

## MUSCULOSKELETAL MANAGEMENT

# Spine Surgery

Migration from the MedSolutions portal to the EviCore (CareCorenational) portal for prior authorizations

Provider Orientation Session for Blue Cross  
Blue Shield of Rhode Island (BCBSRI)

# From MedSolutions to CareCorenational

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Effective 2/1/24, Blue Cross/Blue Shield of Rhode Island (BCBSRI) prior authorization requests for spine surgery services will be initiated through BCBSRI’s portal [bcbsri.com](https://bcbsri.com) for dates of service 2/1/2024 and beyond, as outlined below.

Services performed without authorization may be denied for payment, and you may not seek reimbursement from members.

| BCBSRI Prior Authorization Case Initiation Methods |   |
|--|---|
| Web Portal:  | <a href="https://bcbsri.com">bcbsri.com</a> |
| Phone:   | 888-233-8158                                |
| Fax:   | 800-540-2406                                |

# +Applicable Memberships

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Prior Authorization is required for BCBSRI members who are enrolled in the following line of business

- Medicare Advantage

# +Spine Surgery Requirements

Prior authorizations should be submitted at least two weeks prior to the anticipated date of the elective spine surgery

## +Minimum documentation requirements:

- CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.
- Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.
- Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.
- Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.

## +For Spinal Fusion surgery requests:

- Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation,
  - +fusion, etc.
- Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.
- evidenced by blood cotinine lab results of <10ng/mL (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time
  - +for submission of lab results performed after the 6-week cessation period.

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# +Spine Surgery Requirements

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## Continued:

+Some procedures in the EviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindication to ESIs/SNRBs.

+Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

+EviCore Musculoskeletal Guidelines for Advanced Procedures:

+<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

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# +BCBSRI Prior Authorization Services

+EviCore healthcare will begin accepting prior authorization requests for Spine Surgeries services on 2/1/24 for dates of service 2/1/2024 and beyond

Prior Authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective/ Non-Emergent
- Inpatient

Prior Authorization does NOT apply to services that are preformed during:

- Emergency Room Services
- 23 Hour Observations

Provider Resource Page:

Providers and/or staff can utilize the page to access a list of covered CPT codes, FAQs, and additional educational materials by visiting:

[Blue Cross and Blue Shield of Rhode Island Implementation Resources | eviCore healthcare](#)

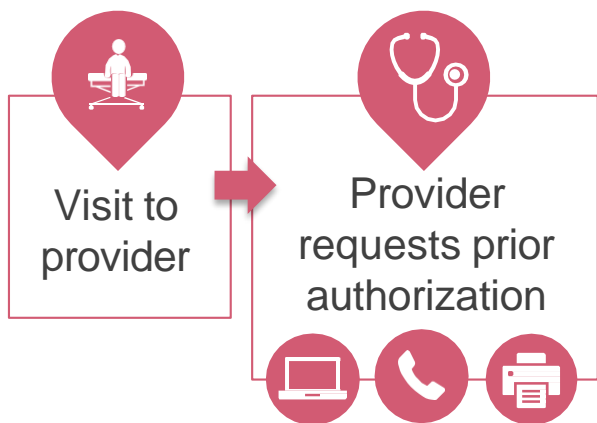
## Pre-Service Authorization Required:

### Spine Surgery:

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

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

<https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/rhode-island>



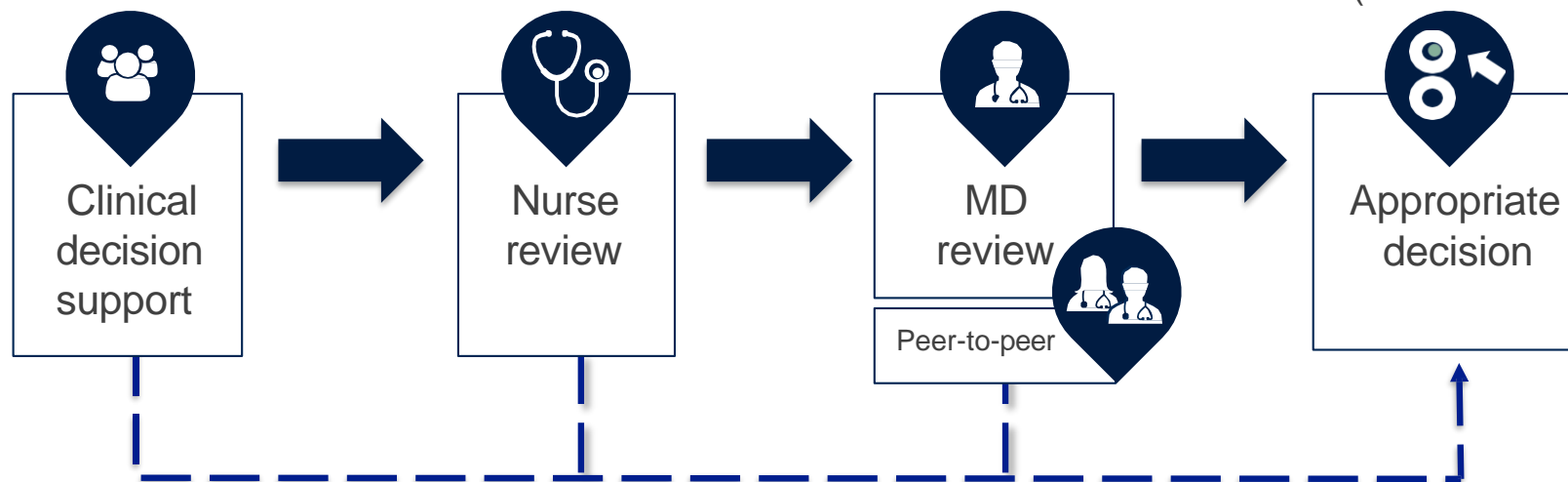
Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to the provider (written), site (written) and member (written and verbal).



Based on evidence-based guidelines, request is **Denied**.

A denial letter with clinical rationale for the decision and appeal rights will be issued to the provider (written and verbal) site (written) member (written and verbal).



# +Non-Clinical Information Needed

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The following information must be provided to initiate the prior authorization request:

## +Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

## +Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)

- Phone and Fax Numbers

## +Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



# +Prior Authorization Outcomes

## Approvals and Denials

### +Approved Requests

- All requests are processed in within 14 calendar days for Medicare after receipt of all necessary clinical information. Urgent requests have a 72 hour turn around time.
- Authorizations are typically valid for 180 days from the date of the final determination.

### +Denied Requests

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical

### +Authorization Letter

- The letter will be faxed or emailed to the ordering physician and performing facility.
- The member will receive notification verbally and in writing..
- Approval information can be printed on demand from the eviCore portal.

### +Denial Letter

- The letter will be faxed or emailed to the ordering site; the physician will receive written and verbal notification.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.



# Pre-Decision Options: Medicare Members

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

## Submission of Additional Clinical

- EviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases
- You may submit additional clinical to EviCore for consideration per the instructions received
- Additional clinical must be submitted to EviCore in advance of the due date referenced

## Pre-Decision Clinical Consultation

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- + The Pre-Decision Clinical Consultation must occur before the due date referenced
- + If additional information was submitted, we will proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed



# Post-Decision Options: Medicare Members

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## My case has been denied. What next?

### Clinical Consultation

- + Providers may request a Clinical Consultation with an EviCore physician to 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 have a Reconsideration option

### Appeals

- + Submit to BCBSRI Grievance and Appeals Unit
- + By Mail: 500 Exchange St. Providence, RI 020903
- + BY e-mail: GAU Complaints [Appeals@bcbsri.org](mailto:Appeals@bcbsri.org)
- + By fax: 401-459-5668



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# Special Circumstances

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## +Retrospective (Retro) Authorization Requests

- Retrospective authorization requests are reviewed for clinical urgency and medical necessity. EviCore has 14 calendar days for Medicare to provide a final determination for retrospective authorization requests. Retrospective requests that are submitted beyond the timeframe will be administratively denied.

## +Urgent Prior Authorization Requests

- Urgent requests can now be submitted on EviCore's website using bcbsri.com, following the request procedure will bring you to the EviCore portal. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list. Or you can call 888-233-8158 and advise the case is urgent.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 72 hours upon receiving the prior authorization request.



