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)

EviCore
By EVERNORTH

April 21, 2025 1

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From MedSolutions to CareCorenational

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 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:	bcbsri.com
Phone:	888-233-8158
Fax:	800-540-2406

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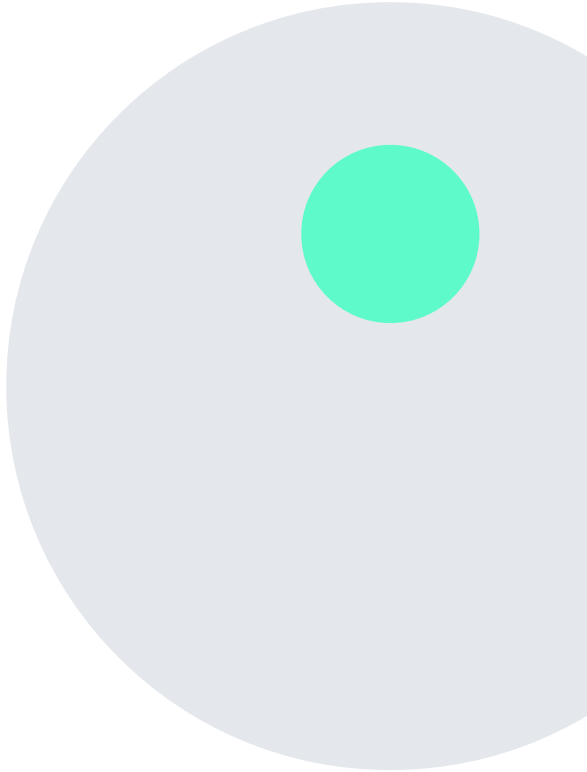
+Applicable Memberships

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

- Medicare Advantage



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+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

Continued:

+Some proceduresin the EviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications 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

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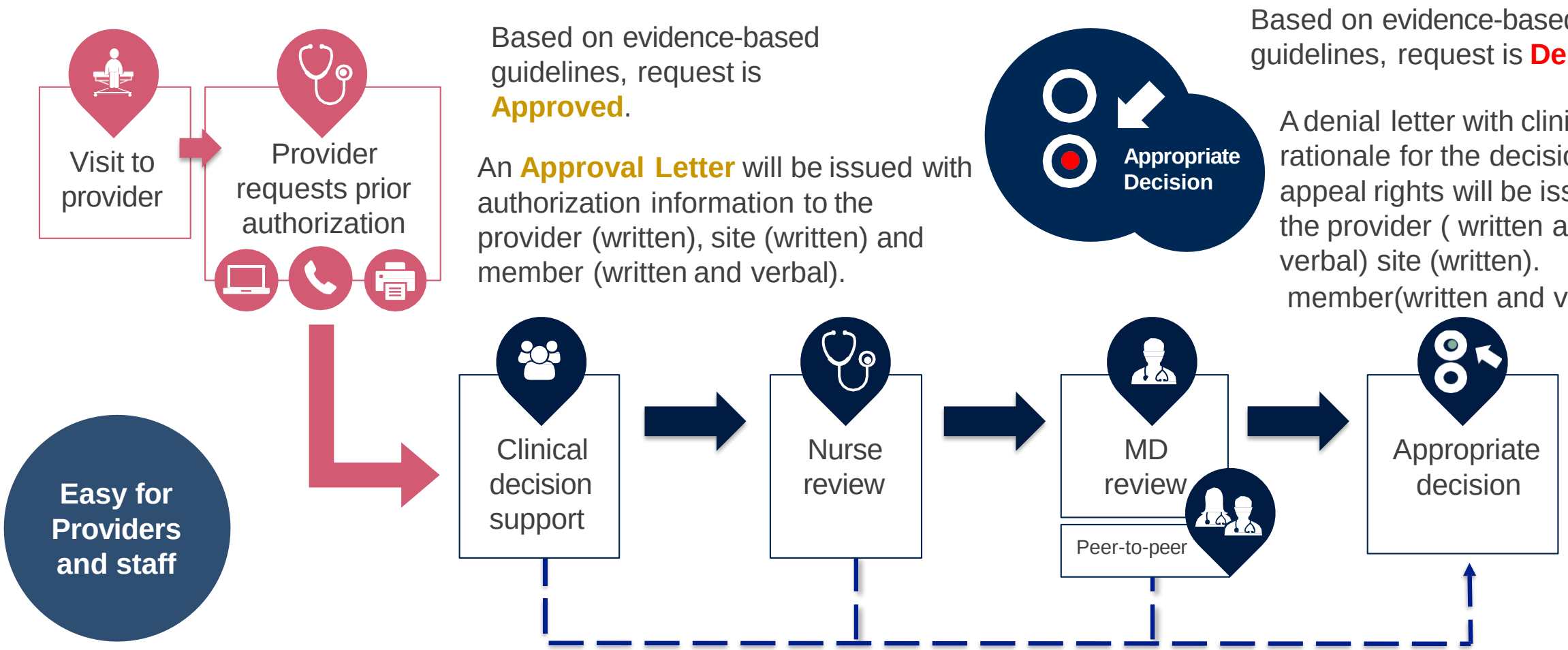
Pre-Service Authorization Required:

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



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+Non-Clinical Information Needed

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

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+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.

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Pre-Decision Options: Medicare Members

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

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Post-Decision Options: Medicare Members

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
+ By fax: 401-459-5668

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Special Circumstances

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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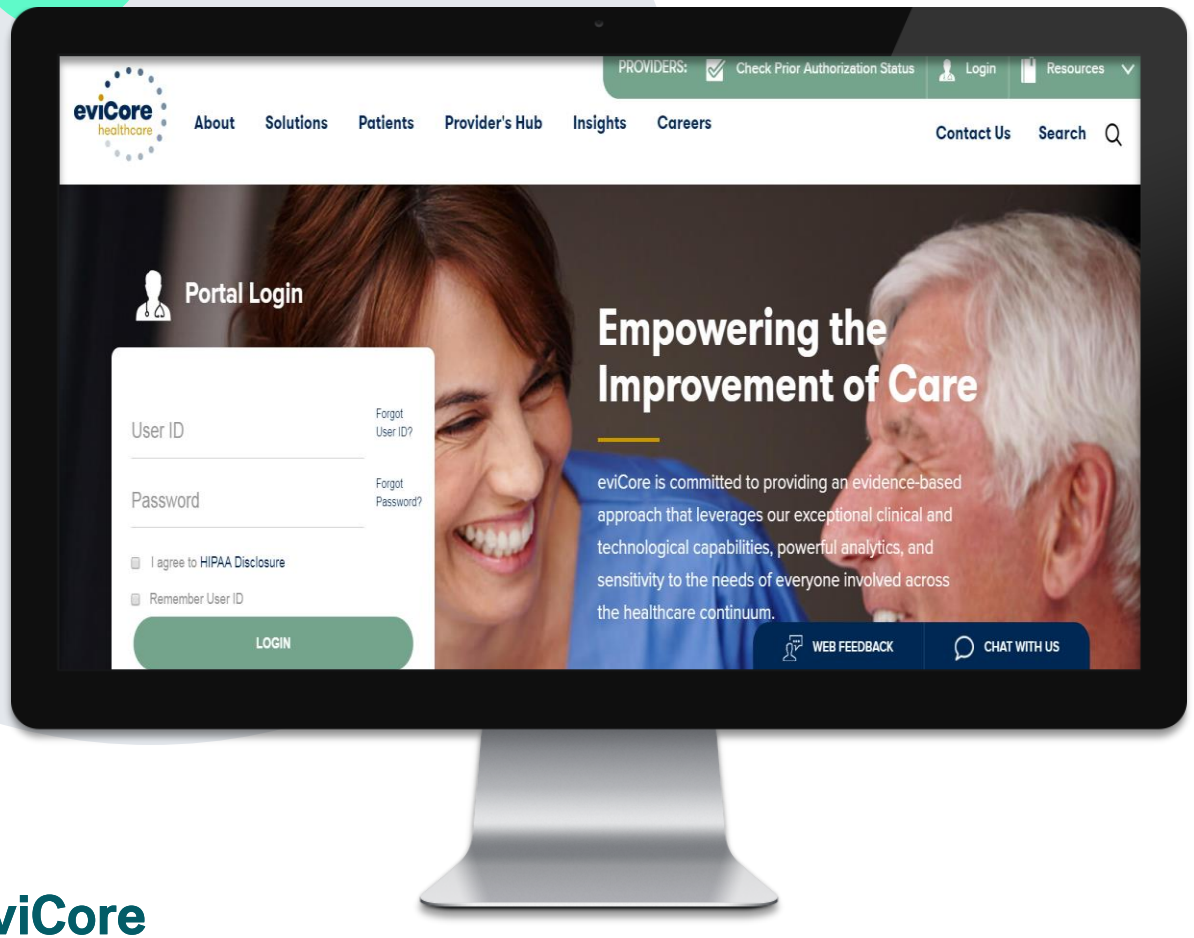
+eviCore Provider Portal- for resource information



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 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

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CSR

CSR Signed In
UL1DTSO

SIGN OUT | CSR HOME

User Session for:
Provider ID 1649278250

- Enter Site as User
- Reset Password
- Lock Account
- Update Email Address
- End User Session

- 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**

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- 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

Feedback

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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.

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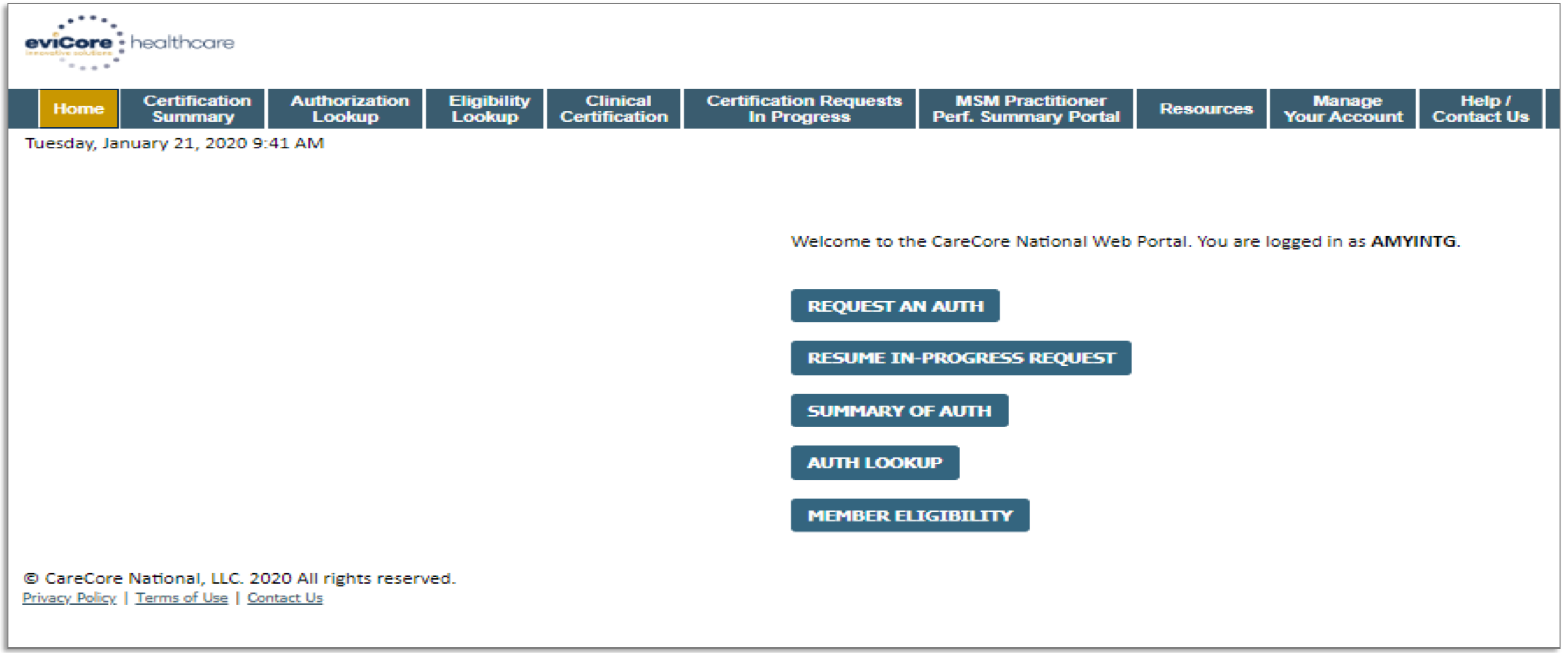
+Welcome Screen



