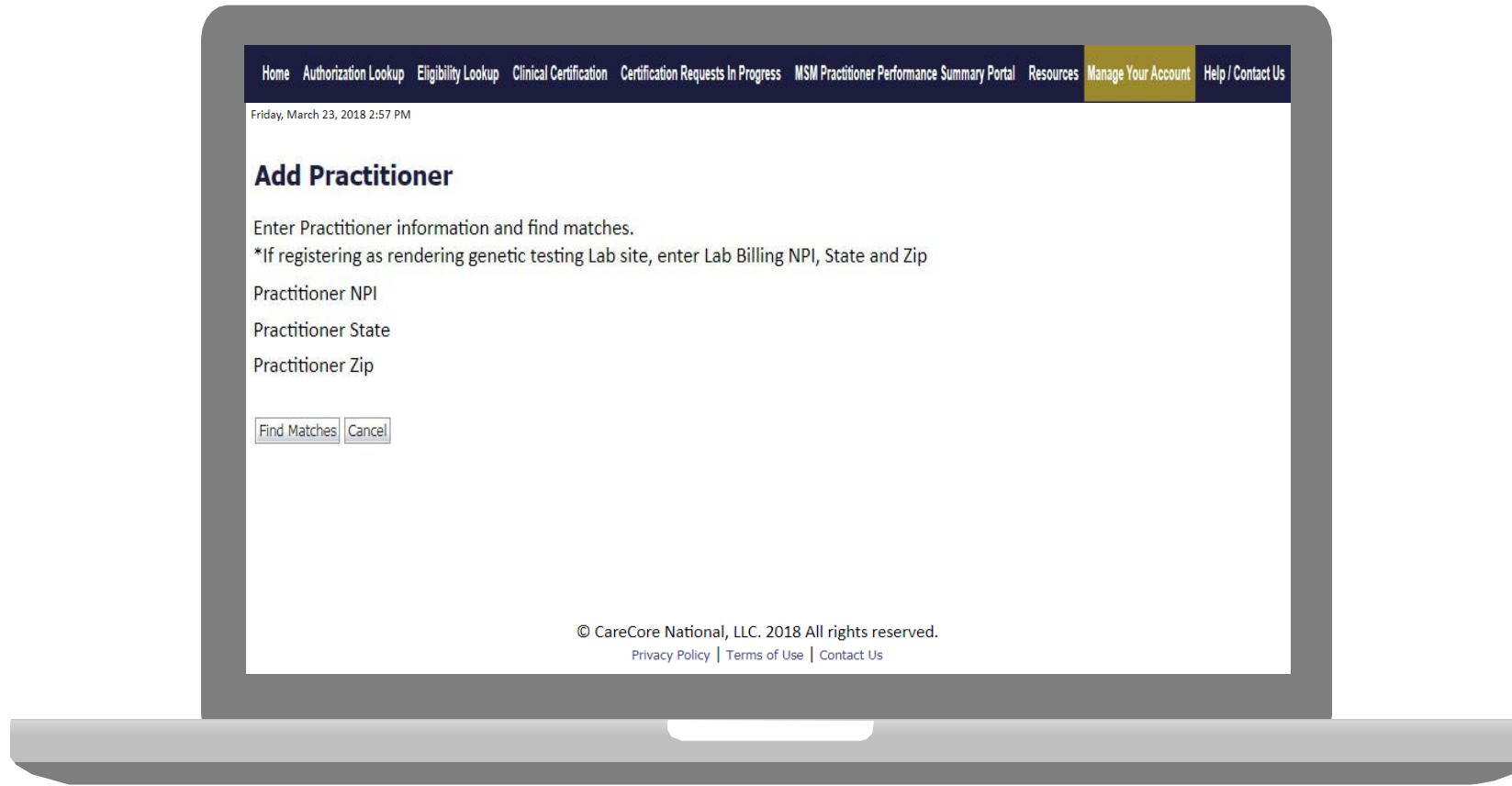
# Add Practitioners

Click the “Add Provider” button.



# Add Practitioners

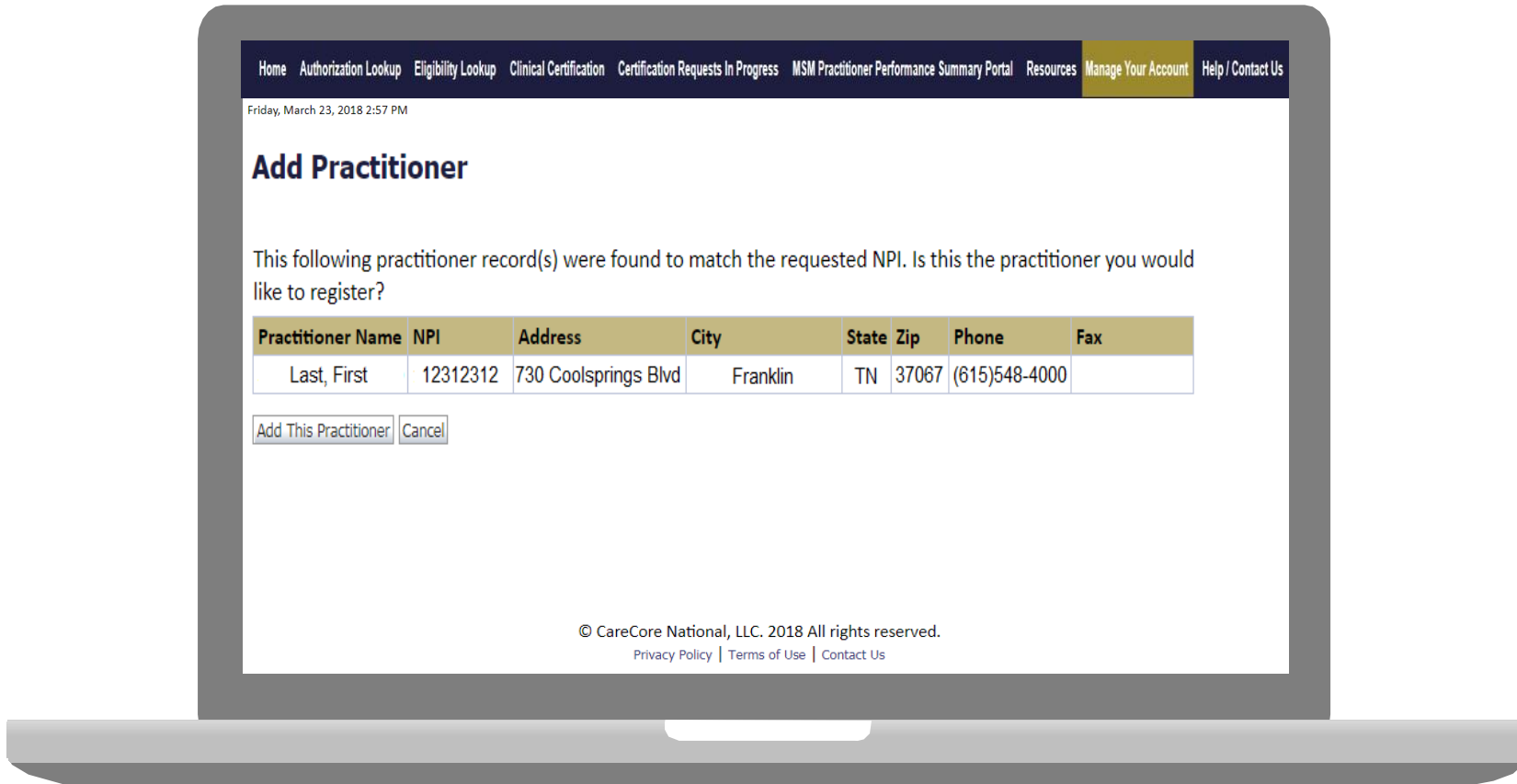
Enter the **Provider's NPI, State, and Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.





