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





The Health Plan Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in				
Commercial	Outpatient	Emergency Rooms				
Medicaid	Elective/Non-emergent	Observation Services				
Medicare		 Inpatient Stays 				



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



Interventional Pain Management | Joint & Spine Surgery

Interventional Pain

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery

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

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

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Submitting Requests





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.

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- Save your progress: If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information**: No need to fax supporting clinical documentation; it can be uploaded on the portal.
- View and print determination information: Check case status in real time.
- **Dashboard**: View all recently submitted cases.
- **E-notification**: Opt to receive email notifications when there is a change to case status.
- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the EviCore Provider Portal, visit www.EviCore.com

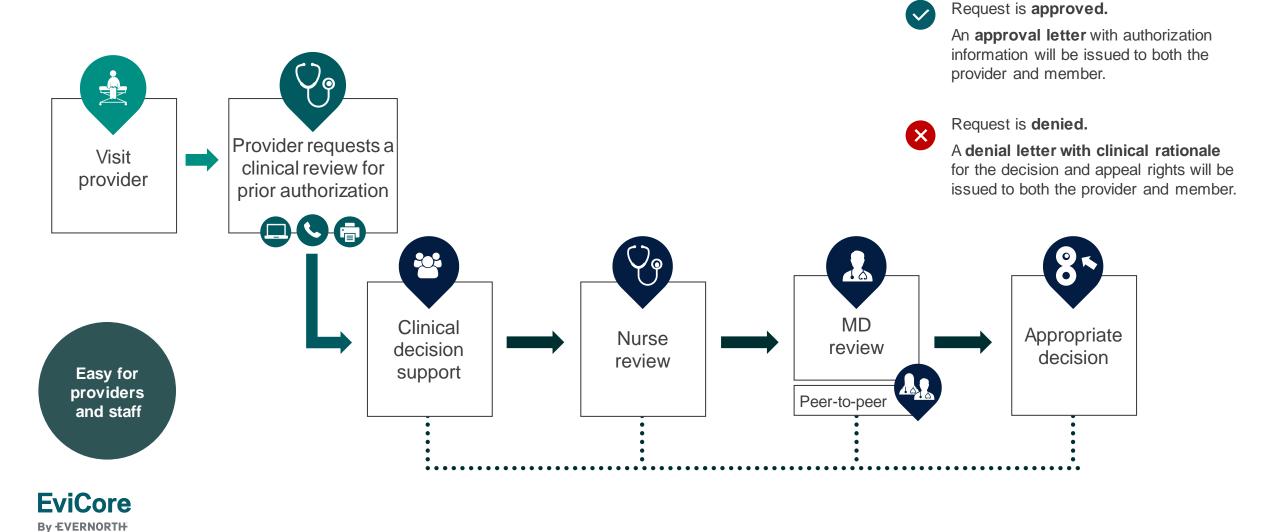


Phone: 877-791-4104

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

Fax: 800-540-2406

Utilization Management | Prior Authorization



Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Member

- Health Plan ID
- Member name
- Date of birth (DOB)

Rendering Facility

- · Facility name
- Address

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- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



Referring (Ordering) Provider

- Physician name
- National provider identifier (NPI)
- 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:

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- 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>

EviCore By EVERNORTH Dear Mr. Smith im dolor sit amet, consectetuer adipie at laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum ure dolor in hendrerit in vulputate velit esse molestie consequat, vel ilium dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissir ugue duis dolore te feugait nulla facilisi. m qui blandit praesent luptatum zzril deler em ipsum dolor sit amet, cons ectetuer a olore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud ation ullam suscipit lobortis nisl ut aliquip ex ea commodo consequat. rem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibl t dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla acilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzili del re te feugait nulla facilisi.Lorem ipsum dolor sit amet, cons ectetuer adipiscing elit am nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ncorper suscipit lobortis nisl ut aliquin rem ipsum dolor sit amet, consect r laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci ncorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel es irlure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril deleni Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidi laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud er

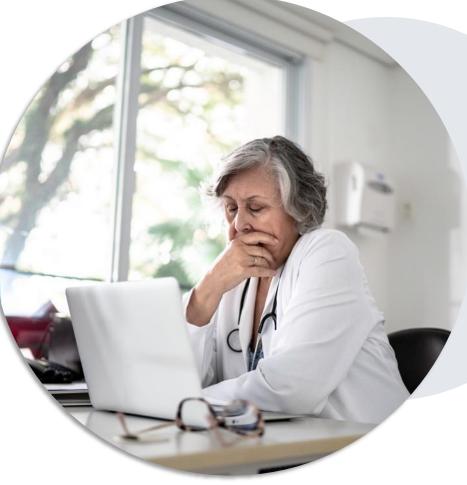
Special Circumstances

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.



