# Interventional Pain Management, Joint and Spine Surgery

Provider Orientation for The Health Plan







# **Agenda**



**Solutions Overview** 

Interventional Pain Management, Joint & Spine Surgery

**Submitting Requests** 

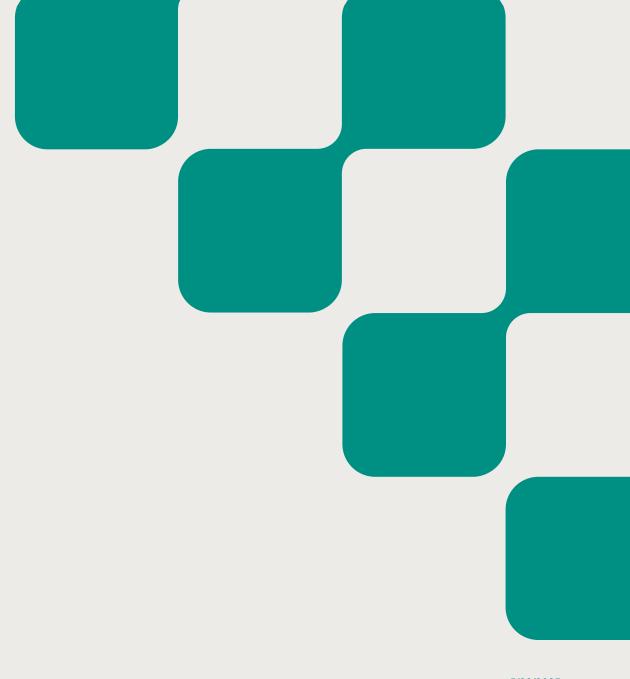
Prior Authorization Outcomes, Special Considerations & Post-Decision Options

**EviCore Provider Portal**Overview, Features, and Benefits

**Provider Resources** 



# Solution Overview





5/23/2025

## The Health Plan Prior Authorization Services

#### **Applicable Membership**

- Commercial
- Medicaid
- 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**

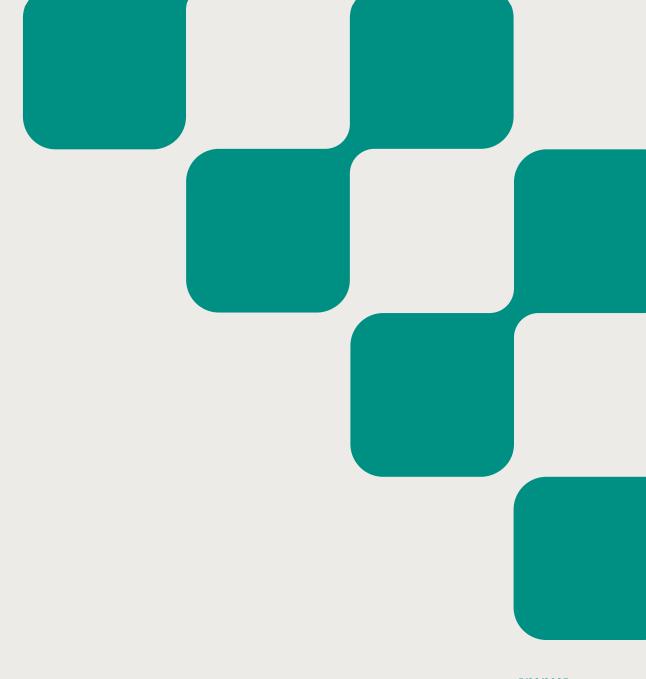
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Lumbar
  - Decompressions
  - Fusions

To find a list of CPT codes that require prior authorization through EviCore, please visit: <a href="https://www.evicore.com/resources/healthplan/health-plan">https://www.evicore.com/resources/healthplan/health-plan</a>





# Submitting Requests





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# West Virginia Senate Bill 267

In compliance with **West Virginia Senate Bill 267**, all **non-urgent** prior authorization requests for West Virginia Commercial and Medicaid members receiving services in the state of West Virginia must be submitted via the health plan online portal or at EviCore.com.



