

# Conservative Care (PT-OT-ST)

Provider Orientation Session for  
Providence Health Plan



# Agenda



**Solution Overview**  
PT-OT-ST

**Submitting Requests**

**Prior Authorization Outcomes, Special Considerations  
& Post-Decision Options**

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

**Provider Resources**

**Questions**

# Providence Health Plan Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none"><li>Commercial</li></ul>	<ul style="list-style-type: none"><li>Outpatient</li><li>Elective/Non-emergent</li></ul>	<ul style="list-style-type: none"><li>Emergency Rooms</li><li>Observation Services</li><li>Inpatient Stays</li></ul>

# 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 **seven (7) calendar days** prior to requested start date.

## Clinical Philosophy and Goals

- Support patient-centered care founded on best available evidence.
- Promote evidence-based practice, functionally oriented, and measurable treatment programs.
- Focus on medically necessary services which require the skills of a licensed professional.
- Empower patient independence and eliminate practice variation that cannot be explained or justified.
- Identify and review treatment interventions where evidence does not support use.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Deliver evidence-based guidelines to support authorization decisions and educate practitioners.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

# Washington State RCW 48.43.016

**Important Note!** Washington State RCW 48.43.016 changes what providers need to do for outpatient rehabilitation services.

Providence won't require providers to request a medical necessity review through EviCore for the first six (6) treatment visits of an episode of care (active treatment within a 90-day period) for outpatient rehabilitation services.

- EviCore will allow an initial evaluation and management visit, and up to six (6) subsequent visits without a treatment plan on file.
- **After** the initial evaluation and management visit and six (6) consecutive visits, providers **must** submit a request for medical necessity review to EviCore for any ongoing treatment.

# Change to Providence Prior Authorization Program

- Effective June 15, 2025, Providence Health Plan Commercial fully insured membership may experience variances in the number of visits initially authorized by EviCore. Previously, 12 visits were typically approved during the initial request. The number of visits for fully insured membership may vary based on each individual patient's condition, severity and complexity, and the response to treatment received once provided.
- Providence Health Plan Commercial self-insured membership **will not** experience any changes at this time. In most cases, 12 visits will be granted during the initial request.
- For additional program resources, please visit EviCore's provider resource site for Providence Health Plan: [Providence Health Plan Resources | EviCore by Evernorth](#).

# Submitting Requests



# PT-OT-ST | Summary of Portal Benefits

- ✓ Elimination of pre-set waivers (fully insured members only)
- ✓ 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.



