Chiropractic Services

Jefferson Health Plans





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Agenda

EviCore



Solutions Overview Chiropractic Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

Self-Service Peer-to-Peer Scheduling Tool

Solution Overview



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Jefferson Health Plans Prior Authorization Services

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

Inpatient Stays



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



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Evidence-Based Guidelines

The Foundation of Our Solutions



Contributions from a panel of community physicians



Experts associated with academic institutions



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Aligned with National Societies

- American Academy of Neurology
- American Academy of Orthopedic Surgeons
- American Academy of Pediatrics
- American Academy of Sleep Medicine
- American Association of Child and Adolescent Psychiatrists
- American Association of Clinical Endocrinology
- American Association of Neurological Surgeons
- American College of Cardiology
- American College of Chest Physicians

- American College of Gastroenterology
- American College of Medical Genetics and Genomics
- American College of Obstetricians and Gynecologists
- American Massage Therapy Association
- American Occupational Therapy Association
- American Physical Therapy Association
- American Society of Acupuncturists
- American Society of Nuclear Cardiology
- American Speech–Language–Hearing Association

- American Thyroid Association
- American Urological Association
- Centers for Disease Control
- College of American Pathologists
- Endocrine Society
- · Heart Rhythm Society
- National Comprehensive Cancer Network
- North American Spine Society
- The Society of Maternal-Fetal Medicine
- United States Food and Drug Administration
- United States Preventive Services Task
 Force

Submitting Requests



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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 status.

- Save time: Quicker process than requests by phone or fax.
- Available 24/7.

FviCore

By EVERNORTH

- 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 **EviCore.com/provider**



Phone: 888-444-6178 Monday – Friday 7AM – 7PM (local time)

Fax: 855-774-1319

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."



Pathway Questions

- Questions are included in the pathway to help EviCore create a case correctly.
- For example, you may be asked questions about the site (location) of the service.
 - Reason Prior authorization may not be required for some sites of service.
 - Example Emergency Department, Inpatient Services.
- Is the care requested following a mastectomy?
 - Should present only when the request is for a cervical or upper extremity condition.
 - Presents for both males and females since mastectomy applies to both.
 - There is a federal mandate related to post-mastectomy care.



Medical Necessity

- There must be high-quality research supporting chiropractic treatment 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. Treatment duration should <u>not</u> be ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
 - For these purposes, "generally accepted standards of practice" means standards that are based on credible evidence published in peer-reviewed literature or specialty society recommendations.
- The medical benefit is designed to allow treatment to return the patient to essential activities of daily living.
 - It was **<u>not</u>** designed to allow continued treatment to return to recreational or athletic activities.
 - It was **not** designed to cover acupuncture for the purpose of improving or maintaining general fitness.

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



Requesting Authorization

- For the first request:
 - Evaluate the member before you request prior authorization.
 - Evaluation codes do **not** require prior authorization.
 - Submit your request within **7 calendar days** of the requested start date.
- If additional care is needed:
 - You may submit your request as early as **7 calendar days** prior to the requested start date.
 - This allows time for the request to be reviewed and prevents a gap in care.
 - Remember to provide complete, current clinical information including patient reported functional outcome measures.

Note: Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from treatment, reassess the condition once treatment has resumed. This allows you to provide current information to allow EviCore to determine medical necessity of ongoing treatment.



Timely Filing

- Jefferson Health Plans allows providers to evaluate and treat at the initial visit.
- The evaluation code does <u>not</u> require prior authorization, but treatment does.
- If treatment is provided during the evaluation visit, you have **7 calendar days** from the date of service to submit your request for authorization for the initial treatment.
- Authorization for treatment beyond the initial visit must be requested prior to providing care.
- Retrospective requests will be accepted up to 180 calendar days. Please note that any cases after this timeframe will be expired.



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 hold notification will inform the provider about what clinical information is needed as well as the <u>date by</u> <u>which it is needed</u>. The Provider must submit the additional information to EviCore

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. EviCore will review the additional documentation and reach a determination

Determination notifications will be sent.





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 provider'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.



Tips to Improve Efficiency

Scheduling Visits

Members have different needs.

• Evaluate and determine each member's specific needs. Members with the same or similar diagnoses have different needs based on their own circumstances. Avoid following "cookbook" protocols.

Once or twice a week may work.

Many members do not need treatment three times a week. Members may be seen once or twice a week as they
work toward their goals following their comprehensive home program.

Let progress determine frequency.

 Do not schedule an entire series of visits at a set frequency. Instead, determine the date of the member's next visit based on the member's progress after each visit. Set goals for the member's next visit during each treatment appointment.

Decrease frequency during strengthening and stretching phase.

 Strengthening and stretching take time. After instructing the member in a strengthening and/or flexibility home program, allow time for the member to work on the exercises. The intensity of care should be decreased during this phase. Often the member needs to be seen only once or twice a week to update the home program.



Authorization decisions include:

- Visits These represent the total number of visits that can be billed over the approved period.
- **Units*** These represent the total number of CPT codes that can be billed over the approved period.
- Approved Time Period
 - Example 4 visits, 16 units
 - **Units example** (98940 + 98943) x 4 = 4 visits, 8 units

Tip!!! Spread the units over the approved period to prevent a gap in care.

