Prior Authorization of Musculoskeletal Therapy & Chiropractic services for Blue Cross and Blue Shield Medicare

Provider Orientation

4K employees

including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide

NCQA Certification
*
Utilization Management

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

SIX SIGMA

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT

MEDICAL ONCOLOGY

RADIATION THERAPY

SPECIALTY DRUG

MUSCULOSKELETAL

RADIOLOGY

CARDIOLOGY

SLEEP

POST-ACUTE CARE

Musculoskeletal Solution

Experience

- since 2008
- 30^+ regional and national clients
- 34M total membership
  - 25.5M Commercial membership
  - 2M Medicare membership
  - 6.5M Medicaid membership
- 3,120 average cases built per day

Our Clinical Approach

Musculoskeletal by the Numbers

44 Musculoskeletal physicians on staff

66 Musculoskeletal-trained nurses on staff

56 Musculoskeletal therapists
(PT/OT/ST/MT/CHIRO/ACU)

35 Million lives covered

Evidence-Based Guidelines

The foundation of our musculoskeletal solution:

Dedicated pediatric guidelines

Medicare LCDs & NCDs

Academic institutional experts and community physician panels

Current clinical literature

Aligned with National Societies

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons

- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of EviCore to the provider community.

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Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables EviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Program Goals

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

- Promote **evidence-based practice**

- Identify and review treatment interventions where evidence is not present or does not support use

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

- **Decrease or eliminate unexplained practice variation** and unnecessary visits

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

Clinical Philosophy

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

- Promote **functionally oriented and measurable** treatment programs

- Focus on **skilled, medically necessary** treatment interventions

- Empower **patient independence**

- **Eliminate practice variation** that cannot be explained or justified

Medical Necessity

Medical Necessity

To be considered reasonable and necessary the following conditions must each be met:

- The services shall be considered under accepted standards of medical practice to be a **specific and effective** treatment for the patient's condition.

- There must be an **expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time**.
  - Exception – skilled maintenance therapy may be approved based on CMS definition

- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of practice.

Medical Necessity

Additional Requirements for Therapy Services:

- Services shall be of **such a level of complexity and sophistication, or the condition of the patient shall be such that the services required can be safely and effectively performed <u>only by a therapist</u>**, or in the case of physical therapy and occupational therapy by or under the supervision of a therapist.

- Services that do not require the performance or supervision of a therapist **are <u>not skilled</u> and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.**

Medical Necessity

Accepted Standards of Medical Practice

• For these purposes, "accepted standards of medical practice" means standards that are based on **credible scientific evidence published in the peer-reviewed literature** generally recognized by the relevant healthcare community, **specialty society evidence-based guidelines or recommendation**, or **expert clinical consensus in the relevant clinical areas**.

Utilization Management

Clinical Case Managers review for:

- **Need for skilled services**
  - Level of complexity that requires the skills of a licensed practitioner

- The **frequency of care needed**

- **Initiation of home program**
  - Transition repetitive exercises (stretching and strengthening) from clinic to the home environment

- **The progress (or lack of progress) of the patient**

- **Patient compliance**

Prior Authorization Program for Blue Cross and Blue Shield Medicare

Program Overview

EviCore began accepting requests on May 22, 2017 for dates of service June 1 , 2017 and beyond.

Prior authorization applies to services that are:

- Outpatient
- Elective/Non-Emergent

EviCore Prior authorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- Early Childhood Intervention (ECI) 3<

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

Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
  - **Medicare**
- **Blue Cross and Blue Shield of Montana**
  - **Medicare members**
- **Blue Cross and Blue Shield of New Mexico**
  - **Medicare members**
- **Blue Cross and Blue Shield of Oklahoma**
  - **Medicare members**
- **Blue Cross and Blue Shield of Texas**
  - **Medicare**

Prior Authorization Required:

- **Physical Therapy**

- **Speech Therapy**

- **Occupational Therapy**

- **Chiropractic**

To find a list of CPT
(Current Procedural Terminology)
codes that require prior authorization
through EviCore, please visit:

https://www.evicore.com/healthplan/bcbs

Prior Authorization Program

- Clinical reviewers evaluate clinical information to determine whether services are medically necessary.

