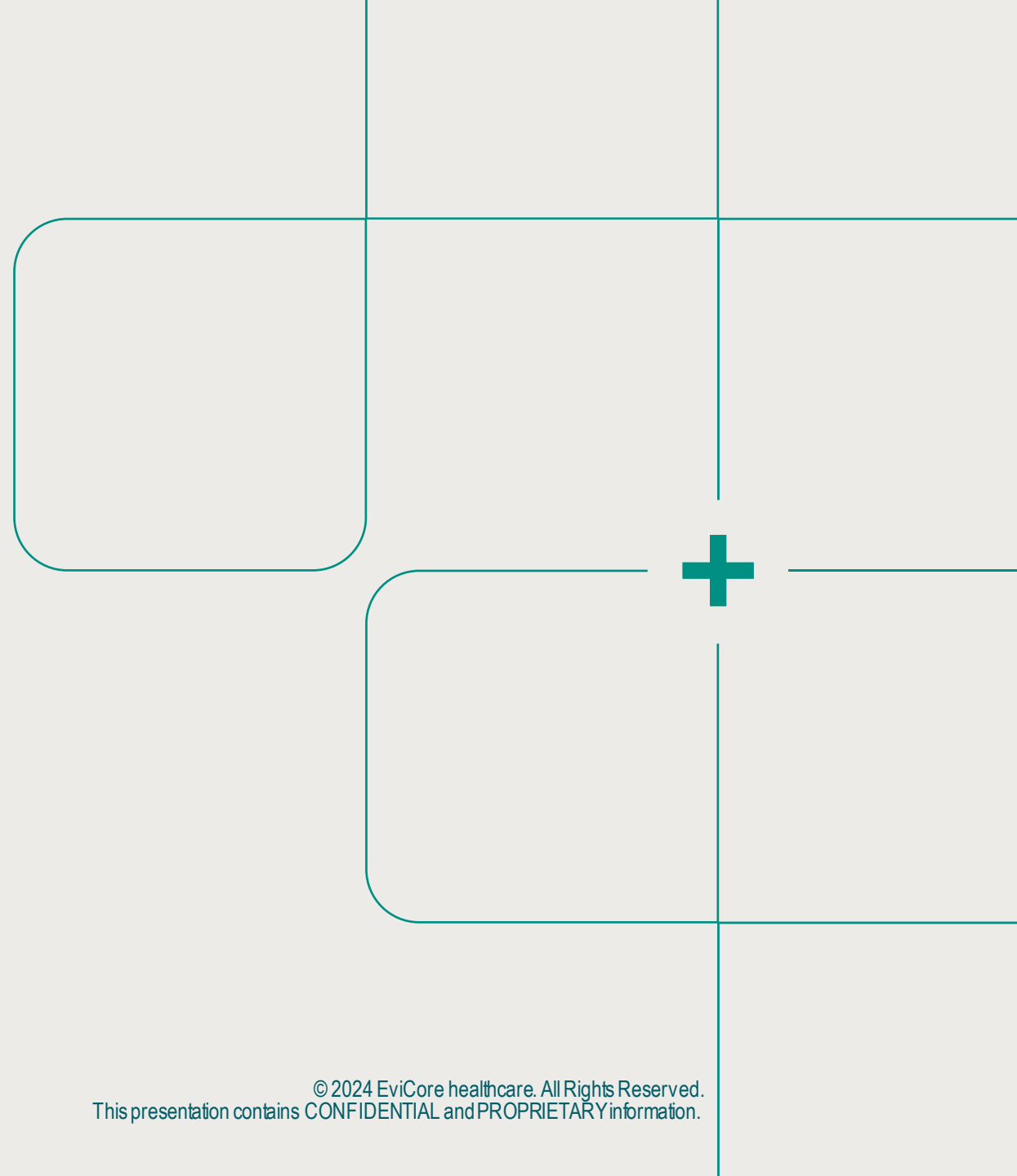


# Interventional Pain Management, Joint & Spine Surgery

## Provider Presentation for Highmark



# Agenda

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## **Solutions Overview**

Interventional Pain Management, Joint & Spine Surgery

## **Submitting Requests**

**Prior Authorization Outcomes, Special Considerations & Post-Decision Options**

## **EviCore Provider Portal**

Overview, Features, and Benefits

## **Provider Resources**

## **Questions & Next Steps**

## **Appendix**

- Step-by-Step Case Submission
- Self-Service Peer-to-Peer Scheduling Tool

# Solution Overview

# Highmark Health Prior Authorization Services

---

## Applicable Membership

- Commercial
- Medicare

## Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

## Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays



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

# Interventional Pain Management | Joint & Spine Surgery

---

## 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 list of CPT codes that require prior authorization through EviCore, please visit:

<https://www.EviCore.com/resources/healthplan/highmark>



# Site of Care/Inpatient Stays

---

## Program Overview

- EviCore healthcare will review Spine and Joint Surgery precertification requests for medical necessity and make a determination based on the clinical information provided.
- EviCore will collect the requested place of service during the precertification process. If the procedure requires an inpatient stay, EviCore will review the site of care for medical necessity in addition to the procedure.
- If an inpatient stay is deemed medically necessary, EviCore will communicate the appropriate length of the inpatient stay in the determination letter.
- EviCore does not provide concurrent bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the healthplan using their existing concurrent review process.



