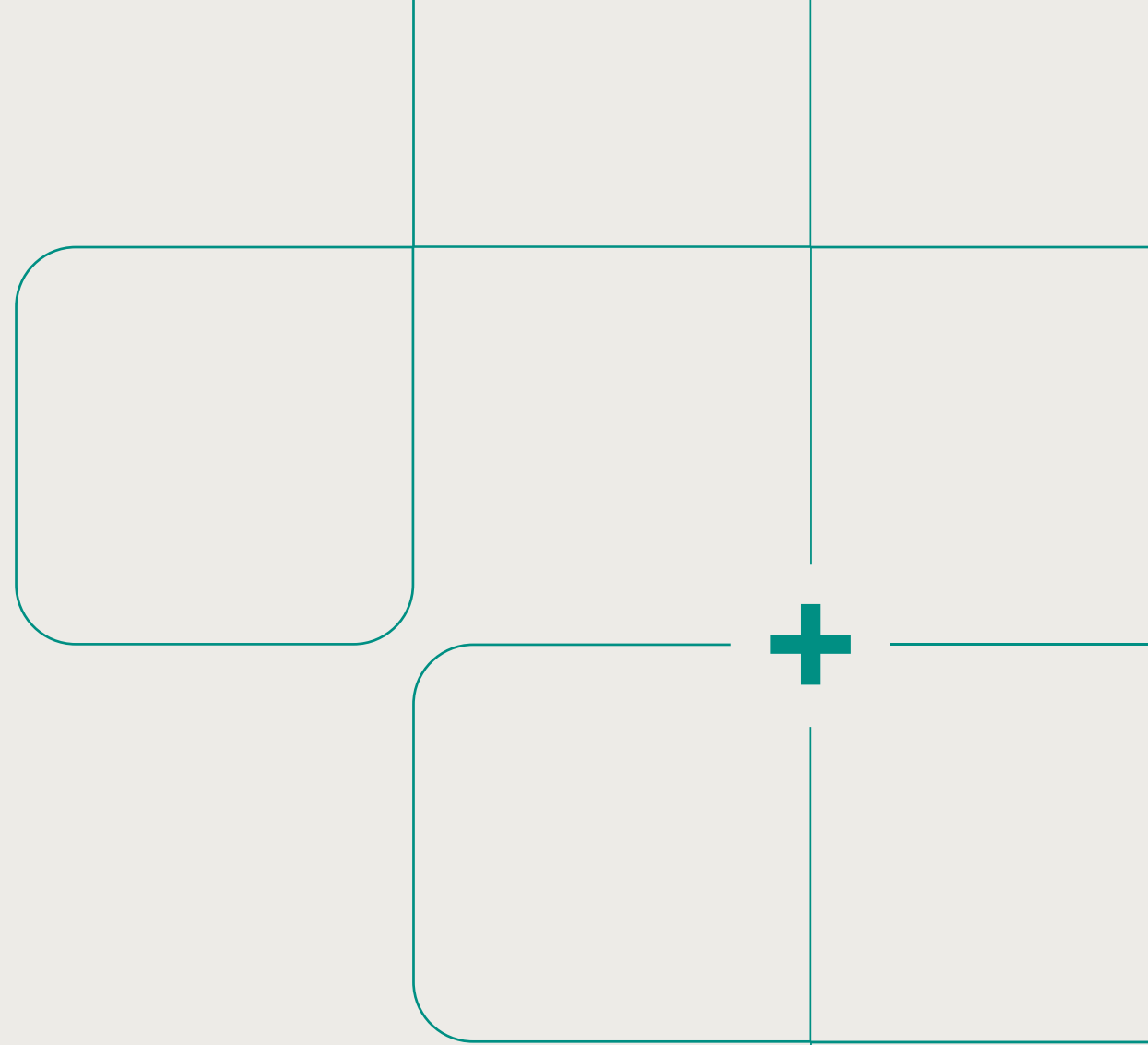# Physical Therapy, Occupational Therapy, & Chiropractic Services

Provider Orientation for

The Health Plan

EviCore
By EVERNORTH

TheHealthPlan

1

Agenda

Solutions Overview
Physical Therapy, Occupational Therapy, and Chiropractic Services

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal
Overview, Features & Benefits

Provider Resources

EviCore
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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.

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Clinical Approach

Prior Authorization Program

Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.

- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.

- Once the initial request is approved, requests for subsequent therapy can be made as early as **7 calendar days** prior to requested start date.

Clinical Philosophy

- Support patient-centered care founded on best available evidence.

- Promote functionally oriented and measureable treatment programs.

- Focus on skilled, medically necessary treatment interventions.

- Empower patient independence.

- Eliminate practice variation that cannot be explained or justified.

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Prior Authorization Program

Goals

- Authorize medically necessary services which require the skills of a licensed professional.

- Promote evidence-based practice.

- Identify and review treatment interventions where evidence does not support use.

- Provide evidence-based guidelines to support authorization decisions and educate practitioners.

- Decrease or eliminate unexplained practice variation and unnecessary visits.

- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

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Prior Authorization Program

Medical Necessity

- There must be high-quality research supporting massage therapy as a specific and effective treatment for the patient's condition.

- The condition is expected to improve significantly in a reasonable and generally predictable period of time. Therapy duration should **not** be ongoing without end.

- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
  - For these purposes, "accepted standards of medical practice" means widely accepted clinical concepts and practices based on high-quality scientific evidence published in peer-reviewed literature or evidence-based guidelines.

- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
  - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
  - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

You can view the massage therapy guidelines at https://www.EviCore.com/provider/clinical-guidelines

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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.

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How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax.

- **Available 24/7.**

- **Save your progress**: If you need to step away, you can save your progress and resume later.

- **Upload additional clinical information**: No need to fax supporting clinical documentation; it can be uploaded on the portal.