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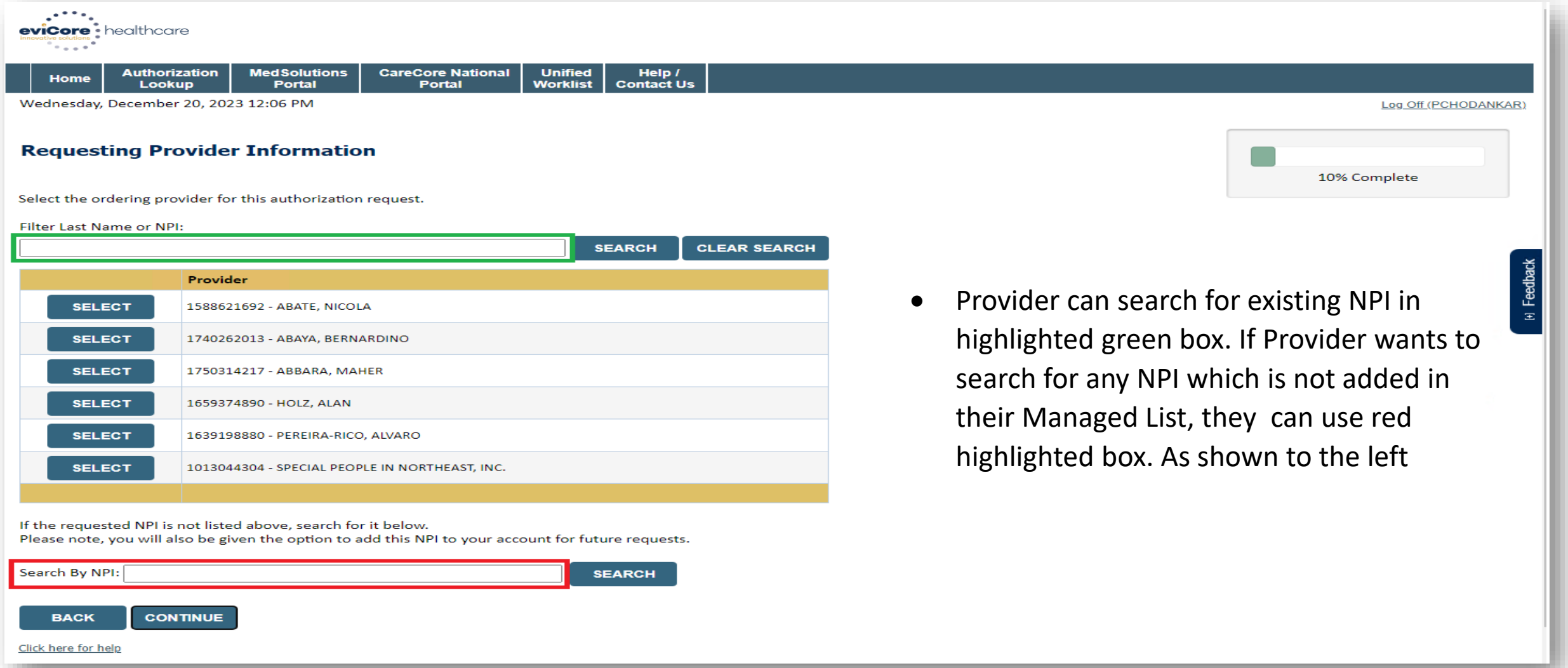
+NPI- Global Look-up Feature



- 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

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+Select Program

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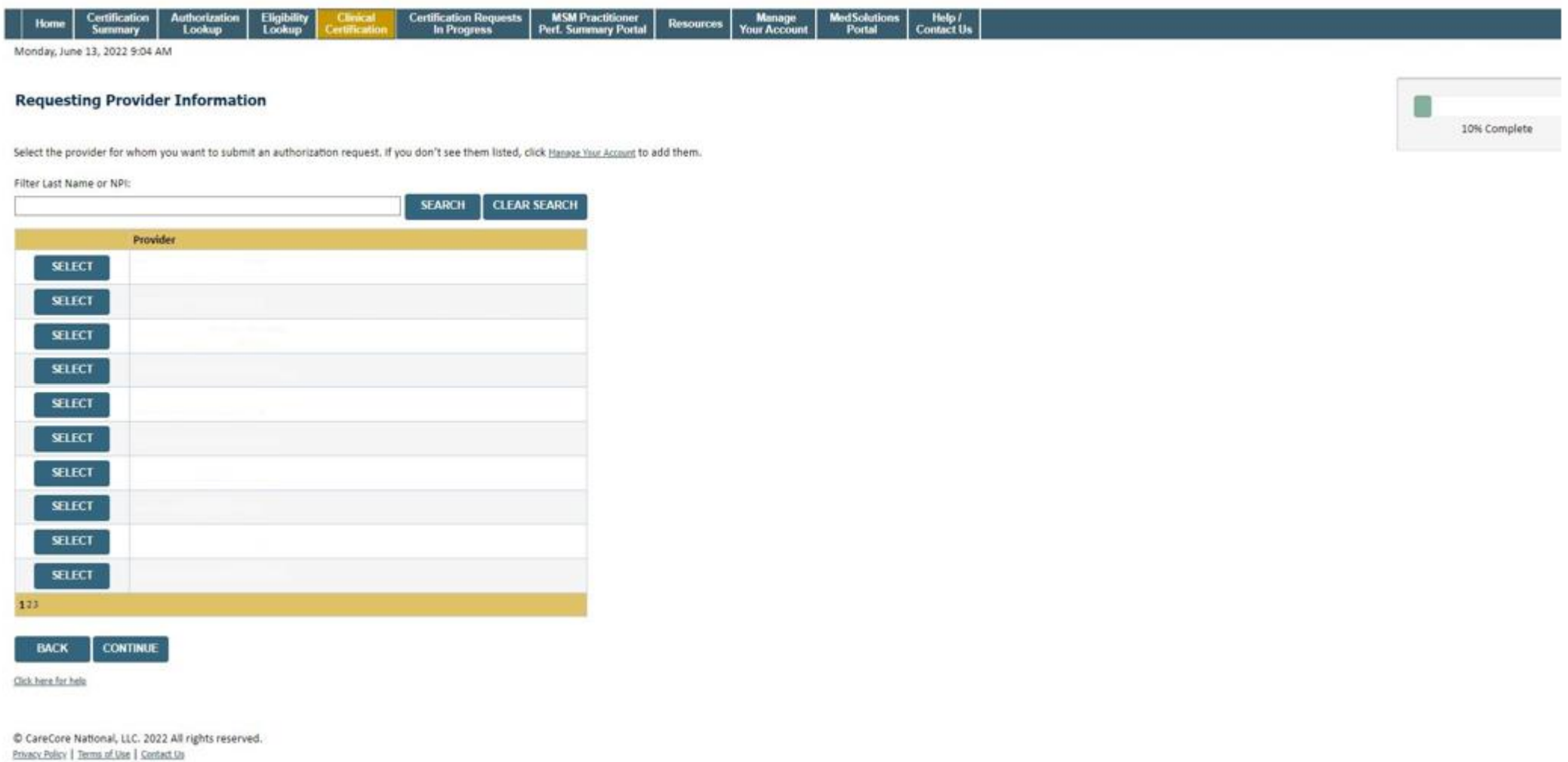
+Select Provider



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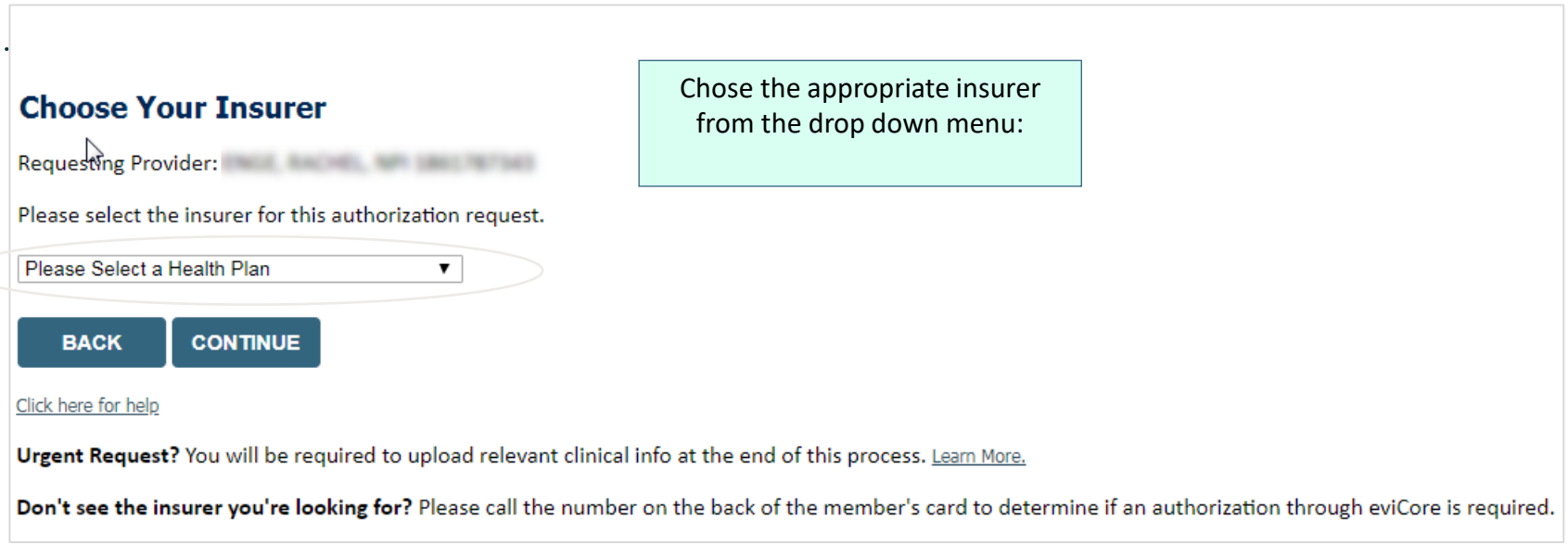
+Select Health Plan & Provider Contact Info