# Submitting Requests



# 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 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 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 submissions.

To access the EviCore Provider Portal, visit [www.EviCore.com](http://www.EviCore.com)



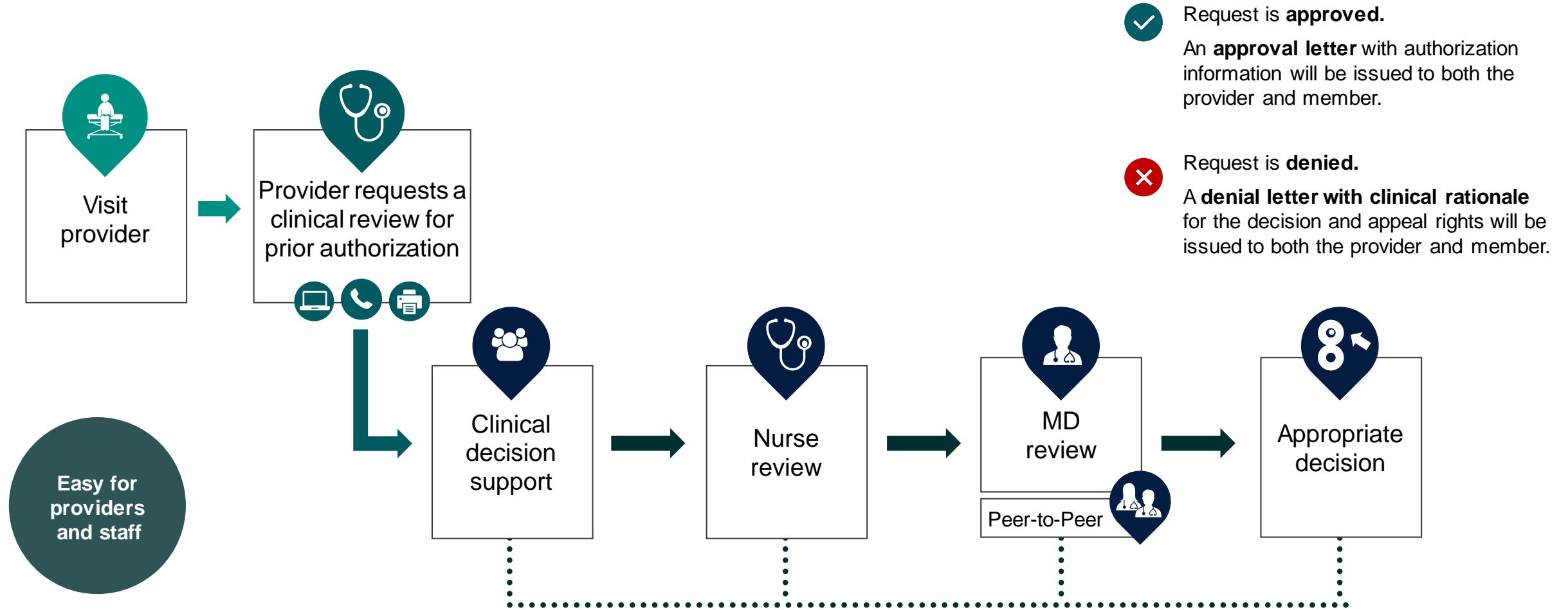
**Phone: 888-564-5492**

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

**Fax: 800-540-2406**



# Utilization Management | Prior Authorization



# 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) Provider

- 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

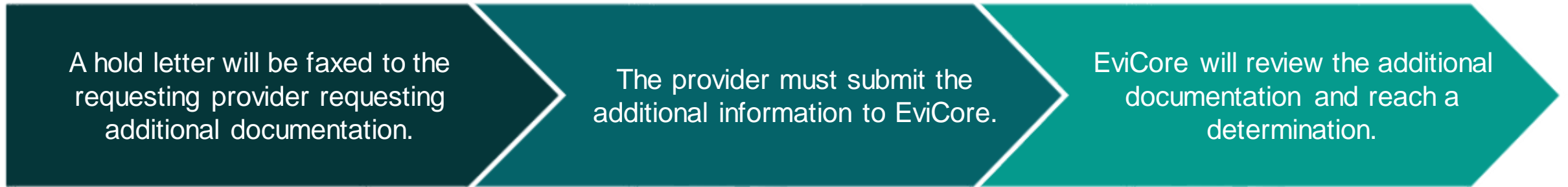
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



# 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:



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.

# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **180 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:** Based on evidence-based guidelines, if a request is determined as inappropriate, 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 provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: [www.EviCore.com](http://www.EviCore.com)



# Special Circumstances

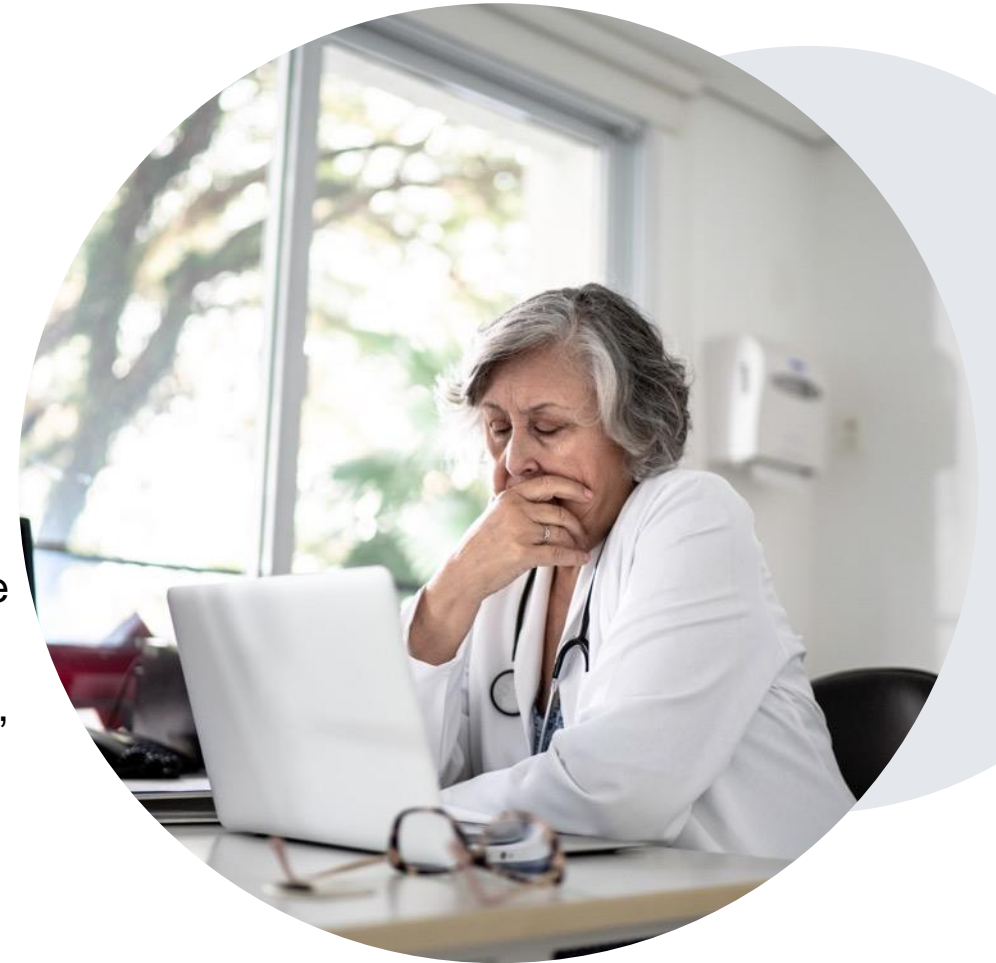
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## Alternative Recommendations

- 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 **14 calendar days** to contact EviCore to accept the alternative recommendation.

## Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-564-5492**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, 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 **888-564-5492** 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

- Providers can request a reconsideration review.
- Reconsiderations must be requested within **180 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 process first-level appeals for **Commercial members only**.
- The timeframe by which appeal requests must be submitted to EviCore varies by line of business. Please refer to the denial letter for instructions.



# 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 first-level appeals for Medicare members.



# Special Circumstances

---

## Retrospective (Retro) Authorization Requests

- Must be submitted within **730 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **30 calendar days** after receiving all necessary information.
- 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 24 to 72 hours.