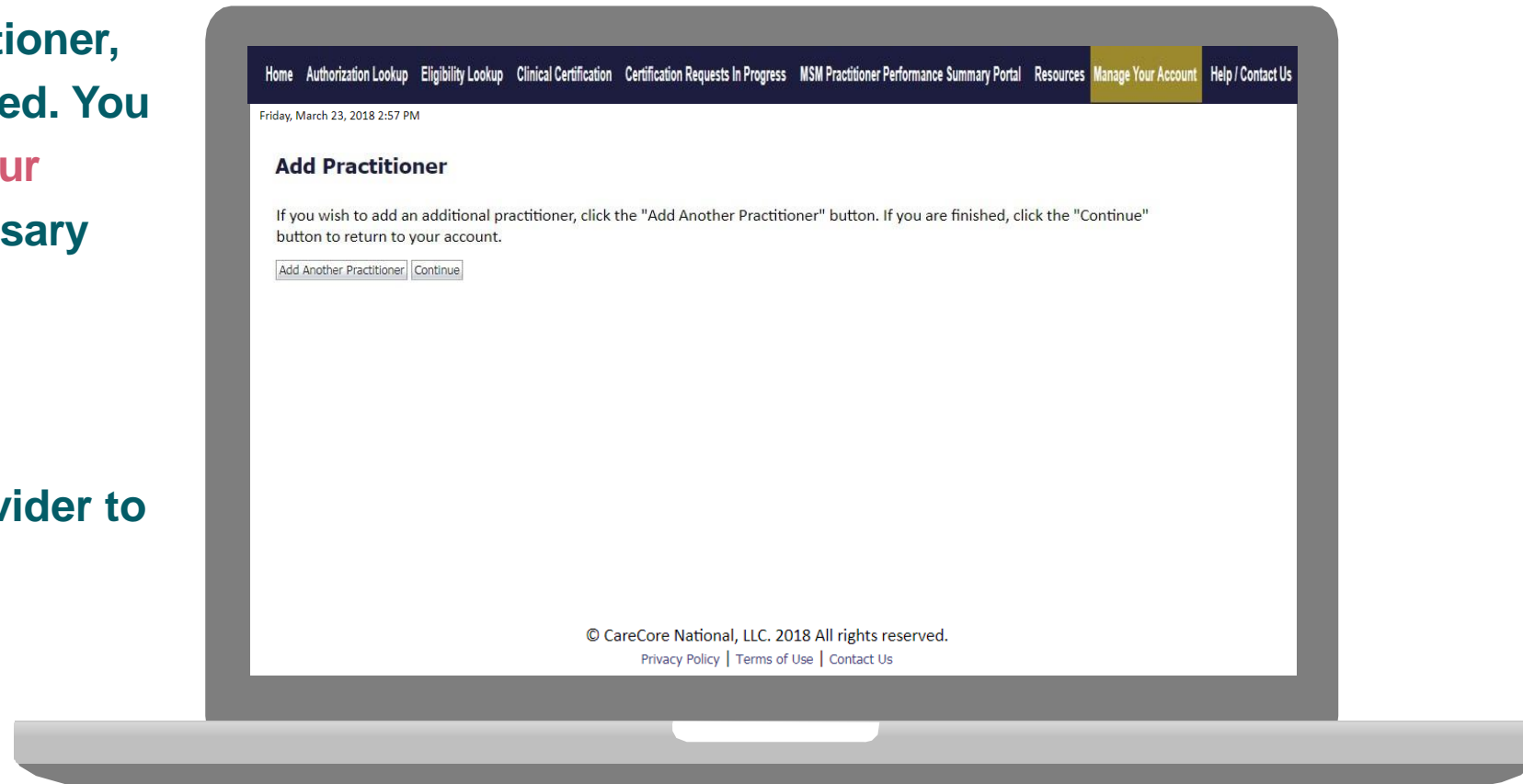
# Adding Practitioners

Select the matching record based upon your search criteria



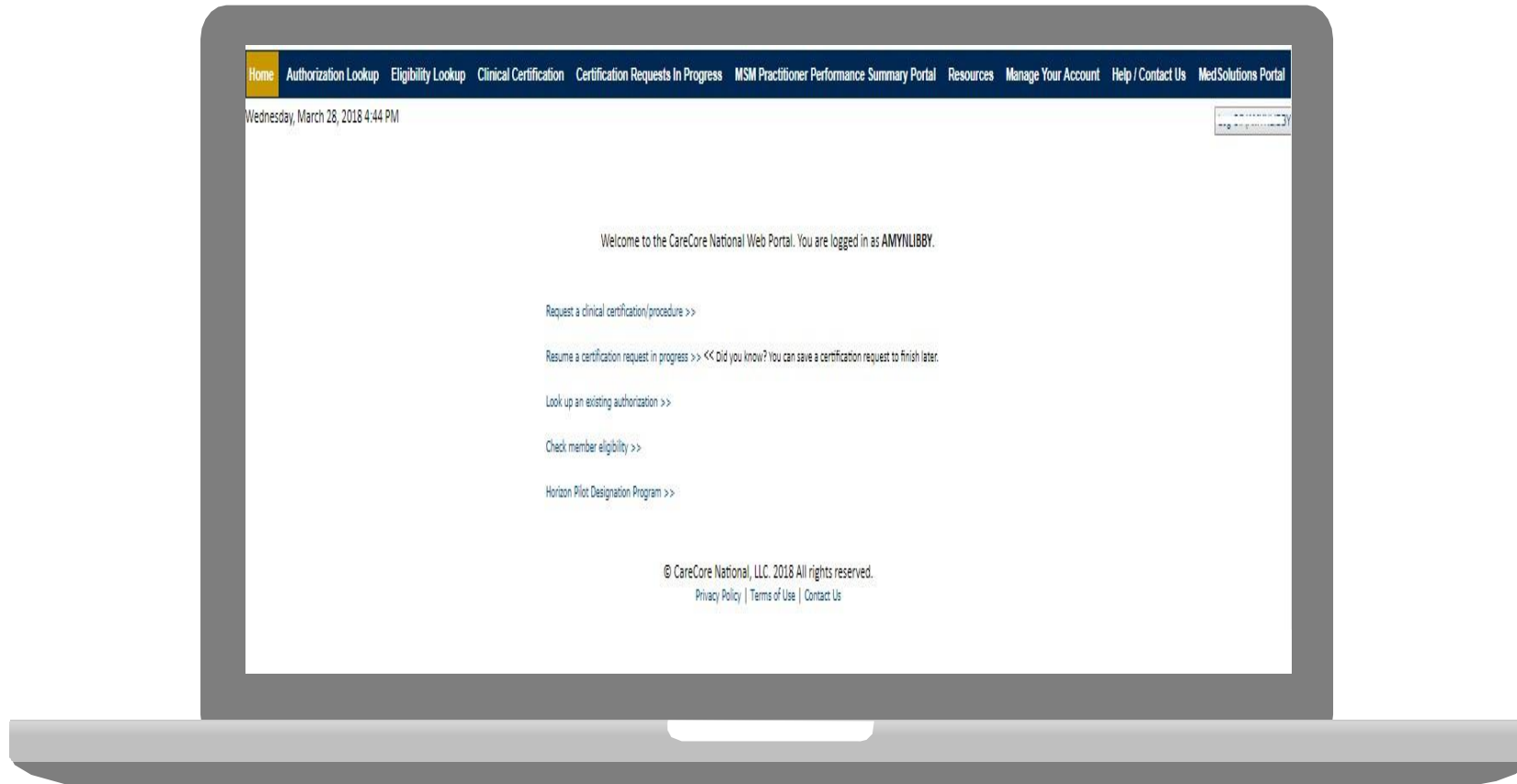
# Manage Your Account

- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.