- **View and print determination information**: Check case status in real time.

- **Dashboard**: View all recently submitted cases.

- **E-notification**: Opt to receive email notifications when there is a change to case status.

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

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

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

Fax: 800-540-2406

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Prior Authorization Process

Visit provider

Provider requests prior authorization

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

An **approval letter** will be issued with authorization information to both the provider (fax) and member (mailed).

Appropriate Decision

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

A **denial letter** will be issued with appeal rights to both the provider and member, with clinical rational for decision.

Clinical Pathways

Licensed Provider Review

Peer-to-Peer Review

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Information Required for Request

Member
Member's name
Date of birth (DOB)
Member ID
Phone number
Street Address

Ordering/Rendering Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax/Phone number
Street Address

i

Requests
Select MSMPT, MSMOT, or CHIRO for requested services.

The appropriate diagnosis code (ICD10) for the working or differential diagnosis.
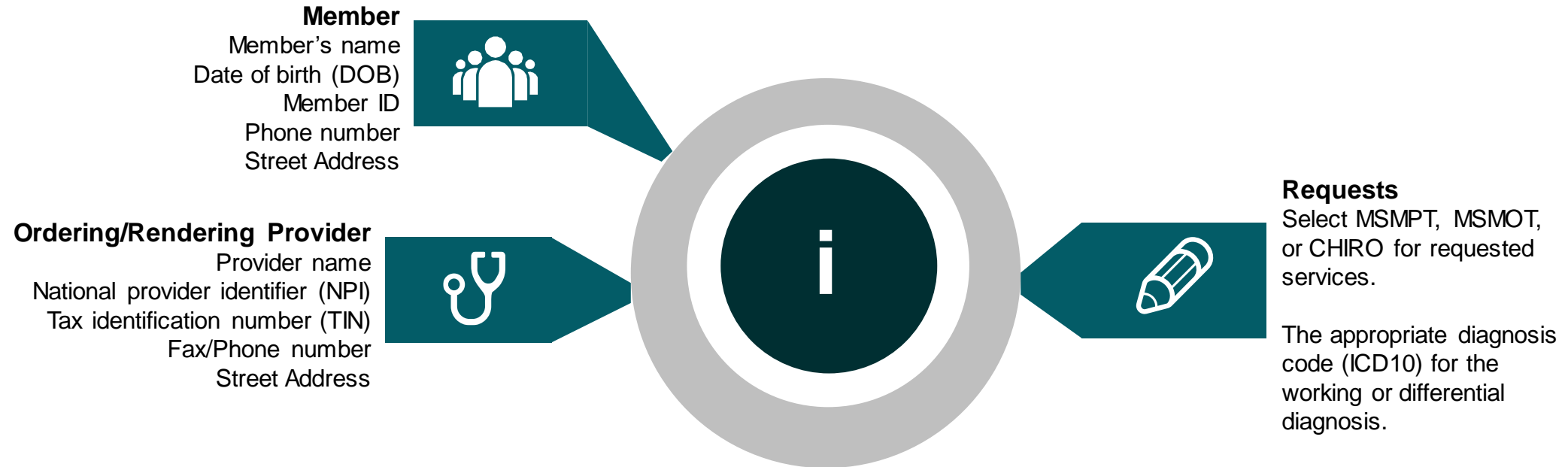
Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and level of function.
- Baseline clinical information from the initial evaluation.
- Current clinical information from follow-up visit.
- Provider's impression of the member's response to therapy (follow-up visits).
- Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- Complexities that will impact the therapy plan of care.

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Clinical Information – What EviCore needs and why we need it:

- Clinical information is required to determine whether the services requested are medically necessary.

- Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.

  ○ The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.

  ○ Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.

  ○ These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.

  ○ Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.

- Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).

- Clinical information should be current – typically something collected within **14 days** prior of the request.

  ◦ **Exception** – For pediatric neurodevelopmental members, information may be up to **20 days old** and the standardized testing should have been completed up to one year prior to the requested start date.

- **Missing or incomplete clinical information will delay case processing.**

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Prior Authorization Process

Clinical Pathway

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers.

- Improves the ability to receive a real time decision when submitting a request via the web or phone.

- "Gets out of the way" of providers who are practicing efficiently and effectively.

- Adds quality measures via inclusion of patient reported functional outcomes.

- Uses data collected over the years from claims data (managed and unmanaged) to set the average number of visits for a condition.

- Acknowledges complexities that may require a greater frequency or intensity of care.

- Allows providers to provide additional information for cases that are not "average."

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Tips to Improve Efficiency

Medical Necessity and Patient-Focused Care

The member's needs determine medical necessity.

- The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity.

- The physician's prescription for treatment frequency and duration does not demonstrate medical necessity.

Review medical necessity regularly.

- The member's response to care should be evaluated each visit to allow modification of the treatment plan based on the member's current status.

- Complete a review of continuing medical necessity at least every **30 days**. This allows you to assess how the member is responding to treatment.

- Clinical documentation should include the member's response to care, functional improvement, and remaining functional deficits.

- Consider whether the skills of a provider are still necessary and, if it is, identify the specific interventions that require that skill.

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Prior Authorization Process

If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **2 business days**. The initial evaluation **does not** require prior authorization.

- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).

- When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.

- Notification requires submission of the following information:

  ◦ Patient demographics

  ◦ Provider demographics

  ◦ Minimal clinical information

    • Type of condition

    • Post-surgical therapy? If so, please provide the date of surgery.

    • Functional outcome measures

- If there was prior therapy, questions will be asked to determine if this is a new condition.

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Prior Authorization Process

How to Request Additional Visits:

- Additional visits may be requested as early as **7 calendar days** prior to the requested start date.

- The **start date** will be the first date you need additional visits to begin.