*Dependent upon health plan.

Treating Multiple Conditions

- 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 you are treating more than 1 condition, advise EviCore to ensure adequate care is approved.
 - When submitting by the web, you will be asked if you are treating a second condition.
 - Answer "Yes," then 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.



Duplicate Care

- EviCore will approve care by two different providers within the same period only when it is medically necessary.
- If the condition being treated is the same and the member has not discontinued care with their original provider, the request for duplicate care may be denied.



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 extension must be requested prior to the expiration of the authorization.

Extensions can be requested by the following methods:

- By phone at 888-444-6178
- Online at <u>www.EviCore.com</u>

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Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Submitting an initial request via EviCore's Provider Portal

- Submit your request within 7 days of the requested start date.
- Start date for the request should be the date you want the authorization to begin.

Submitting for continued care via EviCore's Provider Portal

- You may submit your request as early as **7 days** prior to the requested start date.
- The start date should be after the existing authorization expires.
- Remember to provide complete, current clinical information.
- Note: Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from treatment, reassess the condition once treatment has resumed. This allows you to provide current information to allow EviCore to determine medical necessity of ongoing care.





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Information Required for Request



Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and quantified measures 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 treatment (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.

EviCore

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Prior Authorization Process | Clinical Information

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 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.
 - Chiropractic, physical therapy, and occupational therapy requests have the ability for a real time decision for the first <u>two (2)</u> 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.
- Missing or incomplete clinical information will delay case processing.

Link to Clinical Worksheets | Chiropractic Services



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Chiropractic Worksheets (found <u>HERE</u>)

	EVERNORTH	Required for Please use this fax form delay the determination. F Forms section. You may al URGENT (for all M for NON Phone ar Iso log in same d	ACCUPATION ACCONDITION -URGENT request to the provider port to the provider port (ay) REQUESTS	ats only. Final before the four tallocated MUST E	ding I ailure to nd on ev on the s	Hand & provide riCore.co ite to sub	all re om un omita	vic Pail levant in der the C n authoria PHONE	n) format Suideli zation	ion may nes and request.
revio	ous Reference/Auth Nu	mber (If Continued Care):				Date	of Subn	nissio	on:		
ervic	e Type Requested:	Physical Therapy		Occupational	Therapy	Ch	iropract	tic			
lace	of Service:										
	First Name:	N	AI:		Last Nan	ne:					
- 7	Member ID:	DOB (mm/dd/y	(yyy):		G	ender:		Male		Female
1	Street Address:						A	Apt #:			
. [City:			Stat	e:		Z	lip:			
6 L	Home Phone:	Cell Pi	hone:			P	rimary:		Home		Cell
1	Member Health Plan/Inst	urer:									
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Ę	First Name:			Last Name:							
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	Code	Description		Code			Desc	riptioi	1		
					-						
S	Start Date for this Requ	est:									
a Is	s this request for fabricati	ing a splint/orthotic or develop	ping a ho	ome exercise pro	gram only	?	Yes		No		
lf	f yes, stop here. If no, p	please continue.	-		• •						
S P	Primary Treatment Area	: Choose only one.									
	Primary Treatment Are	a: Choose only one.									
	Spine: [Cervical / Upper Thoracic	;	Lower Thora	cic / Lumb	osacral					
5	Upper Extremity:	Shoulder / Arm		Elbow / Wris	t / Foream	n			land		
č	Lower Extremity: [Hip / Thigh		Knee Knee			Ankle	e / Fo	ot / Leg		
	Other:	Pelvic Pain / Incontinence	се								
	Secondary Treatment	Area: Choose only one.	-	No second a	rea being	treated	-1				
	Spine:	Cervical / Upper Thoraci Should on / Arm	IC	Lower Thora	acic / Lum	ibosacr	di	_	Land		
	Opper Extremity:	Shoulder / Arm		Elbow / Writ	st / Forea	(III)	7 4-11		Hand		
<u> </u>	Lower Extremity:	Hip / Thigh		Knee			_ Ankl	e / Fo	ot / Leg		

Men	nber Name:		Member ID:		Provider Name:	
	Date of initial eval	uation:	Date of cu	rrent findings:		
	Previous Treatme	ent				
	Has the member b	een trea	ited for any other condition in	he past 6 months?	N/A	
	Spir	ne: 🗌	Cervical / Upper Thoracic	Lower Thoracia	c / Lumbosacral	
	Upper Extrem	ty: 🗌	Shoulder / Arm	Elbow / Wrist /	Forearm 🗌 Ha	ind
	Lower Extrem	ty: 🔲	Hip / Thigh	Knee	Ankle / Foo	t / Leg
	Oth	er:	Pelvic Pain / Incontinence	Neurologic/Develop	pmental Condition 🔲 Lymphe	edema 🗌 Vestibular