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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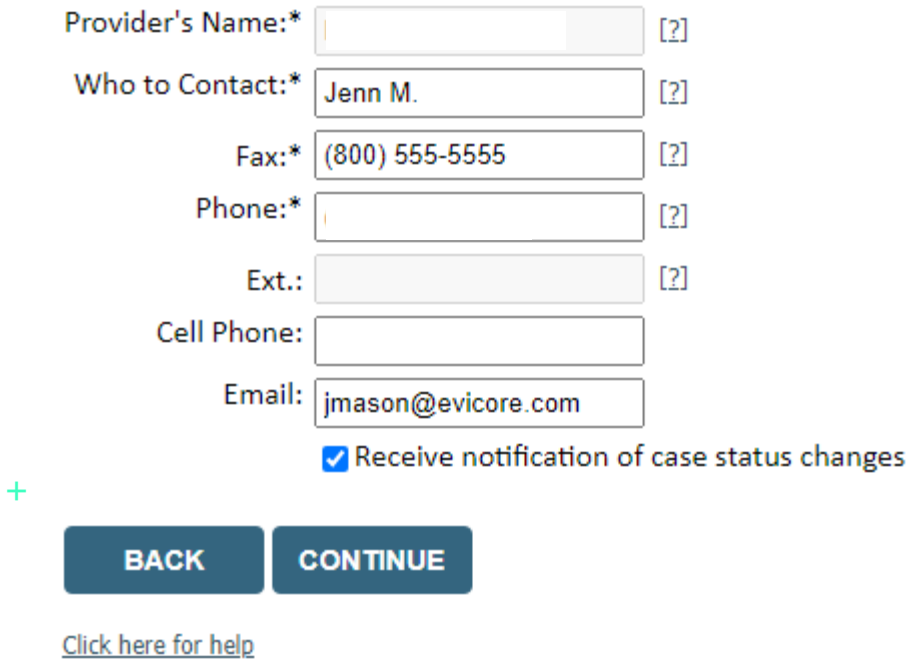
Add Your Contact Information



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

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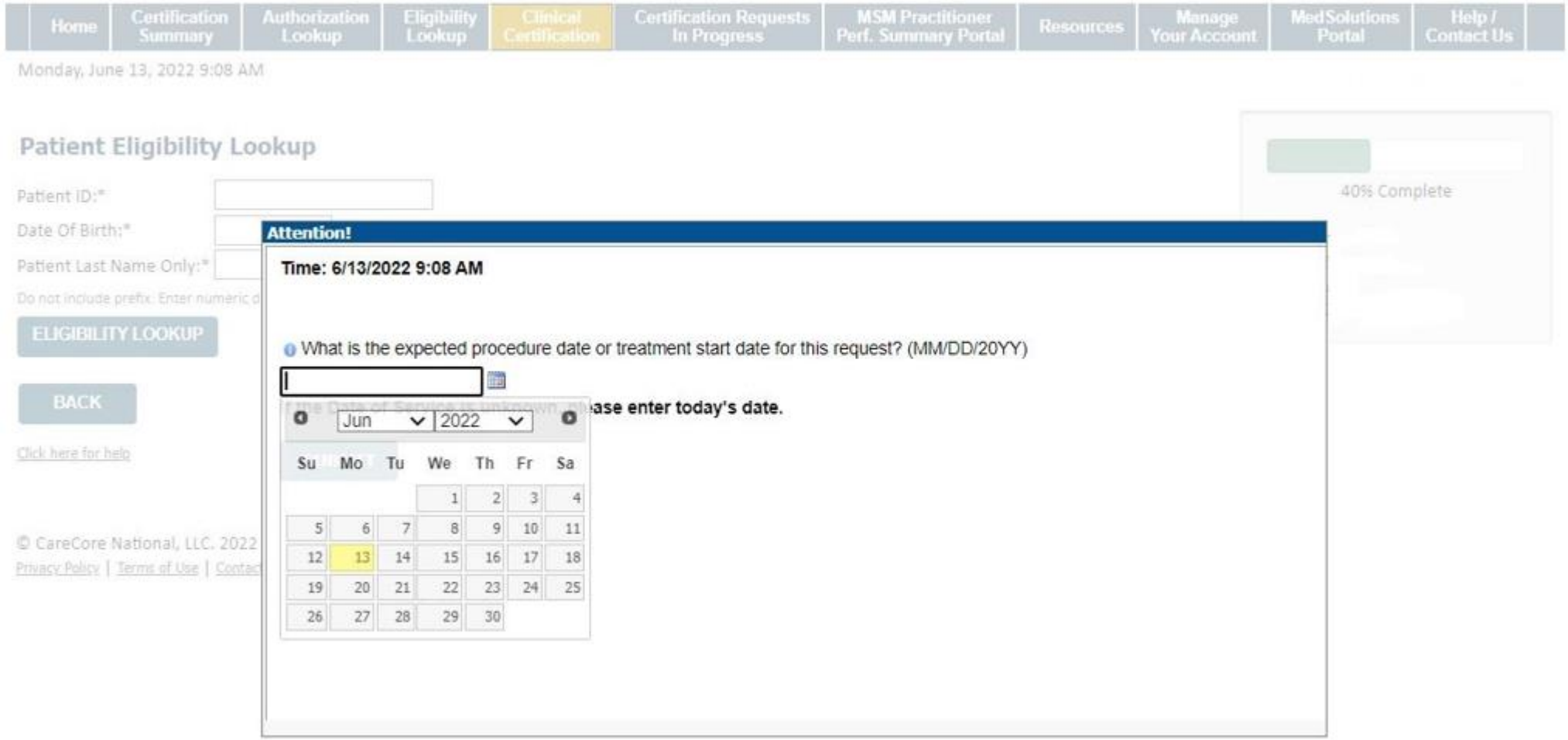
+Procedure Date



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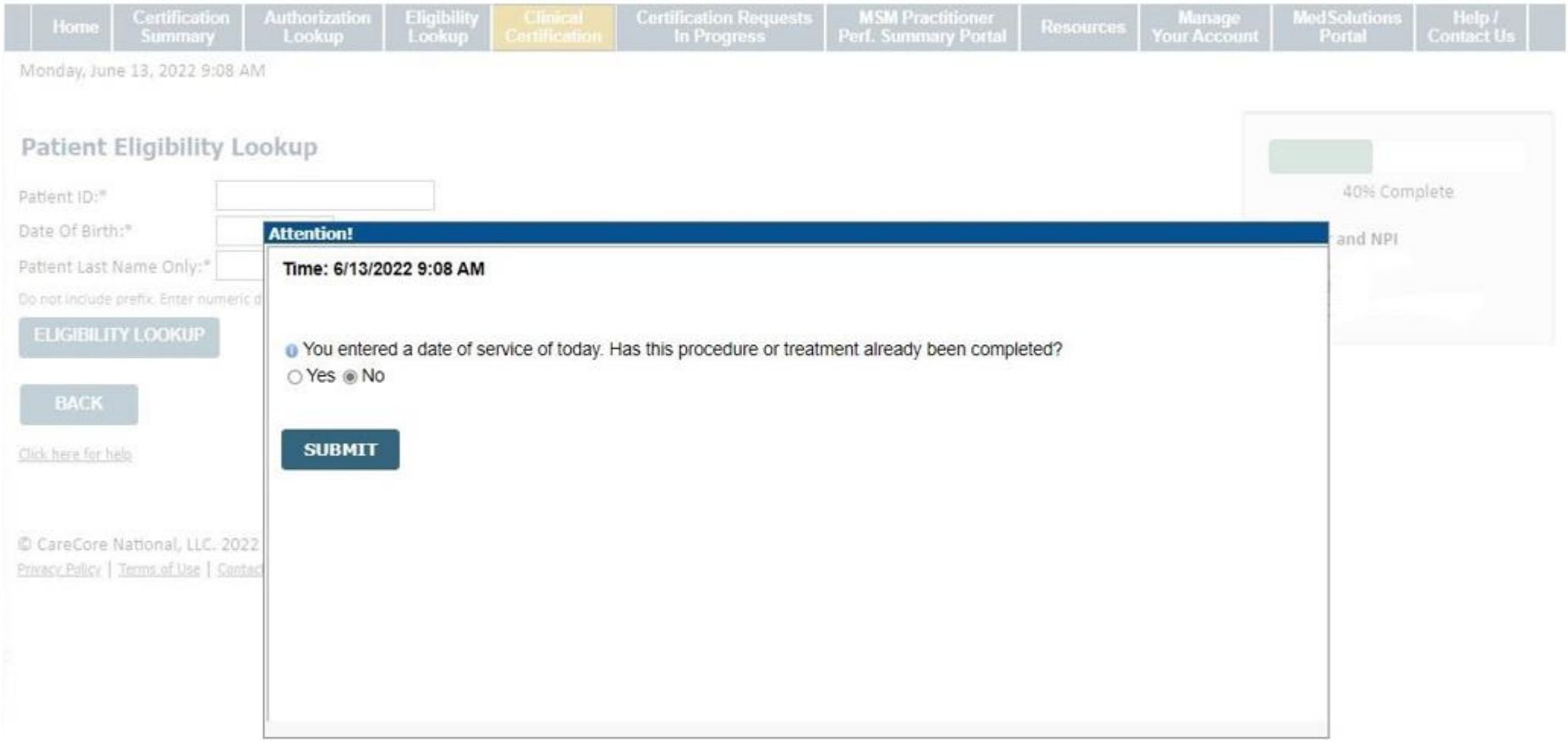
+Procedure Date



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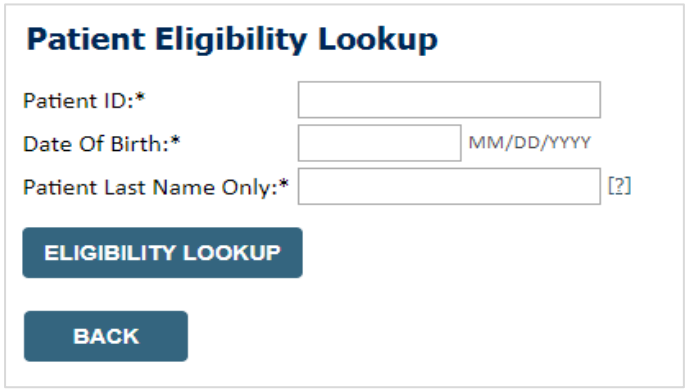
+Member & Request Information