# EviCore Provider Portal

# EviCore Provider Portal | Access and Compatibility

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

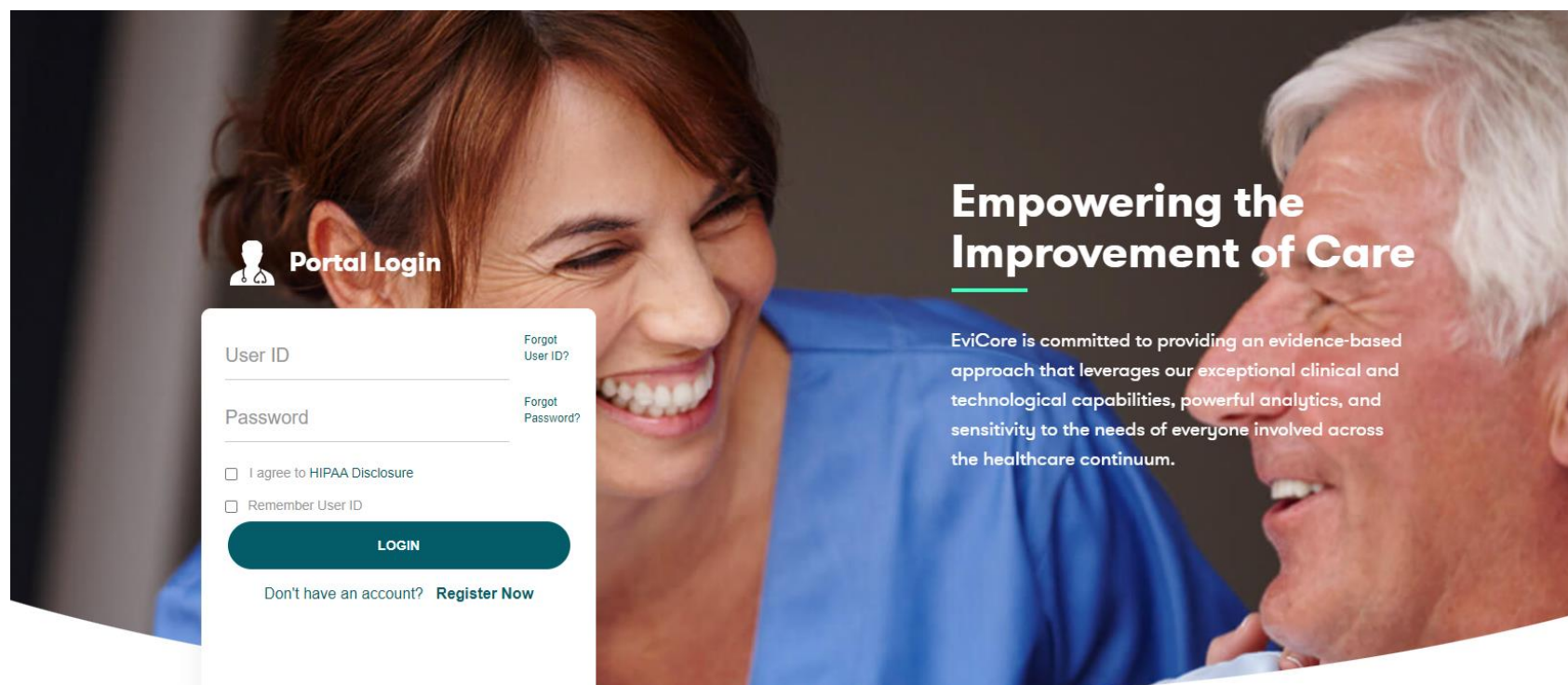
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

Already a user?

Log in with User ID & Password.

Don't have an account?

Click [Register Now](#).



## Empowering the Improvement of Care

EviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

EviCore's website is compatible with **all web browsers**. If you experience issues, you may 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.

The screenshot shows the EviCore registration form. At the top, the EviCore logo and 'By EVERNORTH' are displayed. Below this is a section titled 'Web Portal Preference' with a teal header. A message reads: '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.' The 'Default Portal\*' field is a dropdown menu with 'CareCore National' selected and circled in red. Below this is the 'User Information' section with a teal header and a message: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' The form contains several input fields: 'User Name\*', 'Email\*', 'Confirm Email\*', 'First Name\*', 'Last Name\*', 'Address\*', 'City\*', 'State\*' (with a 'Select' dropdown), 'Zip\*', and 'Office Name'.



# 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.**
- Once you select **Send PIN**, 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.

**Set up Two Factor Authentication**

Email  SMS

Register Email Address

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

Please enter PIN sent to your Email Address

PIN

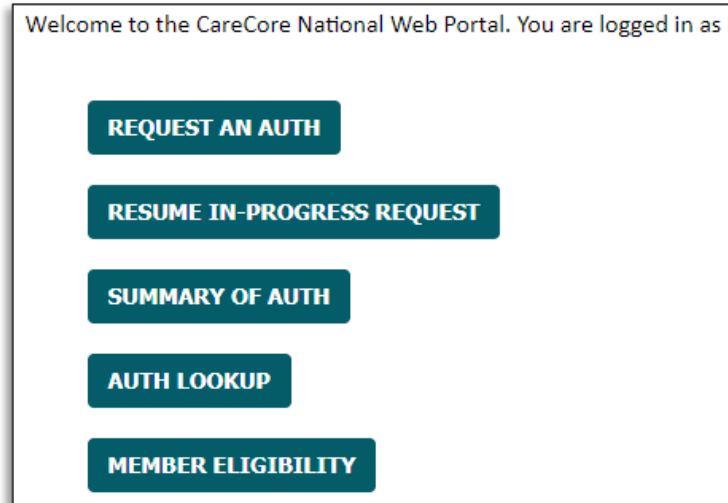
Submit

Skip

# Welcome Screen | Adding Providers to Registration



- Providers can be added to your account prior to case submission.
- Click the **Manage Your Account** tab to add providers to the web registration.