- Providers must request authorization before care is administered to ensure payment for services rendered.

Prior Authorization Requests

How to request prior authorization:

WEB

www.evicore.com
Available 24/7 and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
855-252-1117
7:00 a.m. to 7:00 p.m. local time
Monday - Friday

Or Fax your request to 855-774-1319

Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Performing Provider
Therapist name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number
Street Address

i

Requests
Select MSMPT, MSMOT, MSMST or Chiropractic for requested services

The appropriate diagnosis code for the working of differential diagnosis

If clinical information is needed, please be able to supply:

- Patient's subjective complaints, objective examination findings, and level of function

- Information from Treatment Request Clinical Worksheet

- Information should be current (collected within the past 10 days)

- Office notes will be requested as needed

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Clinical Review Process

Methods of Intake

START

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Easy for providers and staff

Therapist/ Chiropractic Review

Appropriate Decision

Peer-to-peer
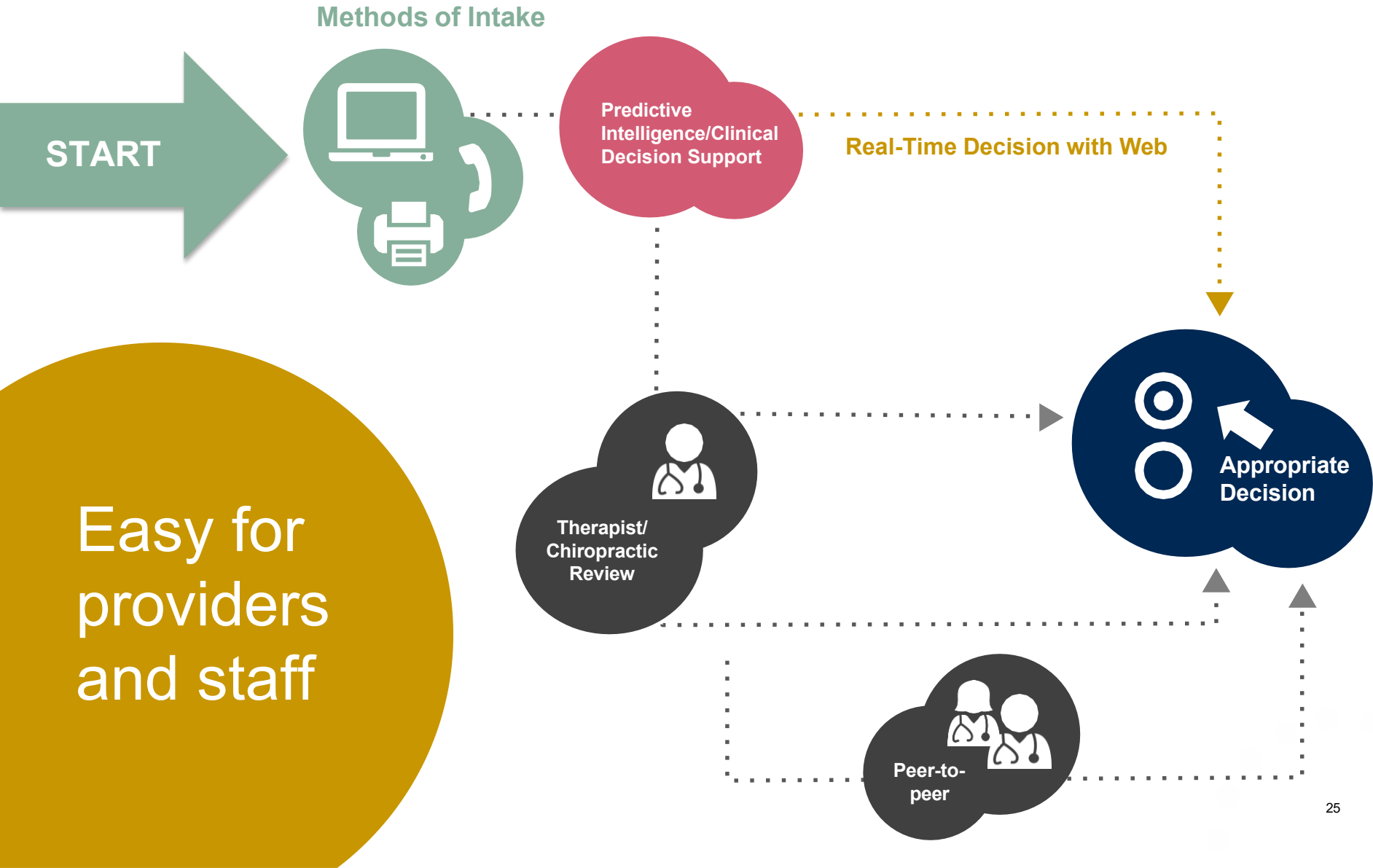
Prior Authorization Process