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

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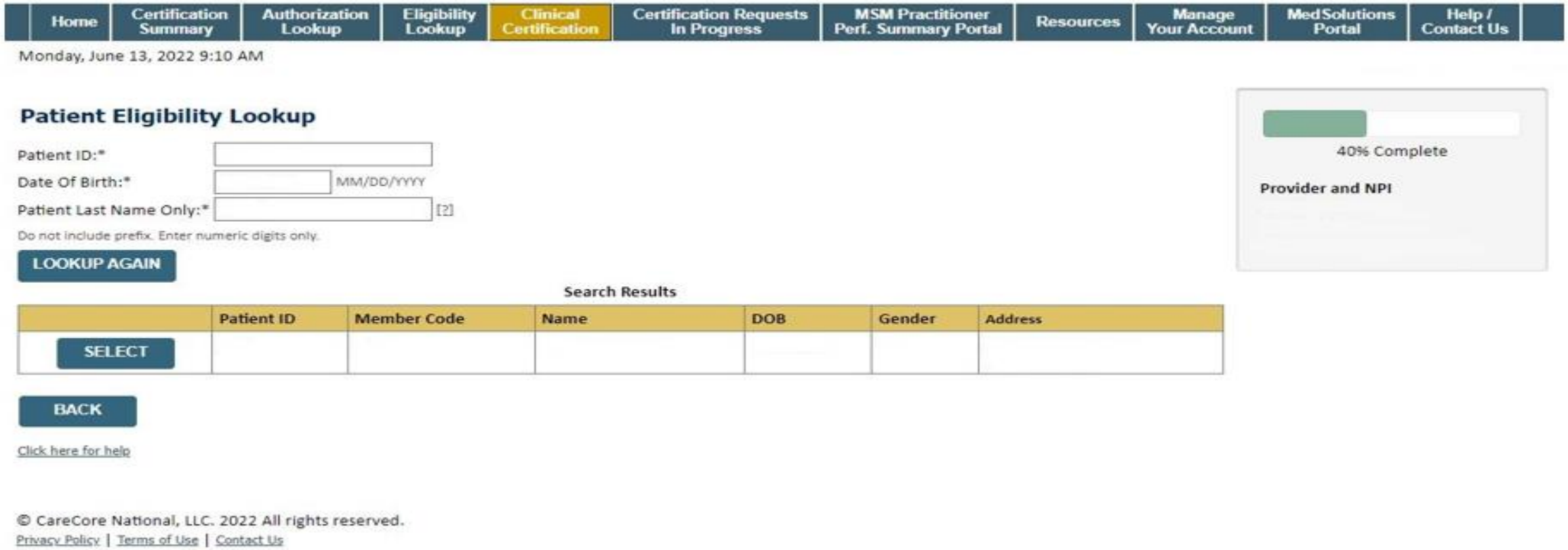
+Eligibility Lookup



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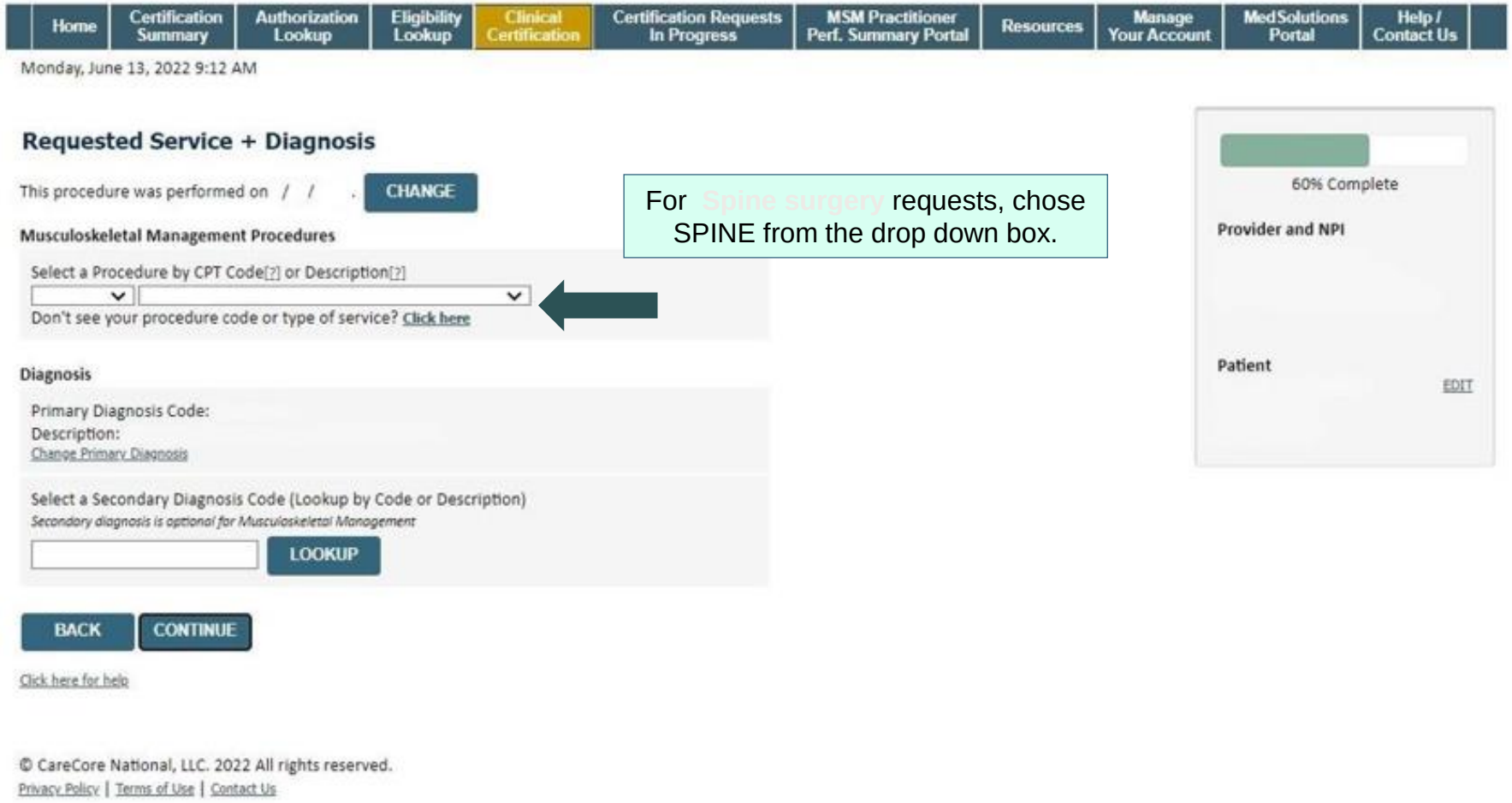
+Clinical Details



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

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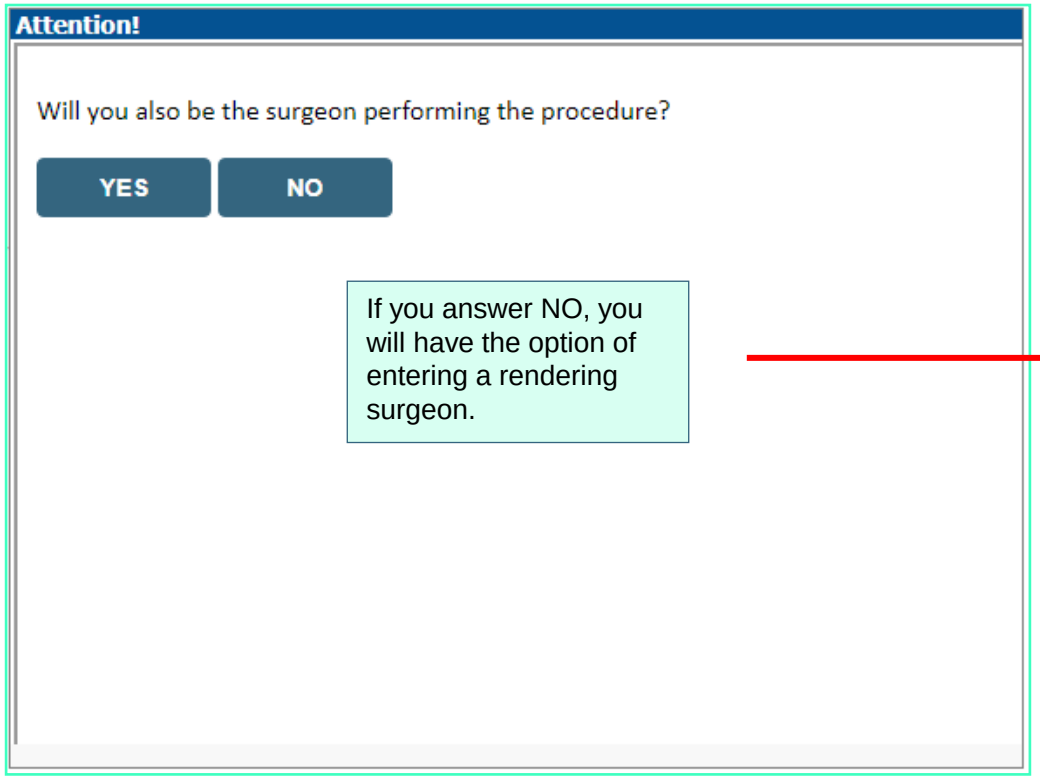
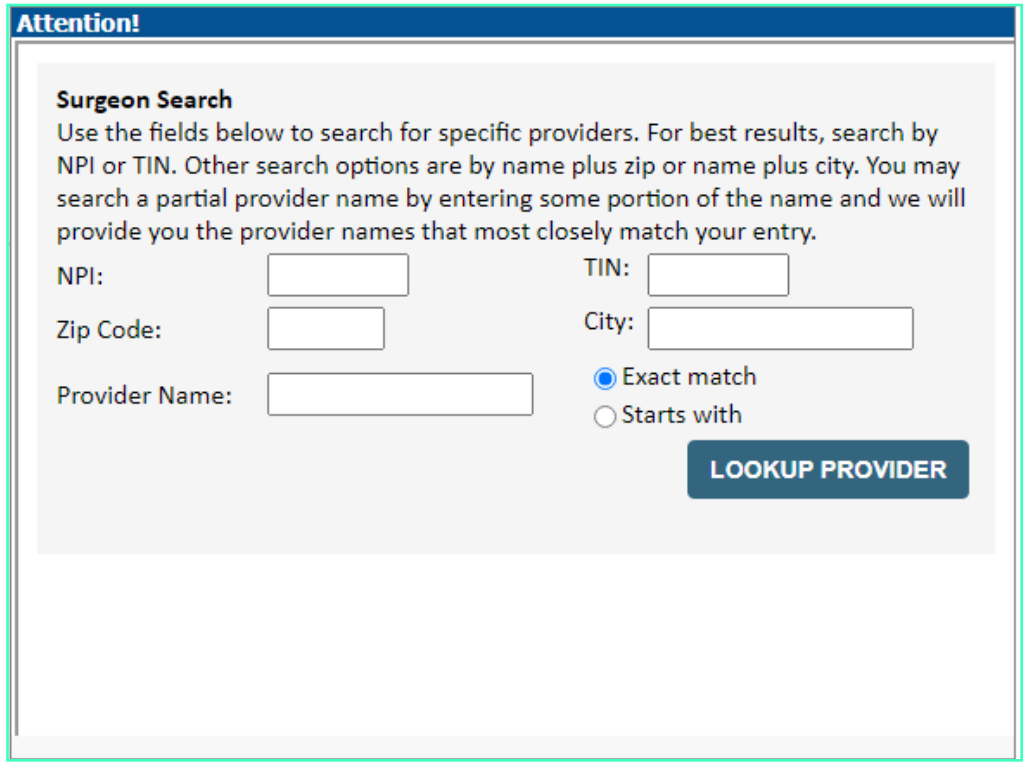
+Clinical Details