# Adding Providers

---

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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## 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

- Click the **Add Provider** button.

# Adding Providers

---

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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## 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

- Enter the Provider's **NPI**, **state**, and zip **code** to search for the provider record.
- Once entered, click **Find Matches**.
- Multiple providers can be added to your account.

# Adding Providers

---

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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## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

**ADD THIS PRACTITIONER**

**CANCEL**

- Select the matching record based upon your search criteria.

# Adding Providers

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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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## Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

[ADD ANOTHER PRACTITIONER](#)

[CONTINUE](#)

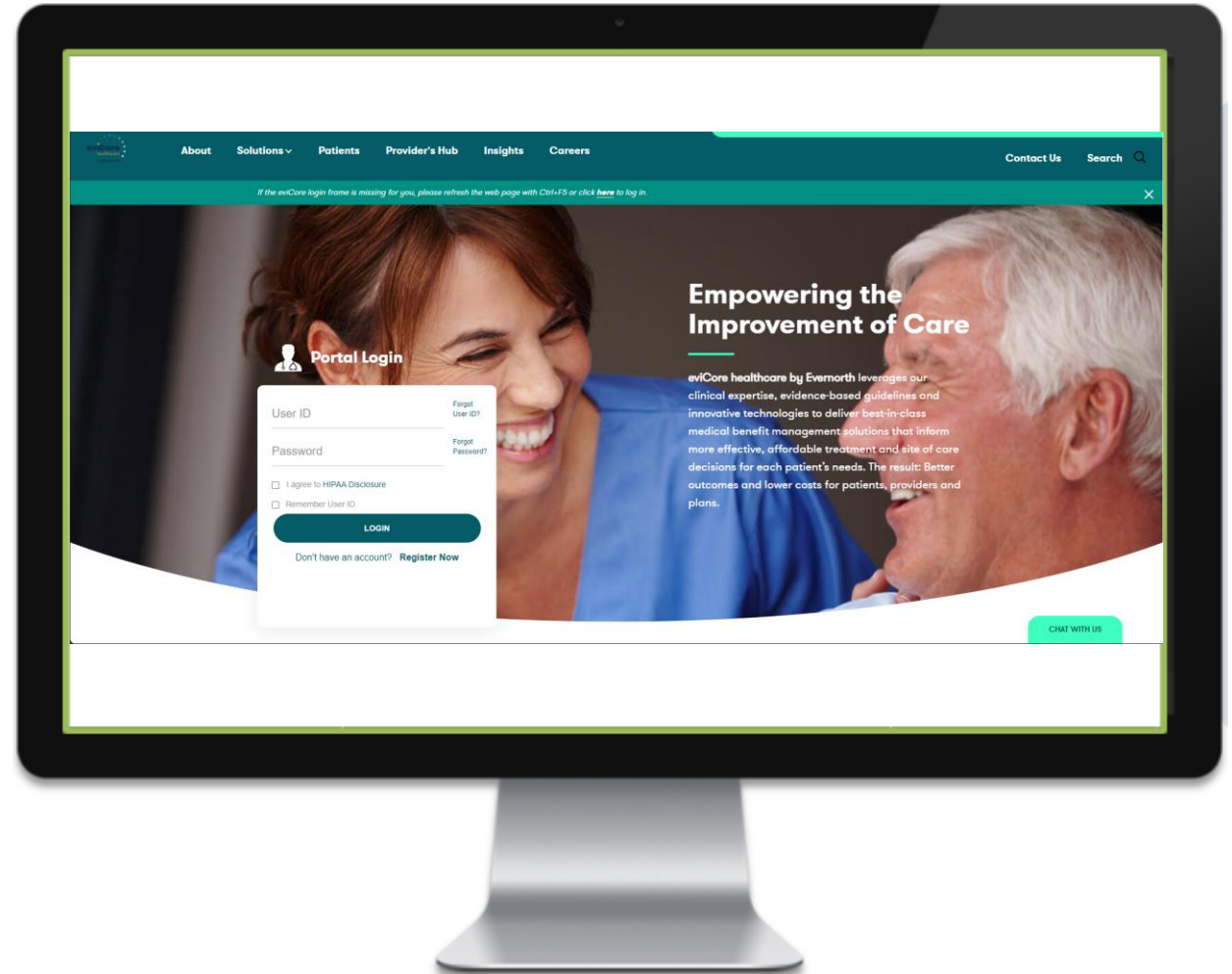
- Once you have selected a practitioner, your registration will be completed and ready for building a case.
- You can click on [Add Another Practitioner](#) to add another provider to your account or click [Continue](#).