- Clinical information should be **current**. Recommended timeframes:

  ◦ Adult and non-developmental pediatric patients = **14 calendar days**

  ◦ Developmental pediatric patients = **30 calendar days**

- Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.

- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as "additional information" via upload, fax, or text box summary.

- Address any complexities that will impact the therapy plan of care.

- Provider's impression of the member's response to care.

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Link to Clinical Worksheets | Physical & Occupational Therapy

Start at EviCore.com, click on **Resources**.

From the Resources dropdown, select **Clinical Worksheets**.

Select Musculoskeletal: **Therapies**.

Enter **Health Plan** name in the search field.

The PT-OT **worksheets** will be listed under
The **Physical & Occupational Therapy**
header.

Link to Clinical Worksheets | Chiropractic Services

Start at EviCore.com, click on **Resources**.

From the Resources dropdown, select **Clinical Worksheets**.

Select Musculoskeletal: **Therapies**.

Enter **Health Plan** name in the search field.

The Chiropractic **worksheets** will be listed under the **Chiropractic** header.

Login   Resources

PROVIDER RESOURCES
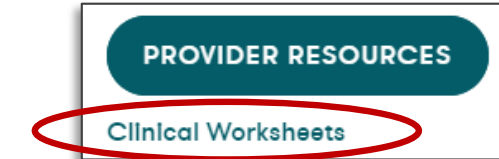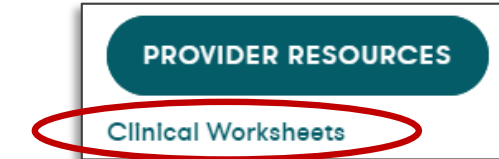
Clinical Worksheets

Musculoskeletal: Therapies
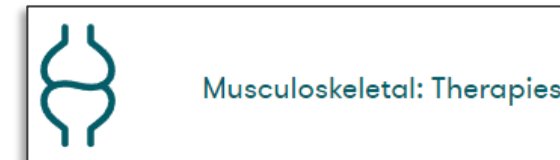
Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

If you would like to view all eviCore core worksheets, please type in "eviCore healthcare" as your health plan.

Search by Health Plan ...

Chiropractic

CorePath PTOT Chiro Musculoskeletal

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Speech Therapy | Summary of Portal Benefits

- ☑ Elimination of pre-set waivers

- ☑ Increased provider satisfaction

- ☑ Reduced administrative burden for providers

- ☑ Increased opportunity for real-time decisions

- ☑ Expanded, member-focused decisions

- ☑ Decreased case review turn-around-times.

- ☑ Patients able to receive the right amount of care in a timely manner.

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Insufficient Clinical | Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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 notification 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.

Appropriate Decision

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Prior Authorization Process | Important Concepts

Authorization Decisions Include:

- Visits or units (depending on health plan)

- Approved time period (i.e., 6 visits, authorized from 1/1/24 to 1/31/24)

- EviCore recommends approved visits be spread over the approved period to prevent a gap in care.

Overlapping Requests

- Request for more visits within the existing approved time period.

- Review to determine if additional visits are medically necessary.

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Prior Authorization Process | Important Concepts

Date extensions are available if you are unable to use all visits within the approved period.

- Extend for the period that is needed up to a maximum of **30 days**.

- The **one-time** extension must be requested prior to the expiration of the authorization.

Extensions can be requested by the following methods:

- Online at www.EviCore.com

- By phone at **877-791-4104**

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"

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Treating Multiple Conditions within the Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.

- The authorization covers all conditions treated within the same period of time.

- If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.

- When treating more than one condition, please advise EviCore to ensure adequate units are approved.
  - When submitting by the web, you will be asked if you are treating a second condition.
    - **Answer = Yes; report information specific to the second condition.**
  - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
  - If submitting by fax, complete clinical worksheets for both conditions.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

5/5/2025

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **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: www.EviCore.com

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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 & Medicaid 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

- 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.

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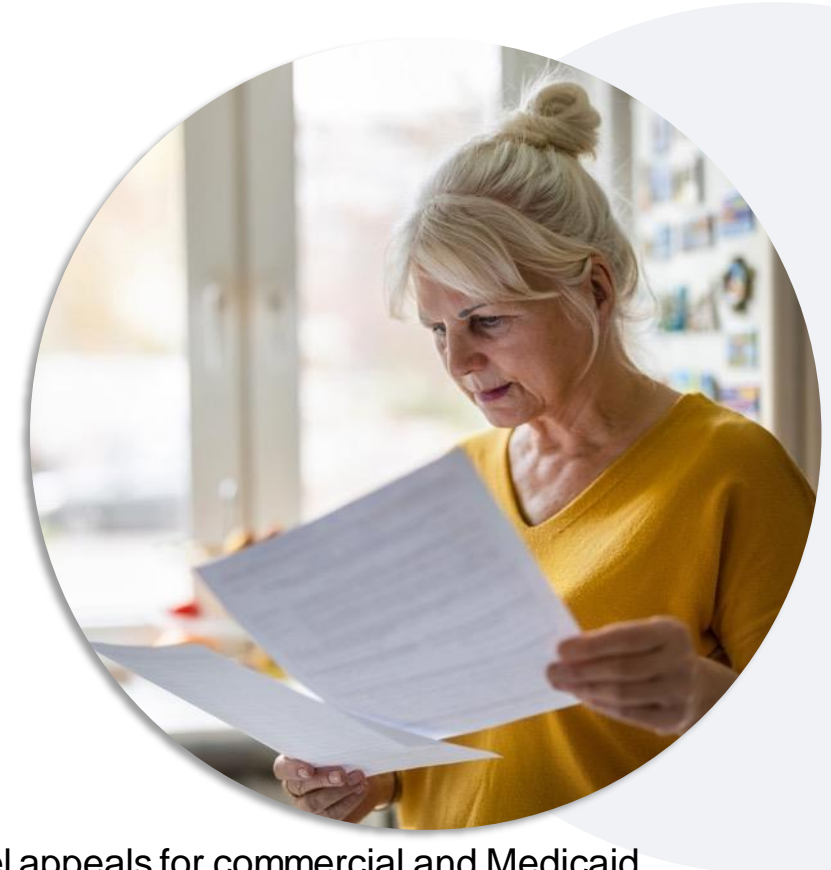
Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **one (1) calendar 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.