# 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 [EviCore.com/provider](https://EviCore.com/provider)



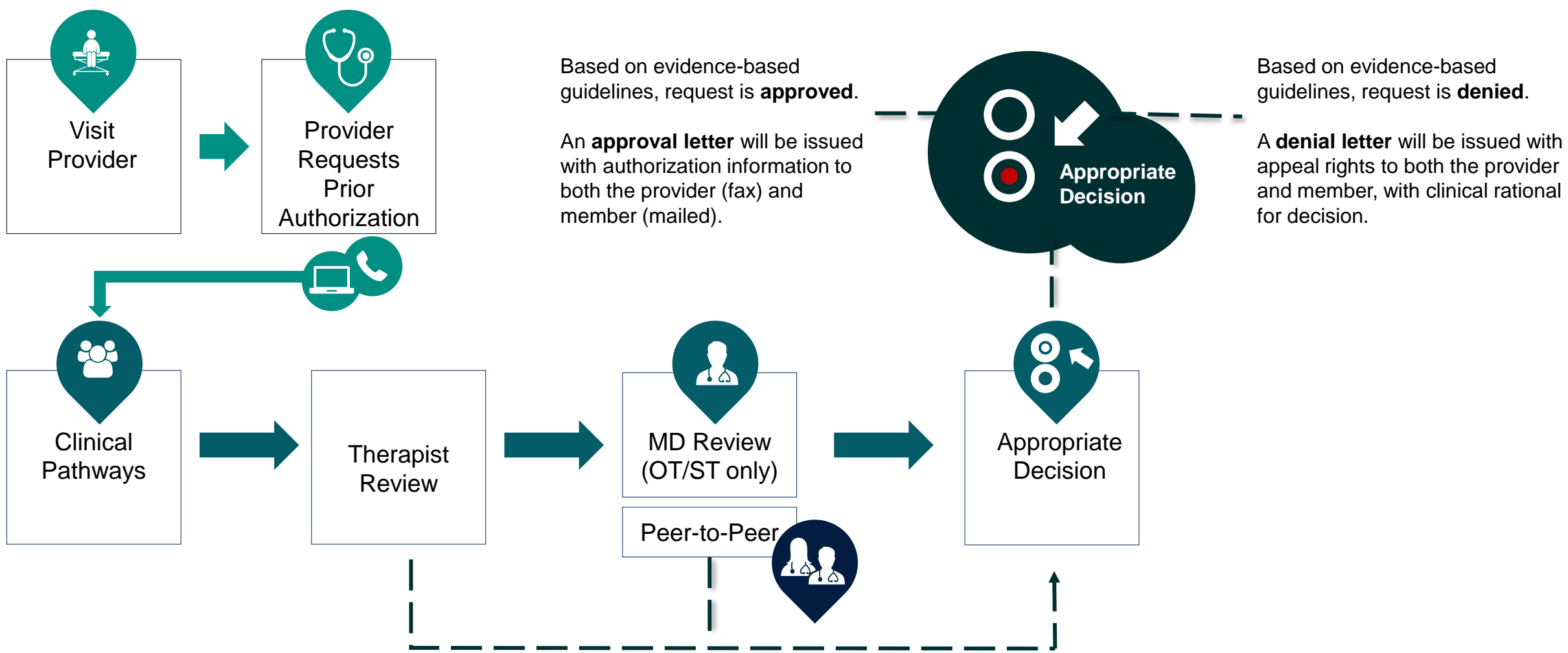
**Phone: 866-803-8052**

Monday – Friday

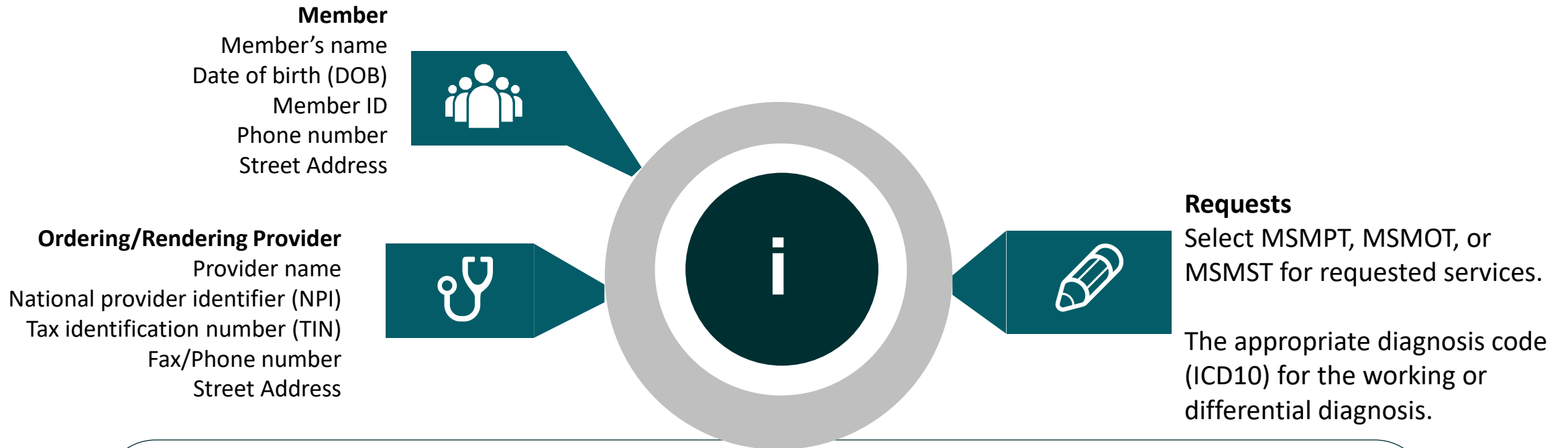
7AM – 7PM (local time)

**Fax: 855-774-1319**

# Prior Authorization Process



# Information Required for Request



## 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.

# 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 [Musculoskeletal: Therapies Clinical Worksheets | EviCore by Evernorth](#) 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 therapy clinician during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
  - Physical and 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.
- **Missing or incomplete clinical information will delay case processing.**

# 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 share additional information for cases that are not “average.”

# 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 necessarily 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.