	Please ONLY complet Informat	e the following section(s) based upon the Treatment Area(s) selected above. ion specific to the Primary Treatment Area MUST be completed.
	TREATMENT AR	EA: Cervical / Upper Thoracic
	Post-Surgical Care: Yes	No If yes, Date of Surgery:
	Surgery Type: Decompr	ression Discectomy Fusion Total Disc Replacement
0	Fracture	ORIF Obst-mastectomy Other
U C	Con	nolete the following section for initial OR follow-up care as appropriate
RA		Initial Follow-Up
ō	Functional Assessment Used	Neck Disability Index score (NDI) (0-100%) FOTO Neck (Focus on Therapeutic Outcomes)
=		Other/No Functional Assessment:
R.	Neck Disability Index score (NDI):	Current Initial score
JPP	Weakness, sensory changes or radiating pain below elbow:	□ Yes □ No □ Yes □ No
T/1	Number of episodes in past 3 yrs:	□ 1 □ 2 □ 3 □ ≥4 □ N/A N/A – Leave Blank for Follow-Up Request
CA	Has nt responded as expected?	N/4 - Leave Blank for Initial Request
	has pt. responded as expected:	"Overdid" activities/exercise causing increase in
١		symptoms
0		Progression of symptoms despite treatment
		N/A – Leave Blank for Initial Request Suffered a new injury resulting in significant change
		Unable to complete clinical visits/home program
		Patient is post-surgery with signs of infection
	TREATMENT AREA	Uners Extensity (All Conditions)
		Side(s): Left Right Bilateral
	Post-Surgical Care: Yes	No If yes, Date of Surgery:
	If yes, Indicate Type of Surgery fro	m Selection Below:
NS I	Shouldel/Altin	Decompression MILA Dest-mastectomy Other
ō	Elbow / Wrist Tendon Renair	/Debridement I inament Repair Eracture/ORIE Carpal Tunnel Release
E	/ Forearm / Other Nerve P	rocedure I loint Replacement Debridement/Infection Osteochondral/Microfracture
N N	Hand MUA	Post-mastectomy Other
8		
(ALL (Comple	te the following section below for initial OR follow-up care as appropriate
MITY	Functional Assessment Used:	DASH (0-100) QuickDASH (0-100) FOTO Shoulder FOTO Elbow/Wrist/Hand Other/No Functional Assessment
2		Initial Follow-Up
T T	Enter Score:	Current score Initial score
ш	More than 3 blank answers?	Yes No N/A – Leave Blank for Follow-Up Request
L LL	Does your natient demonstrate	Loss of 15 degrees or more of elbow extension
P P	(choose all that apply)	Measurable (less than 4/5) weakness of shoulder joint in at least 2 of the following motions
5		(Abduction, Flexion, External Rotation, Extension)
		Shoulder flexion OR abduction less than 120 degrees
		Fracture of humeral head, greater tubercle, OR olecranon process
		Patient has post-surgery swelling of Grade 2 or more (moderate)
		None of the above

Chiropractic Worksheets (found <u>HERE</u>)