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+Verify Treatment Selection

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

Wednesday, July 1, 2020 3:14 PM

Log Off (JDMASO

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: SPINE
Description: SPINE SURGERY
Primary Diagnosis Code: M54.16
Primary Diagnosis: Radiculopathy, lumbar region
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK | CONTINUE

Click here for help

60% Complete

Provider and NPI

Patient

EDIT

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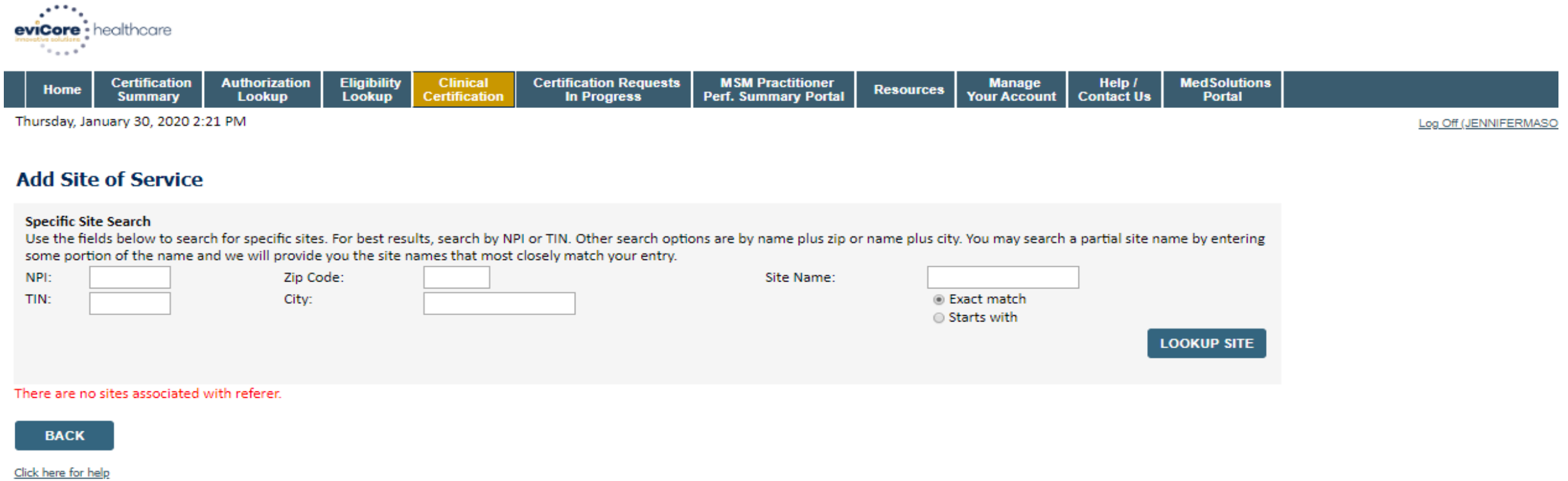
Site Selection



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

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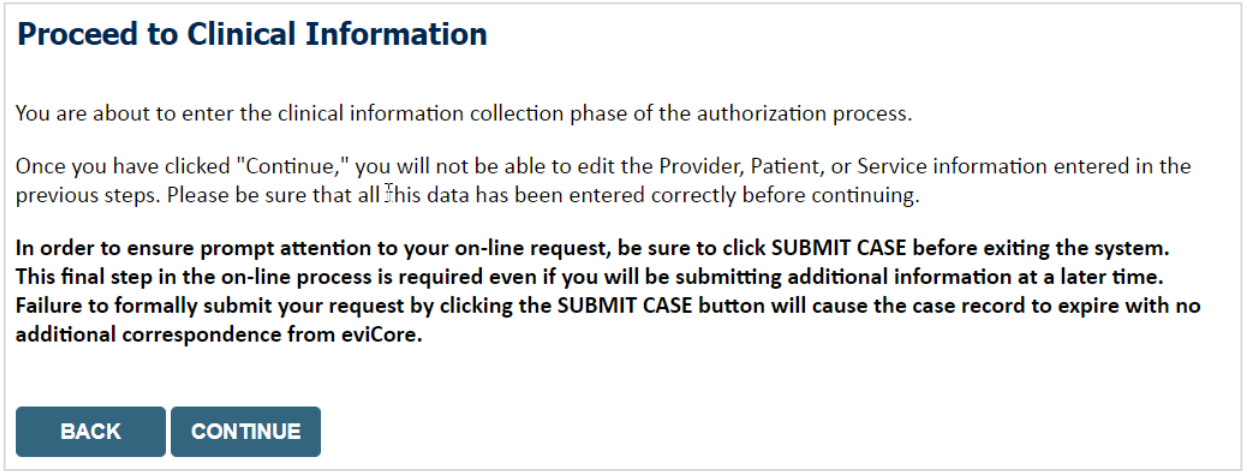
+Clinical Certification



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

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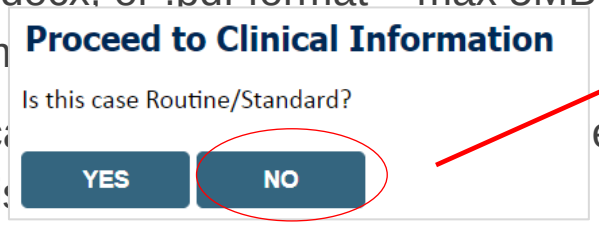
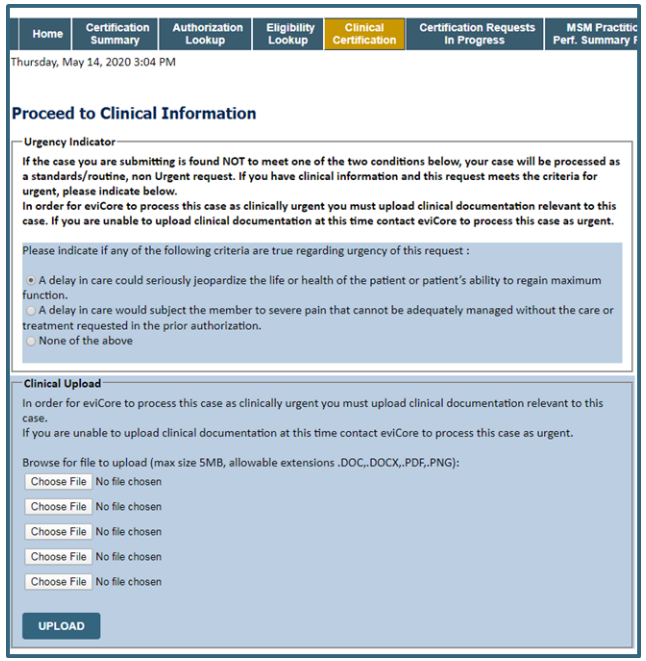
+Standard or Urgent Request?

- 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 docum
- Your ca ent if there is





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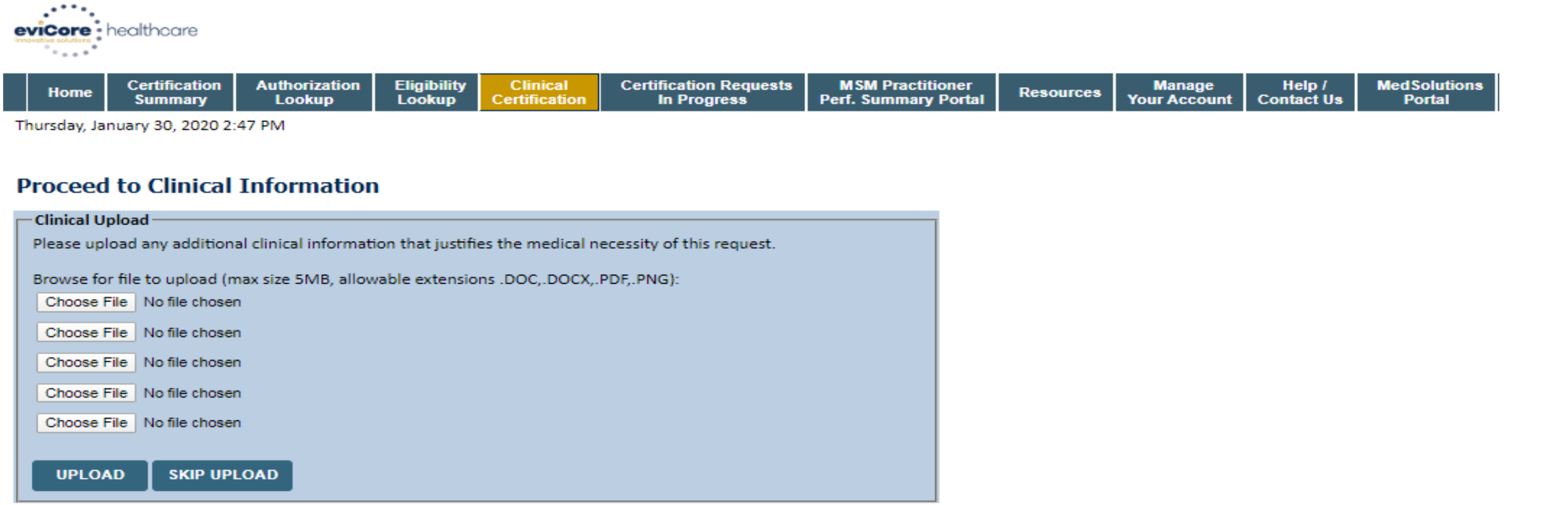
Clinical Upload