# Provider Portal Demo | MSK Pain, Joint, and Spine Procedures

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)



# EviCore 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

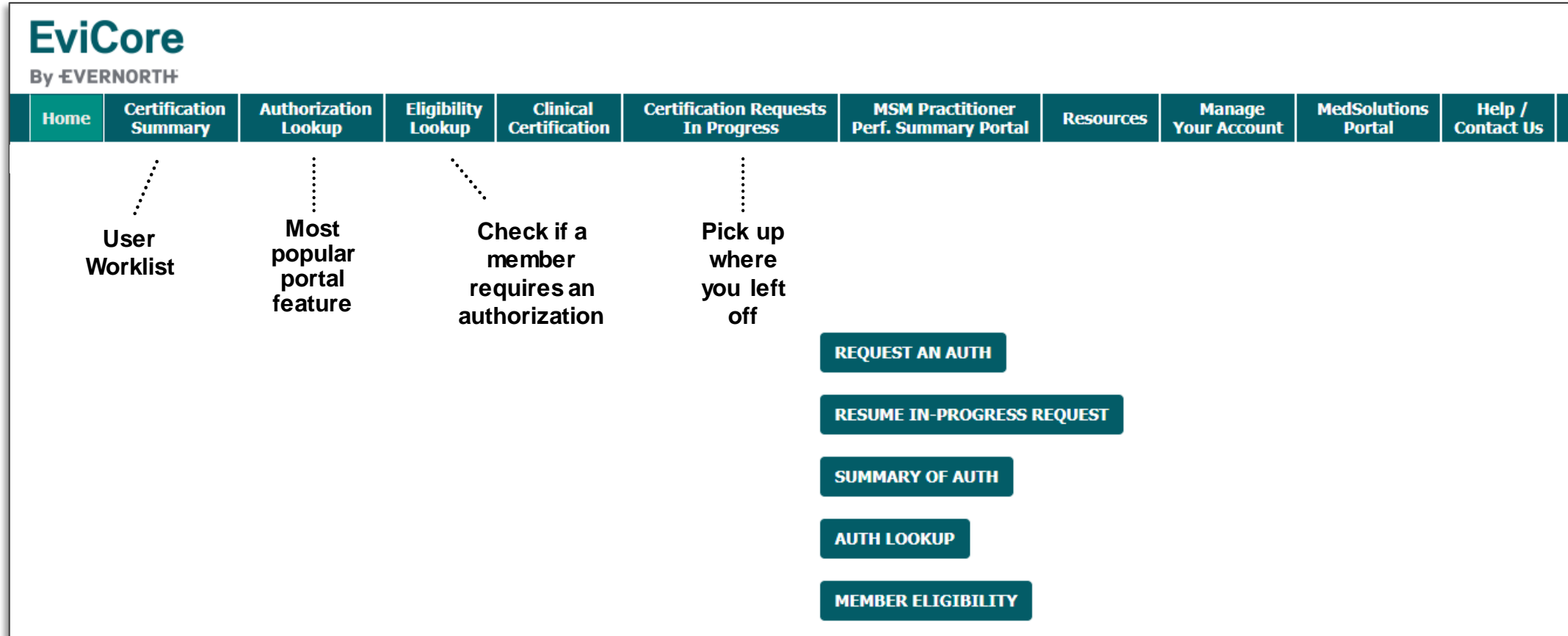
- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

## Certification Summary

- Track recently submitted cases.



# Provider Portal | Feature Access



# Certification Summary | User Worklist

Home	<b>Certification Summary</b>	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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## Certification Summary

Search For:

Page 1 of 1 | 10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
1	NA					Expired / Cancelled	05/01/2024		

Page 1 of 1 | 10

- The **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

# 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	MedSolutions Portal	Help / Contact Us
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## Authorization Lookup

Search by Member Information   Search by Authorization Number/NPI   OnePA: Prior Authorization Portal for Providers   Search by Claim Number/Health plan

Required Fields  
Healthplan:

PRINT

[Click here for help](#)

- 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-Peer calls.
- View and print any correspondence.



# 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](mailto:ClientServices@EviCore.com)
- Phone: **800-646-0418** (option 4).

## Web-Based Services and Portal Support

- Live chat
- Email: [Portal.Support@EviCore.com](mailto:Portal.Support@EviCore.com)
- Phone: **800-646-0418** (option 2)

## Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement Manager Territory List](#)



## Call Center/Intake Center

Call **888-564-5492**. Representatives are available from 7 a.m. to 7 p.m. local time.

# Provider Resources at EviCore.com

.....

EviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material 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:

<https://www.EviCore.com/resources/healthplan/highmark>

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's Hub](#).