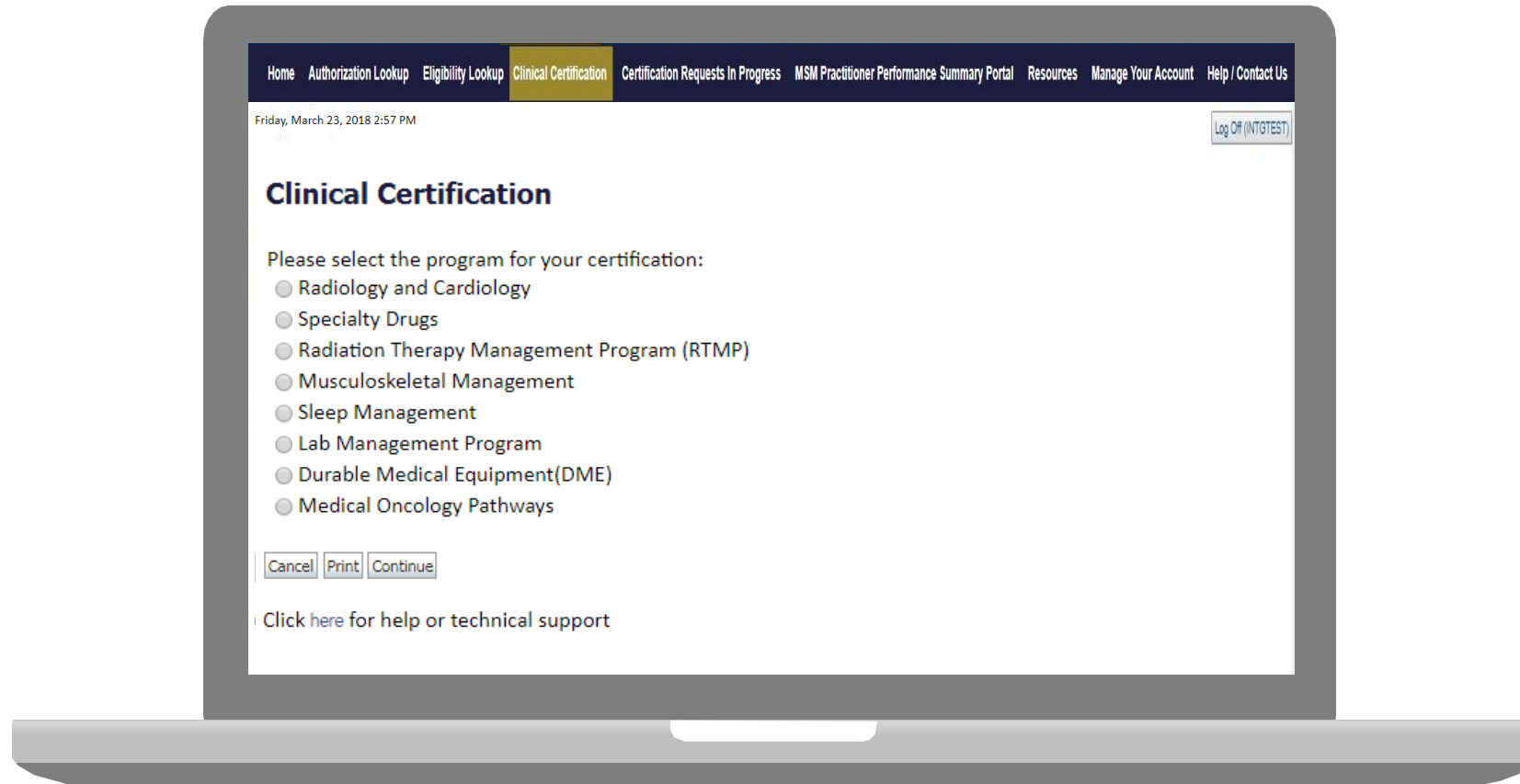
# Case Initiation

# Initiating A Case



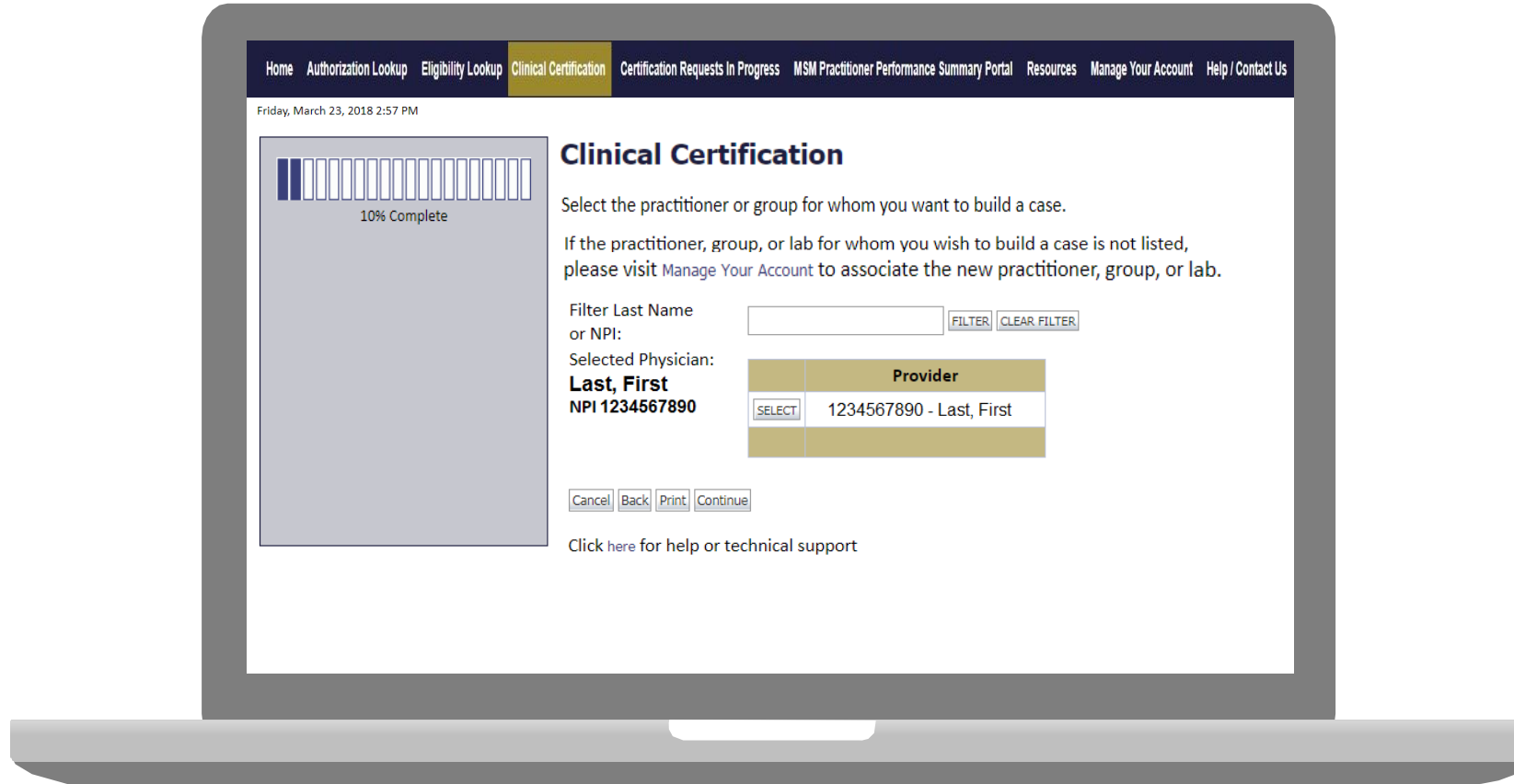
Choose **“request a clinical certification/procedure”** to begin a new case request.

# Select Program



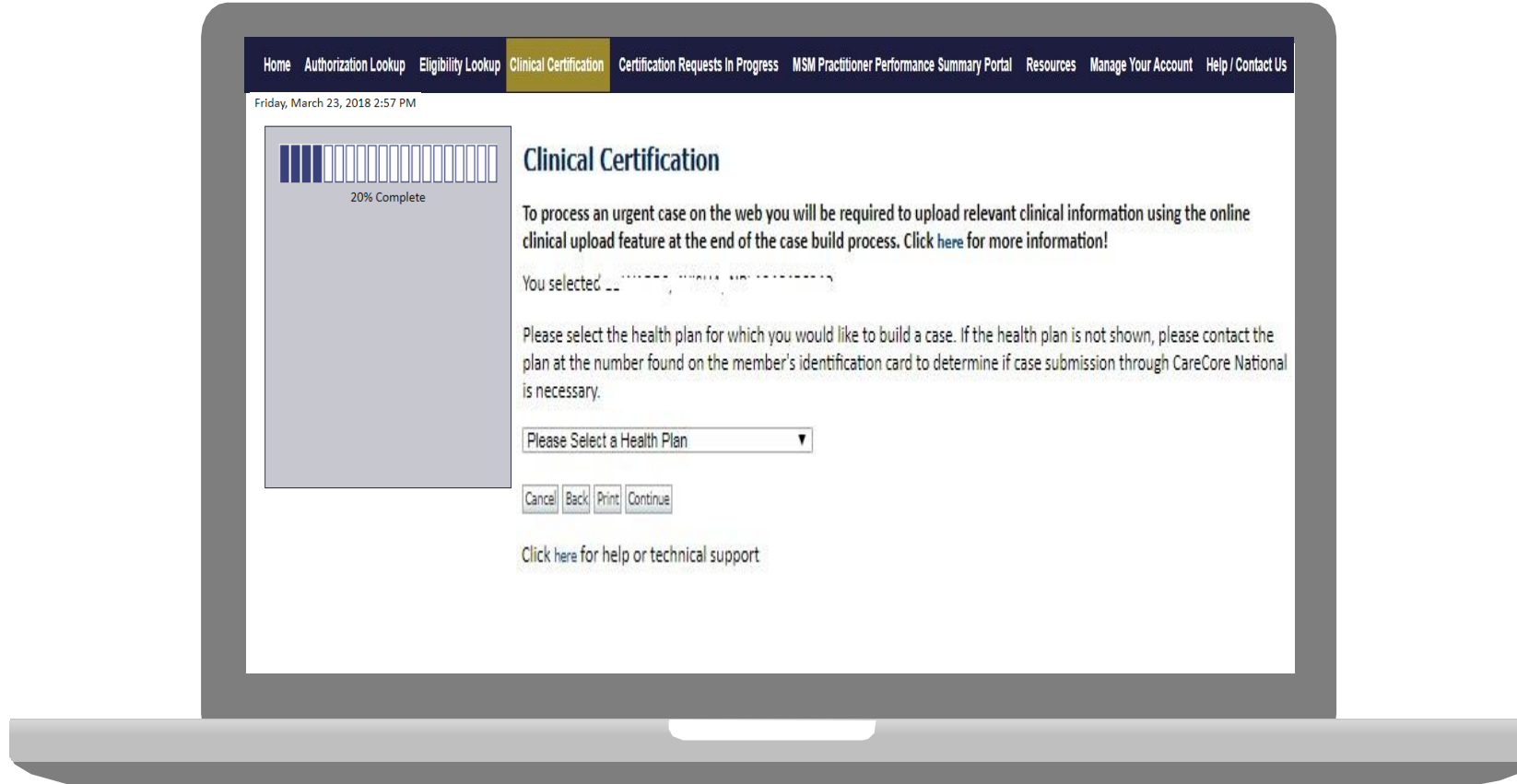
Select the **Program** for your certification.

# Select Provider



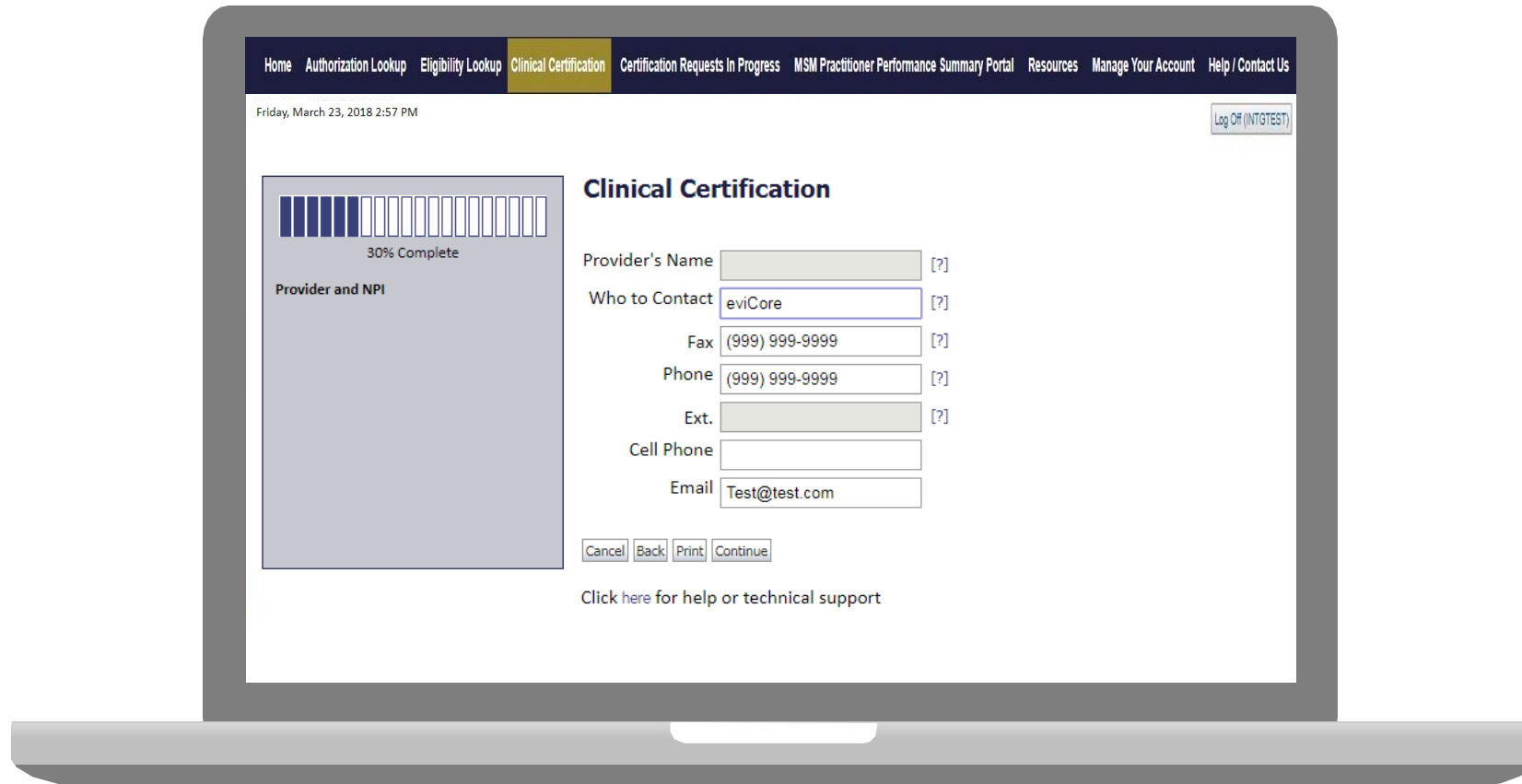
Select the **Practitioner/Group** for whom you want to build a case.