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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.

Reconsiderations

EviCore

- 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.

Appeals

- 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



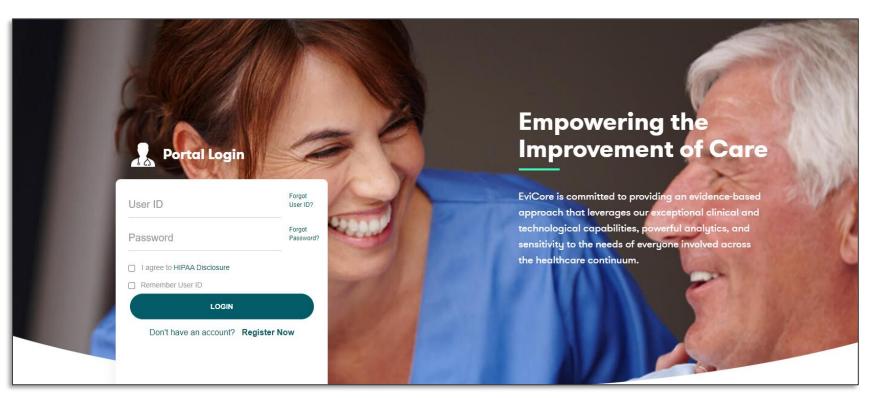
EviCore Provider Portal | Access and Compatibility

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.

viCore			
Web Portal Preference			
	listed in your provider training material. This selection determines th	he primary portal that you will using to submit cases over the web.	
Default Portal*:	Select		
User Information	CareCore National Med solutions		
All Pre-Authorization notification	ons will be sent to the fax number and email address provided below	Please make sure you provide valid information.	
User Name*:		Address*:	
Email*:			
Confirm Email*:		City*:	
First Name*:		State*:	Select ✓ Zip*:
Last Name*:		Office Name:	



Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

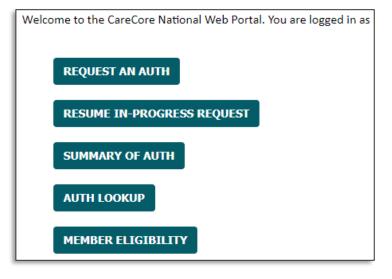
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Only one device	(Email or SMS) is currently allowed.
Please enter Address	PIN sent to your Email
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Welcome Screen | Adding Providers to Registration



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





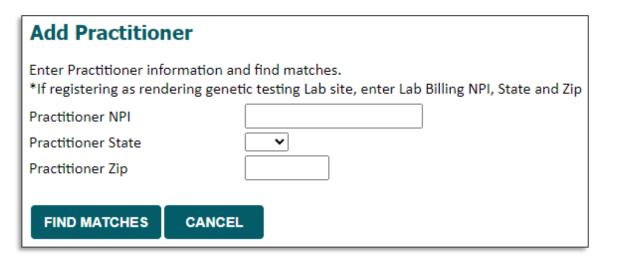
Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Manage Your Account		
Office Name: Address:	CHANGE PASSWORD	EDIT ACCOUNT
Primary Contact: Email Address:		
Click Column Headings to Sort		
No providers on file CANCEL		

Click the Add Provider button.

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



HomeCertification SummaryAuthorizationEligibilityClinical CertificationCertification Requests In ProgressMSM Practitioner Perf. Summary PortalManage Your AccountMedSolutions PortalHelp / Contact		Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Add Practitioner											
This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?											
Practitioner		Address	City	State	Zip	Phone	Fax				
ADD THIS PRACTITIONER CANCEL											

• Select the matching record based upon your search criteria.







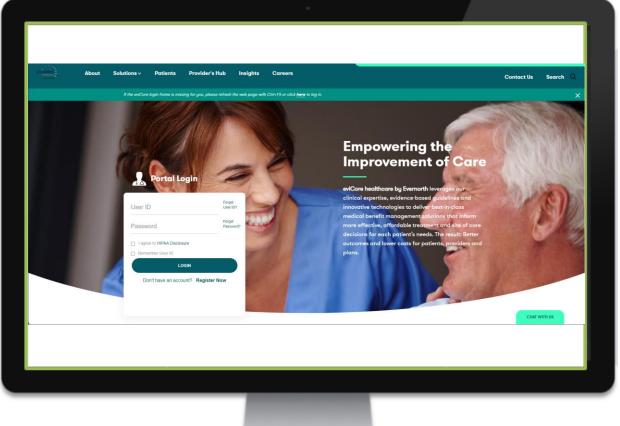
- Once you have selected a practitioner, your registration will be completed and ready for building a case.
- You can click on Add Another Practitioner to add another provider to your account or click Continue.