# **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 <a href="https://www.EviCore.com">www.EviCore.com</a>



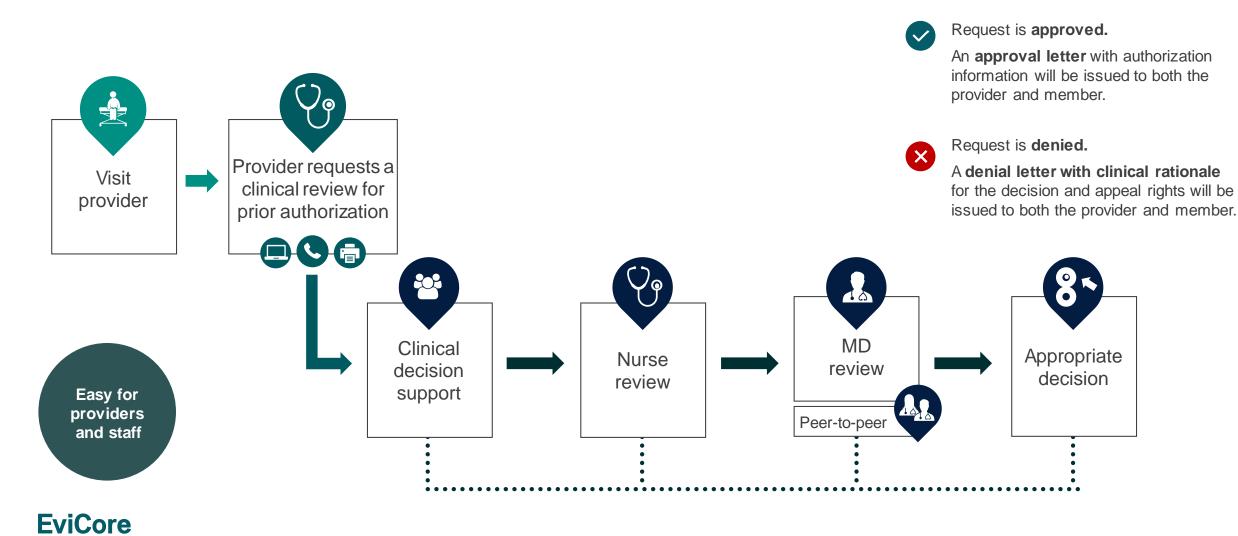
Phone: 877-791-4104 Monday – Friday 7 AM – 7 PM (local time)

Fax: 800-540-2406



# **Utilization Management | Prior Authorization**

By EVERNORTH



# **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:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

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**

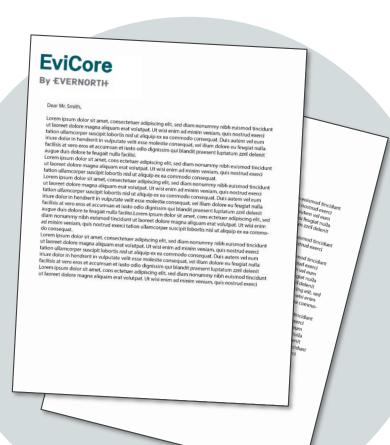
#### **Determination Outcomes:**

- Approved Requests: Authorizations are valid for 90 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: <u>www.EviCore.com</u>





# **Special Circumstances**

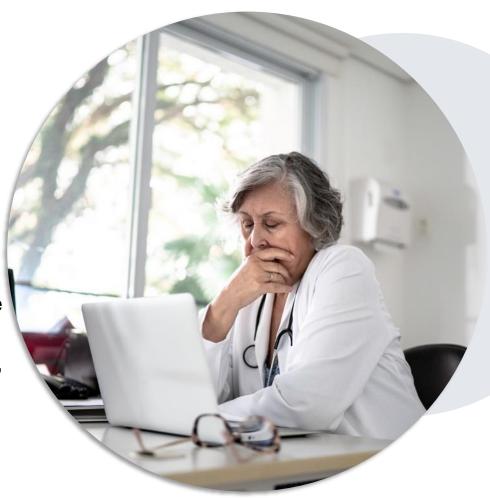
#### **Alternative Recommendations**

- 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 877-791-4104.
- 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 **877-791-4104** 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** to see available options.