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

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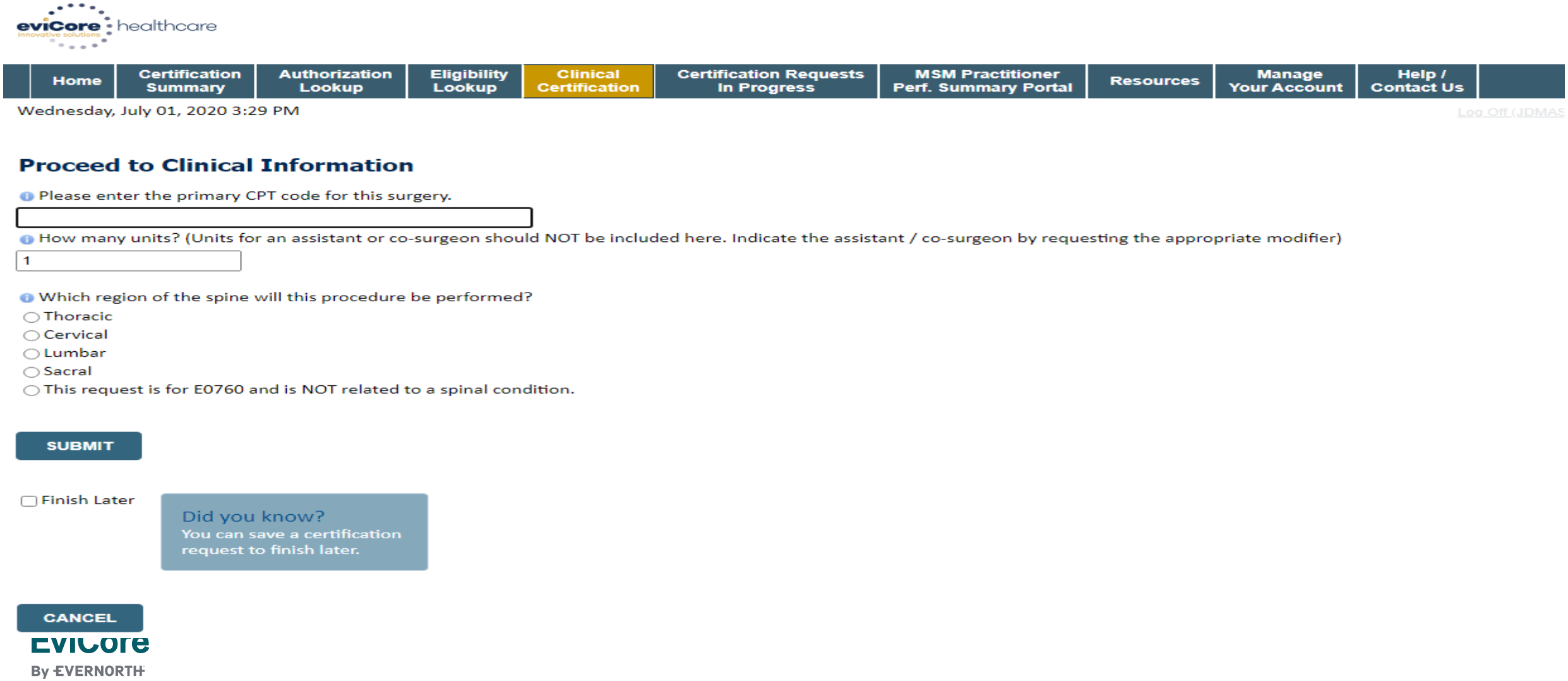
+Clinical Collection Process – Pathway Questions



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+Clinical Collection Process – Pathway Questions

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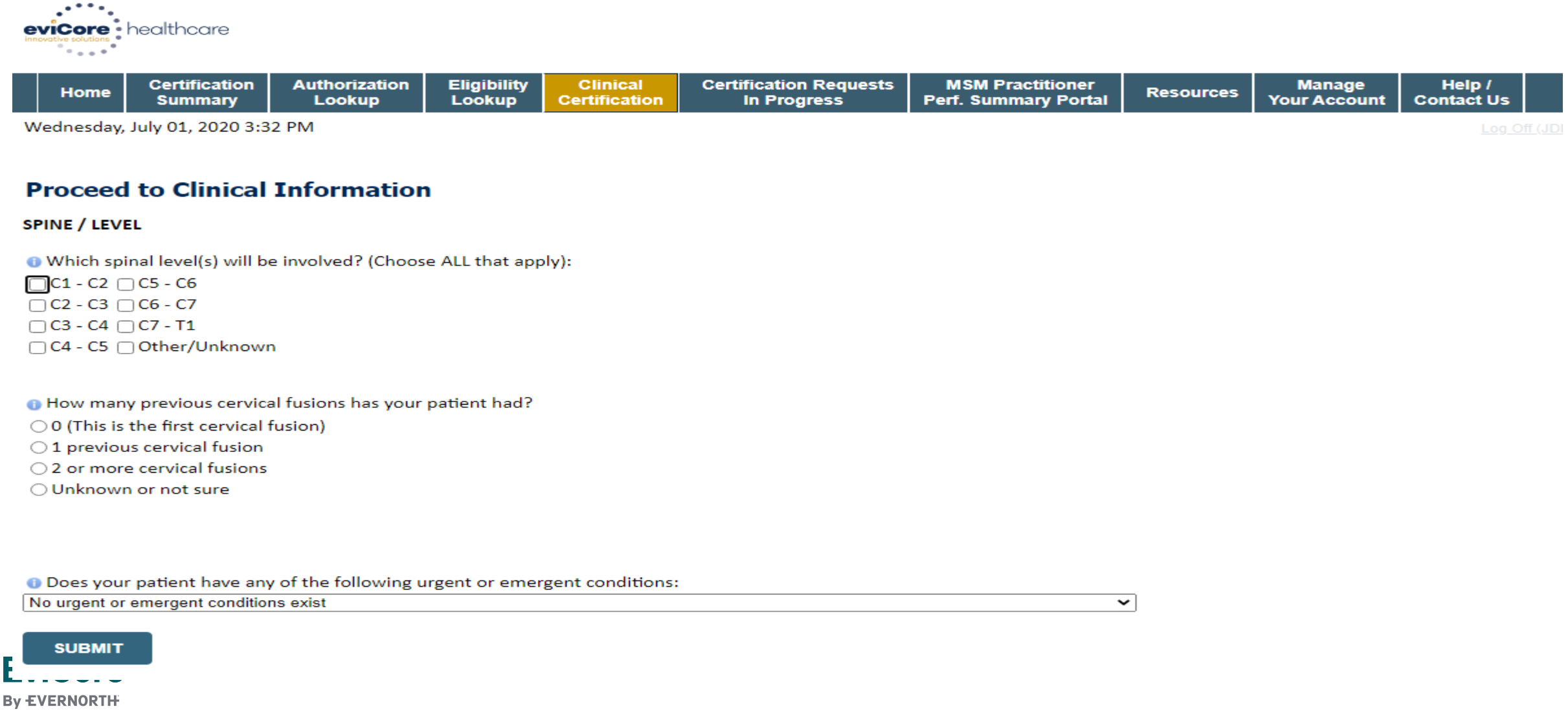
+Clinical Collection Process – Pathway Questions



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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.

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Approval

Clinical Certification

Your case has been Approved.

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:	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.

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Additional Provider Portal Features

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+Eligibility Look-up

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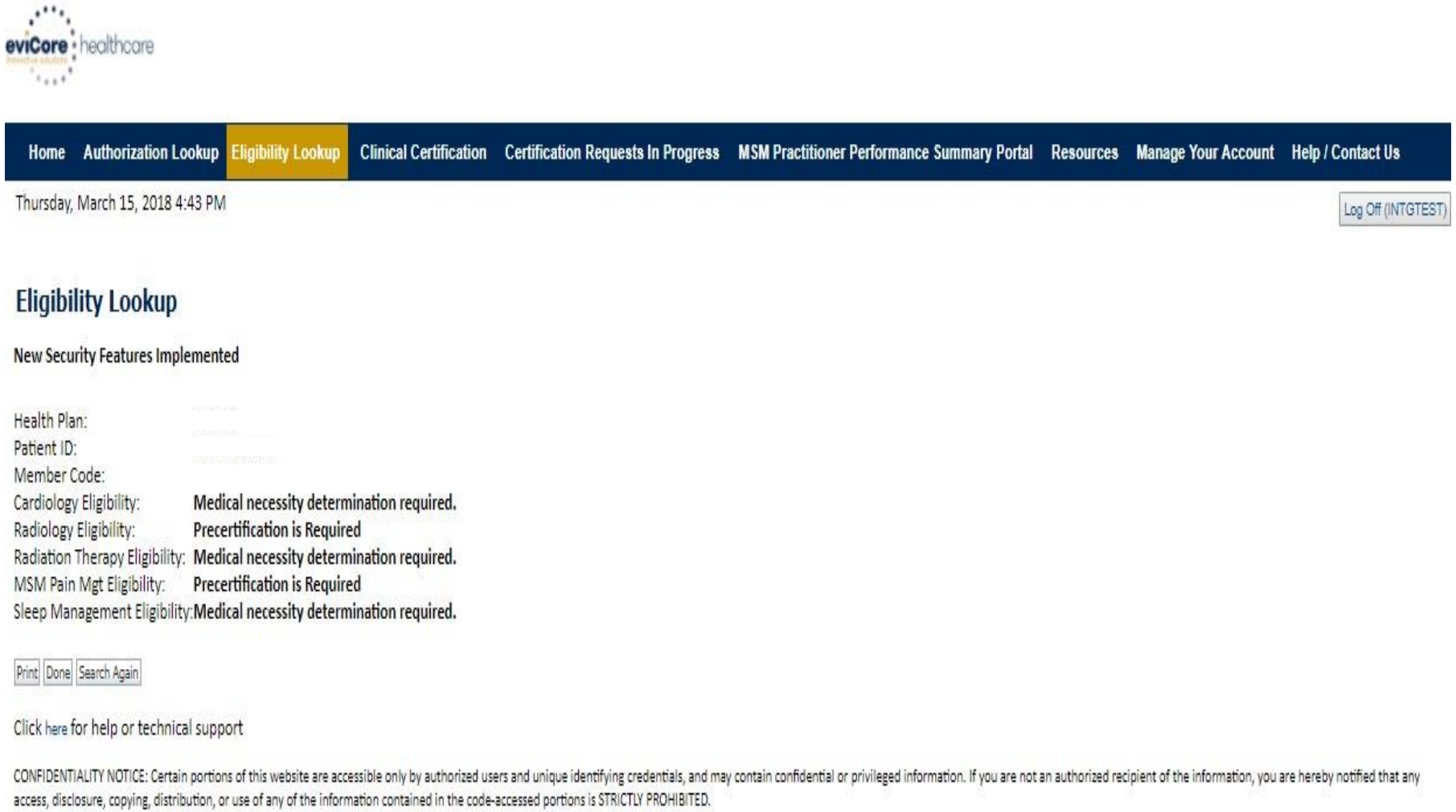
Eligibility Look-up