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 <mark>HERE</mark> to view a video demo* (2 min)



*See appendix for detailed case build process.





EviCore Portal Features



5/5/2025

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.

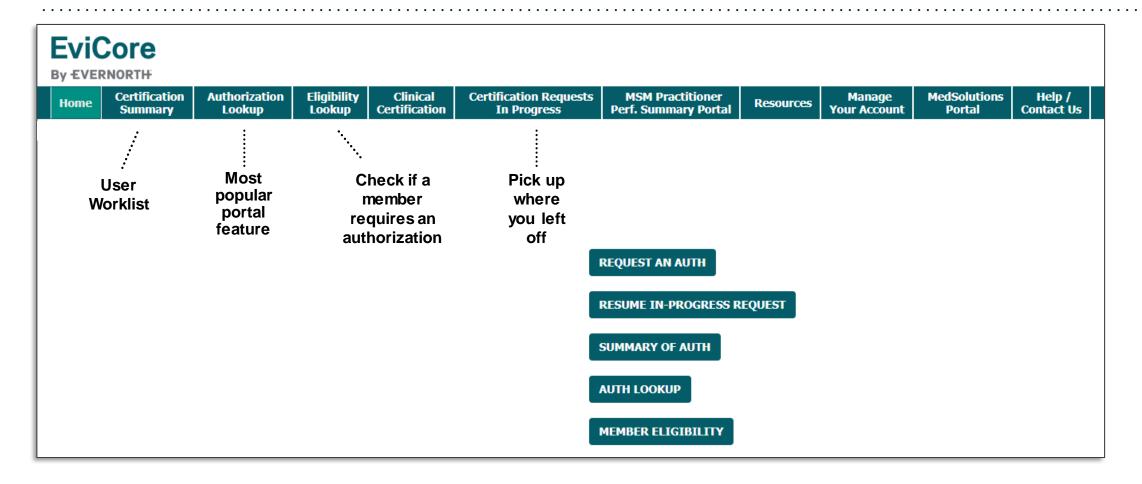
Certification Summary

• Track recently submitted cases.



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Provider Portal | Feature Access



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Certification Summary | User Worklist

Home (Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Reques In Progress		ractitioner mary Portal	Resources	Manag Your Acco		Solutions ortal	Help / Contact Us
Certif	ication Sumn	nary										
Search F	or: All Other Pro	ograms		~								
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	Authorization Number	Case Number	Member L	ast Name	Ordering Provider Last Name	Ordering Provider NPI	Stat	tus	Case Initiation Date	Procedure Code		Service Description
		×		×	×	×				×		
1 NA							Expired / Cancelled		05/01/2024			
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- The Certification Summary tab allows you to track recently submitted cases.
- The worklist can also be filtered.



Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
Autho	orization L	.ookup								
Search	n by Member Ir	nformation Sea	arch by Author	ization Number	/NPI OnePA: Prior Au	thorization Portal for Pre	oviders Sea	rch by Claim Nu	mber/Health pla	n
	ed Fields hplan:				~					
PRI	NT									
Click here	for help									

- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

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Provider Resources



Contact EviCore's Dedicated Teams

Client and Provider Services

- For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.
- Email: <u>ClientServices@EviCore.com</u>
- Phone: 800-646-0418 (option 4).

Web-Based Services and Portal Support

Live chat

EviCore

- Email: Portal.Support@EviCore.com
- Phone: **800-646-0418** (option 2)

Provider Engagement

- Regional team that works directly with the provider community.
- Provider Engagement Manager Territory List

Call Center/Intake Center

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

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

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Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

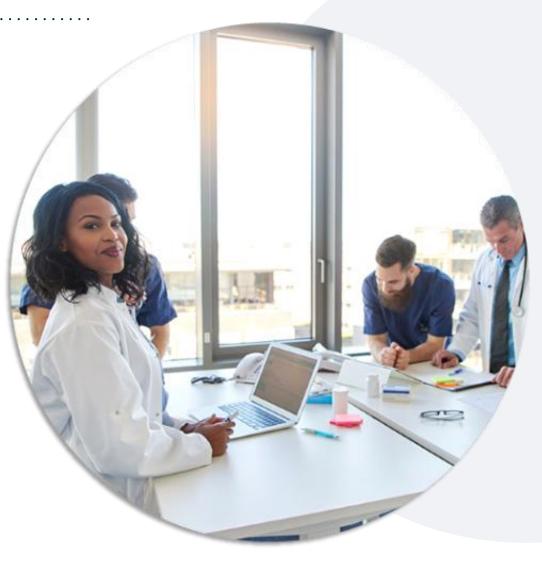
- Provider Training
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

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 <u>EviCore.com</u> 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