# Prior Authorization Process

## If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **two (2) business days**. Remember that the initial evaluation **does not** require prior authorization. However, the initial treatment date and evaluation date may be the same.
- 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 **seven (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.



# Prior Authorization Process

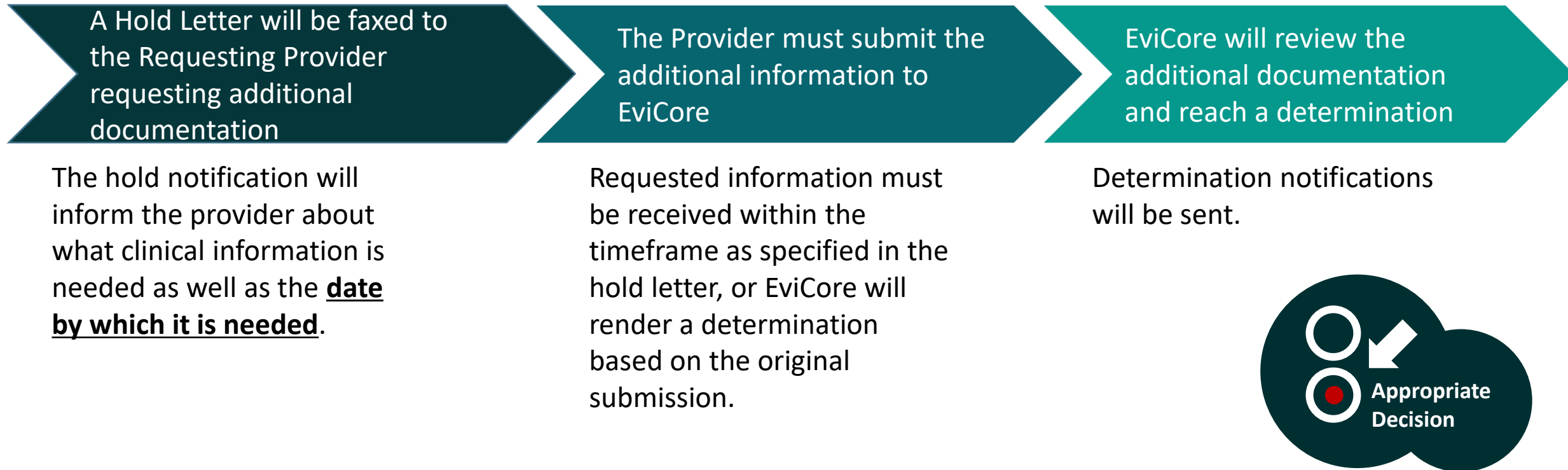
## How to Request Additional Visits:

- Additional visits may be requested as early as **seven (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** at <https://www.evicore.com/provider/online-forms-details?solution=msk%20therapies&hPlan=Providence%20Health%20Plan> 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.

# 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:



# Providing Additional Information

**I've received a request for additional clinical information. What's next?**

**There are three ways to supply the requested information to EviCore for review:**

- EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases.
  - Additional clinical information must be submitted to EviCore prior to the due date referenced in the request.
- Additional clinical information should be submitted to EviCore for consideration per the instructions received, clinical can be **faxed** to **855-774-1319** or **uploaded** directly into the case via the provider portal at [www.EviCore.com](http://www.EviCore.com).
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the EviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the request.
- If the additional clinical information is faxed/uploaded, then that clinical is used for the review and determination. The case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.
- Once the determination is made, notifications will go out to the provider and member, and status will be available on [www.EviCore.com](http://www.EviCore.com)

# Prior Authorization Process | Important Concepts

## Authorization Decisions Include:

- Visits or units (depending on health plan)
- Approved time period (i.e., 6 visits, authorized from 1/1/25 to 1/31/25)
- EviCore recommends approved visits be spread over the approved period to prevent a gap in care.

## 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.

## Overlapping Requests

- Request for more visits within the existing approved time period.
- Review to determine if additional visits are medically necessary.