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

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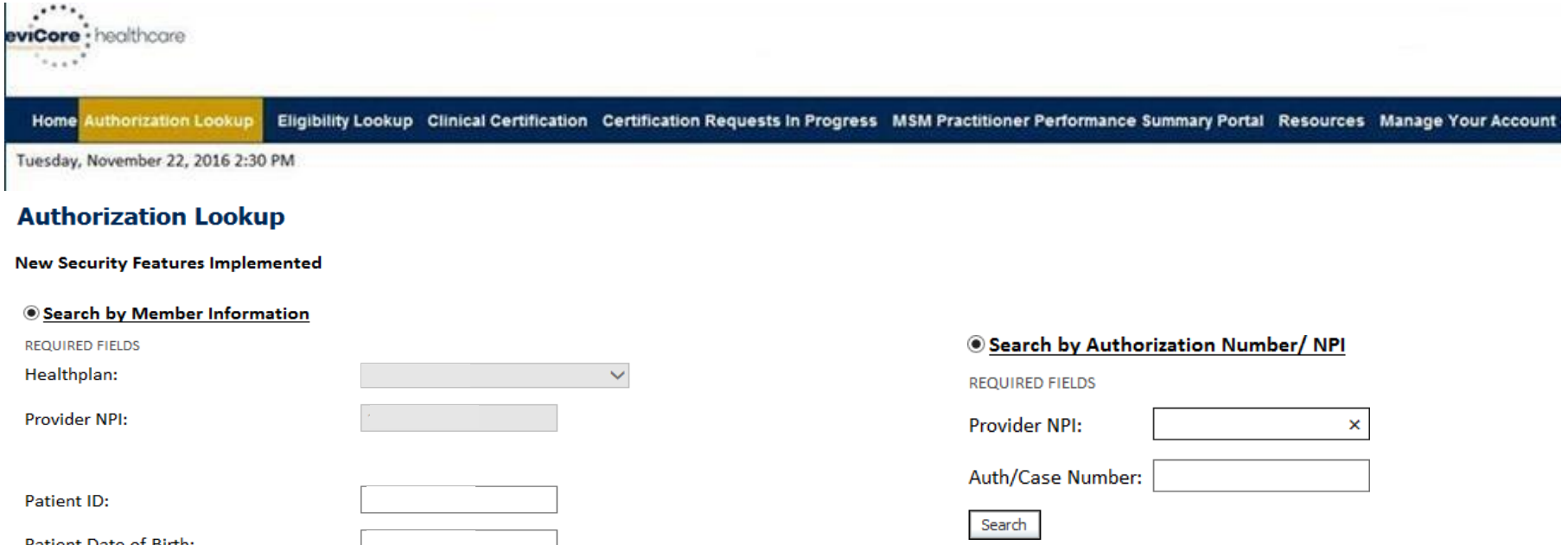
Authorization Look up



- 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.

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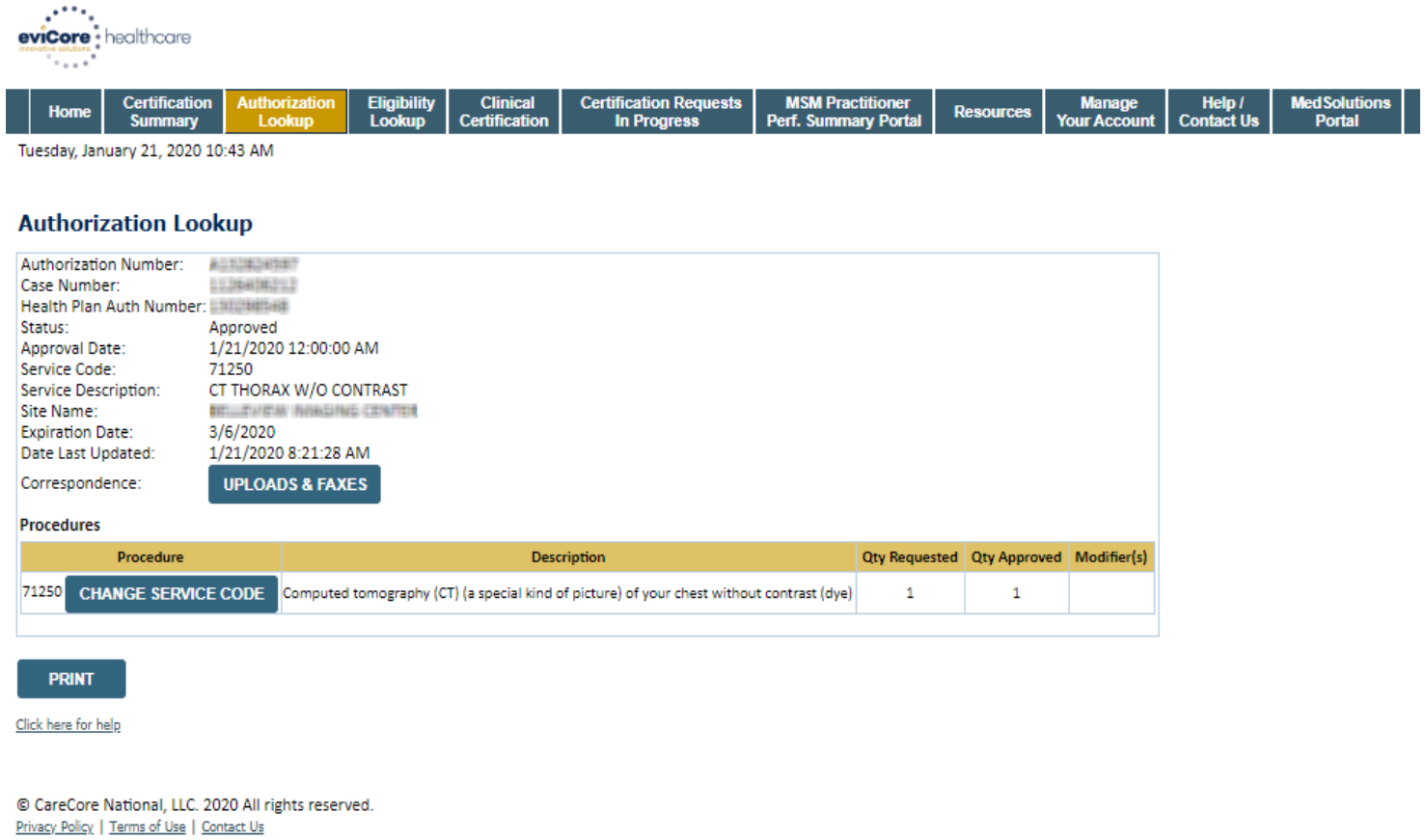
Authorization Status



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

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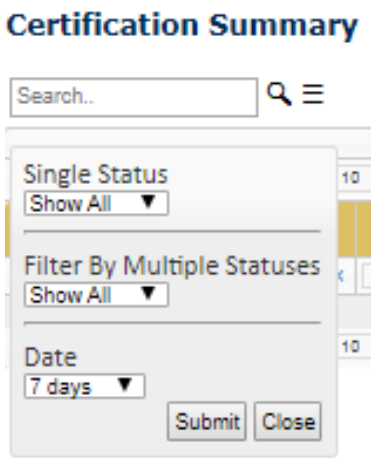
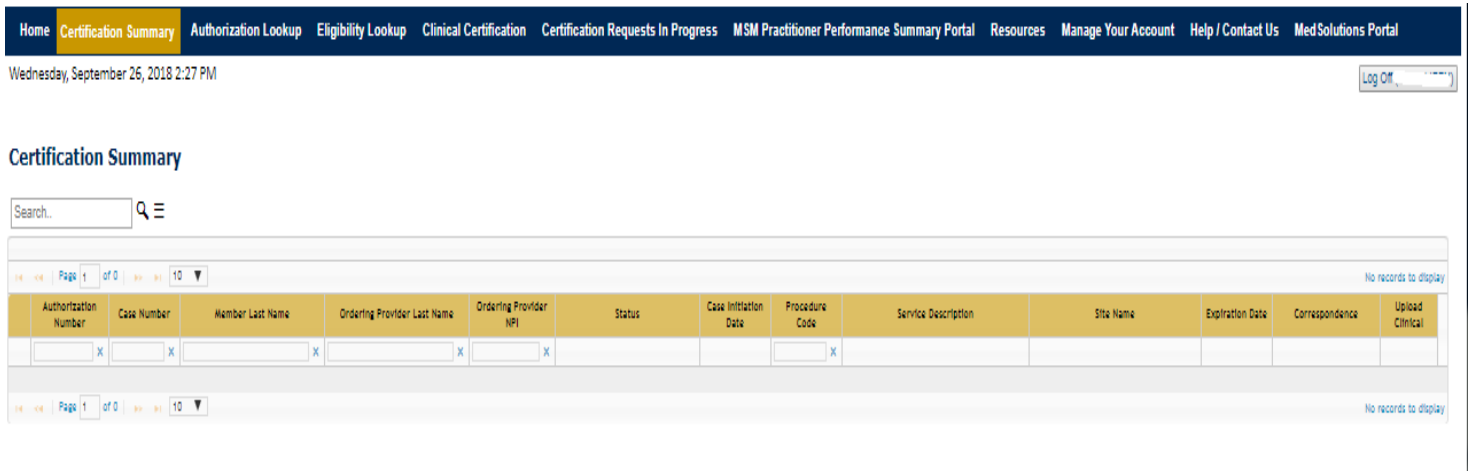
Certification Summary





- 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

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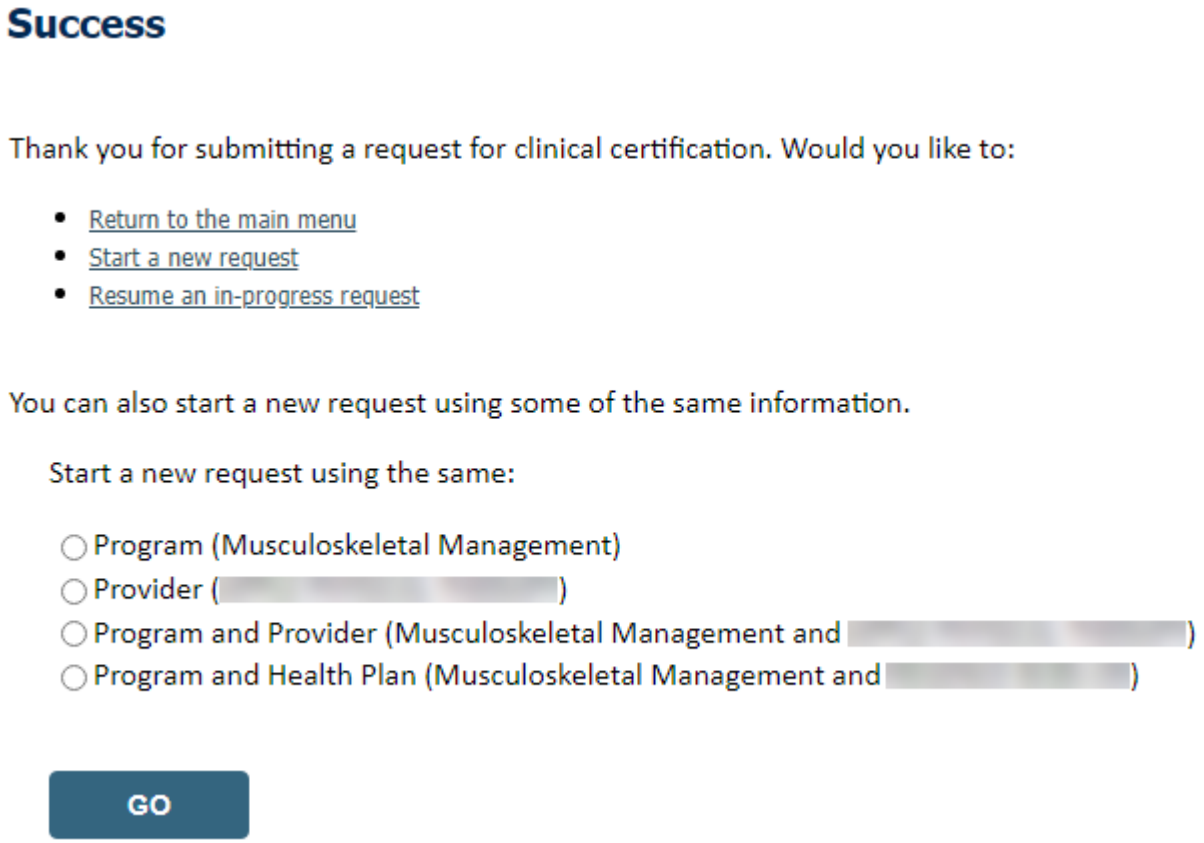
Duplication Feature