- **Complete your initial evaluation**

  - The initial evaluation does <u>not</u> require prior authorization.

- **Notify EviCore healthcare *within 7 days* of the initial visit.**

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

- **You will be asked to include clinical information including but not limited to :**

    - Patient demographics

    - Provider demographics

    - Diagnosis

    - If this is a request for post-surgical care

    - Patient reported functional outcomes

    - Complexities

    - If there are existing authorizations within the system, questions will be asked to determine if this is a new condition

Prior Authorization Process

WHAT HAPPENS NEXT?

Your submission will receive **a real time decision** or be sent for **clinical review**

Real time decisions (applies to web and phone submissions ONLY)

- If the clinical information provided meets medical criteria, the case may be eligible for a real time decision.

- Decision is based on the information provided including the diagnosis and condition severity.

- The approved visits/units should be spread over the entire approved period to prevent a gap in care.

- If more care is required after the approval period ends, the provider may submit a new request with current clinical information.

Clinical Review (applies to fax submissions and requests for continuing care)

- Current clinical information will be requested

- Collected within the seven days prior

- Clinical worksheets available at www.evicore.com under the **Clinical Guidelines and Forms** section

Prior Authorization Program Process – Important Concepts

Overlapping Requests

- Request for more visits within the existing approved time period

- Information you provide should explain why the visits could not be spread over the approved period

- Review to determine if additional visits are medically necessary
    - **Approve**
    - **Deny** additional visits within the existing approved period
    - **Partially approve** – Visits will be approved with a new start date
        - Existing authorization end date plus one day

- EviCore healthcare will approve one date extension per Approved Time Period up to 30 days as long as the authorization has not expired.

- Date extension can be requested via the online portal.

Prior Authorization Process – Important Concepts

Authorization decisions include:

- **Visits**

- **Units** – These represent the total # of CPT codes that can be billed over the approved period

- **Approved Time Period**

Example – 1 visit, 4 units from 1/1/16 to 1/1/16
- Units example – 97110 x4 or 97110 x2, 97035 x1, 97112 x1

Spread the Visits/Units over the approved period to prevent a gap in care.

Clinical Information Worksheets

- The treatment request clinical worksheets are therapy specific and designed to assist with the submission of patient and provider information for medical necessity review.

- Worksheets should be used as a guide for questions the therapist will be prompted to answer when completing the online requests.

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

- Worksheets are available through our web portal and are therapy-specific to the treatment request.

https://www.evicore.com/solution/pages/musculoskeletal.aspx

Examples of Clinical Worksheets

eviCore healthcare

PT/OT Treatment Request Clinical Worksheet
Musculoskeletal Conditions

For NON-URGENT requests, please fax this completed document alo[...] 855.774.1319. If there are any inconsistencies with the medical office [...] section. Failure to provide all relevant information may delay the deter[...] the web at eviCore.com. URGENT (same day) REQUESTS MUST B[...]