# Prior Authorization Process | Important Concepts

## 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.

# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **180 calendar days** from the date of approval.
- **Partially Approved Requests:** In some instances, where a specific number of visits are requested, a lower number may be approved and the rest denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied visits.
- **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](http://www.EviCore.com)

# Post-Decision Options Commercial Members

## My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call EviCore at **866-803-8052** 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

- Reconsiderations must be requested within 14 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 not** process first-level appeals.
- Please refer to the determination letter for appeal instructions.





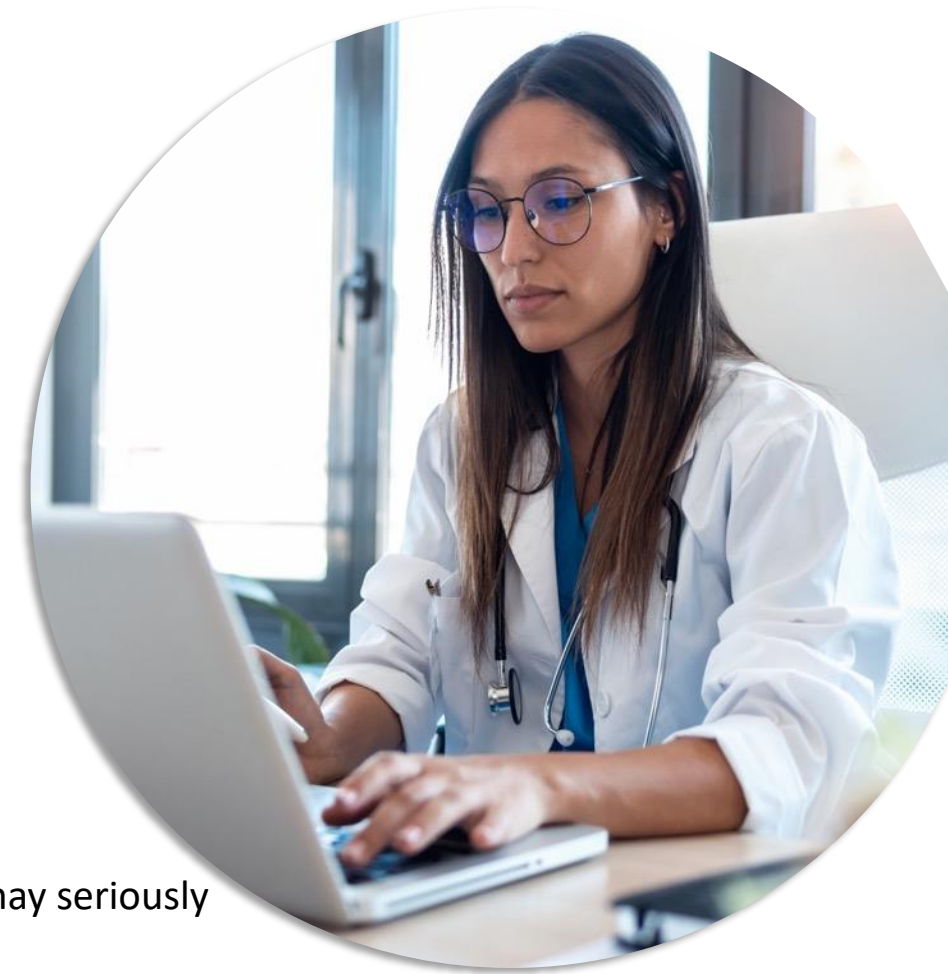
# Special Circumstances

## Retrospective (Retro) Authorization Requests

- Must be submitted within **365 calendar days** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- Retro requests are processed within **30 calendar days**.
- 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 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.
- For outpatient therapy, Urgent cases are not common or typical as they do not usually meet the definition of urgent.