Men	nber Name:	Member ID:		Provider Name:
	HAND/WRIST ONLY: Does your patient demonstrate (choose all that apply) Patient responded as expected?	Crush injury OR fractum Total active range of m Total active range of m Post-surgical or post-trr None of the above NVA - Leave Blank for Initial A	e of distal radius o otion of the thumb otion of any other aumatic swelling o	or olecranon Jess than 100 degrees finger less than 130 degrees of grade 2 or more (moderate) Yes No (Indicate the reason below)
		N/A – Leave Blank for Initial F	Request	"Overdid" activities causing increase in symptoms Progression of symptoms despite treatment Suffered a new injury resulting in significant change Unable to participate in clinical visits/home program Patient is post-surgery with signs of infection
	Please ONLY comp Information	lete the following section on specific to the Primary	(s) based upor Treatment Are	n the Treatment Area(s) selected. ea MUST be completed.
	TREATMENT AREA:	Lower Thoracic / Lumbos	acral	
	Post-Surgical Care: Yes	No If yes, D	ate of Surgery:	
AL	Surgery Type:	compression Disce	ctomy osis/Deformity	Fusion Total Disc Replacement Other
ACR	Com	plete the following section f	or initial OR follo	ow-up care as appropriate
BOS/	Functional Assessment Used:	Oswestry Disability Index FOTO Low Back (Focus	(ODI) (0-100%) on Therapeutic O	Roland Morris Questionnaire (RMQ) (0-24) Iutcomes) Other/No Functional Assessment
5		Initial		Follow-Up
-	Enter Score:			Current score Initial score
S	Number of episodes in past 3 vrs:	1 2 3 >4	□ N/A	N/A - Leave Blank for Follow-Up Request
X	Does your patient demonstrate	Weakness, sensory cha	anges or radiating	symptoms below the knee
Ĕ	either of the following:	Tinetti Gait/Balance sc	ore < 24 OR Berg	Balance test < 40 OR TUG test > 13.5 sec
FI	Has nt, responded as expected?	N/A – Leave Blank for Ini	ial Request	Yes No (Indicate the reason below)
~	rido pr. reoportueu do expecteu:			"Overdid" activities causing increase in symptoms
LOWER	ras p. responded as expected	N/A – Leave Blank for Ini	ial Request	Progression of symptoms despite treatment Suffered a new injury resulting in significant change Unable to participate in clinical visits/home program Patient is post-surgery with signs of infection
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R EXTREMITY (ALL CONDITIONS) LOWER	TREATMENT AREA: Lor Post-Surgical Care: Yes Indicate Type of Surgery from Selec Costeochondral Hip: Total/Partial R Open Bursect Ankle/Foot/ Total Ankle Re Leg: Ligament Rec Com Functional Assessment Used: Choose only one.	WA - Leave Blank for Ini wer Extremity (All Conditi No tion Below: eplacement Ligamen Microfracture Quadrice eplacement/Resurfacing my/Capsulectomy placement Achilles/(nstruction Osteoche plete the following section f LEFS (0-80 core) EFS (0-80 core) Other / No Functiona	If yes, Date of Si If yes, Date of Si t Reconstruction ps/Patella Tende Arthroscopy Other Tendon Rej mdral/Microfractu or initial or folloo HOOS Jr (0 de/Foot (Focus o I Assessment	Progression of symptoms despite treatment Suffred a new injury resulting in significant change Unable to participate in clinical visits/home program Patient is post-surgery with signs of infection idde(s): Left Right Bilateral urgery: Arthroscopy (not ligament) Fracture/ORIF Bunion Surgery rre Fracture/ORIF Other w-up care as appropriate100 interval score) KOOS Jr (0-100 interval score) n Therapeutic Outcomes)
WER EXTREMITY (ALL CONDITIONS) LOWER	TREATMENT AREA: Lon Post-Surgical Care: Yes Indicate Type of Surgery from Selec Knee: Total/Partial R Osteochondra Hip: Total/Partial R Open Bursect Ankle/Foot/ Total Ankle Re Leg: Ligament Rec Com Functional Assessment Used: Choose only one.	WA - Leave Blank for Int wer Extremity (All Conditi No tion Below: eplacement Ligamen Wikirofracture Quadrio eplacement/Resurfacing my/Capsulectomy placement Achilles/ anstruction Osteocho place the following section f LEFS (0-80 score) Dter / No Functiona I LEFS (0-80 score) Other / No Functiona	In Request If yes, Date of Si Reconstruction Sps/Patella Tendo Arthroscopy Other Tendon Re Indral/ Microfract. Indral/ Microfract. Indral/ Microfract. Indral/ Microfract. Indral/ Abos Jr (0 del/Foot (Focus o I Assessment	Progression of symptoms despite treatment Suffered a new injury resulting in significant change Unable to participate in clinical visits/home program Patient is post-surgery with signs of infection ide(s): Left Right Bilateral urgery: Arthroscopy (not ligament) Fracture/ORIF prater Bunion Surgery re Fracture/ORIF Other w-up care as appropriate. 100 interval score) KOOS Jr (0-100 interval score) n Therapeutic Outcomes) Follow-Up
LOWER EXTREMITY (ALL CONDITIONS) LOWER	TREATMENT AREA: Lor Post-Surgical Care: Yes Indicate Type of Surgery from Selec Knee: Total/Partial R Osteochondra Hip: Total/Partial R Open Bursect Ankle/Foot/ Total Ankle Re Leg: Ligament Recc Com Functional Assessment Used: Choose only one.	WA - Leave Blank for Ini wer Extremity (All Conditi No tion Below: eplacement Ligamen Wikrofracture Quadrici eplacement/Resurfacing my/Capsulectomy placement Achilles/ onstruction Osteocho plete the following section f LEFS (0-80 score) DOThe Ip/Knee/An Other / No Functiona Other / No Functiona	In Request If yes, Date of Si If yes, Date of Si If yes, Date of Si If construction psp/Patella Tendo Arthroscopy Other Other Tendon Re; Arthroscopy Other Tendon Re; If HOOS Jr (0 de/Foot (Focus o I Assessment C C	Progression of symptoms despite treatment Suffered a new injury resulting in significant change Unable to participate in clinical visits/home program Patient is post-surgery with signs of infection idd(s): Left Right Bilateral urgery: Arthroscopy (not ligament) Fracture/ORIF pair Bunion Surgery Fracture/ORIF Other w-up care as appropriate100 interval score) KOOS Jr (0-100 interval score) n Therapeutic Outcomes) Follow-Up urrent score Initial score

Member Name:	Member ID:	Provider Name:
	Grade 3 or 4 laxity of the ankle or Tinetti Gait/Balance score < 24 Ol Measurable (less than 4/5) weakn (Abduction, Flexion, External Rota None of the above	distal tibial-fibular joint R Berg Balance test < 40 OR TUG test > 13.5 sec ess of hip joint in at least 2 of the following motions ation, Extension)
Has pt. responded as expected?	N/A – Leave Blank for Initial Request	Yes No (Indicate the reason below)
	N/A – Leave Blank for Initial Request	"Overdid" activities causing increase in symptoms Progression of symptoms despite treatment Suffered a new injury resulting in significant change Unable to complete clinical visits/home program
		Patient is post-surgery with signs of infection and/or persistent swelling of grade 2 or more (moderate)

Please ONLY complete the following section(s) based upon the Treatment Area(s) selected above. Information specific to the Primary Treatment Area MUST be completed.