- Providers can request a reconsideration review.
- Reconsiderations must be requested within 60 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.



- EviCore will process first-level appeals for commercial and Medicaid members. Please refer to the denial letter for instructions.
- Commercial Must be submitted to EviCore within 180 calendar days from the initial determination.
- Medicaid
  - Member appeals must be submitted within 60 calendar days from the initial determination.
  - Provider appeals must be submitted within 180 calendar days from the initial determination.





# 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 <u>do not</u> include a reconsideration option.

#### **Appeals**

 EviCore <u>will not</u> process first-level appeals for Medicare members.





# **Special Circumstances**

#### **Retrospective (Retro) Authorization Requests**

- Must be submitted within one (1) business day from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within the following timeframes after receiving all necessary information:
  - Commercial 30 calendar days
  - Medicare 14 calendar days
  - Medicaid 7 calendar days
- When authorized, the start date will be the submitted date of service.

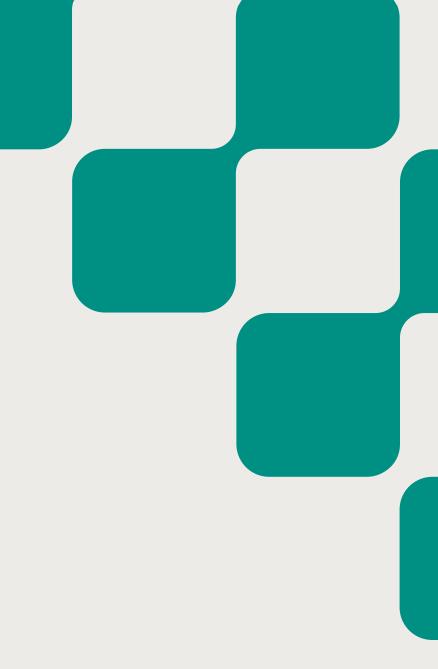
#### **Urgent Prior Authorization Requests**

- 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





5/23/2025

# EviCore Provider Portal | Access and Compatibility

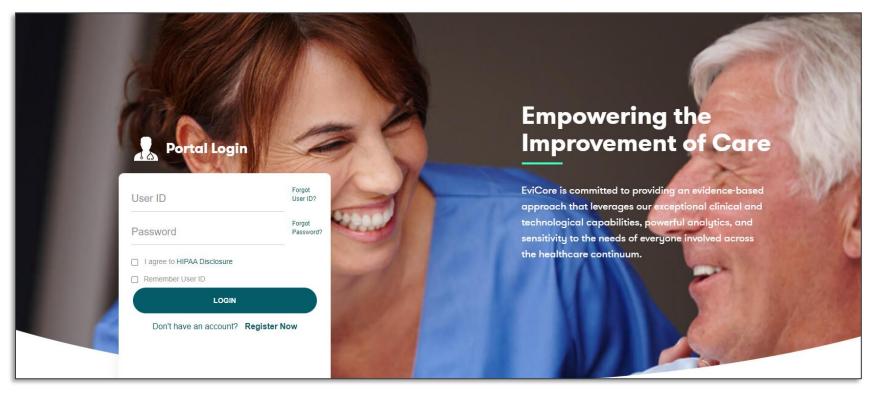
Most providers are already saving time submitting clinical review requests online vs. telephone.

To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password.

Don't have an account? Click Register Now.