# Provider Portal Overview

# EviCore Provider Portal | Access and Compatibility

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

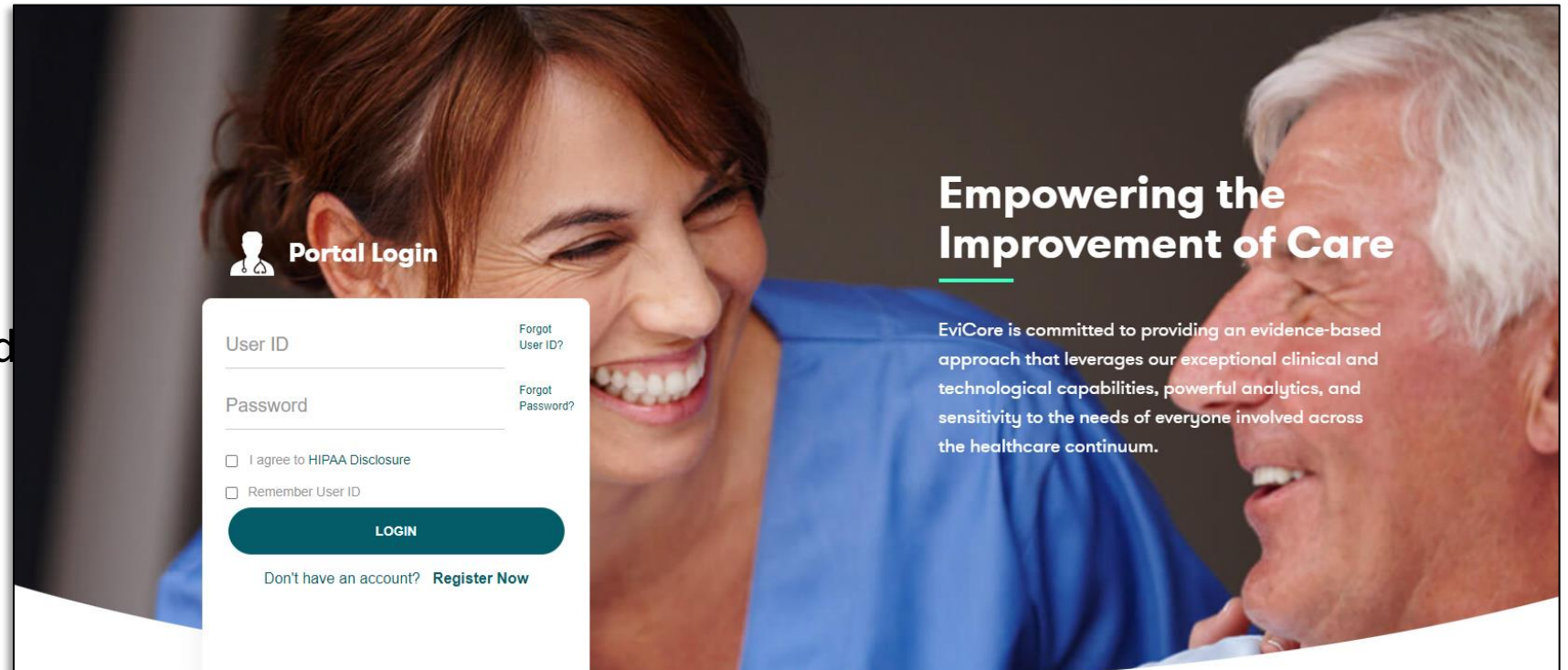
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider).

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.

**EviCore**  
By EVERNORTH

**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--

**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\*:

Email\*:

Confirm Email\*:

First Name\*:

Last Name\*:

Address\*:

City\*:

State\*: Select

Zip\*:

Office Name:

# Setting Up Multi-Factor Authentication (MFA)

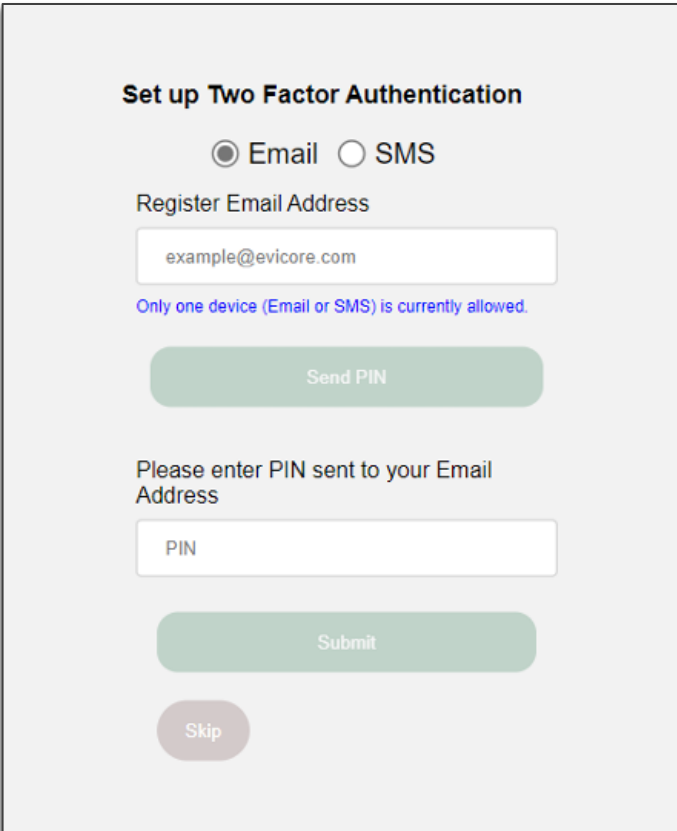
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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