Patient/Member
- First Name: Middle Initial: Last Name:
- DOB (mm/dd/yyyy): Gender:
- Street Address:
- City: State:
- Home Phone: Cell Phone:
- Health Plan: Member ID:

Ordering Provider
- First Name: Last Name:
- Primary Specialty: TIN:
- Physician Phone: Physician Fax:
- Address:
- City: State:
- Office Contact:
- Contact Email:

Facility/Site
- First Name: Last Name:
- Group/Site Name:
- Primary Specialty: TIN:
- Site Phone: Site Fax:
- Address:
- City: State:

Diagnosis
- Diagnosis, if known or rule out:
- ICD-10 Codes:
- Auth/Reference Number (if continued care):
- Date of last visit: Start date of th[...]

CONFIDENTIALITY NOTICE: This fax transmission, and any documents attached to it may contain confid[...] regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This informa[...] (s) named above. If you are not the intended recipient, or a person responsible for delivering it to the inten[...] disclosure, copying, distribution or use of any of the information contained in or attached to this transmiss[...] received this transmission in error, please immediately notify eviCore healthcare and destroy the original tr[...] them in any manner.

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Chiropractic Treatment Request Clinical Worksheet -
Lumbar Spine

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers c[...] Guidelines and Fax Forms section. You may also log into the provider portal lo[...] request. URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHON[...]

Patient/Member
- First Name: Middle Initial: Last Name:
- DOB (mm/dd/yyyy): Gender: Male
- Street Address: Apt #:
- City: State: Zip:
- Home Phone: Cell Phone: Primary
- Health Plan: Member ID: Group [...]

Ordering Provider
- First Name: Last Name:
- Primary Specialty: TIN: NPI:
- Physician Phone: Physician Fax:
- Address: Suite #:
- City: State: Zip:
- Office Contact:
- Contact Email:

Facility/Site
- First Name: Last Name:
- Group/Site Name:
- Primary Specialty: TIN: NPI:
- Site Phone: Site Fax:
- Address: Suite #:
- City: State: Zip:

Diagnosis
- Diagnosis, if known or rule out:
- ICD-10 Codes:
- Auth/Reference Number (if continued care):
- Date of last visit: Start date of this reque[...]

CONFIDENTIALITY NOTICE: This fax transmission, and any documents attached to it may contain confidential or p[...] regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is inte[...] (s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipie[...] disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRI[...] received this transmission in error, please immediately notify eviCore healthcare and destroy the original transmissio[...] them in any manner.

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Clinical Information

1. Date of - Onset: Evaluation: Current findings:
2. Are there areas of complaint in addition to lumbar spine? ( ) Yes ( ) No ( ) Don't Know
3. Select any of the following which apply:
   - [ ] Member not treated in the last 60 days
   - [ ] Member requires treatment for a new condition
   - [ ] Additional care for same condition treated in the last 60 days

   If member requires treatment for a new condition, answer questions 4 and 5.

4. What was the previous condition treated?
   - ( ) Upper back - Thoracic spine   ( ) Upper Extremity
   - ( ) Head/neck - Cervical spine   ( ) Lower Extremity
5. What was the result of the previous treatment? ( ) Condition resolved ( ) Ongoing
6. What is the current pain level? ___ /10 ( ) Unknown
7. If the patient has had previous treatment for this complaint, please indicate the response to treatment since the initial assessment of this condition:
   - ( ) Unknown response to treatment since initial assessment   ( ) Patient did not improve or worsen with previous course of treatment
   - ( ) Pain 0-24% improvement   ( ) Pain 75-100% improvement
   - ( ) Pain 25-49% improvement   ( ) Other:
   - ( ) Pain 50-74% improvement
8. What is the percent of time the patient experiences pain?
   - ( ) 0-25% ( ) 26-50% ( ) 51-75% ( ) 76-100% ( ) Unknown
9. Are any Red Flags present?
   - [ ] Articular Derangements   [ ] Signs or symptoms of cancer, chemotherapy or organic disease
   - [ ] Congenital connective tissue disorders   [ ] Neurological disorders
   - [ ] History of infection   [ ] Fracture or dislocation secondary to acute trauma
   - [ ] Signs and symptoms of vertebrobasilar insufficiency   [ ] Atrophy in the extremities
   - [ ] Circulatory or cardiovascular disorders   [ ] Scoliosis > 20 degrees adult or > 10 degress child
   - [ ] Fever or localized redness and swelling or ankylosing   [ ] No Red Flags present
   - [ ] Bone weakening of destructive disorders   [ ] Unknown
10. Choose any of the following clinical exam findings that are present:
   - [ ] Radiating pain below knee reproduced on nerve compression of stretch test   [ ] Localized pain reproduced on palpation or orthopedic testing
   - [ ] Diffuse ache on passive motion   [ ] None/unknown specific exam findings
   - [ ] Pain referred from muscle or trigger points