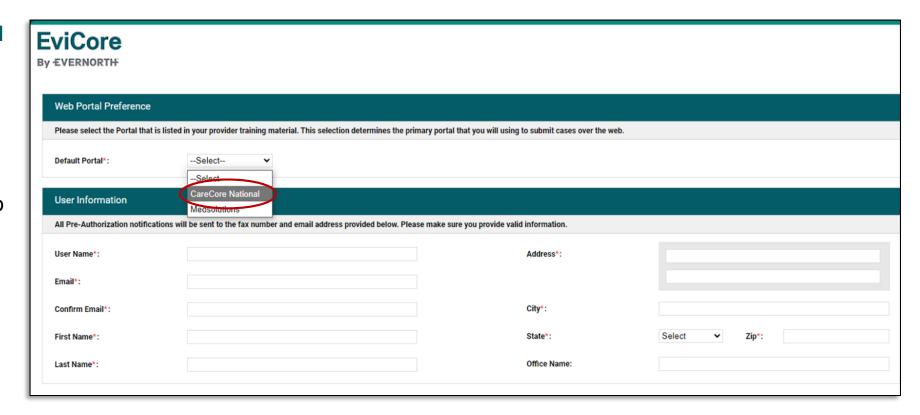




EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

# 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.





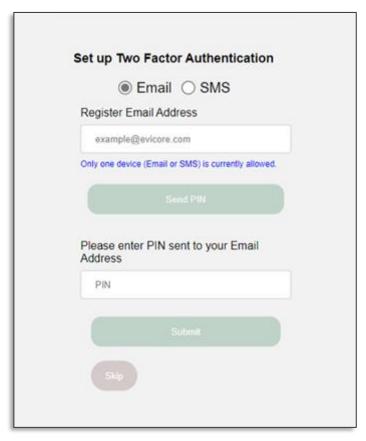
# **Setting Up Multi-Factor Authentication (MFA)**

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.

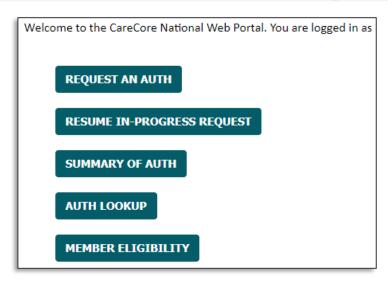




# Welcome Screen | Adding Providers to Registration



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





Certification Eligibility Clinical **Authorization Certification Requests** Home Lookup Lookup Certification In Progress Summary **Manage Your Account CHANGE PASSWORD EDIT ACCOUNT** Office Name: Address: **Primary Contact:** Email Address: **ADD PROVIDER** Click Column Headings to Sort No providers on file

Click the Add Provider button.



CANCEL

**MSM Practitioner** 

Perf. Summary Portal

MedSolutions

Portal

Help /

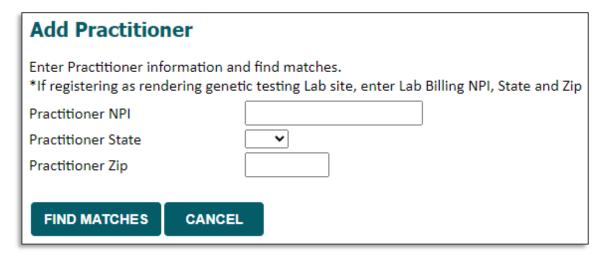
**Contact Us** 

Manage

**Your Account** 

Resources





- 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.



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

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

Practitioner NPI Address City State Zip Phone Fax

ADD THIS PRACTITIONER CANCEL

· Select the matching record based upon your search criteria.