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

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.

A screenshot of a web form titled "Set up Two Factor Authentication". At the top, there are two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" followed by a text input field containing "example@evicore.com". A small blue note below the field states "Only one device (Email or SMS) is currently allowed." Below the field is a green "Send PIN" button. Further down is a label "Please enter PIN sent to your Email Address" followed by a text input field labeled "PIN". Below this field are two buttons: a green "Submit" button and a grey "Skip" button.

**Set up Two Factor Authentication**

☒ Email ☐ SMS

Register Email Address

example@evicore.com

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

Send PIN

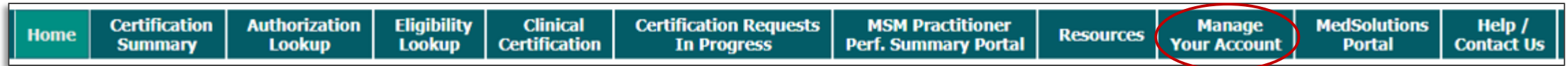
Please enter PIN sent to your Email Address

PIN

Submit

Skip

# 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**.
- 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.

**Manage Your Account**

Office Name:

Address:

Primary Contact:

Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

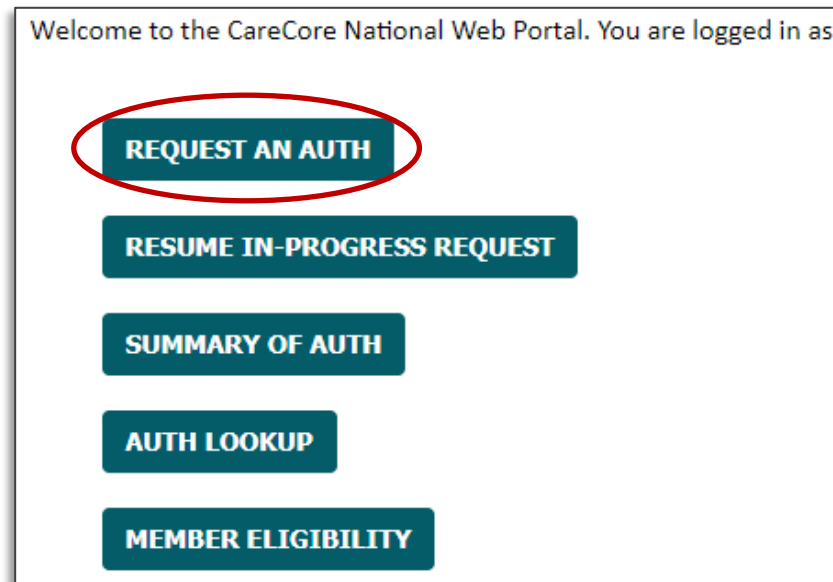
Practitioner NPI

Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case



- 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
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## Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

### 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"

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

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 Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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## 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

BACK

CONTINUE

[Click here for help](#)

- 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
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### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCHCLEAR SEARCH

Provider
<div>SELECT</div>

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
<div>SELECT</div>								

BACKCONTINUE

[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.

# 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
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## Choose Your Insurer

Requesting Provider: DIUNDO, RUSSELL, NP11164684508

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**.

# Clinical Certification Request | Enter Contact 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
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## 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. Feel free to 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
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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

Prior authorization from EviCore should begin after the member has used their initial visits for Providence.

# 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
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## 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
<p>SELECT</p>						
<p>BACK</p>						

[Click here for help](#)

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

# 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
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### Requested Service + Diagnosis

This procedure will be performed on 5/3/2024. [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 **MSMPT** for Physical Therapy.
- Enter **MSMOT** for Occupational Therapy.
- Add diagnosis code(s).