# Select Health Plan



**Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.**

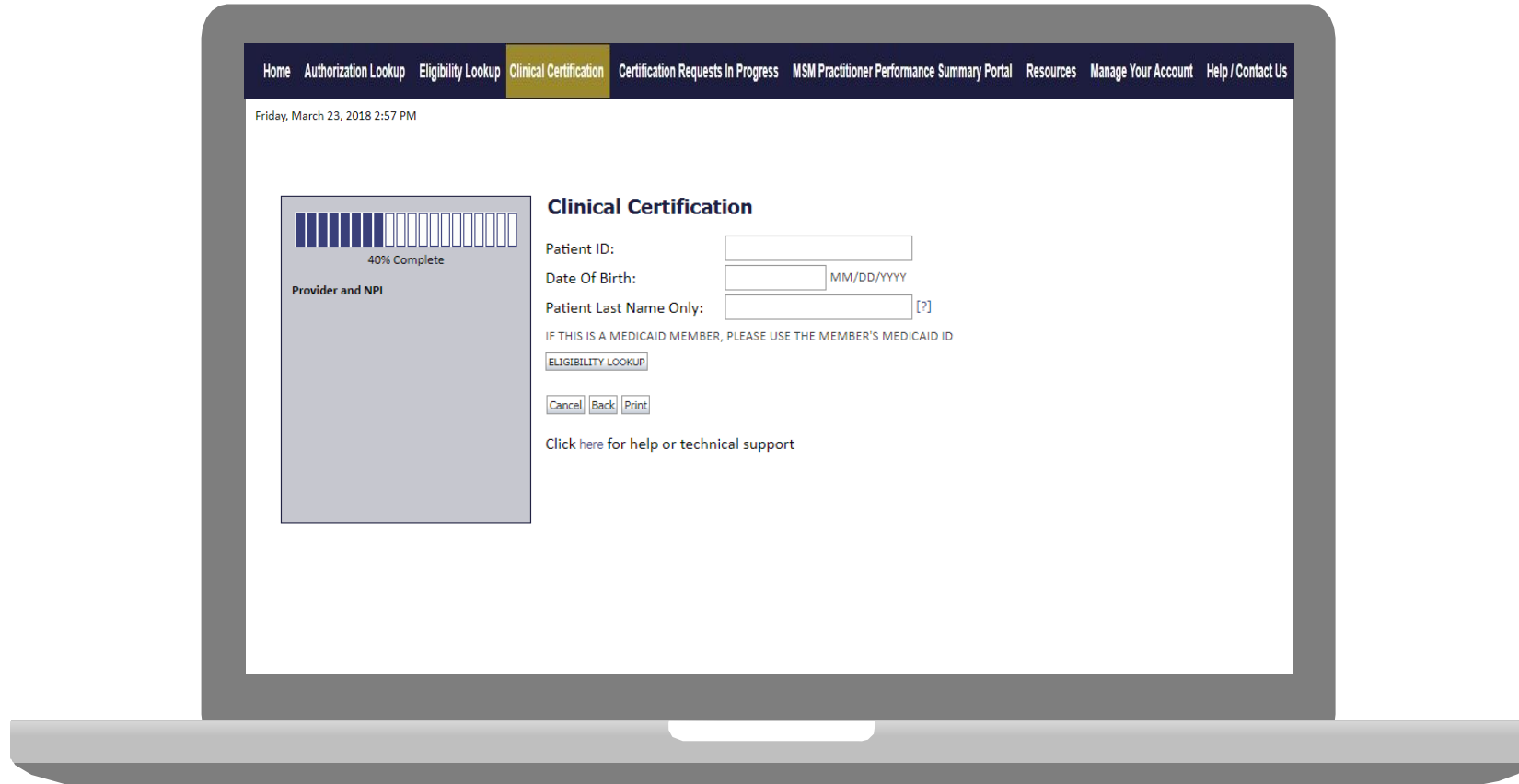
# Contact Information



Enter the **Provider's name** and appropriate information for the point of contact individual.

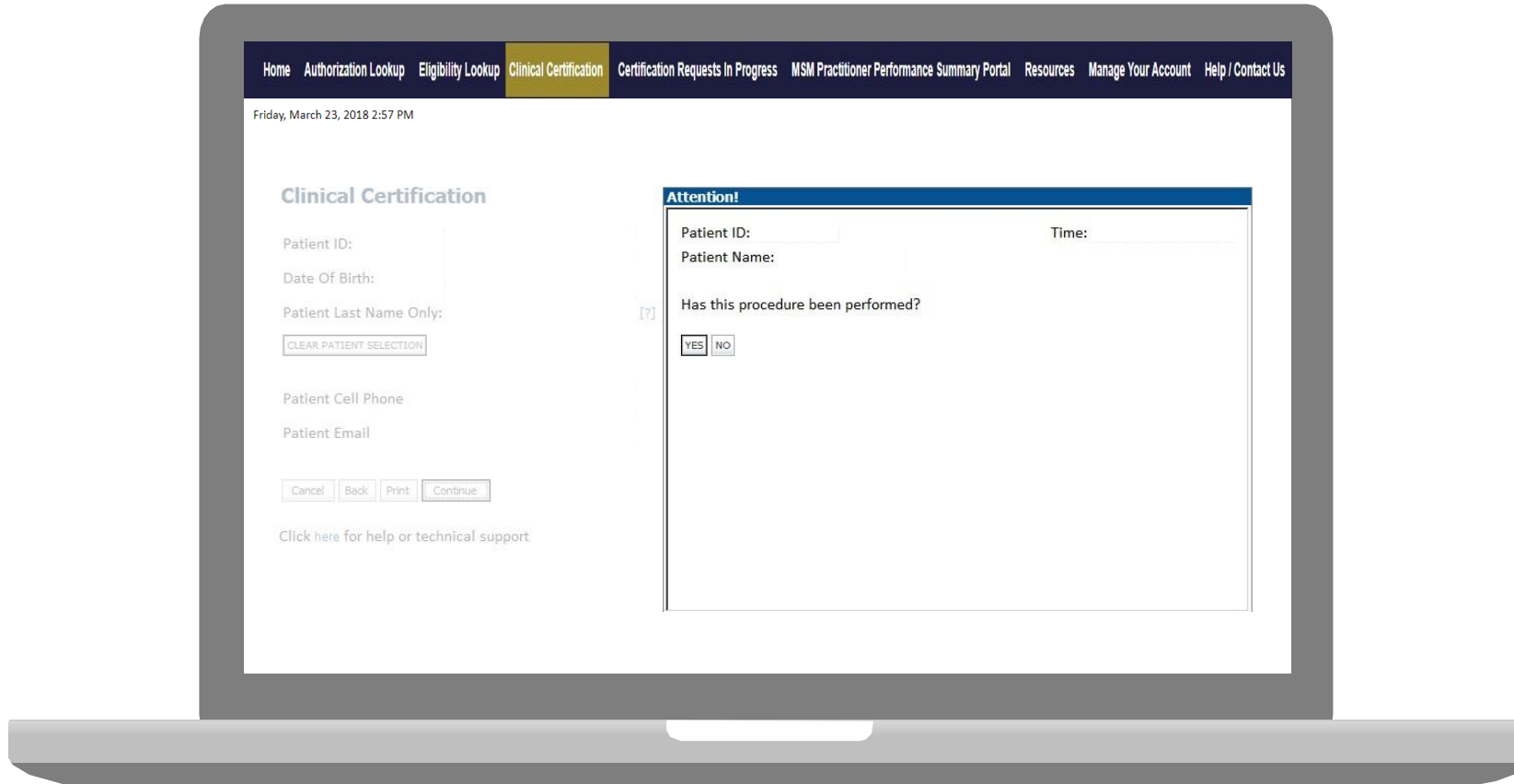


# Member Information



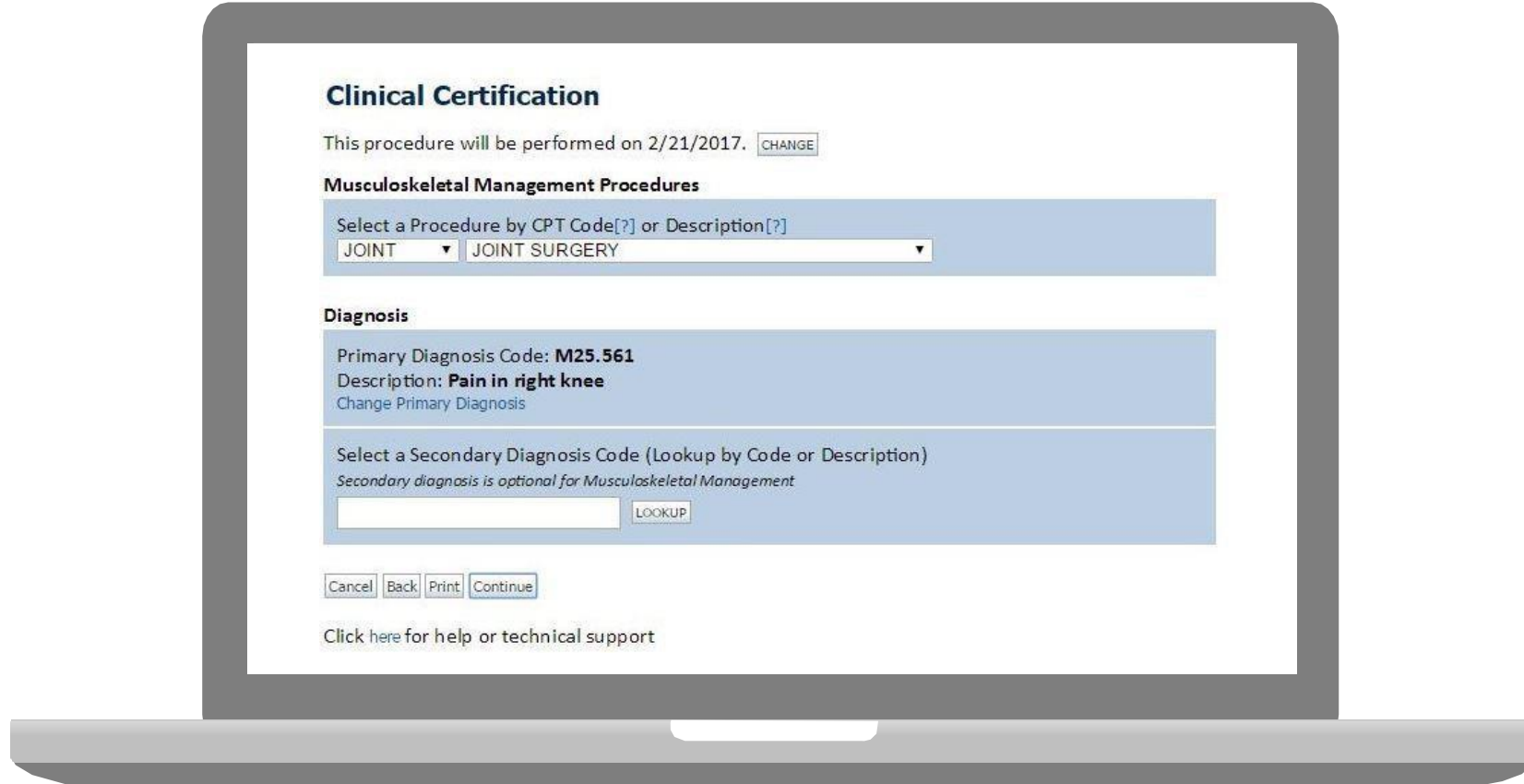
Enter the **member information** including the Patient ID number, date of birth, and patient's last name.  
Click **“Eligibility Lookup.”**