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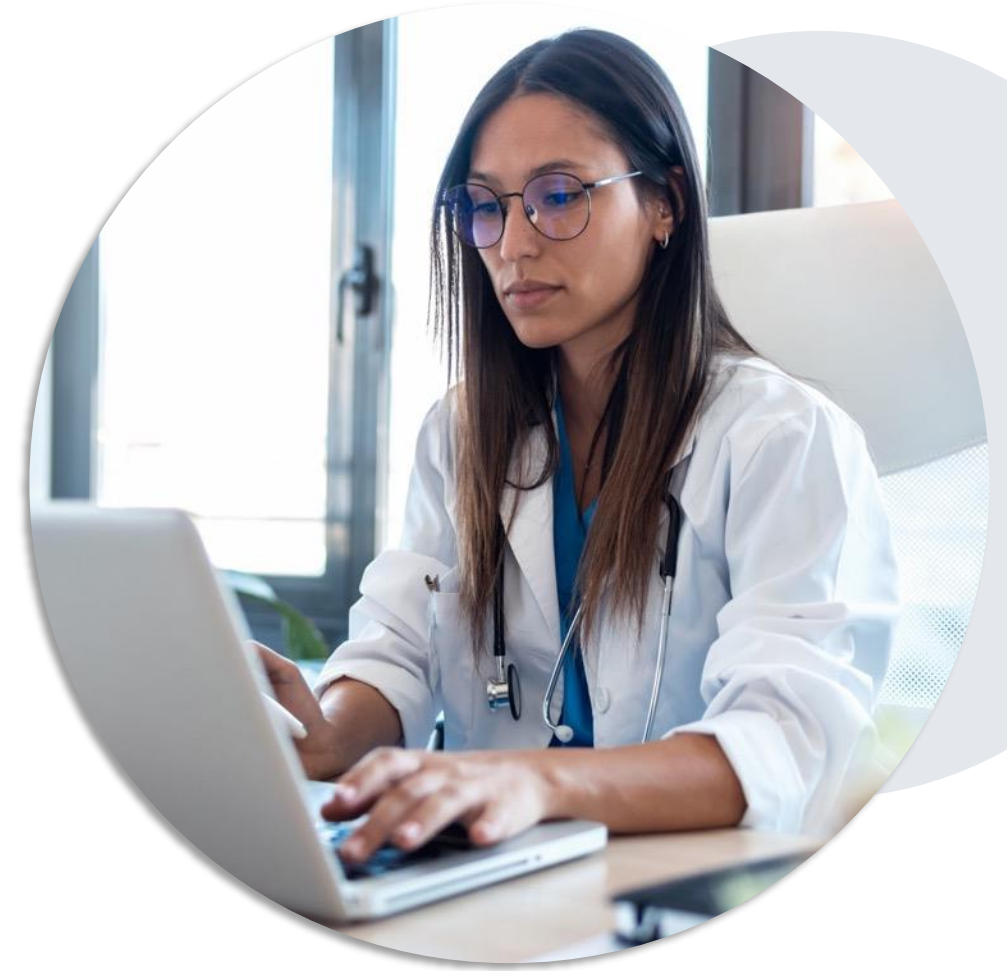
EviCore Provider Portal