# 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
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**Attention!**

Patient ID: 22  
Patient Name: PARKER, LISA L

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
1/1/2024	A207021856	PARKER, LISA L	MSMPT	PHYSICAL THERAPY	A

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



# 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
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**Add Site of Service**  
**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  
[LOOKUP SITE](#)

- Search for the **Site of Service** where the procedure will be performed (for best results, search with NPI or TIN, and zip code).
- **Select** the specific site where the procedure will be performed.
- **Important note:** For therapy, the site selected is normally the same as the therapist. But this will need to match how your claims are billed to Providence.

# Clinical Certification Request | Clinical Certification

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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## 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?

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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## 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 Certification Request | Required Medical Information Checklist

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

### 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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

### Specialty Therapies (PT/OT/ST)

☐ Primary and Secondary Diagnosis/ICD10

☐ Co-morbidities/Complexities that will impact the therapy plan of care

☐ Surgery – Date and type

☐ Functional Outcome Measures/Patient Reported Outcome Scores

☐ Standardized test scores (a minimum of annually for pediatric neurodevelopmental conditions)

- Below the Clinical Upload description, select **Required Medical Information Checklist**.
- Once you open the document, you will search for the **Specialty Therapies** section to review the list of required medical information EviCore requires in order for the prior authorization request to meet medical necessity.
- Direct link to document: [Required Medical Information Check List.pdf \(EviCore.com\)](#)

# Clinical Collection

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

## Proceed to Clinical Information

### TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

Please indicate the condition for which therapy is being requested:

SUBMIT

☐ Finish Later

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

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 | From the Clinical Worksheets

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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**i** Please indicate the primary treatment area (CHOOSE ONE):

Knee

**i** Please indicate the secondary area of treatment (CHOOSE ONE, If any)

No second area being treated

**SUBMIT**

## Proceed to Clinical Information

### Lower Extremity

**i** Please indicate side(s) being treated:

- ☐ Right  
☐ Left  
☐ Both / Bilateral

**i** Please indicate the functional measure used (CHOOSE ONE):


- ☒ LEFS (Lower Extremity Functional Scale)  
☐ HOOS Jr. (HIP Disability and Osteoarthritis Outcome Score Jr)  
☐ KOOS Jr. (KNEE Disability and Osteoarthritis Outcome Score Jr)  
☐ FOTO Hip / Knee / Ankle / Foot (Focus On Therapeutic Outcomes)  
☐ Other functional assessment / No functional assessment


**SUBMIT**


# Clinical Collection

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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## 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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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

- 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.



# 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](http://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:	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 <a href="http://www.premera.com">www.premera.com</a> 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.



# 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.

**i** Is there any additional information specific to the member's condition you would like to provide?

☐ 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

☐ I have no additional information to provide at this time

PRINT

CONTINUE

Your case has been sent to Medical Review.  
The 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.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	G46.3	Description:	Brain stem stroke syndrome
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	70551	Description:	MRI Brain W/O CONTRAST
Case Number:	1184887738		
Review Date:			
Expiration Date:			
Status:	Your case has been sent to Medical Review. The 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.		

CANCEL

PRINT

CONTINUE

# EviCore Portal Features

# Provider Portal | Feature Access

EviCore

By EVERNORTH

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

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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

ORGAN.

EviCore

By EVERNORTH

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# EviCore Provider Portal | Features

## Eligibility Lookup

- Confirm if patient requires clinical review.

## Clinical Certification

- Request a clinical review for prior authorization on the portal.

## Prior Authorization Status Lookup

- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

## Certification Summary

- Track recently submitted cases.



# Certification Summary | User Worklist

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

Certification Summary

Search For: All Other Programs

Search..

Page 1 of 1

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	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
1	NA					Expired / Cancelled	05/01/2024		

Page 1 of 1

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

# Authorization Lookup

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

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for help](#)

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

**EviCore**

By EVERNORTH

# Provider Resources

# Contact EviCore's Dedicated Teams

## Client and Provider Services

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

- Email: [ClientServices@EviCore.com](mailto:ClientServices@EviCore.com)
- Phone: **800-646-0418** (option 4).