	TREATMENT AREA: Pel	vic Pain / Incontinence	
	Complet	e the following section for initial or follow	w-up care as appropriate.
	Indicate which patient reported outcom	ne score was used from the selection below	If no score, select "None Used": None used
		Initial	Follow-Up
	PFDI-20 (Pelvic Floor Distress Inventory	Summary score (0-300)	Current score Initial score
	PFIQ-7 (Pelvic Floor Impact Questionnaire)	Summary score (0-300)	Current score Initial score
	NIH-CPSO (NIH – Chronic Prostatitis Symptom Index)	Summary score (0-43)	Current score Initial score
9	ODI (Oswestry Disability Index)	% (0-100)	Current score% Initial score%
tinen	FOTO Urinary Problems (Focus on Therapeutic Outcomes)		Current score Initial score
ncon	FOTO Pelvic Floor Dysfunction (Focus on Therapeutic Outcomes)		Current score Initial score
l / li	FOTO Bowel Constipation (Focus on Therapeutic Outcomes)		Current score Initial score
vic Pa	FOTO Bowel Leakage (Focus on Therapeutic Outcomes)		Current score Initial score
Pel	Other/No Functional Assessment		Current score Initial score
-	Does your patient demonstrate:	Iliac crest height OR Pubic symphysis Positive provocative S.I. test OR Sac INABILITY to perform repetitive contr INABILITY to relax the pelvic floor mu	s asymmetry ral torsion actions of the pelvic floor muscles sceles
	Has pt. responded as expected?	N/A – Leave Blank for Initial Request	Yes No (Indicate the reason below)
		N/A – Leave Blank for Initial Request	"Overdid" activities/exercise causing increase in symptoms Progression of symptoms despite treatment Suffered a new injury resulting in significant change Unable to complete clinical visits/home program

Chiropractic Management | 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.
- \blacksquare Patients able to receive the right amount of care in a timely manner.





Prior Authorization Outcomes, Special Considerations & Post-Decision Options



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Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorizations are valid for up to 60 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, then 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 the 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

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-444-6178**.
- 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 | 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 **180 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- When authorized, the start date will be the submitted date of service.
- Clinical submitted for retrospective review should include:
 - The requested number of visits and date range.
 - Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of urgent: when a delay in decisionmaking 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.





Provider Portal Overview



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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.

Web Portal Preference				
Please select the Portal that	s listed in your provider training material. This selec	ction determines the primary portal that you w	ill using to submit cases over the we	eb.
Default Portal*:	Select V			
User Information All Pre-Authorization notifica	CareCore National Medsolutions tions will be sent to the fax number and email addre	ess provided below. Please make sure you prov	vide valid information.	
User Name*:			Address*:	
Email*:				
Confirm Email*:			City*:	



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.

Select **Send PIN**, and 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 O SMS
Register Email Address
example@evicore.com
Only one device (Email or SMS) is currently allowed.
Please enter PIN sent to your Email Address
PIN


EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the Manage Your Account tab to add provider information.
- Select Add Provider.

FviCore

By EVERNORTH

- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click Add Another Practitioner to add another provider to your account.
- You can access the Manage Your Account at any time to make any necessary updates or changes.

j	Account	
Office Name:		
Address:		
Primary Contact:		
Email Address:		
ADD PROVIDER		
ADD PROVIDER Click Column Headin	gs to Sort	
ADD PROVIDER Click Column Headin No providers on file	gs to Sort	
ADD PROVIDER Click Column Headin No providers on file	gs to Sort	
ADD PROVIDER Click Column Headin No providers on file CANCEL	gs to Sort	
ADD PROVIDER Click Column Headin No providers on file CANCEL Add Practition	gs to Sort	
ADD PROVIDER Click Column Headin No providers on file CANCEL Add Practition Enter Practitioner info	gs to Sort er rmation and find matches.	
ADD PROVIDER Click Column Headin No providers on file CANCEL Add Practition Enter Practitioner info *If registering as render	gs to Sort er rmation and find matches. ering genetic testing Lab site	2, enter Lab Billing NPI, State and Z
ADD PROVIDER Click Column Headin No providers on file CANCEL Add Practition Enter Practitioner info *If registering as rende Practitioner NPI	gs to Sort er ernation and find matches. ering genetic testing Lab site	e, enter Lab Billing NPI, State and Z
ADD PROVIDER Click Column Headin No providers on file CANCEL Add Practition Enter Practitioner info *If registering as rende Practitioner NPI Practitioner State	er er er ering genetic testing Lab site	e, enter Lab Billing NPI, State and Z

Initiating a Case

	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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- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.