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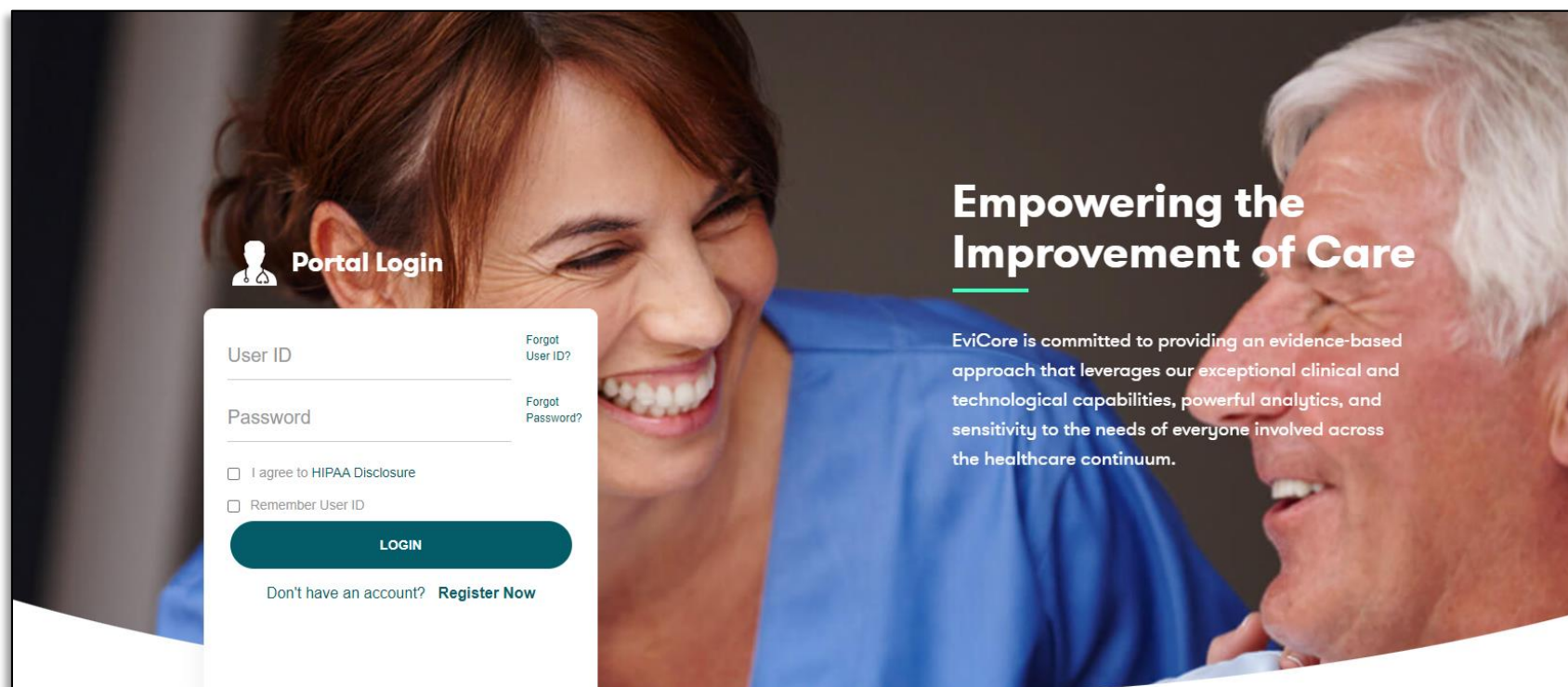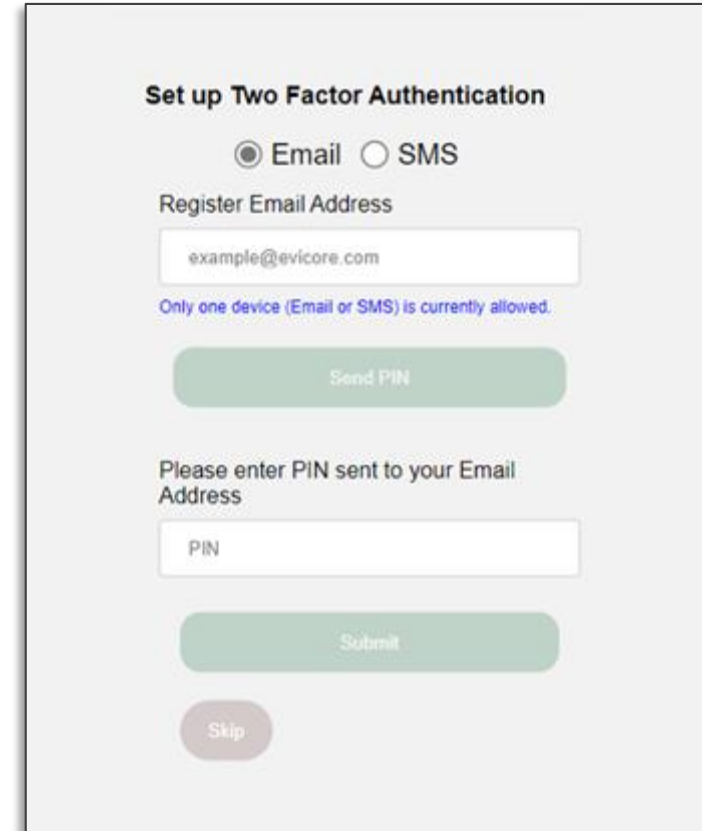
EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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Setting Up Multi-Factor Authentication (MFA)

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

- After you log in, you will be prompted to register your device for MFA.

- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**

- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.

- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

○ Email ○ SMS

Register Email Address

example@evicore.com

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

Send PIN

Please enter PIN sent to your Email Address

PIN

Submit

Skip

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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.

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Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: [--Select--]

--Select--
CareCore National
Medsolutions

User Information

All Pre-Authorization notifications 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:	

Welcome Screen | Adding Providers to 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 |

- Providers can be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add providers to the web registration.

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Adding Providers

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

Manage Your Account

Office Name: [CHANGE PASSWORD] [EDIT ACCOUNT]

Address:

Primary Contact:

Email Address:

[ADD PROVIDER]

Click Column Headings to Sort

No providers on file

[CANCEL]

• Click the **Add Provider** button.

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Adding Providers

- 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.

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Adding Providers

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

Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

ADD THIS PRACTITIONER   **CANCEL**

- Select the matching record based upon your search criteria.

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Adding Providers

- 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**.

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Portal Case Submission

Initiating a Case

- Click the **Clinical Certification** tab to get started.

- Choose **Request an Auth** to begin a new case request.

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Select Program

Always select "Build a New Case" for the 1st authorization request from EviCore.

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

Clinical Certification Request | Search and Select Provider

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.

- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

Clinical Certification Request | Search and Select Provider

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

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

[   ] SEARCH   CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI: [   ] SEARCH

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT								

BACK   CONTINUE

Click here for help

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

Attention!

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

YES   NO

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

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Clinical Certification Request | Select Health Plan

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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK   CONTINUE

Click here for help

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

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Clinical Certification Request | Enter Contact Information

Add Your Contact Info

Provider's Name:*
Who to Contact:*
Fax:*
Phone:*
Ext.:
Cell Phone:
Email:

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

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

[BACK] [CONFIRM FAX AND CONTINUE]

Click here for help

- Enter/edit the **provider's name** and appropriate information for the point of contact.

- Practitioner name, fax, and phone will pre-populate; edit as necessary.

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

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Expected Treatment Date

Attention!

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

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

SUBMIT

Note: Prior authorization from EviCore should begin after the member has used their initial visits for **INSERT HEALTH PLAN IF APPLICABLE**.