# Member/Procedure Information

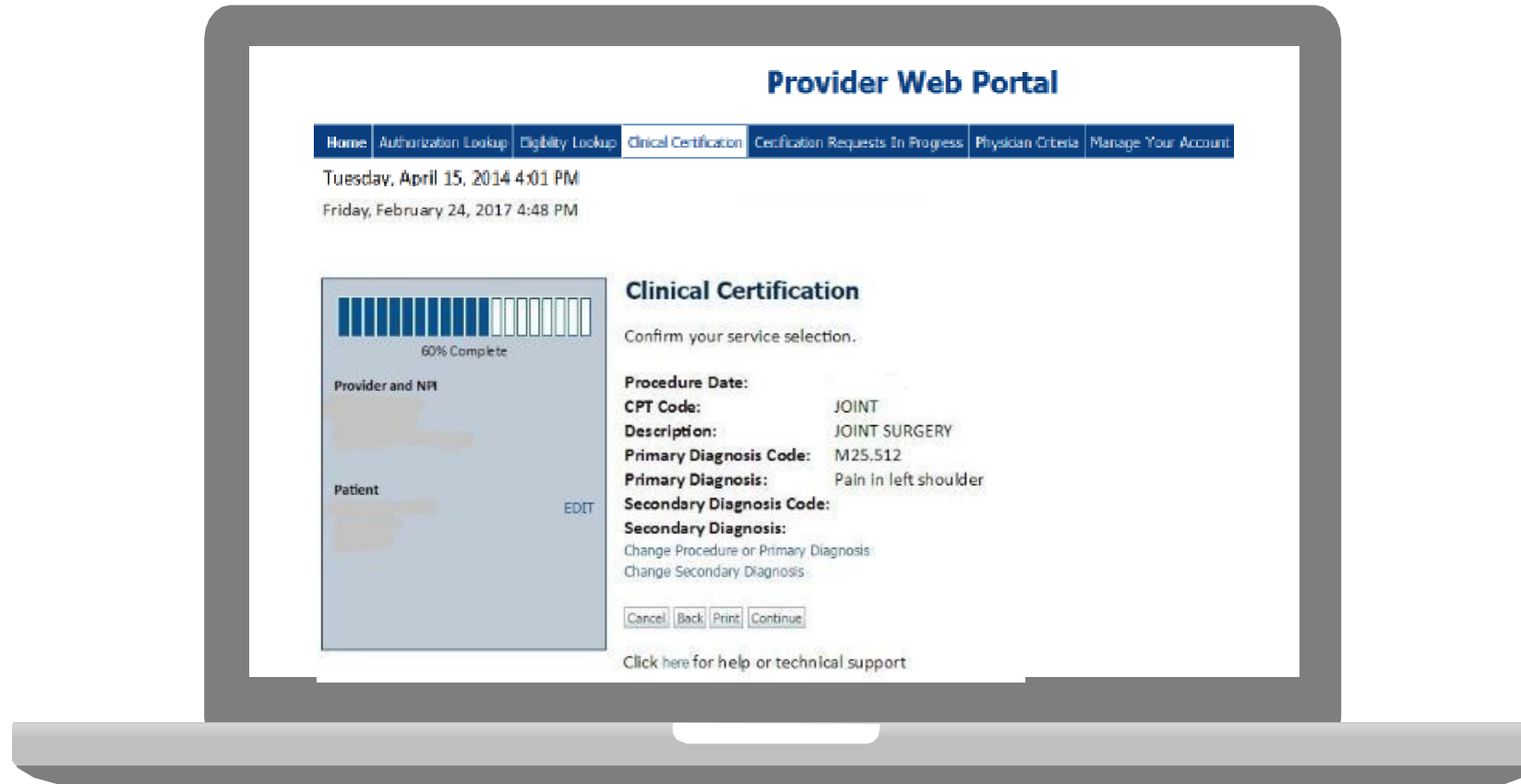


**Verify if the procedure has already been performed.**

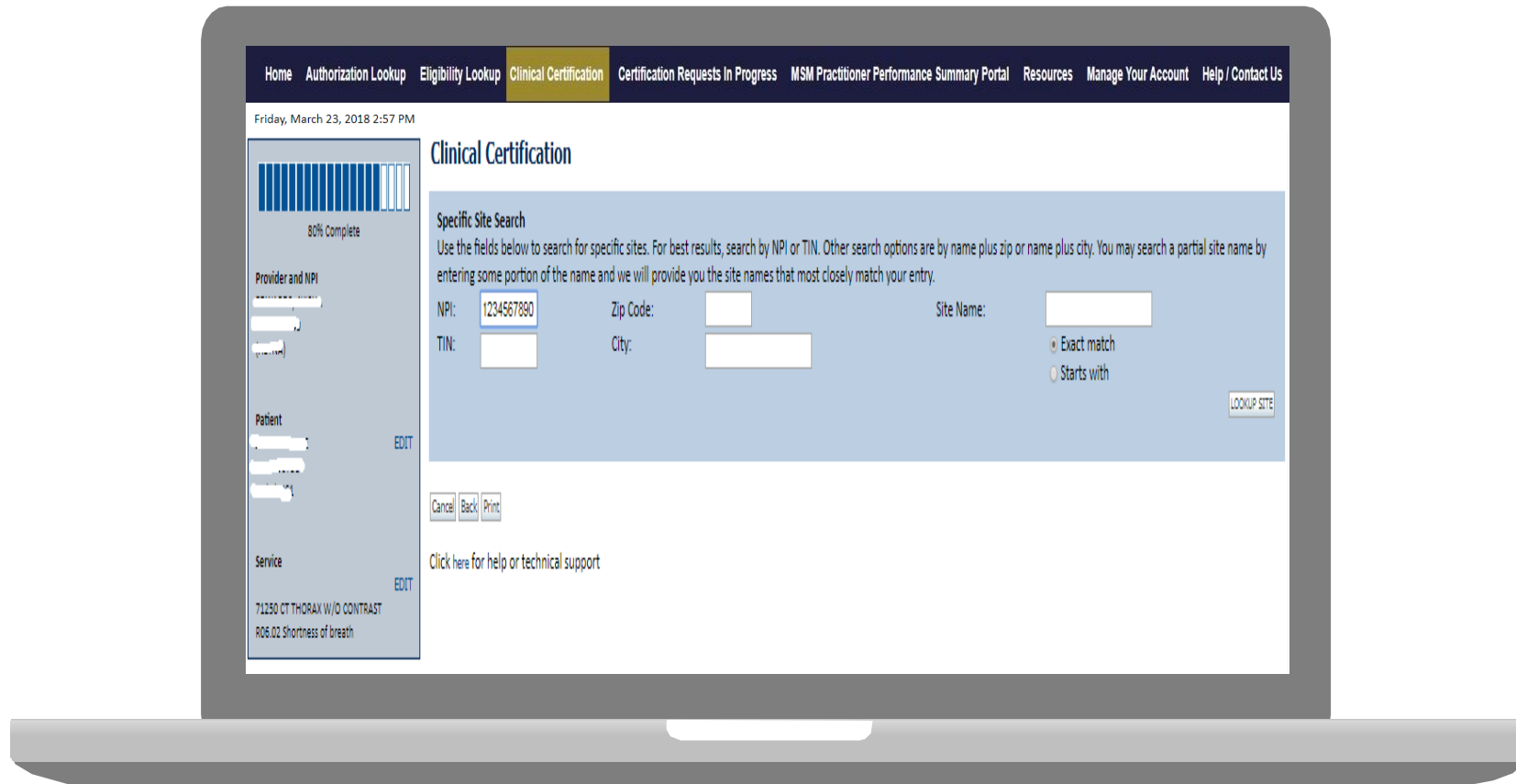
# Clinical Details



# Verify Service Selection



# Site Selection



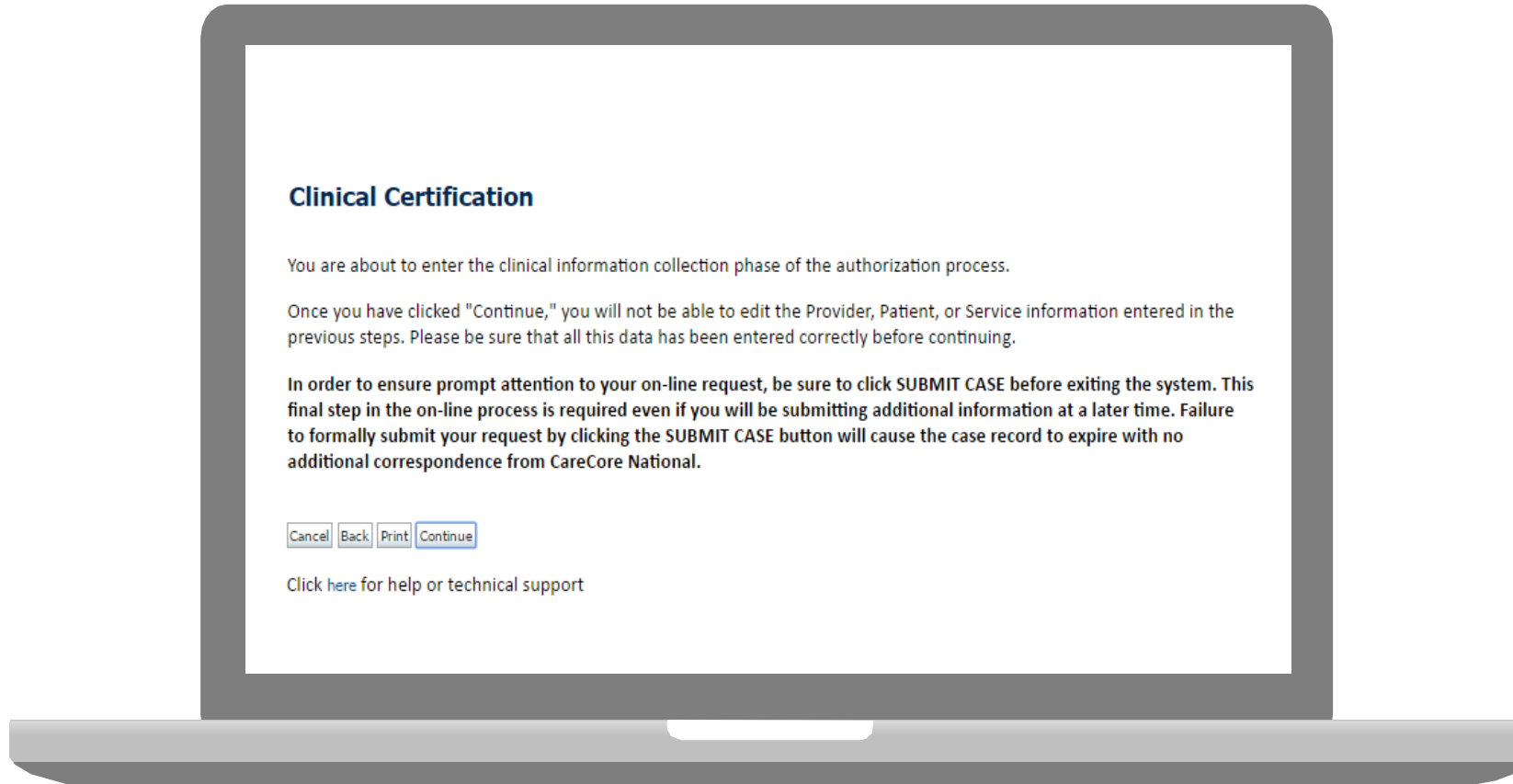
Select the **specific site** where the testing/treatment will be performed.

# Site Selection



**Confirm the site selection.**

# Clinical Certification



- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**
- **You will not have the opportunity to make changes after that point.**

## Contact Information

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

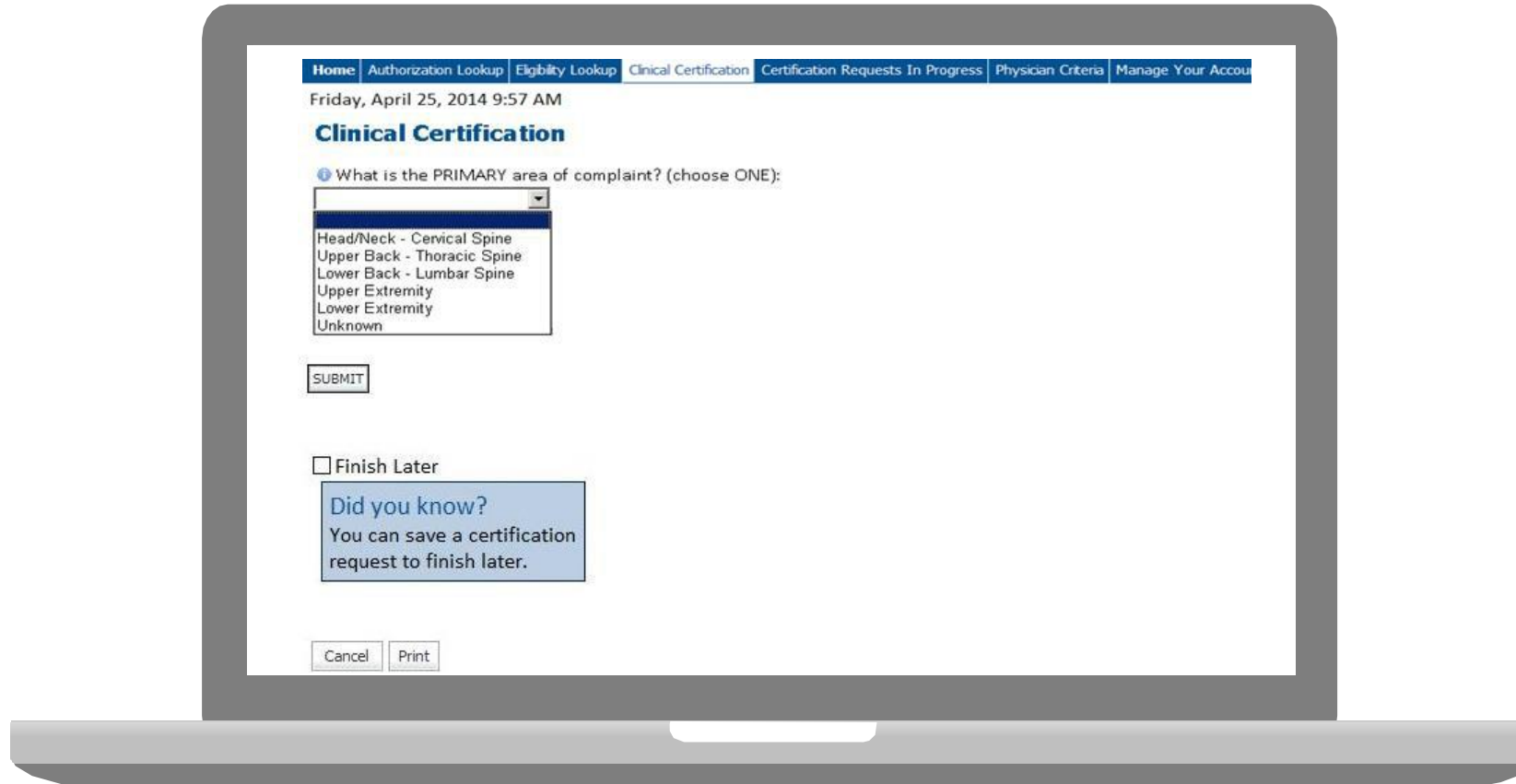