# Ongoing Provider Portal Training

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The EviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

## How To Register:

1. Go to <http://EviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.
3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training**.
4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)
5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**



# Provider Resource Review Forum

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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 **Intro to EviCore Online Resources** session 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:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming





# EviCore's Provider Newsletter

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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

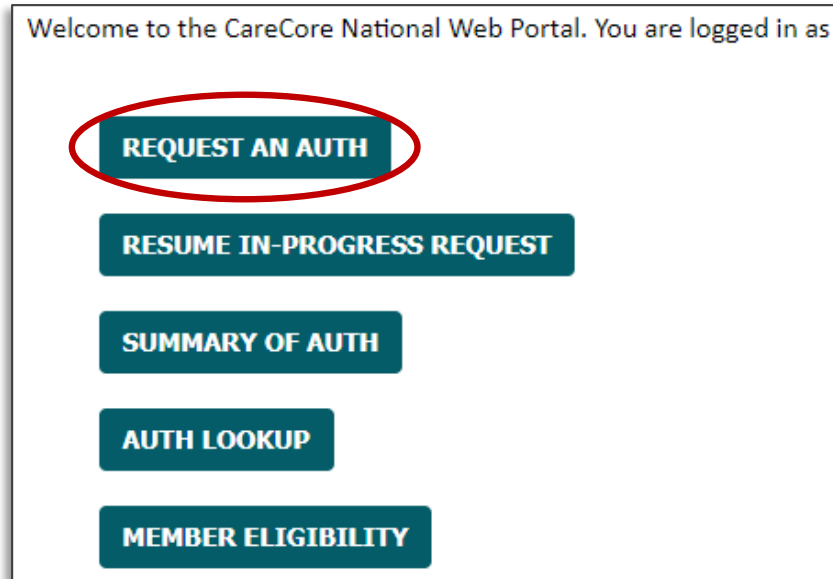
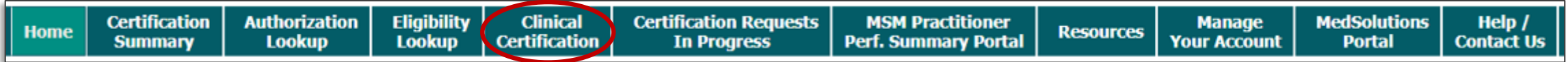


# Appendix



# Initiating a Case

# Initiating a Case



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

# 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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## Request an Authorization

To begin, please select a program below:

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

CONTINUE

[Click here for help](#)

- Select the **Program** for your certification.

# Clinical Certification Request | Search 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	MedSolutions Portal	Help / Contact Us
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## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

# Clinical Certification Request | Search 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	MedSolutions Portal	Help / Contact Us
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### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

Provider
<input type="button" value="SELECT"/>

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<input type="button" value="SELECT"/>								

[Click here for help](#)

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

### Attention!

Do you want to add this NPI ( ) to your account for future requests?

By choosing **YES**, the practitioner will be added to the provider list in your account.

# 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	MedSolutions Portal	Help / Contact Us
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## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **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	MedSolutions Portal	Help / Contact Us
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## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.


The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

# Clinical Certification Request | Procedure Date

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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**Attention!**

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)



If the Date of Service is unknown, please enter today's date.

**SUBMIT**

- Enter the expected date of service.
- If you do not know the date of the procedure, enter today's date.

# 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	MedSolutions Portal	Help / Contact Us
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### Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<b>SELECT</b>		01			F	

**BACK**

[Click here for help](#)

- Confirm the patient's information and click **SELECT** to continue.

# Clinical Certification Request | Procedure and Diagnosis Codes

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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### Requested Service + Diagnosis

This procedure will be performed on 5/6/2024. [CHANGE](#)

#### Musculoskeletal Management Procedures

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

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

Additional Procedure codes will be collected/presented during the clinical questionnaire

#### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[Click here for help](#)

- Enter the primary CPT code.
- Add diagnosis code(s):
  - For pain procedures, enter the numeric CPT.
  - For joint surgery, enter JOINT.
  - For spine surgery, enter SPINE.

# Clinical Certification Request | Clinical Details

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**Attention!**

Will you also be the surgeon performing the procedure?

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

# 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## 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 type="radio"/> Exact match	
				<input checked="" type="radio"/> Starts with	

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- **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	MedSolutions Portal	Help / Contact Us
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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 "**CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.**

I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- **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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## 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 standard/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.

#### Required Medical information checklist

Browse for file to upload (max size 25MB, 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 5MB size)
- Your case will only be considered urgent if there is a successful upload.

# Spine Surgery Pathway

# 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	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Proceed to Clinical Information

1 Please enter the primary CPT code for this surgery.

2 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)

3 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

# 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	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**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**

- Pathway questions will populate based upon the information provided.

# Joint Surgery Pathway

# 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	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**Proceed to Clinical Information**

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?  
 Left  Right

**SUBMIT**

Finish Later

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

[Click here for help](#)

- Enter the primary CPT code for the surgery.
- If needed, you can enter a secondary CPT code.