## Web-Based Services and Portal Support

- Live chat
- Email: [Portal.Support@EviCore.com](mailto: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 **866-803-8052**. Representatives are available from 7 am to 7 pm local time.



# Provider Resource Website

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## Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain educational materials to assist providers and their staff. 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:**

[Providence Health Plan Resources](#) | [EviCore by Evernorth](#)

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

To access these helpful resources, visit EviCore's [Provider's Hub](#).



# Provider Resource Review Forum

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

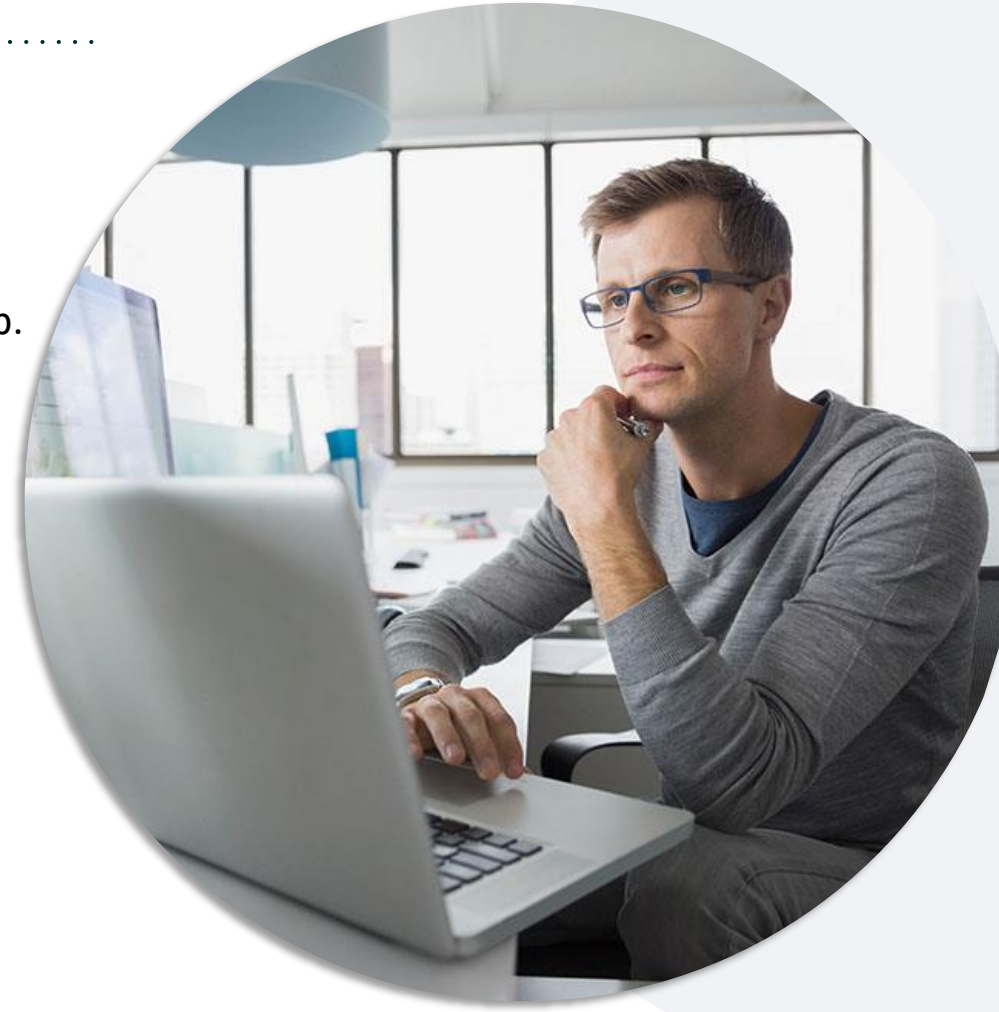
We invite you to attend a **Intro to EviCore Online Resources** session to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

**Learn how to access:**

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- 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



# Ongoing Provider Portal Training

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**EviCore offers portal training, twice a week, every week. We also offer training specific to Therapy Providers twice per quarter**

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: **Therapy Provider Portal Training**. We also offer: **Intro to Web Portal Training**. This is NOT specific to providers, but is offered every week.
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. We recommend adding the session to your calendar or you do not forget.

# EviCore's Provider Newsletter

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Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://EviCore.com).
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.



# Thank You