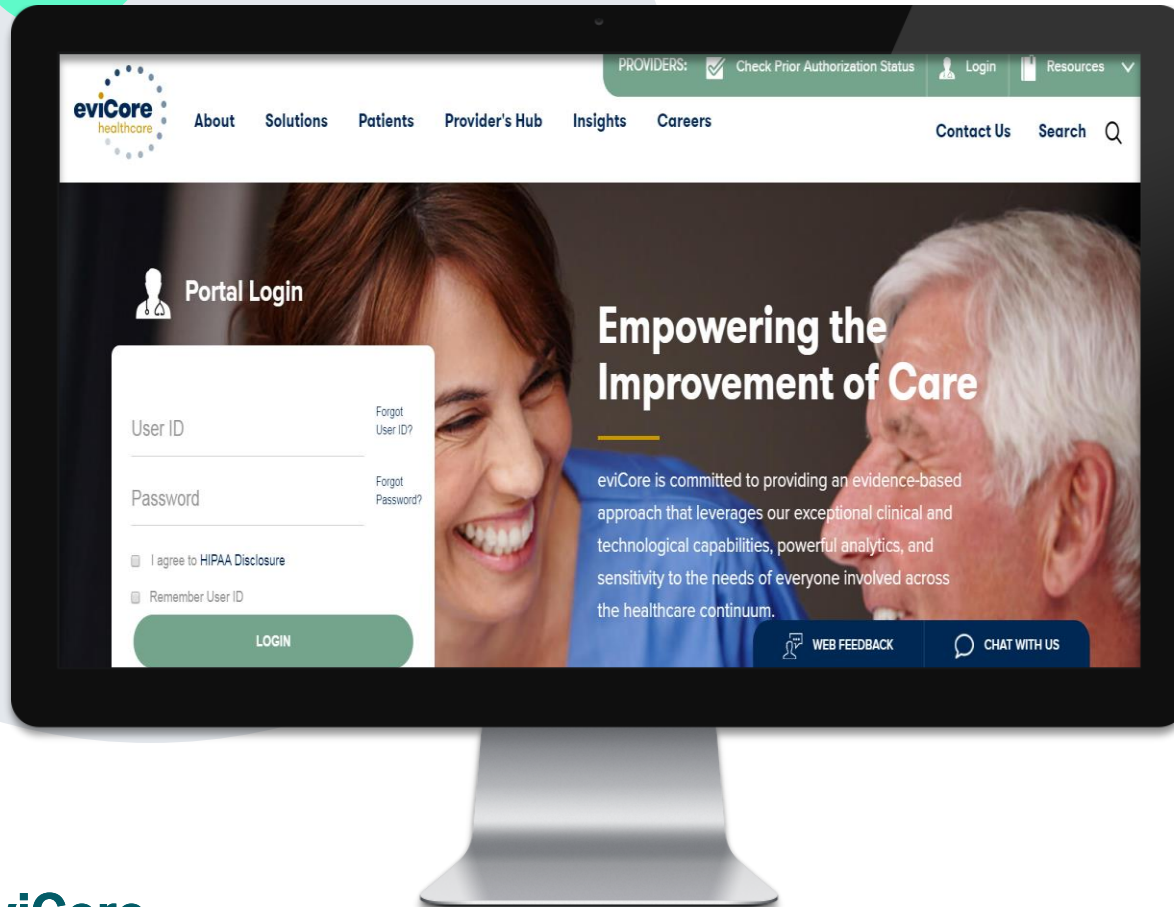
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# Provider Portal Overview

Submitting Online Prior Authorization Requests

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# +eviCore Provider Portal- for resource information



The EviCore online portal is the quickest, most efficient way to obtain resource information and to check prior authorization. It is available 24/7. You must register for a User ID and Password. To request a prior authorization you access your account at [bcbsri.com](https://bcbsri.com) which will link you to the EviCore portal to start the request.

Or by phone:

**Phone Number:**

**888-233-8158**

7:00 a.m. to 7:00p.m.

Monday – Friday

By fax: 800-540-2406

- Claims & Billing
- Preauthorization
- Patient Eligibility
- Cost Estimator
- Tools & Resources
- Referrals
- Quality
- HIPAA
- Update Web Account
- Secure Messaging
- Contact Us
- FAQs

# Preauthorization Requests Need Help?

Is this a Prospect member? Not sure? Enter member information here to check.

Member ID

Member DOB

SUBMIT

To create a new request, select a request type below.

## Guides

Click on the corresponding guide to learn more on specific authorizations.

