

By EVERNORTH



Spine Surgery

Frequently Asked Questions

Who is EviCore By Evernorth?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Cigna Healthcare.

Which Cigna Healthcare customers will EviCore manage for the Musculoskeletal Management program?

EviCore will manage prior authorization for Cigna Healthcare customers who are enrolled in the following plans:

Commercial

- US Commercial (OAP/PPO/HMO)
- Payer Solutions
- Individual Family Plan (IFP)
- Alliances

Which Musculoskeletal services require prior authorizations for Cigna Healthcare?

EviCore has a list of covered services that will now require authorization for Cigna Healthcare specific to spine surgeries. The list of covered services can be found by visiting: https://www.evicore.com/resources/healthplan/cigna

Which spine surgery services require prior authorization for Cigna Healthcare? Go to

<u>https://www.evicore.com/resources</u> Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

Spine surgery

- Decompression procedures-Laminectomy/Laminotomy/Laminoplasty
- Cervical, Thoracic and Lumbar Fusions (including deformity correction)
- Vertebroplasty/Kyphoplasty
- Basivertebral Nerve Ablation
- Revision Surgery
- Total Disc Arthroplasty

Who needs to request prior authorization through EviCore?

All physicians who request or order spine surgery services are required to obtain prior authorization for EviCoredelegated services prior to the service being rendered in an office, inpatient or outpatient setting.

How do I request a prior authorization through EviCore?

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 **866-668-9250**.

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

Do spine surgery services performed in an inpatient setting, emergency room or observation unit require prior authorization?

EviCore will review the surgery pre-service authorization request for medical necessity and make a determination based on clinical information provided. EviCore will collect the requested place of service during the pre-service authorization process. EviCore will review inpatient requests and provide a decision on both inpatient stay and the medical necessity of the procedure. Any services performed in an emergency room or observation unit do not require prior authorization through EviCore.

How do I check an existing prior authorization request for a patient?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

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

Customer

- First and Last Name
- Date of Birth
- Customer 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
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization Spine Surgeries services.



How long is the authorization valid?

Authorizations are valid for 180 calendar days from the date of submission for outpatient procedures, and from date of service + goal length of stay for inpatient procedures. If the service is not performed within the calendar days from the issuance of the authorization, please contact EviCore.

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 us at 866-668-9250. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

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

Patient eligibility and benefits should be verified on https://cignaforhcp.cigna.com/app/login before requesting prior authorization through EviCore.

Where can I access EviCore 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

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 made within 2-3 business days. For urgent requests, a decision is made within 24 to 72 hours. If the provider submits cases via the EviCore portal and chooses to opt into the e-notification, they will receive an email otherwise they will receive a fax notifying them of the final determination.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal process.

Note: The referring provider may request a Peer-to-Peer consultation with an EviCore Medical Director to review the decision. They may also submit a written request for a reconsideration review. EviCore will make a decision within 1 day for verbal requests and 5 days for written requests.



Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 15 business days following the date of service (except for Payer Solutions and NALC customers which have 365 calendar days). Please have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to an authorization for a service that has been performed? How do I make a revision to authorization for a service that has not been performed?

The requesting provider or patient should contact EviCore at 866-668-9250 with any change to the authorization, whether the surgery has been completed or additional procedures were required. Please be prepared to offer additional documentation to support the change. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the patient.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

How do I determine if a provider is in network?

Participation status can be verified on the secured provider log-in section at: https://cignaforhcp.cigna.com/app/login. Providers may also contact EviCore at 866-668-9250. EviCore receives a provider file from Cigna Healthcare with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to Cigna Healthcare.

Where do I submit questions or concerns regarding this program?

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

Common items to send to Client Services:

- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Requests for an authorization to be resent to the health plan
- Consumer engagement inquiries
- Complaints and grievances
- Eligibility issues (customer, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues



Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal support@evicore.com or call 800-646-0418 (Option 2).

What are the benefits of using EviCore web portal?

The EviCore web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** Requests submitted online require half the time (or less) than those taken telephonically.
- **Efficiency** Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** Web users are able to see real-time status of a request.
- Patient History Web users are able to see both existing and previous requests for a patient.

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/cigna