**Proceed to Clinical Information**

Do you want to enter a second code for this Knee surgery?  
 Yes  No

**SUBMIT**

Finish Later

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

[Click here for help](#)

# Clinical Collection Process | Pathway Questions

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Help / Contact Us</a>
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## Proceed to Clinical Information

 Please indicate which ligament will be reconstructed:

**SUBMIT**

Finish Later

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

[Click here for help](#)



# Interventional Pain Pathway

# 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	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Proceed to Clinical Information

Please indicate the reason for this procedure:

- To treat post-herpetic neuralgia
- To treat low back pain (radiculopathy/radicular pain/non-radiating pain)
- To inject Spinraza® (nusinersen)
- A trial for an implanted pump
- For obstetrical or surgical anesthesia
- To manage perioperative pain

You can save a certification request to finish later.

### Proceed to Clinical Information

#### Lumbar Epidural Injection

Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic
- Corticosteroid
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza® (nusinersen)
- Other injectate(s)
- Unknown

How many levels will this procedure be performed at?

**SUBMIT**

# Clinical Collection Process | Pathway Questions

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Help / Contact Us</a>
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## Proceed to Clinical Information

How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

# Clinical Collection Process | Pathway Questions

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Help / Contact Us</a>
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## Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

- Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg
- Symptomatic spinal stenosis
- Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)
- Loss of strength
- Change in sensation to light touch, pressure, pin prick or temperature
- Decreased, absent or asymmetric reflex(es)
- Positive electrodiagnostic study (EMG/NCV) for nerve root compression
- None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

- Yes  No  Unknown

SUBMIT

# 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. BRADLEY WOODS, DPM, FACS	Contact:	DR.
Provider Address:	1000 W. 10th St Lawton, Oklahoma 73505	Phone Number:	(505) 223-1111
		Fax Number:	(505) 223-1111
Patient Name:	BRADLEY WOODS	Patient Id:	123456789
Insurance Carrier:	WELLS FARGO		
Site Name:	WELLS FARGO BANK	Site ID:	123456789
Site Address:	875 COMMERCE CENTER DR LAWTON, OK 73505		
Primary Diagnosis Code:	M50	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Spine Surgery
CPT Code:	63000		
Case Number:	123456789		
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.		

# 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.

<b>Provider Name:</b>	DR. BHARATH MANI ANKARA VEETHI	<b>Contact:</b>	
<b>Provider Address:</b>	1200 4TH AVE W SAINT CLOUD, MN 56303	<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<b>Primary Diagnosis Code:</b>	M43.16	<b>Description:</b>	Spondylolisthesis, lumbar region
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	Spine Surgery
<b>CPT Code:</b>	SPINE		
<b>Authorization Number:</b>			
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL** **PRINT** **CONTINUE**

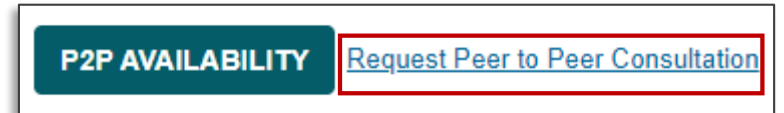
# Online Peer-to-Peer Scheduling Tool

# How to Schedule a Peer-to-Peer (P2P)

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- Log into your account at [www.EviCore.com](http://www.EviCore.com)
- Perform Authorization 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 conversation:
- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Number:	NA
Case Number:	<b>P2P AVAILABILITY</b>
Patient Name:	
DOB:	
Status:	Denied
P2P Status:	





# How to Schedule a Peer-to-Peer

---

- Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the **All Post Decision Options** button to learn what other action may be taken.

**Authorization Lookup**

Authorization Number:	NA
Case Number:	<a href="#">Request Peer to Peer Consultation</a>
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:	

**ALL POST DECISION OPTIONS**

The screenshot shows a user interface for an 'Authorization Lookup'. It contains a table with fields for Authorization Number, Case Number, Status, P2P Eligibility Result, and P2P Status. A blue arrow points from the 'Request Peer to Peer Consultation' link in the Case Number row to the 'ALL POST DECISION OPTIONS' button at the bottom left.

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

# How to Schedule a Peer-to-Peer

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

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 (DOB) for the case you just looked up.
- You can 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

# How to Schedule a Peer-to-Peer

### 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 to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. Select any of the listed appointment times to 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	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

# How to Schedule a Peer-to-Peer

## Confirm Contact Details

- Contact person name and email address will auto-populate per your user credentials.

The screenshot shows a web interface for scheduling a Peer-to-Peer appointment. At the top, there are four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content area is divided into three sections:

- P2P Info:** Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider: [User Icon]
- 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

A yellow 'Submit' button is located at the bottom right of the form.

- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a summary page for a scheduled appointment. It features a calendar icon and the text 'Scheduling'. Below this, it says 'Scheduled'. A summary bar contains a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red oval highlights the word 'SCHEDULED' in the bottom right corner.

# Canceling or Rescheduling a Peer-to-Peer Appointment

## To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, 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, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to enter a cancellation reason.
- Close browser once done.