- Home Health Authorizations through MHK Provider Portal
- Inpatient Authorizations through MHK Provider Portal
- Service Authorizations through MHK Provider Portal
- Behavioral Health Inpatient Authorizations
- Behavioral Health Outpatient Authorizations

## BCBSRI Requests

### MHK

- Inpatient authorizations (elective, emergency and maternity)
- Long-Term Acute Care & Acute Rehabilitation
- Genetic Testing
- Durable Medical Equipment
- Procedures
- Medical drugs (for Medicare Advantage and HOST membership)
- Behavioral Health Inpatient and Outpatient services
- Infertility services for Commercial, self-insured groups, FEP, and Medicare
- Spinal surgeries for Commercial members

### eviCore

- Cardiology
- High-tech Radiology
- Spinal surgeries for Medicare Advantage members

### Prime(Cover my Meds)

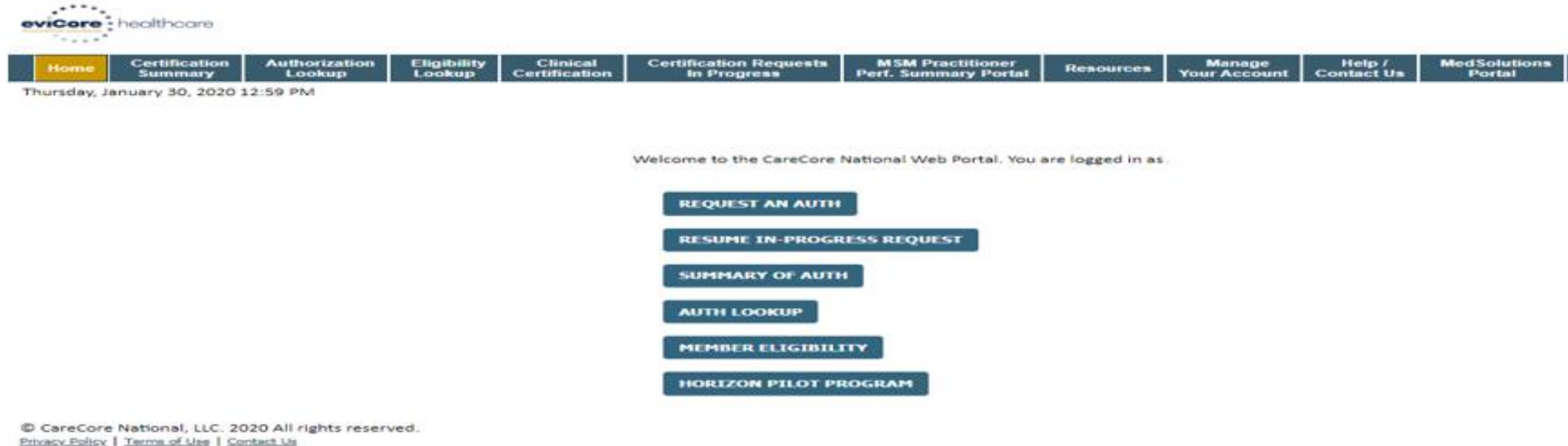
- Medications
- Medical drugs for Medicare and Commercial members

### WinFertility IVF Services

- Infertility services for Commercial, fully-insured members


### NEHP Cross Border Request

# Welcome Screen



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

# +Welcome Screen



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MSM Practitioner Perf. Summary Portal

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Tuesday, January 21, 2020 9:41 AM

Welcome to the CareCore National Web Portal. You are logged in as **AMYINTG**.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP


MEMBER ELIGIBILITY

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# +NPI- Global Look-up Feature



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Wednesday, December 20, 2023 12:06 PM [Log Off \(PCHODANKAR\)](#)

## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

|                   | Provider                                       |
|-------------------|--|
| <div>SELECT</div> | 1588621692 - ABATE, NICOLA                     |
| <div>SELECT</div> | 1740262013 - ABAYA, BERNARDINO                 |
| <div>SELECT</div> | 1750314217 - ABBARA, MAHER                     |
| <div>SELECT</div> | 1659374890 - HOLZ, ALAN                        |
| <div>SELECT</div> | 1639198880 - PEREIRA-RICO, ALVARO              |
| <div>SELECT</div> | 1013044304 - SPECIAL PEOPLE IN NORTHEAST, INC. |