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

#### **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

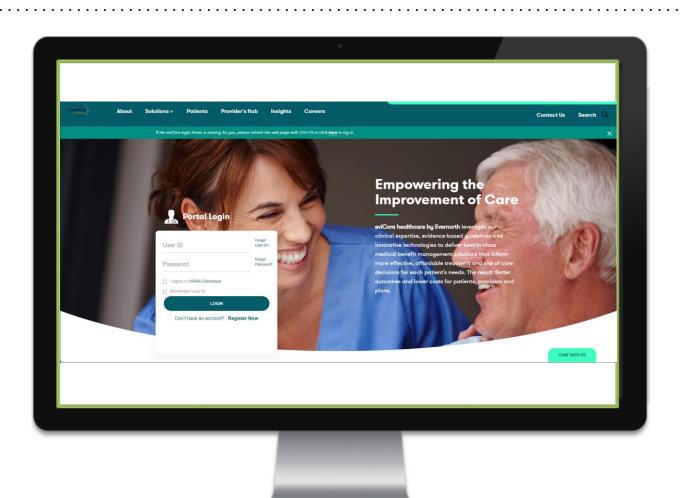
- Once you have selected a practitioner, your registration will be completed and ready for building a case.
- You can click on Add Another Practitioner to add another provider to your account or click Continue.



# 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)



\*See appendix for detailed case build process.



# **EviCore Portal Features**





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# 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.

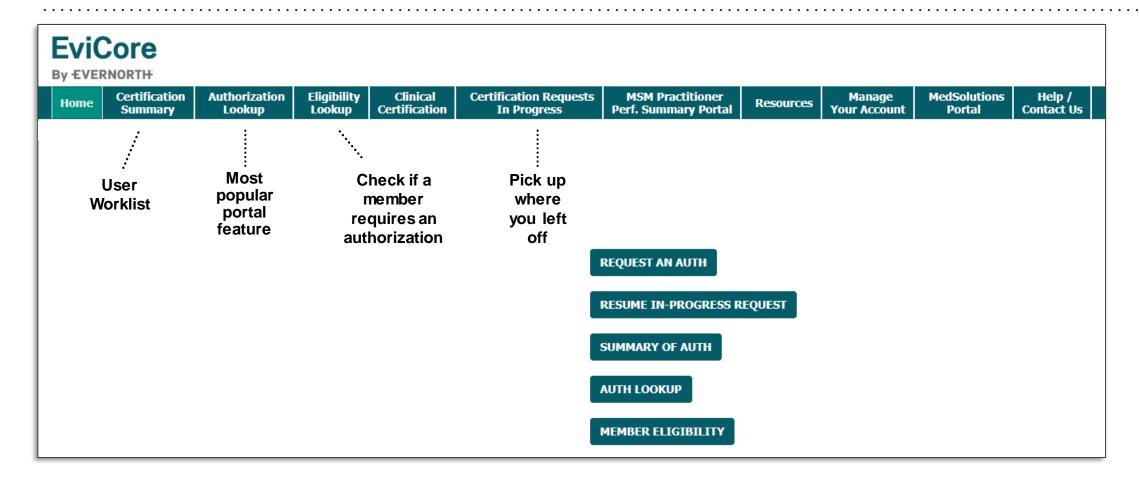
#### **Certification Summary**

Track recently submitted cases.