If your request is urgent select No, if the case is standard select Yes.



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.



# Pause/Save Option



Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

# Medical Review

**Clinical Certification**

Is there any additional information specific to the member's condition you would like to provide?  
 Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

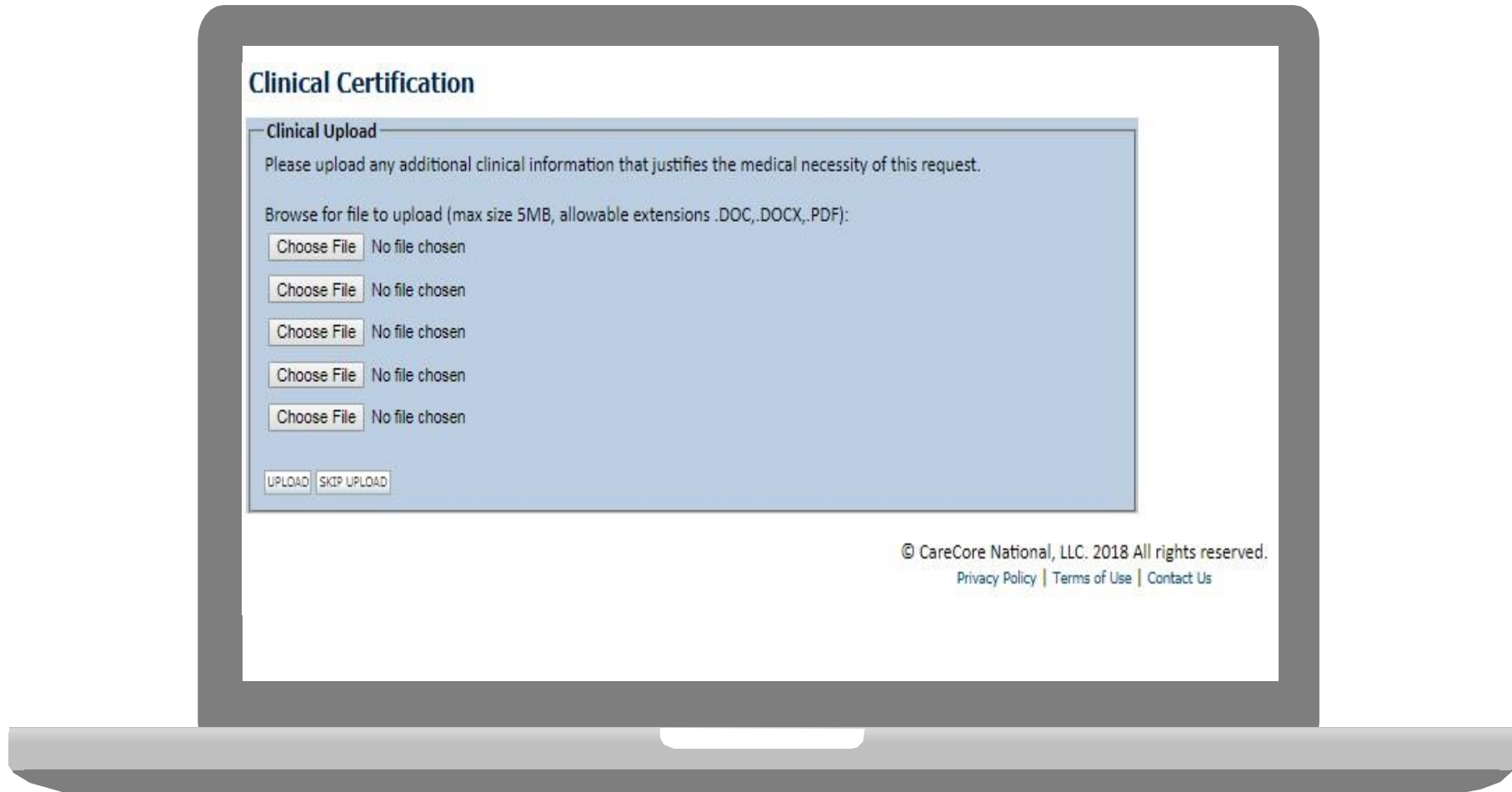
Finish Later

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

[Click here for help or technical support](#)

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page. Providing clinical information via the web is the quickest, most efficient method.