If the requested NPI is not listed above, search for it below.  
Please note, you will also be given the option to add this NPI to your account for future requests.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

Feedback

10% Complete

- Provider can search for existing NPI in highlighted green box. If Provider wants to search for any NPI which is not added in their Managed List, they can use red highlighted box. As shown to the left

# +Select Program

|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                   |
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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

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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"

# +Select Provider

Monday, June 13, 2022 9:04 AM

## 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:

SEARCH

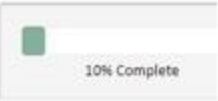
CLEAR SEARCH

| Provider |  |
|----------|--|
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| SELECT   |  |
| 173      |  |

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[Click here for help](#)



# +Select Health Plan & Provider Contact Info

## Choose Your Insurer

Requesting Provider: **WHEEL, RACHHEL, MPH 2862787868**

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Chose the appropriate insurer from the drop down menu:

- Choose the appropriate BCBSRI for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select **CONTINUE** and on the next screen Add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive **e-notifications** see next slide

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# Add Your Contact Information

---

Provider's Name:\*

[?]

Who to Contact:\*

Jenn M.

[?]

Fax:\*

(800) 555-5555

[?]

Phone:\*

[?]

Ext.:

[?]

Cell Phone:

Email:

jmason@evicore.com

☒ Receive notification of case status changes

+

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CONTINUE

[Click here for help](#)

If the email address is provided, you will receive e-notifications

# +Procedure Date

|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                   |
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Monday, June 13, 2022 9:08 AM

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*

Patient Last Name Only:\*

Do not include prefix. Enter numeric only.

ELIGIBILITY LOOKUP

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### Attention!

Time: 6/13/2022 9:08 AM

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

Jun 2022

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 |    |    |

Please enter today's date.

40% Complete

# +Procedure Date

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Monday, June 13, 2022 9:08 AM

Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*

Patient Last Name Only:\*

Do not include prefix. Enter numeric only.

ELIGIBILITY LOOKUP

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Attention!

Time: 6/13/2022 9:08 AM

You entered a date of service of today. Has this procedure or treatment already been completed?

Yes

No

SUBMIT

40% Complete

and NPI

# +Member & Request Information

---

**Patient Eligibility Lookup**  

Patient ID:\*

Date Of Birth:\*

MM/DD/YYYY

Patient Last Name Only:\*

[?]

ELIGIBILITY LOOKUP

BACK

- + Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup

# +Eligibility Lookup

|  |      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                   |  |
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|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|--|

Monday, June 13, 2022 9:10 AM

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*MM/DD/YYYY

Patient Last Name Only:\*[?]

Do not include prefix. Enter numeric digits only.

LOOKUP AGAIN

### Search Results

|        | Patient ID | Member Code | Name | DOB | Gender | Address |
|--------|------------|-------------|------|-----|--------|---------|
| SELECT |            |             |      |     |        |         |

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40% Complete

Provider and NPI

# +Clinical Details

|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                   |
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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](#)

For **Spine surgery** requests, chose **SPINE** from the drop down box.

#### 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](#)

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60% Complete

Provider and NPI

Patient [EDIT](#)

# +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

# +Verify Treatment Selection



|  |      |                       |                      |                    |                        |                                    |                                       |           |                     |                   |  |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|--|
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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](#)

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60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Site Selection



|  |      |                       |                      |                    |                        |                                    |                                       |           |                     |                   |                     |  |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|---------------------|--|
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Thursday, January 30, 2020 2:21 PM

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

## 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:

Zip Code:

TIN:

City:

Site Name:

☒ Exact match

☐ Starts with

LOOKUP SITE

There are no sites associated with referer.

BACK

[Click here for help](#)

Search and select the specific site where the treatment will be performed.