Page 2 of 3

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Prior Authorization Outcomes

Approved Requests:

- Medicare requests are processed within 14 calendar days

- Authorizations time frames will vary based on the members condition, generally it will be 30 calendar days from the date of determination

Delivery:

- Faxed to ordering provider and rendering facility. (verbal outreach for urgent requests)
- Mailed to the member, (verbal outreach for urgent requests)
- Information can be printed on demand from the EviCore healthcare Web Portal

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)

Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from rendering provider prior to a decision being made.

- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.

Special Circumstances

Appeals

- EviCore will manage first level appeals
- Appeals must be made in writing within 120 calendar days and 30 calendar days for IL Medicaid cases.

Outpatient Urgent Services:

- Contact EviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with 72 hours of the request.

Web Portal Services

EviCore healthcare website

- Point web browser to evicore.com

- Click on the "Providers" link
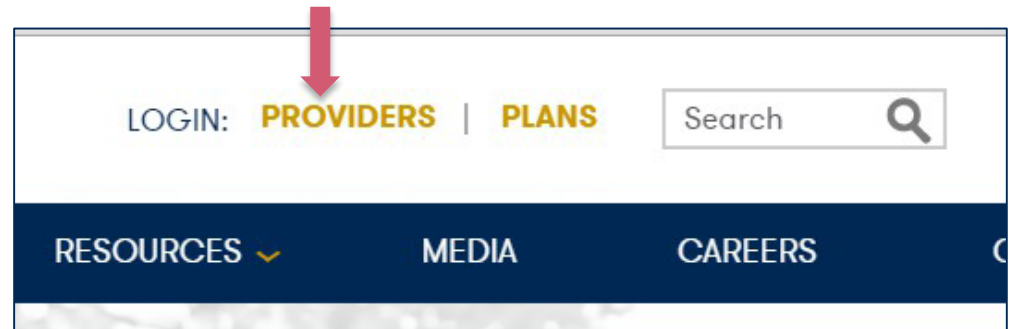
- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

User ID

Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical Solutions That Benefit Everyone.

User ID
Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

To create a new account, click Register.

Creating An Account

Select a Default Portal, and complete the registration form.

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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*: CareCore National ▾

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	**Address:**	730 Cool Springs	**Phone:**	800-575-4517
Email:	tesaccount@gmail.com			**Ext:**	
		City:	Franklin		
Account Type:	Physician			**Fax:**	615-468-4408
First Name:	Test	**State:**	TN **Zip:** 37067		
		Office Name:	Test Office		
Last Name:	Account				

Back   Submit Registration

Review information provided, and click "**Submit Registration.**"

User Registration-Continued

Accept the Terms and Conditions, and click "Submit."

User Registration-Continued
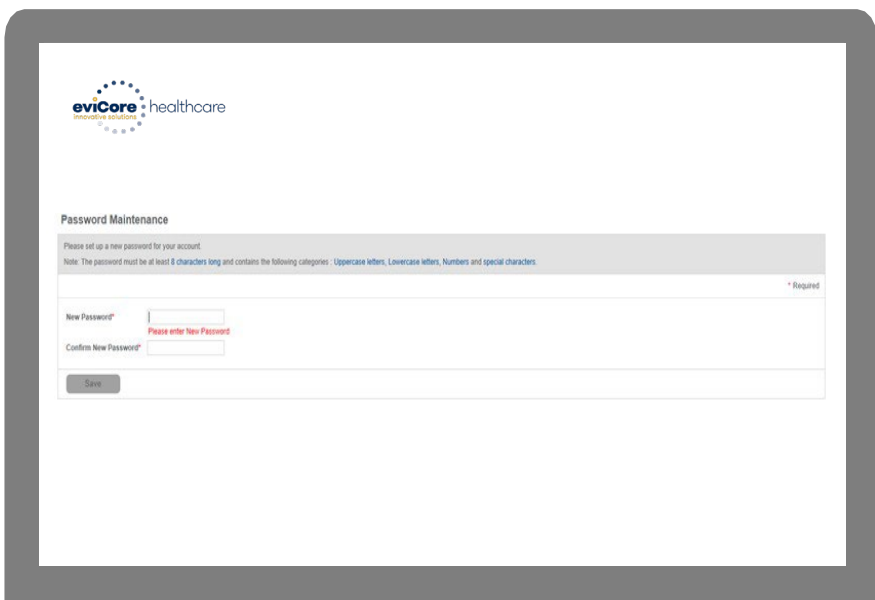
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