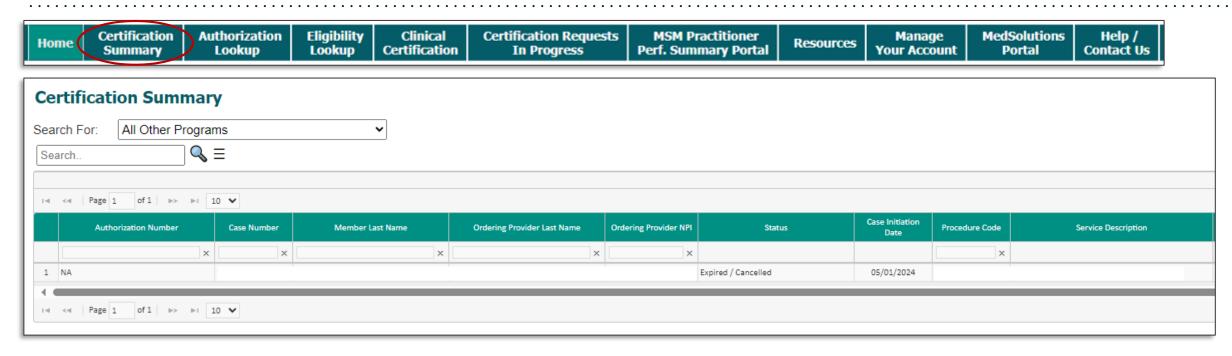


# **Provider Portal** | Feature Access





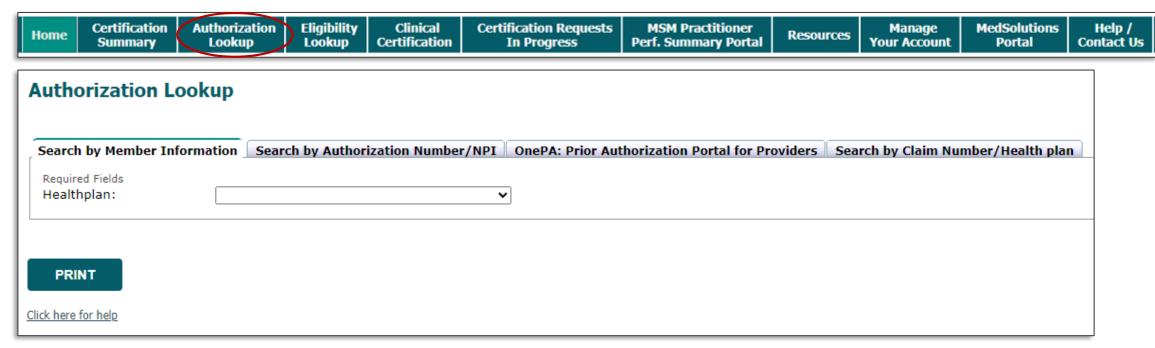
# **Certification Summary** | User Worklist



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



# **Authorization Lookup**



- 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





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# **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: <u>ClientServices@EviCore.com</u>

Phone: 800-646-0418 (option 4).

#### **Web-Based Services and Portal Support**

Live chat

Email: <u>Portal.Support@EviCore.com</u>

Phone: **800-646-0418** (option 2)

#### **Provider Engagement**

Regional team that works directly with the provider community.

• Provider Engagement Manager Territory List



- Call 877-791-4104.
- Representatives are available from 7 a.m. to 7 p.m. local time.



# **Ongoing Provider Portal Training**

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

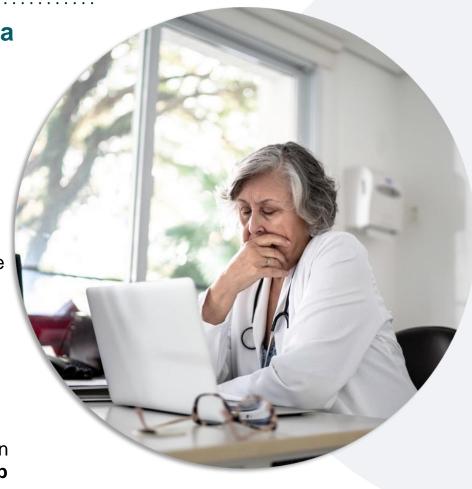
All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

#### **How to register:**

- 1. Go to <a href="http://EviCore.webex.com/">http://EviCore.webex.com/</a>
- 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 Website**

### **Provider Resource Pages**

EviCore's Provider Engagement team maintains provider resource pages that contain educational material to assist providers and their staff on a daily basis. The provider resource pages include, but are not limited to, the following educational material:

- Provider training material
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ)