EviCore  
By EVERNORTH

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# +Clinical Certification

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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 make any changes needed
- You will not have the opportunity to make changes after this point

# +Standard or Urgent Request?

- + If your request is **urgent** select **No**
- + When a request is submitted as Urgent, you will be required to upload relevant clinical information
- + If the case is **standard** select **Yes**
- + You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB documents
- + Your case is **urgent** if there is

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

ent if

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practice Perf. Summary

Thursday, May 14, 2020 3:04 PM

### 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

Choose File No file chosen

UPLOAD

# Clinical Upload



|      |                       |                      |                    |                        |                                    |                                       |           |                     |                   |                     |
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Thursday, January 30, 2020 2:47 PM

## 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):

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

SKIP UPLOAD

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



# +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

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

**EVICORE**  
By EVERNORTH

# +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 |  |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|--|

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

# +Clinical Collection Process – Pathway Questions



|  |      |                       |                      |                    |                        |                                    |                                       |           |                     |                   |  |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|--|
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|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|--|

Wednesday, July 01, 2020 3:32 PM

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

## Proceed to Clinical Information

### SPINE / LEVEL

**i** 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

**i** 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

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

No urgent or emergent conditions exist ▼

SUBMIT



# Medical Review

## Clinical Certification

Your Case has been sent to Medical Review

|                           |               |              |                               |
|---------------------------|---------------|--------------|-------------------------------|
| Provider Name:            | Contact:      |              |                               |
| Provider Address:         | Phone Number: |              |                               |
|                           | Fax Number:   |              |                               |
|                           |               |              |                               |
| Patient Name:             | Patient Id:   |              |                               |
| Insurance Carrier:        |               |              |                               |
|                           |               |              |                               |
| Site Name:                | Site ID:      |              |                               |
| Site Address:             |               |              |                               |
|                           |               |              |                               |
| 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:              |               |              |                               |
| Expiration Date:          |               |              |                               |
| Status:                   | Pending       |              |                               |

Print

Continue

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

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

# 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 ID:

Site Address:

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.

---

# Additional Provider Portal Features

---

# +Eligibility Look-up

|  |      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                   |  |
|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|--|
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|--|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|--|

Monday, June 13, 2022 9:08 AM

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*

MM/DD/YYYY

Patient Last Name Only:\*

[?]

Do not include prefix. Enter numeric digits only.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

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40% Complete

Provider and NPI

# Eligibility Look-up



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.

# Authorization Look up

eviCore healthcare

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

Tuesday, November 22, 2016 2:30 PM

## 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:

- 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



- Home
- Certification Summary
- Authorization Lookup
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- Clinical Certification
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us
- Med Solutions Portal

Tuesday, January 21, 2020 10:43 AM

## Authorization Lookup

Authorization Number:

XXXXXXXXXX

Case Number:

XXXXXXXXXX

Health Plan Auth Number:

XXXXXXXXXX

Status:

Approved

Approval Date:

1/21/2020 12:00:00 AM

Service Code:

71250

Service Description:

CT THORAX W/O CONTRAST

Site Name:

BRUNSWICK MEDICAL CENTER

Expiration Date:

3/6/2020

Date Last Updated:

1/21/2020 8:21:28 AM

Correspondence:

UPLOADS & FAXES

Procedures

| Procedure | Description  | Qty Requested | Qty Approved | Modifier(s) |
|-----------|--|---------------|--------------|-------------|
| 71250     | <div>CHANGE SERVICE CODE</div> Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye) | 1             | 1            |             |

PRINT

[Click here for help](#)

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The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

# Certification Summary

## Certification Summary

Search.. 🔍

Single Status  
Show All ▼

Filter By Multiple Statuses  
Show All ▼

Date  
7 days ▼

Submit Close



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

Wednesday, September 26, 2018 2:27 PM Log Off

### Certification Summary

Search.. 🔍

Page 1 of 0 10 ▼ No records to display

| 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 | Upload Clinical |
|----------------------|-------------|------------------|-----------------------------|-----------------------|--------|----------------------|----------------|---------------------|-----------|-----------------|----------------|-----------------|
| X                    | X           | X                | X                           | X                     |        |                      | X              |                     |           |                 |                |                 |

Page 1 of 0 10 ▼ No records to display

➤ CareCore National Portal now includes a “Certification Summary” tab to better track your recently submitted cases

➤ The work list can also be filtered, as seen above

# Duplication Feature

## Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Musculoskeletal Management)
- ☐ Provider ( )
- ☐ Program and Provider (Musculoskeletal Management and )
- ☐ Program and Health Plan (Musculoskeletal Management and )

GO

- Duplication feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!


# +How to schedule a Peer- to- Peer Request

- 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 **Authorization Lookup** tion:

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



P2P AVAILABILITY

- 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.