Select Program

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
Requ To beg Du Ev Ga La Da La Mu Ph Ra Ra Sle CON	Jest an Authonia in, please select a p rable Medical Equip core Medical Onco stroenterology o Management Pro- edical Specialty Dru usculoskeletal Mana armacy Drugs (Expl diation Therapy Ma diology and Cardiol sep Management	Cookup orization rogram below: oment(DME) logy Pathways gram gs agement ress Scripts Coverage inagement Program ogy/Vascular Interv	ge) n (RTMP) vention	Cerumcation	In Progress	ention! hysical Therapy, Occupational The hiropractic Care, and Acupuncture tensions. Are you requesting one Date Extension Continuing Care Continue to Build a New Case equests for Spine Surgery, Joint Re ease select "Continue to Build a N	erapy, Speech There e services are eligi e of these services eplacement, Arthr New Case"	rapy, Massage Therap ble for case duplication coscopy, and Pain Mar Always select " Case" for the 1 request from E	y, on and date hagement, st authorization viCore.	Contact Us

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

Clinical Certification Request | Search and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Prac Perf. Summa	ctitioner ary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
Reque Select the Filter Last	esting Provide e ordering provider fo : Name or NPI: Provid ELECT	er Information	equest.	SE	ARCH CLEAR SEARCH		• {	Search fo Provider/ to build a providers If the Pro list of prov account, y	or and select Group for case. This you added vider/Grou viders adde you can no	ot the whom you is the list of to your acc ip is not on ed to your w Search b	want if count. your yy
If the prov Search By BACI	vider's NPI is not liste NPI: CONTINUE	ed above, please use t	SEARCH	re below to add a r	new provider and continue with	case build.					



Clinical Certification Request | Search and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Re In Progres	equests ss	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
Request Select the ord Filter Last Na SELE If the provide Search By NP SELECT BACK	ing Provider Inf dering provider for this a ime or NPI: Provider CT Provider er's NPI is not listed above PI: 1 Practitioner Name	formation authorization request. ve, please use the search f SEARCH NPI Address	ieature below to ad	SEARCH CLEAN	R SEARCH continue with case build.	• () F f t t	Once the provider is ound by searching NPI , he line will turn gray to ndicate they are selected.	Attention! Do you pra t	By choos actitioner v the provid act	() to your (requests ? NO ing YES, the will be adde er list in you count.	account for he ed to our
Click here for he	elp										



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 Yo	our Insure	r								
Requesting Provider:										
Please select the insurer for this authorization request.										
Please Select a Health Plan										
		1								
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.



Clinical Certification Request | Enter Contact Information

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



- 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.



Expected Treatment Date

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!	
(MIM/DD/20YY)	
If the Date of Service is unknown, please enter today's date.	
SUBMIT	



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 ID:* Patient ID:* Date Of Birt Patient Last When enteri ELIGIBILI BACK Click here for h	Eligibility Loc h:* Name Only:* ng patient details, ple TY LOOKUP	MM/DD/YYYY ase review and confirm t	[2] he spelling of the	patient's name. Verif	y accuracy of the patient's ID and da	• Er ID • Cli	iter memi number, ick ELIGI	ber inform date of birt BILITY LO	ation , inclu h, and last OKUP .	ding patien name.

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT		1		1		
BACK						
<u>Click here for help</u>						

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

Clinical Certification Request | Procedure and Diagnosis Codes



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
------	--------------------------	-------------------------	-----------------------	---------------------------	---------------------------------------	--	-----------	------------------------	------------------------	----------------------

4	Attention!							
	Patient ID: Patient Name	2:						
	Please review during clinica	/ the patien l review.	it's MSM histo	ory. You m	ay be asked abou	ut this histor		
			MSM	History				
	Episode Date Episode ID Patient Name CPT Code CPT Description Case Status							
	OK Print this page						1	

- Review the patient's history before proceeding to site selection.
- <u>Note</u>: Place of service can vary depending on health plan rules.

Attention!		
	Will the procedure be Yes	performed in your office?



Clinical Certification Request | Site 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	
Add Site	e of Service										
Specific Sin Use the fie you the sit	Specific Site Search Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.										
NPI:		Zip	Code:			Site Name:					
TIN:		City						 Exact match Starts with 			
								Journa Mut			ITE

- 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

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

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.



Clinical Certification Request | Standard or Urgent Request

н	ome	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
_											

a standard/ro urgent, pleas	are submitting is found NOT to meet one of the two conditions below, your case will be processed utine, non Urgent request. If you have clinical information and this request meets the criteria for indicate below.
case. If you a	e unable to upload clinical documentation at this time contact eviCore to process this case as urgent
Please indicat	e if any of the following criteria are true regarding urgency of this request :
A delay in	are could seriously jeopardize the life or health of the patient or patient's ability to regain maximum
function. O A delay in treatment rec	are would subject the member to severe pain that cannot be adequately managed without the care of uested in the prior authorization.
○ None of th	e above
Clinical Uploa	d
In order for e	iCore to process this case as clinically urgent you must upload clinical documentation relevant to this
case. If you are una	ole to upload clinical documentation at this time contact eviCore to process this case as urgent.
	al information checklist
Required Medi	
Required Medi Browse for file	to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):
Required Medi Browse for file Choose File	to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): No file chosen
Required Medi Browse for file Choose File Choose File	to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): No file chosen No file chosen
Required Medi Browse for file Choose File Choose File Choose File	to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): No file chosen No file chosen No file chosen
Required Medi Browse for file Choose File Choose File Choose File Choose File	to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): No file chosen No file chosen No file chosen No file chosen
Required Medi Browse for file Choose File Choose File Choose File Choose File	to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): No file chosen No file chosen No file chosen No file chosen No file chosen