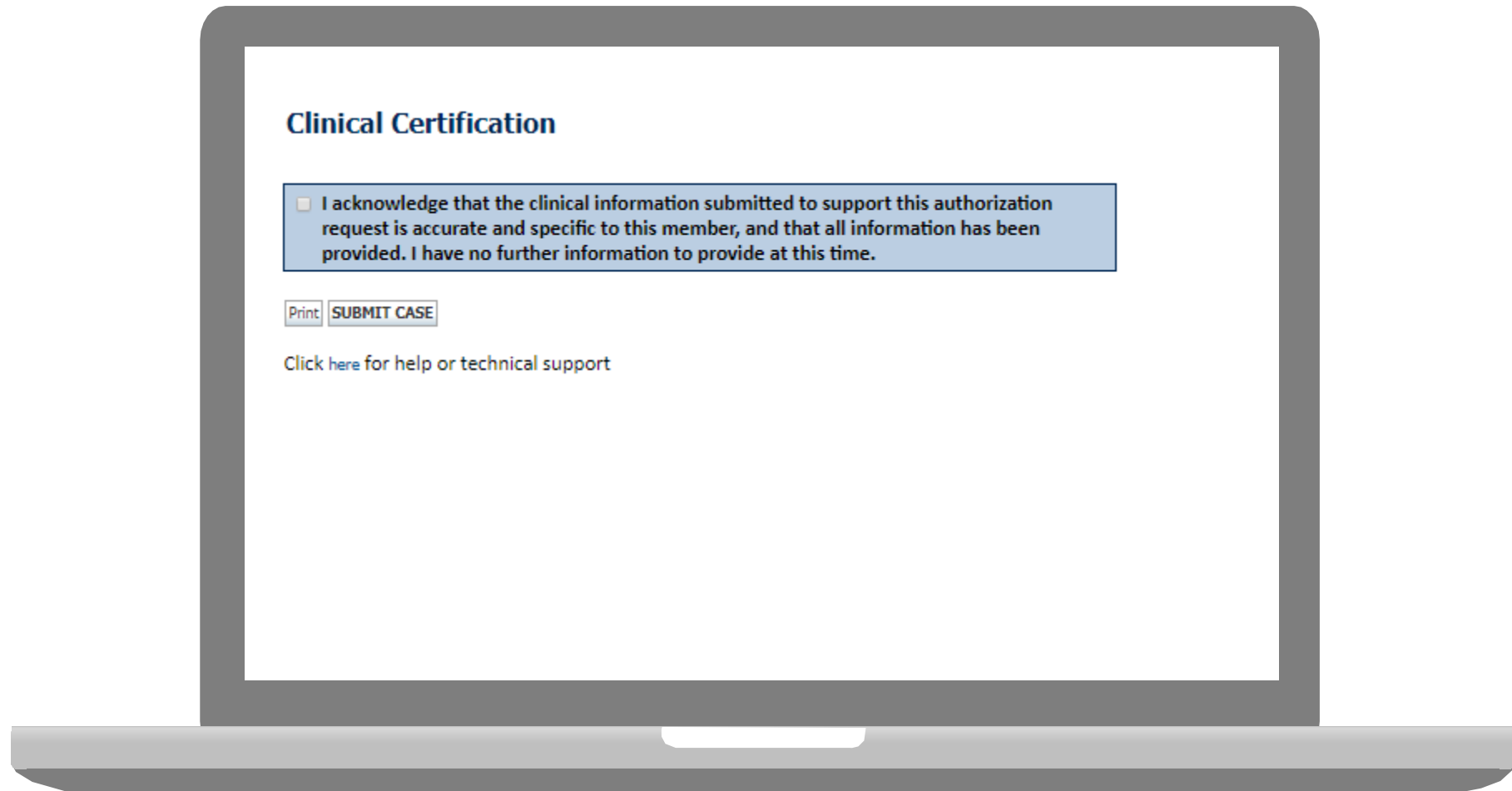
# Medical Review



If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

# Medical Review



Acknowledge the Clinical Certification statements, and hit **“Submit Case.”**

# Approval

## Clinical Certification

Your case has been Approved.

Provider Name:

Provider Address:

Contact:

Phone

Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

Primary Diagnosis  
Code:

M25.562

Description:

Pain in left knee

Secondary Diagnosis  
Code:

Description:

Date of Service:

Not provided

CPT Code:

73721

Description:

MRI LOWER EXTREMITY  
JOINT W/O

Authorization  
Number:

Review Date:

2:12:39 PM

Expiration Date:

Status:

Your case has been Approved.