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Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID:* [_____]

Date Of Birth:* [_____] MM/DD/YYYY

Patient Last Name Only:* [_____] [?]

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

[ELIGIBILITY LOOKUP]

[BACK]

Click here for help

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

- Click **ELIGIBILITY LOOKUP**.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT		01			F	

[BACK]

Click here for help

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

EviCore By EVERNORTH

Clinical Certification Request | Procedure and Diagnosis Codes

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

Requested Service + Diagnosis

This procedure will be performed on 5/6/2024. **CHANGE**

Musculoskeletal Management Procedures

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

Don't see your procedure code or type of service? Click here
Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

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

LOOKUP

Trouble selecting diagnosis code? Please follow these steps

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

Click here for help

- Enter one of the following for the CPT code:
  ◦ **MSMPT** for Physical Therapy
  ◦ **MSMOT** for Occupational Therapy
  ◦ **CHIRO** for Chiropractic Services
- Add diagnosis code(s).

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Clinical Certification Request | Verify Service Selection

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

Attention!

Patient ID:
Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status

OK

Print this page

- Review the patient's history before proceeding to site selection.

- **Note:** Place of service can vary depending on health plan rules.

Attention!

Will the procedure be performed in your office?

Yes   No

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Clinical Certification Request | Site Selection

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).

- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | Clinical Certification

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

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

BACK   CONFIRM AND CONTINUE

- Verify that all information is entered and correct.

- Check the acknowledgement statement.

- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.

- **You will not have the opportunity to make changes after this point.**

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Clinical Certification Request | Standard or Urgent Request

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ⦿ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ○ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ○ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Required Medical information checklist
Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen

[UPLOAD]

Proceed to Clinical Information

Is this case Routine/Standard?

[YES]   [NO]

- If the case is **standard,** select **Yes**.

- If your request is **urgent,** select **No**.

- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.

- Upload up to **FIVE** documents. *(.doc, .docx, or .pdf format; max 5MB size)*

- Your case will only be considered urgent if there is a successful upload.

Clinical Collection

You can check the "Finish Later" box to save your progress. You'll have until the end of the day to complete the case.

Clinical Collection

Proceed to Clinical Information

ⓘ Please provide the most recent date of the medical doctor's evaluation:

ⓘ Please provide the medical doctor's diagnosis:

SUBMIT

☐ Finish Later

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

Click here for help

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- If you need to confirm information you've entered, or need to add additional information, check **Finish Later**, then submit.

- You will then have **until the end of the day** to complete the request.

- If needed, any changes or updates can be made by phone.

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Criteria Met

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool.Your case has been approved for 4 visits

Provider Name:		Contact:	Amy
Provider Address:		Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			

Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Authorization Number:			
Review Date:			
Approved Treatment Start Date:			
Expiration Date:			
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool.Your case has been approved for 4 visits		

CANCEL   PRINT   CONTINUE

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

- You can print the certification and store in the patient's record if needed.

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Criteria Not Met

- Once you complete the clinical questions, you will have an opportunity to upload additional clinical information.

- You will also receive a summary of your request to print for your records.

Provider Portal Demo | PT, OT, and Chiropractic Services

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)
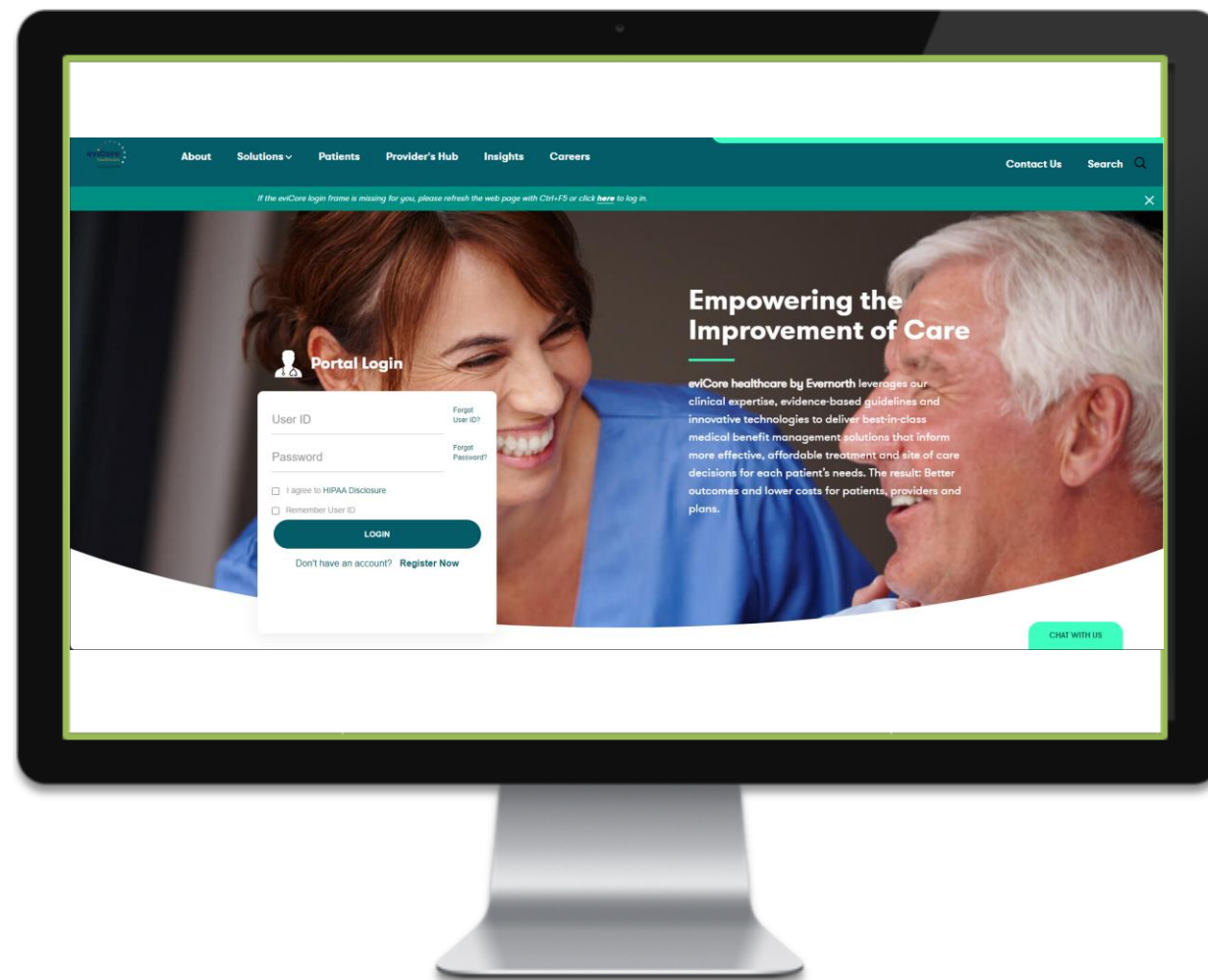
*See appendix for detailed case build process.