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 Certification Request | Required Medical Information Checklist



Clinical Collection



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



Click here for help

Clinical Collection | From the Clinical Worksheets

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	equests MSM Practitioner Perf. Summary Portal Resources Manage Your Account Portal Co				
You re Date 05/08 Date 05/01 Ente 05/01	quested a t e of initial e /2025 e of onset o /2025 er date of cu /2025	reatment sta valuation f CONDITION	art date d N: gs:	f 05/08/20	25	 The clinical in the "date of a prior to the "f Cases with a placed on ho This may del 	nformatio current fir treatment out-of-date old, awaiti lay an aut	n will be co ndings" is g start date" e clinical inf ng current thorization	onsidered ou reater than for this req formation m clinical infor decision.	ut-of-date if 10 days uest. nay be mation.



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:	Vertebrogen <mark>ic low</mark> 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 r care is necessary. To check for full benefits and eligibility informatio Authorization tool and/or Benefit and Eligibility tool. Your case has b	equesting more visits. Your therapist may in for the specific medical service, log in to seen approved for 4 visits	submit another notification if authorization for additional o www.premera.com as a provider and utilize the Prior

- 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.

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.

 Is there any additional information specific to the member's condition I would like to upload a document I would like to enter additional clinical notes in the space provided I would like to upload a document and enter additional notes 	on you would like to provide	?						
○ I have no additional information to provide at this time	Your case has been sent to Medi The prior authorization you subr	ur case has been sent to Medical Review. e prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.						
PRINT CONTINUE	Provider Name: Provider Address:			Contact: Phone Number: Fax Number:				
	Patient Name: Insurance Carrier:			Patient Id:				
	Site Name: Site Address:	:		Site ID:				
	Primary Diagnosis Code: Secondary Diagnosis Code: Date of Service:	G46.3		Description: Description:	Brain stem stroke syndrome			
	CPT Code: Case Number: Review Date:	70551		Description:	MRI Brain W/O CONTRAST			
	Expiration Date: Status:	N/A Your case has been sent to Medical Review. The prior authorization you submitted, Case	has been received. Additional case status notifications will be sent if you opted in for er	nail notifications. Tha	ink you.			
	CANCEL PRINT CON	TINUE						

Provider Portal Demo

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.







EviCore Portal Features



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Provider Portal | Feature Access





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.





Certification Summary | User Worklist

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Reques In Progress	sts MSM P Perf. Sum	ractitioner mary Portal	Resources	Manage Your Accou	MedSolution	s Help / Contact Us	
Certif	ication Sum	mary										
Search F	or: All Other P	rograms Q ≡		•								
141 <4	Page 1 of 1 ⇒	▶ 10 ¥										
	Authorization Number	Case Number	Member La	ist Name	Ordering Provider Last Name	Ordering Provider NPI	Star	tus	Case Initiation Date	Procedure Code	Service Description	
		×		×	×	×				×		
1 NA							Expired / Cancelled		05/01/2024			
1	Page 1 of 1 >>	▶ 10 ♥										

- 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
Auth	o vizoti o v	Lookum								
Auth	orization	соокир								
Searc	h by Member I	nformation Sear	ch by Author	ization Numbe	r/NPI OnePA: Prior Au	thorization Portal for Pre	oviders Sea	rch by Claim Nu	mber/Health pla	n
Requir Healt	red Fields hplan:				~					
PR	INT									
Click borg	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.

EviCore

By EVERNORTH

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: 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. <u>Provider Engagement Manager Territory List</u>



Call Center/Intake Center

Call **888-444-6178**. Representatives are available from 7 a.m. to 7 p.m. local time.



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/Jefferson-Health-Plans

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**.





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 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.



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 By EVERNORTH



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



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Appendix



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Peer-to-Peer (P2P) Scheduling Tool



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Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

- 1. Log-in to your account at EviCore.com.
- 2. Perform **Clinical Review Lookup** to determine the status of your request.
- 3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a. Peer-to-Peer consultation
- 4. Note carefully any messaging that displays.*



*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Schedule a P2P

- 1. Upon first login, you will be asked to confirm your default time zone.
- 2. You will be presented with the case number and member date of birth.
- 3. Add another case for the same Peer-to-Peer appointment request by selecting Add Another Case.
- 4. To proceed, select Lookup Cases.
- 5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
- 6. Click **Continue** to proceed.