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

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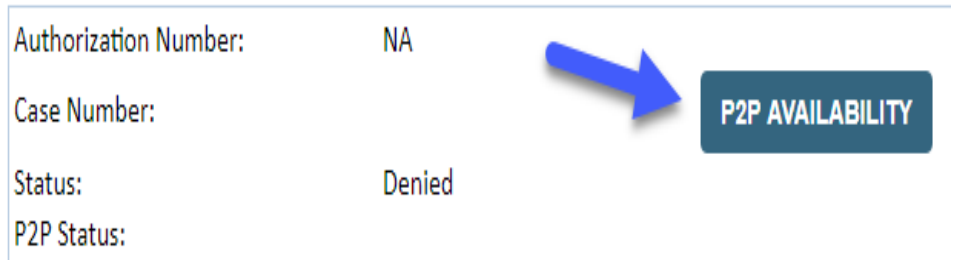
+How to schedule a Peer- to- Peer Request

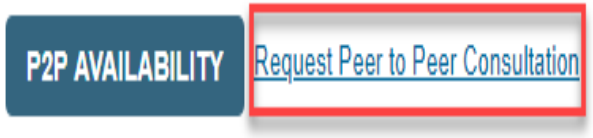
- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.

+

- Click on the “P2P Availability” button to determine if tion:



- 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.



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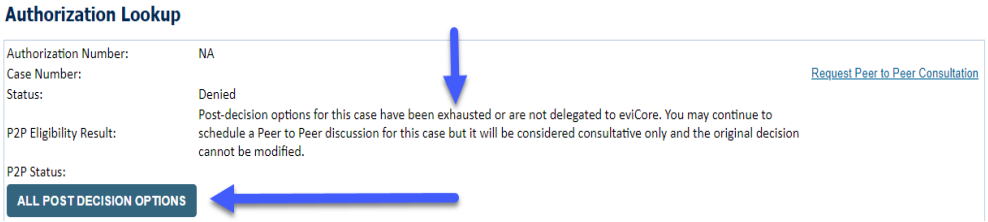
+How to schedule a Peer- to- Peer Request

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.



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

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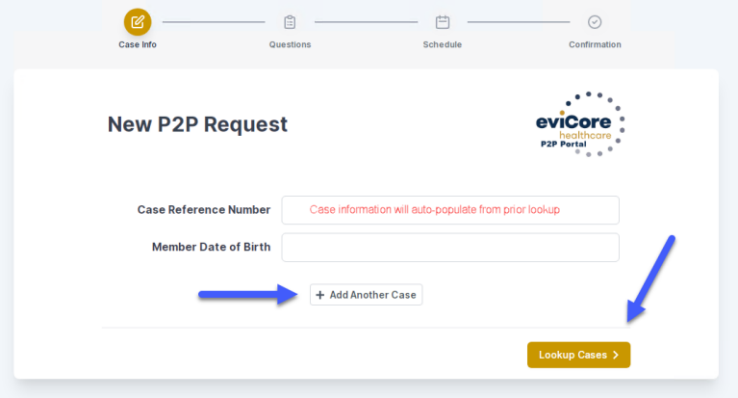
+How to Schedule a Peer- to- Peer Request

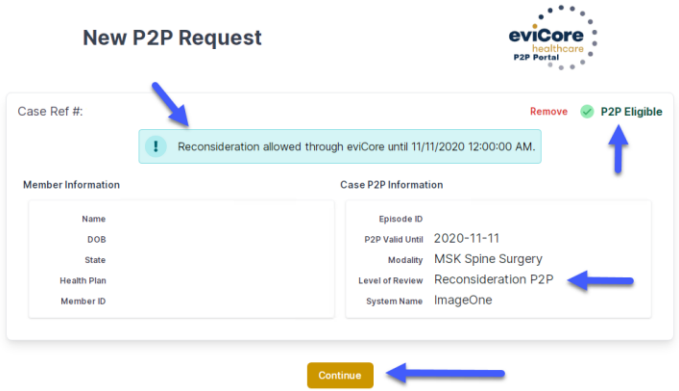


+Upon first login, you will be asked to confirm your default time zone.

+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”

+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.



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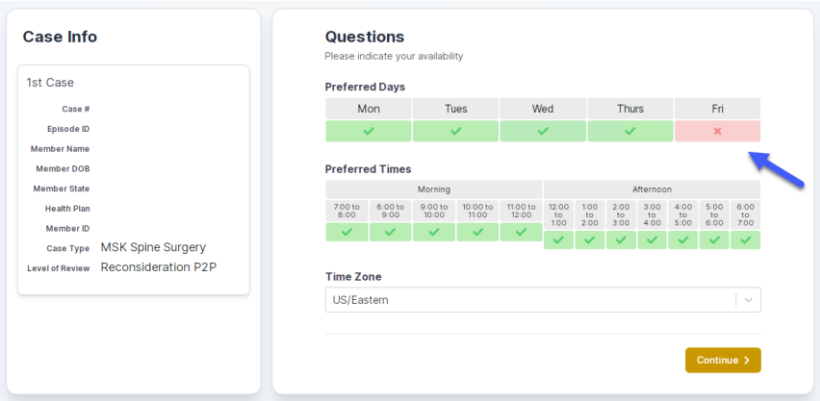
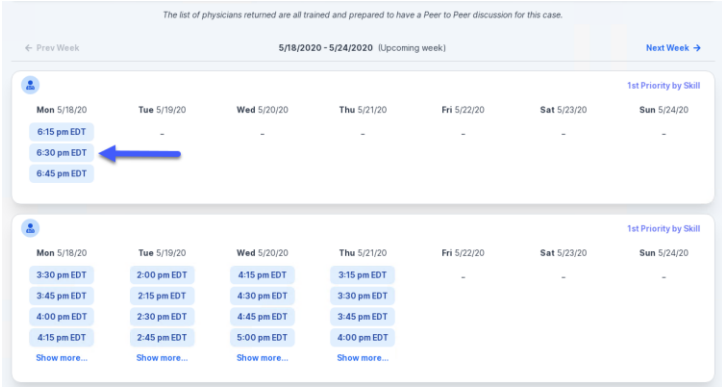
+How to Schedule a Peer- to- Peer Request



+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.



+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.

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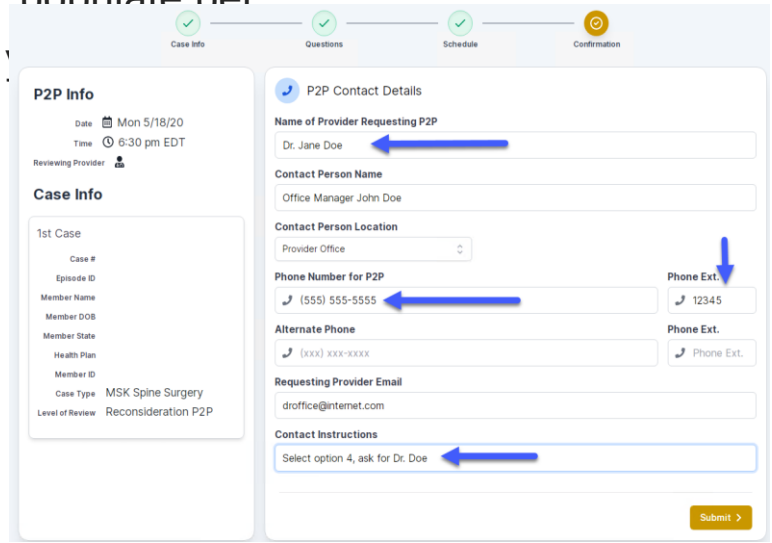
+How to Schedule a Peer- to- Peer

+Confirm Contact Details

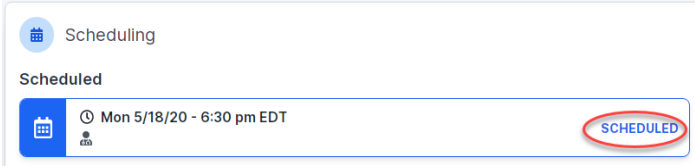
- Contact Person Name and Email Address will auto-populate per

+



- 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.

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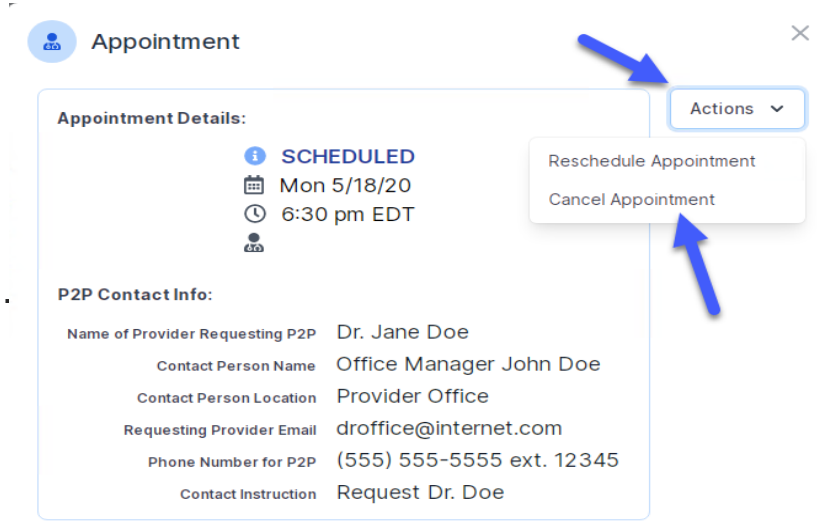
+Canceling or Rescheduling a Peer- to- Peer Appointment

+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

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+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
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

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+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 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
- Training resources

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 → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

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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 on the Provider Portal

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+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

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

Patricia Allen, Sr. Regional Provider Engagement Manager- 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

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+Resource Links

- 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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