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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.
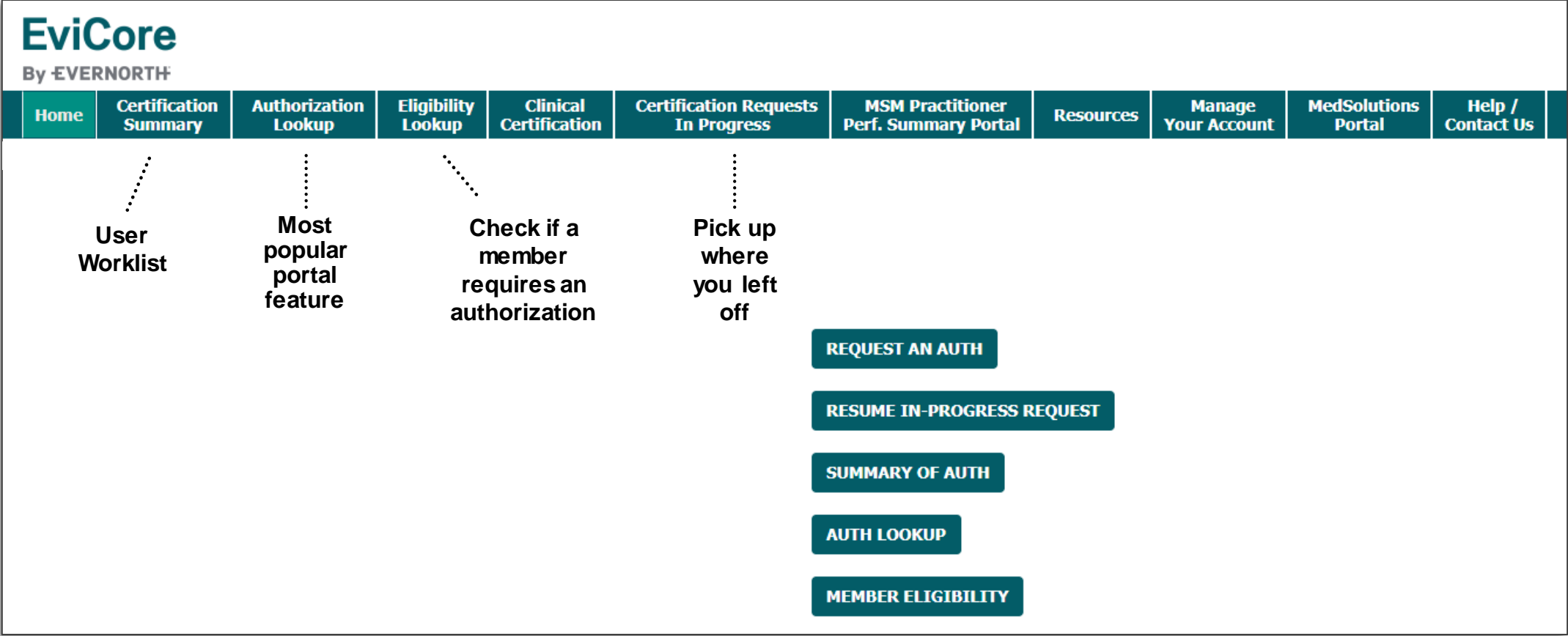
Prior Authorization Status Lookup

- 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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| 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 |

User Worklist

Most popular portal feature

Check if a member requires an authorization

Pick up where you left off

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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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.

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Provider Resources

5/5/2025

Contact EviCore's Dedicated Teams

Client and Provider Services

- For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **ClientServices@EviCore.com**

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

Web-Based Services and Portal Support

- Live chat

- 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.

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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. **Please keep the registration e-mail** **so you will have the Web conference information for the session in which you will be participating.**