Case Info	Quest	tions	Schedule	Confirmatio	วก
New P2P Request EviCore					′€ ™
Ca	se Reference Number Member Date of Birth	Case information v	vill auto-populate	e from prior lookup	/
New P2P Request EviCore By EVERNORTH					
Case Ref #: Member Information	Reconsideration a	llowed through evi0 Case	Core until 11/11, P2P Informatio	Remove /2020 12:00:00 AM.	P2P Eligible
Name DOB State Health Plan Member ID		L	Episode ID P2P Valid Until Modality evel of Review System Name	2020-11-11 MSK Spine Surgery Reconsideration P2P ImageOne	-
Continue					
Schedule a P2P

- 1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
- 2. Select any of the listed appointment times to continue.
- 3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
- Click on any green checkmark to deselect that option, then click Continue.

Fri
Fri
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400 500 600 to to to 500 600 700
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Prev Week	5/18/2020 - 5/24/2020 (Upcoming week)					Next Weel	
						1st Priority by S	
Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20	
6:15 pm EDT	-	-	-	-	-	-	
6:30 pm EDT							
R-AE am EDT	-						
0.45 pm ED 1							
Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	1st Priority by Sun 5/24/20	
Mon 5/18/20 3:30 pm EDT	Tue 5/19/20 2:00 pm EDT	Wed 5/20/20 4:15 pm EDT	Thu 5/21/20 3:15 pm EDT	Fri 5/22/20	Sat 5/23/20	1st Priority by S Sun 5/24/20	
Mon 5/18/20 3:30 pm EDT 3:45 pm EDT	Tue 5/19/20 2:00 pm EDT 2:15 pm EDT	Wed 5/20/20 4:15 pm EDT 4:30 pm EDT	Thu 5/21/20 3:15 pm EDT 3:30 pm EDT	Fri 5/22/20 -	Sat 5/23/20 -	1st Priority by 5 Sun 5/24/20 -	
Mon 5/18/20 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT	Tue 5/19/20 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT	Wed 5/20/20 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT	Thu 5/21/20 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT	Fri 5/22/20 -	Sat 5/23/20 -	1st Priority by t Sun 5/24/20 -	
Mon 5/18/20 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT	Tue 5/19/20 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT	Wed 5/20/20 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT	Thu 5/21/20 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT	Fri 5/22/20 -	Sat 5/23/20 -	1st Priority by t Sun 5/24/20 -	

Schedule a P2P

- 1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
- 2. Click **Submit** to schedule the appointment.
- 3. You will be presented with a summary page containing the details of your scheduled appointment.
- 4. Confirm contact details.

Case Info	Questions	Schedule	Confirmation	
P2P Info Date Mon 5/18/20 Time O 6:30 pm EDT Reviewing Provider S Case Info 1st Case Case #	P2P Contact D Name of Provider Reque Dr. Jane Doe Contact Person Name Office Manager John D Contact Person Location Provider Office	etalls esting P2P oe n ¢		1
Episode ID Member Name Member DOB Member State Health Plan Member ID Case Type MSK Spine Surgery Level of Review Reconsideration P2P	Phone Number for P2P (555) 555-5555 Alternate Phone (xxx) xxx-xxxx Requesting Provider Em droffice@internet.com Contact Instructions Select option 4, ask for	ail Dr. Doe	Phone Comparison Phone Comparison Phone Comparison Phone Pho	e Ext. 12345 e Ext. Phone Ext.
Scheduling Scheduled () Mon 5/18/20 - 6:3	30 pm EDT		SCH	IEDULED

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P2P Contact Details

- Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
- 2. Open fields will manually open to input the provider's first, last name, and their credential.

Appointment Details		
Fri 5/24/2024		
3 7:00 am PDT		
🚡 Tamara Fackler		
o will be performing th	e P2P consultation? Required	
Requesting Provider		
Contact Person		
Contact Person Someone else		
) Contact Person) Someone else		
Contact Person Someone else PROVIDER	ician on Case Required	Credential Requir
 Contact Person Someone else PROVIDER Iame of Referring Physi First Name 	ician on Case Required	Credential Require Select
Contact Person Someone else PROVIDER Iame of Referring Physi First Name	ician on Case Required	Credential Requir Select
Contact Person Someone else ROVIDER ROVIDER First Name CONTACT PERSON	ician on Case Required	Credential Requir Select
Contact Person Someone else PROVIDER Hame of Referring Physi First Name CONTACT PERSON Contact First Name Require	ician on Case Required Last Name	Credential Require Select
Contact Person Someone else ROVIDER ROVIDER CONTACT PERSON Contact First Name Contact First Name Contact First Name	ician on Case Required Last Name red Contact Last I	Credential Required

Call Notes

- 1. Use the radio button to select options if applicable.
- 2. If "Procedure was performed on" is selected, then the date is <u>required</u>.

Co	ontact Instructions
Call	Notes
	ALT REC declined
	Procedure was performed on: mm/dd/yyyy
	Caller requested MD Specialty match
	Appeal LOR attestation requirement
	OH State Regulation: Member Consent obtained
	TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.
	TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P
	Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

- 1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
- 2. Select the request you would like to modify from the list of available appointments.
- 3. When the request appears, click on the schedule link. An appointment window will open.
- 4. Click on the **Actions** drop-down and choose the appropriate action:
 - + **If choosing to reschedule,** select a new date or time as you did initially.
 - + **If choosing to cancel,** input a cancellation reason.
- 5. Close the browser once finished.