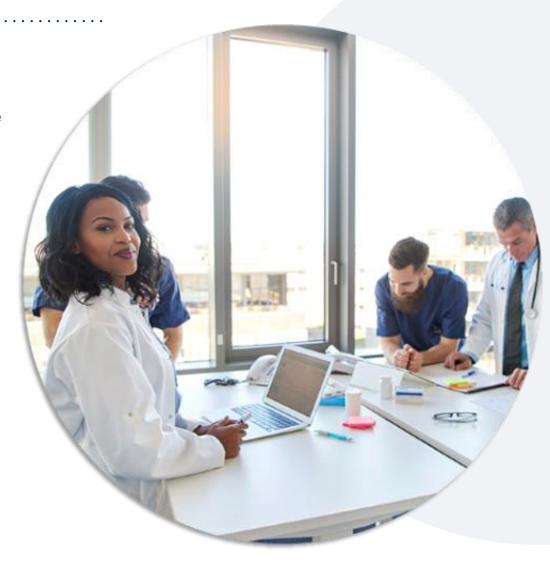
#### To access these helpful resources, please visit:

https://www.evicore.com/resources/healthplan/health-plan

EviCore also maintains online resources <u>not</u> specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's **Provider's Hub**.





# **Provider Resource Review Forum**

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

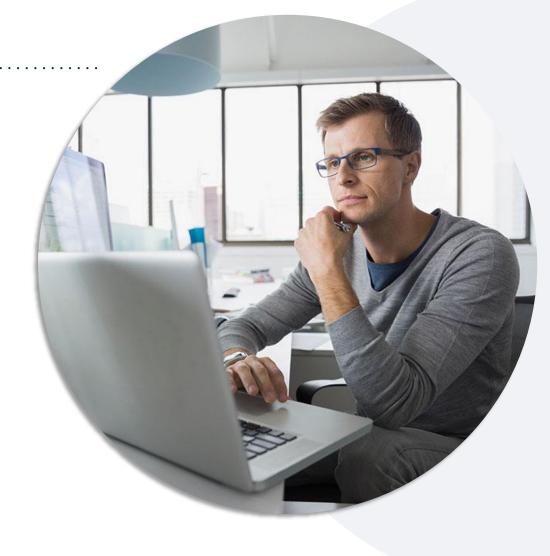
We invite you to attend a **Intro to EviCore Online Resources** session to learn how to navigate **EviCore.com** and understand all the resources available on the Provider's Hub.

#### 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

#### To register, go to EviCore.com, then:

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





# **EviCore's Provider Newsletter**

Stay up to date with our free provider newsletter!

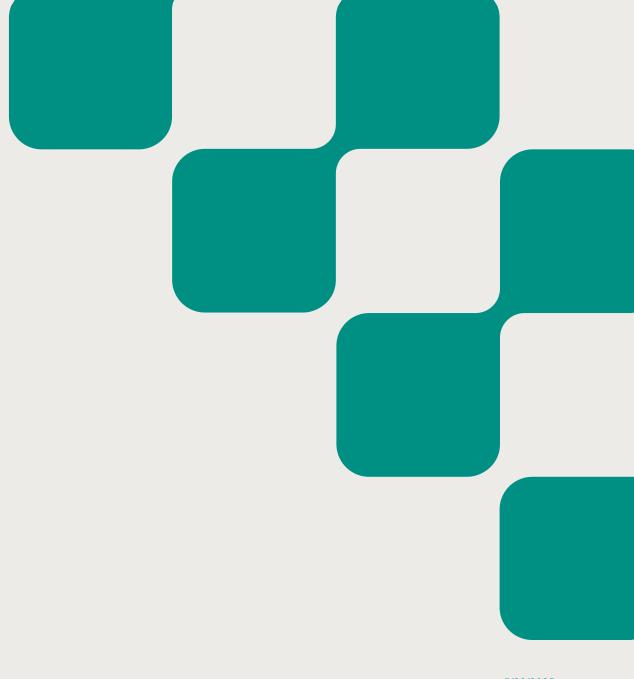
#### To subscribe:

- Visit <u>EviCore.com</u>.
- Scroll down to the section titled Stay Updated With Our Provider Newsletter.
- Enter a valid email address.





# Thank You





5/23/2025