# +How to schedule a Peer- to- Peer Request

---

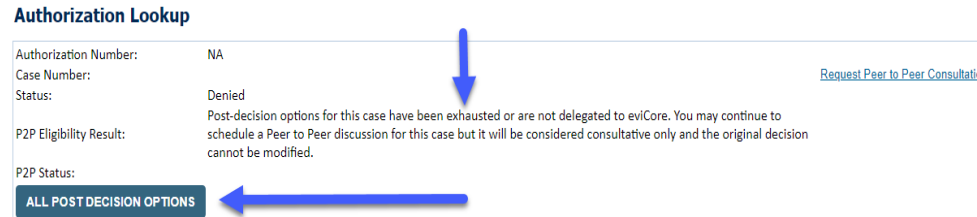
Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other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

**Authorization Lookup**

|                         |   |
|-------------------------|---|
| Authorization Number:   | NA  |
| Case Number:            |   |
| 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:             |   |

[Request Peer to Peer Consultation](#)

**ALL POST DECISION OPTIONS**

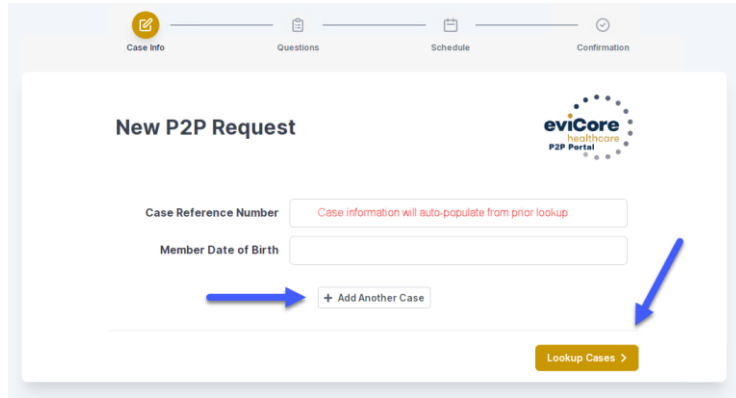


Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

**eviCore**

By EVERNORTH

# +How to Schedule a Peer- to- Peer Request



+Upon first login, you will be asked to confirm your default time zone.

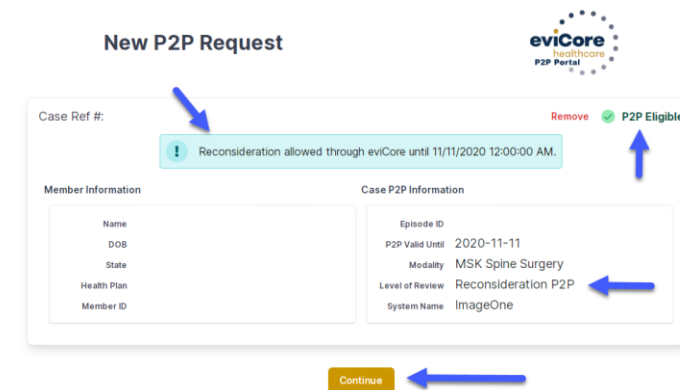
+You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

+You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

**eviCore**

By EVERNORTH

+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.



# +How to Schedule a Peer- to- Peer Request

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 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... | -           | -           | -           |

+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.

EviCore

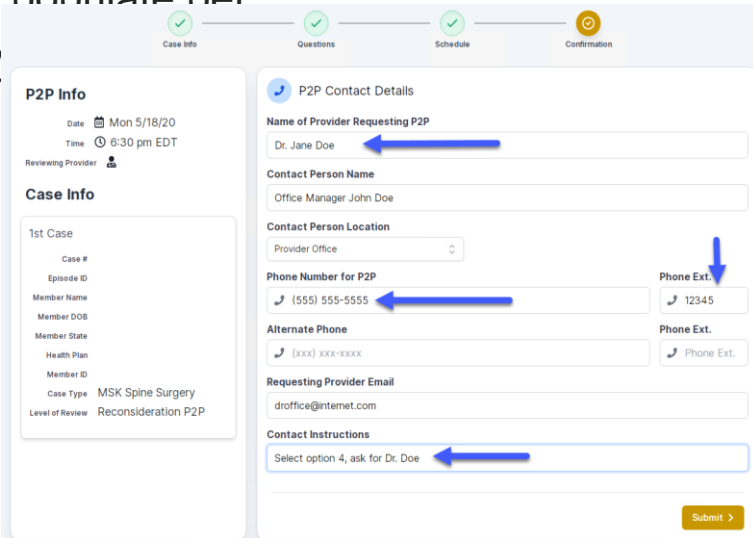
By EVERNORTH

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# +How to Schedule a Peer- to- Peer