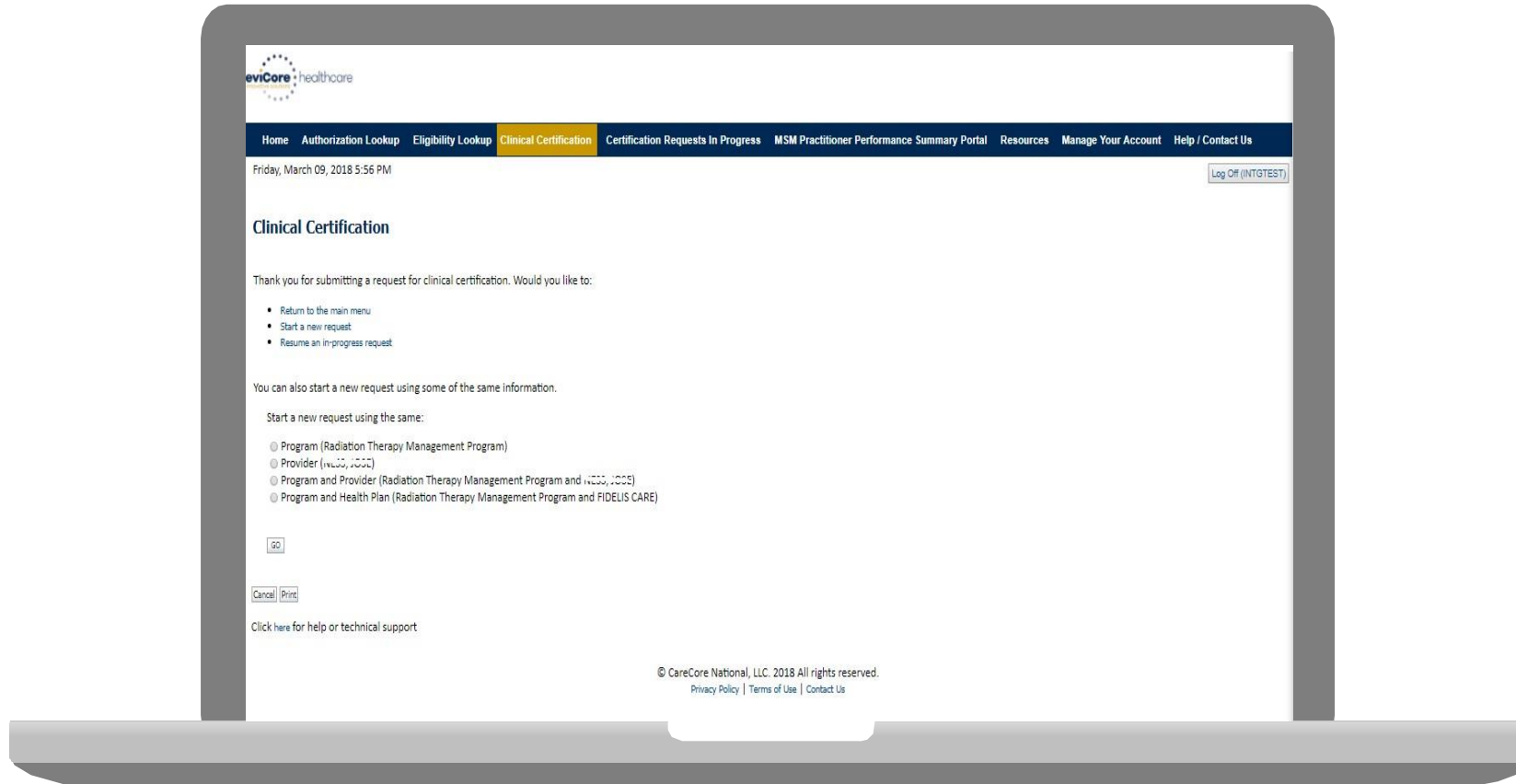
Print

Continue

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

# Building Additional Cases



Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

# Authorization look up

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

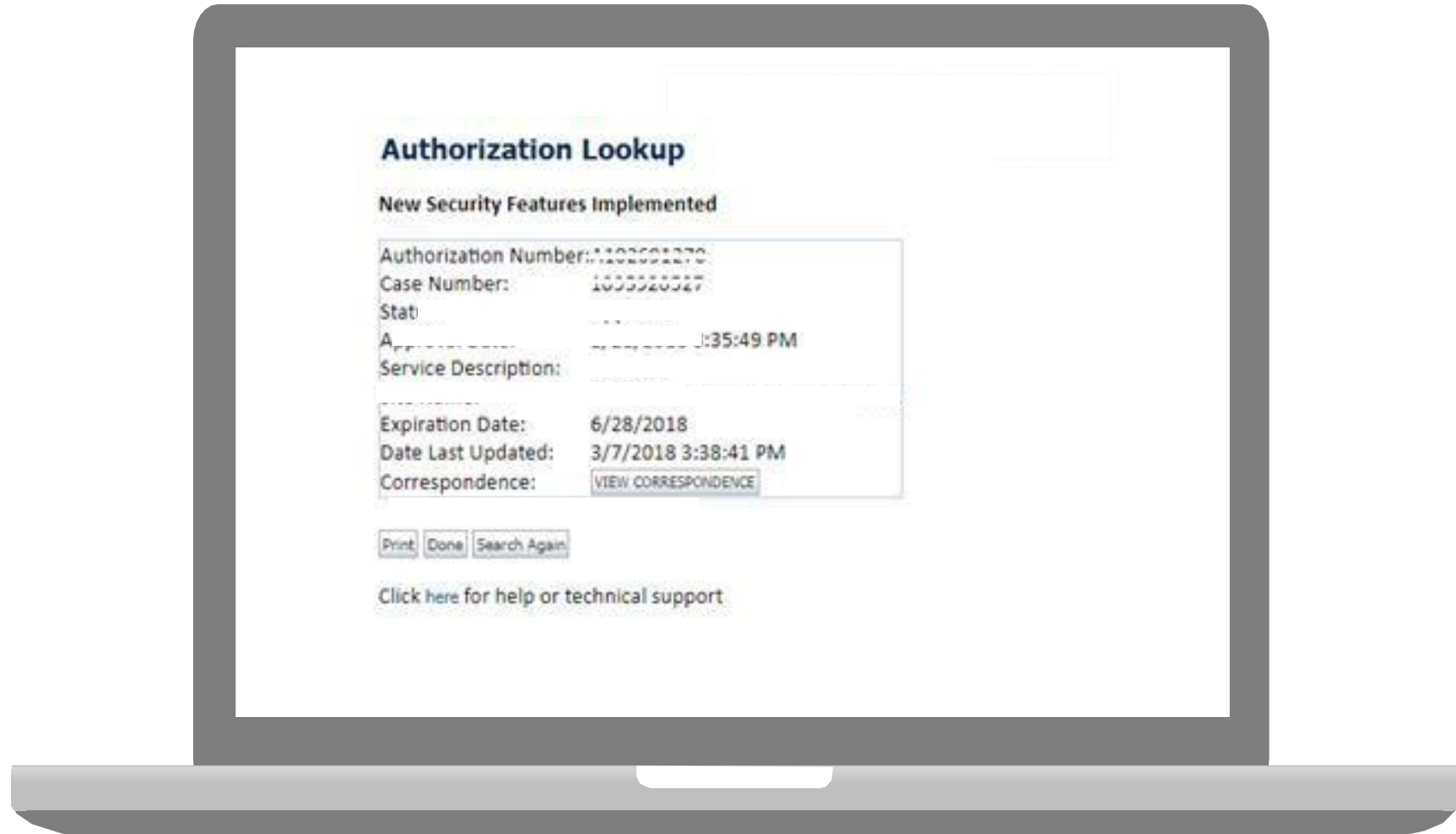
Auth/Case Number:

Search

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Authorization Status



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.



# Eligibility Look Up

Home Authorization Lookup **Eligibility Lookup** Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

[Click here](#) for help or technical support

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You may also confirm the patient's eligibility by selecting the **Eligibility Lookup tab.**

**EVERNORTH**  
HEALTH SERVICES

**P** Public Information

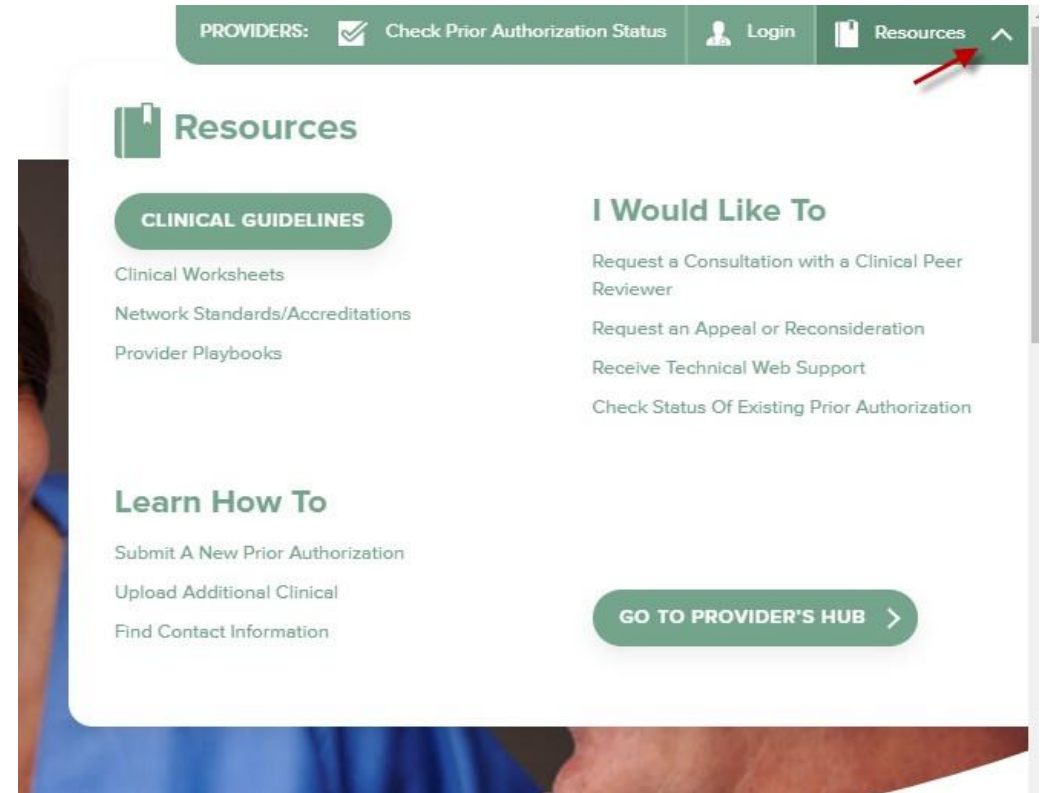
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# Provider Resources

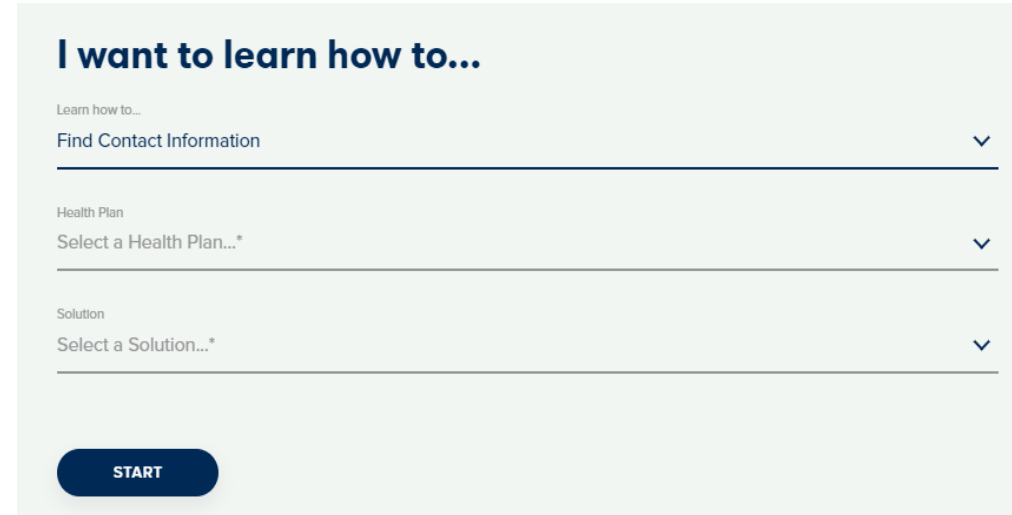
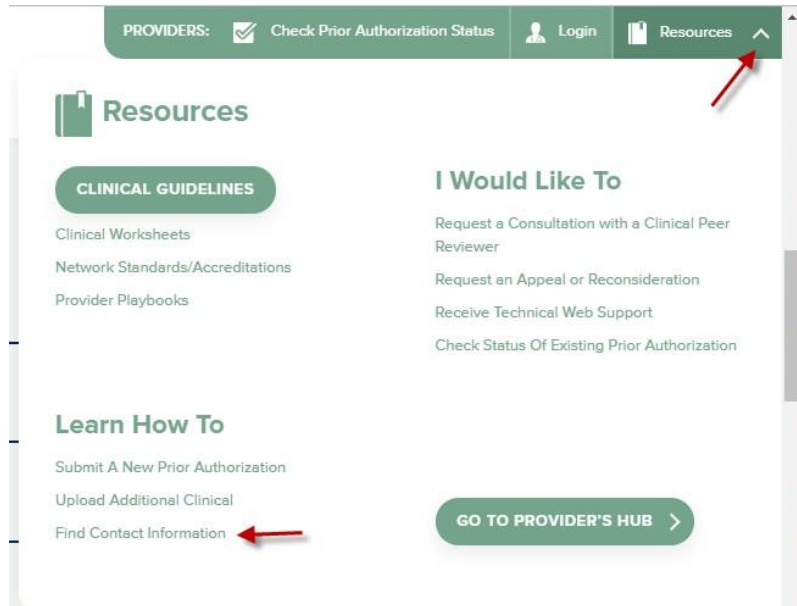


# Online Resources

- You can access important tools and resources at [www.evicore.com](http://www.evicore.com).
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.



# Quick Reference Tool



Access health plan specific contact information at [www.evicore.com](http://www.evicore.com) by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# Provider Resources: Preauthorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Local Time): 855-252-1117**

- Obtain preauthorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

## Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[www.evicore.com](http://www.evicore.com)

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com).

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[clientservices@evicore.com](mailto:clientservices@evicore.com)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

# Provider Resources: Implementation Document



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

## Provider Enrollment Questions

Contact your Provider Network Consultant for more information

**Blue Cross and Blue Shield Implementation site - includes all implementation documents:**

<https://www.evicore.com/healthplan/bcbs>

- CPT code list of the procedures that require preauthorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

**You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at**

**[ClientServices@evicore.com](mailto:ClientServices@evicore.com).**



Thank You!