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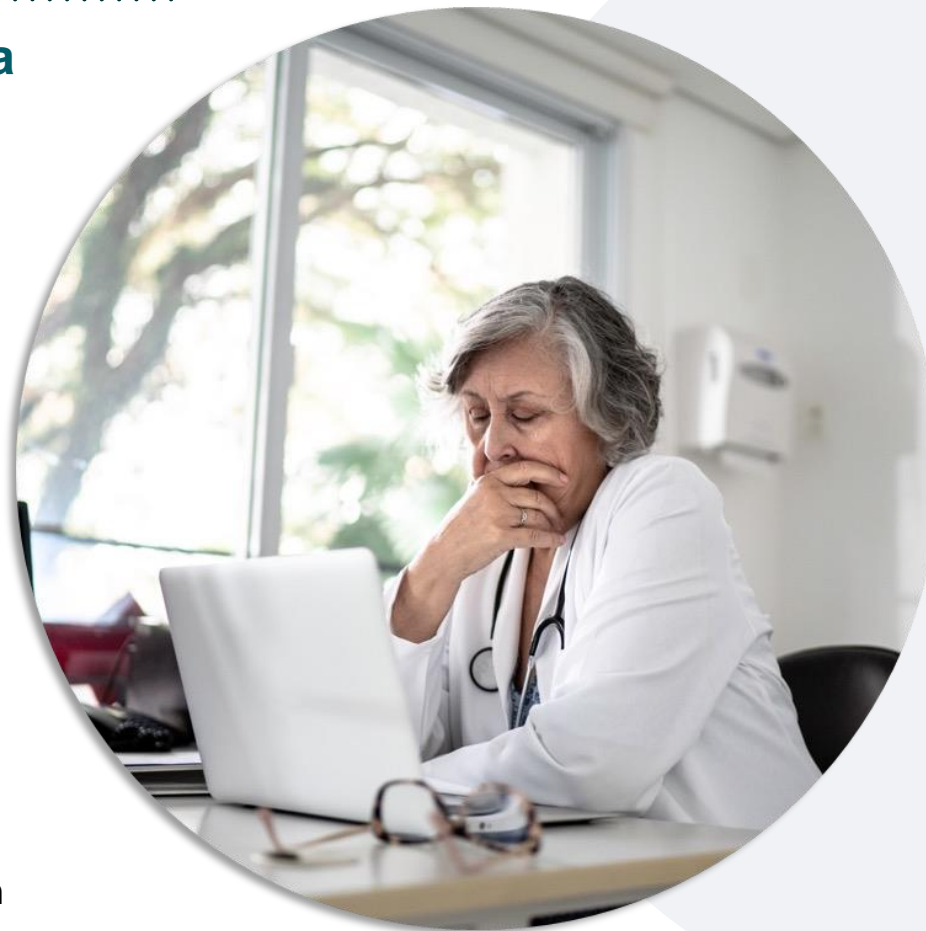
Provider Resource Website

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**.

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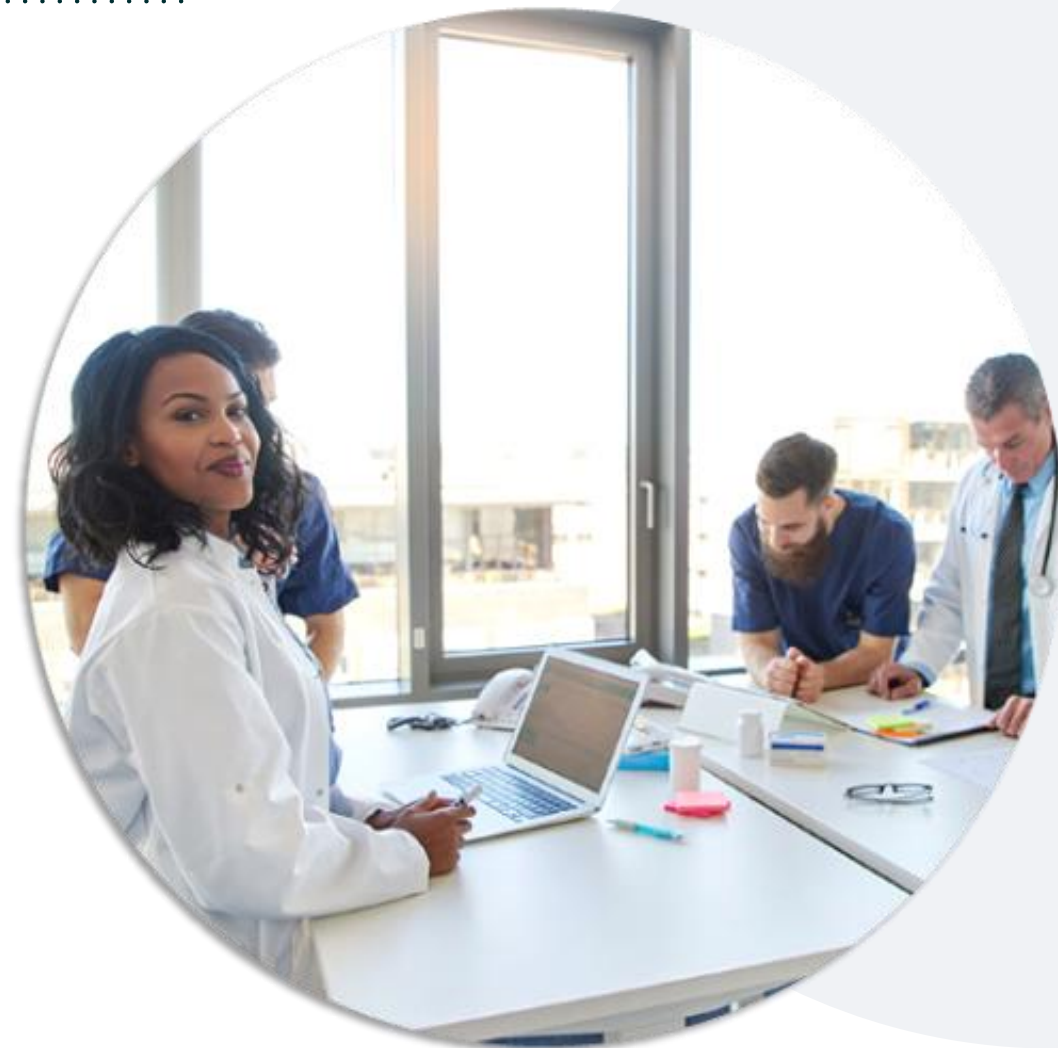
Provider Resource Review Forum

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

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EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.

- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.

- Enter a valid email address.

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Thank You

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