## +Confirm Contact Details

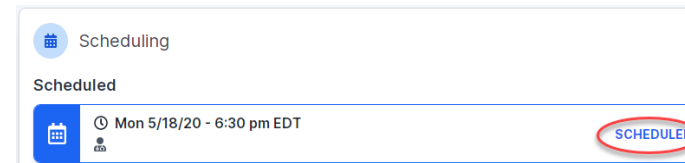
- Contact Person Name and Email Address will auto-populate per

+ 

- 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 d appointment.



# +Canceling or Rescheduling a Peer- to- Peer Appointment

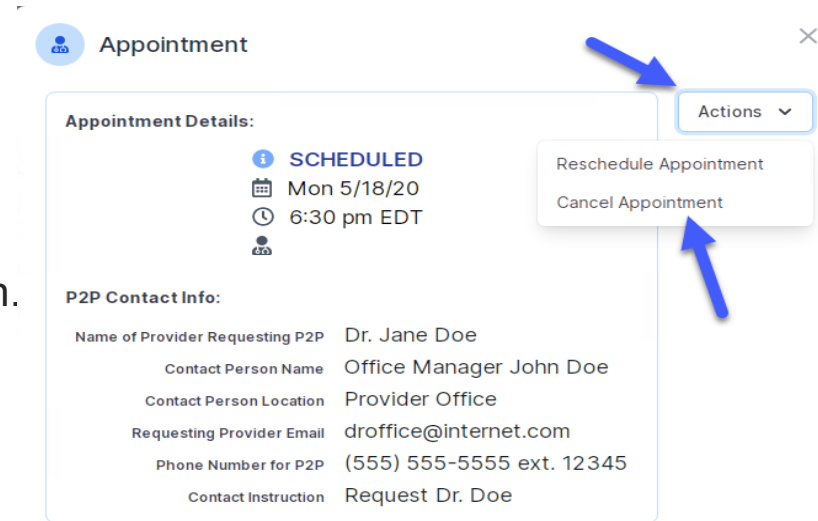
+To cancel or reschedule an appointment

- 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 input a cancellation reason.

- Close browser once done



# +Provider Newsletter

## Stay Updated With Our Free Provider Newsletter

+eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# +Provider Resource Review Forums

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 **Provider Prior Authorization Online Portal Tips and Tools** session, to navigate [www.eviCore.com](http://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
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- **How to register for a Provider Resource Review Forum?**

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** session on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



## +For Eligibility and Benefits:

---

+For benefits and eligibility questions,  
please contact the Physician & Provider  
Service Center at BCBSRI: 401-274-4848  
or 1-800-230-9050 for out-of-state callers  
or visit [bcbsri.com](https://bcbsri.com) on the Provider Portal

# +Provider Resources

---

**Portal Support Team -** If you should encounter an issue when initiating a request on the website you may contact the EviCore Portal Support Team for assistance.

**Contact Info:** Phone: 800-646-0418 Option 2; Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)

**Client & Provider Services Team -** Client & Provider Services is an escalation team consisting of specially trained agents that are responsible for BCBSRI inquiries. They are an eviCore first line resource available to research and resolve concerns that may occur.

**Contact Info:** Phone: 800-646-0418 Option 4; Email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

**Patricia Allen, Sr. Regional Provider Engagement Manager-** [pallen@evicore.com](mailto:pallen@evicore.com) 800-918-8924 ex. 24176

**BCBSRI Resource Page –** The resource page contains educational materials, such as a list of designated CPT Codes, Frequently Asked Questions, Announcement Letter with training schedule and a copy of this presentation.

[Blue Cross and Blue Shield of Rhode Island Implementation Resources | eviCore healthcare](#)

# +Resource Links

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- Worksheets: <https://www.evicore.com/provider/online-forms>
- Clinical Guidelines: <https://www.evicore.com/provider/clinical-guidelines>
- Request a Clinical Consultation: <https://www.evicore.com>

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# Thank you

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