Your password must be at least (8) characters long and contain the following:

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

Account Log-In

Providers Delivering Medical
Solutions That Benefit **Everyone.**

Mallory1897

••••••••

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☑ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register
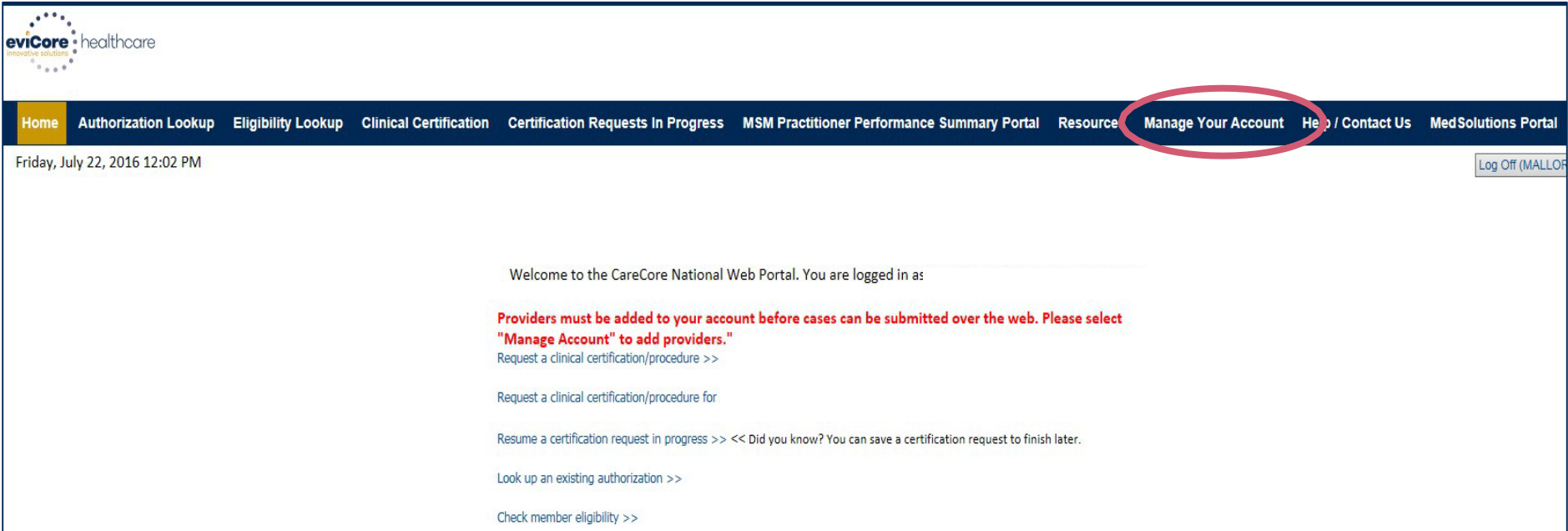
To log-in to your account, enter your User ID and Password. Agree to the HIPAA Disclosure, and click "Login."

Account Overview

Welcome Screen

Providers will need to be added to your account prior to case submission. Click the "Manage Account" tab to add provider information.

Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners

Manage Your Account

Office Name: Bluffton   Change Password   Edit Account
Address: 400 Buckwalter Place Blvd
                 Bluffton, SC 29910

Primary Contact:
Email Address:

Add Provider

Click Column Headings to Sort
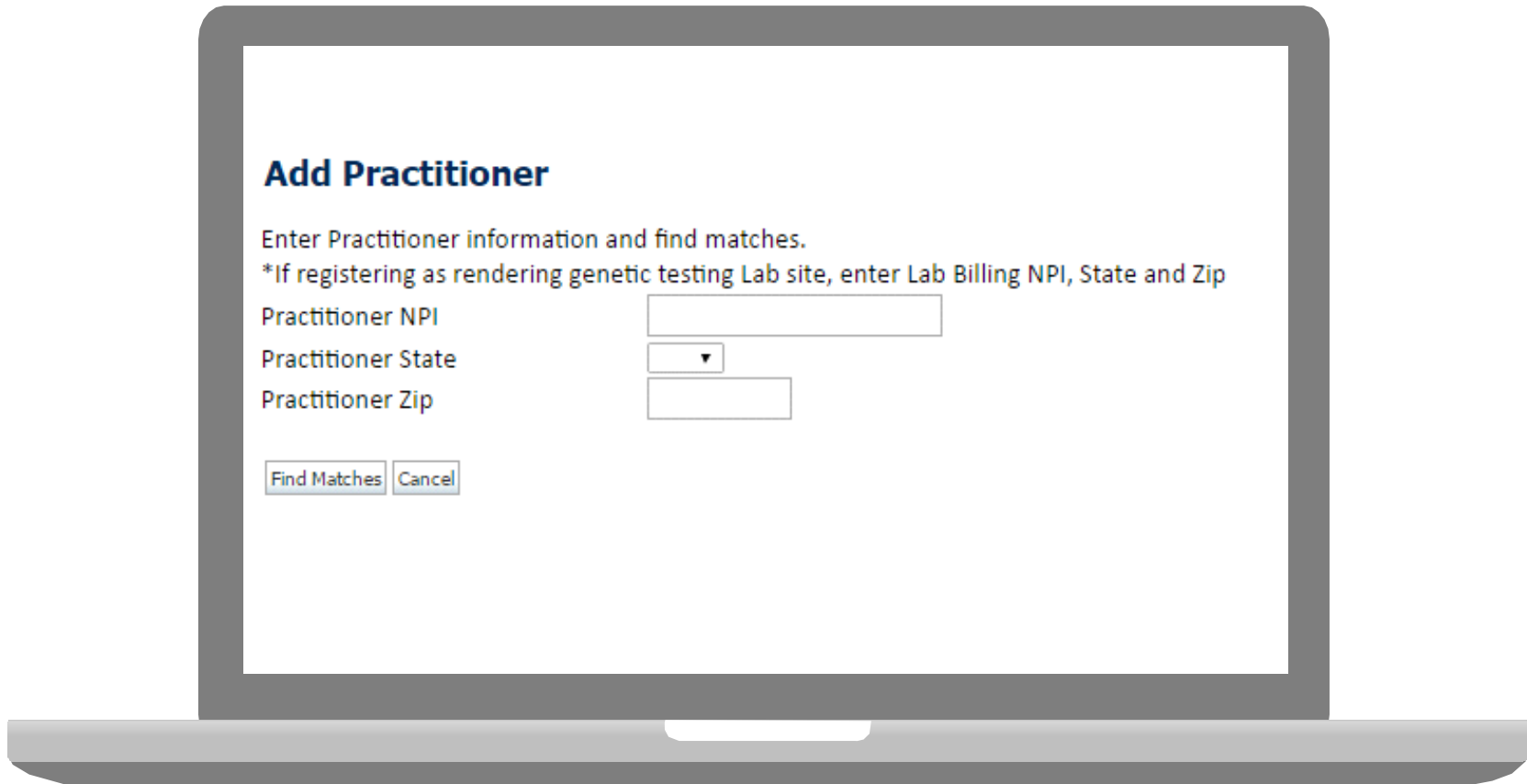
No providers on file

Cancel

Click the "**Add Provider**" button.

Add Practitioners

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

Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners
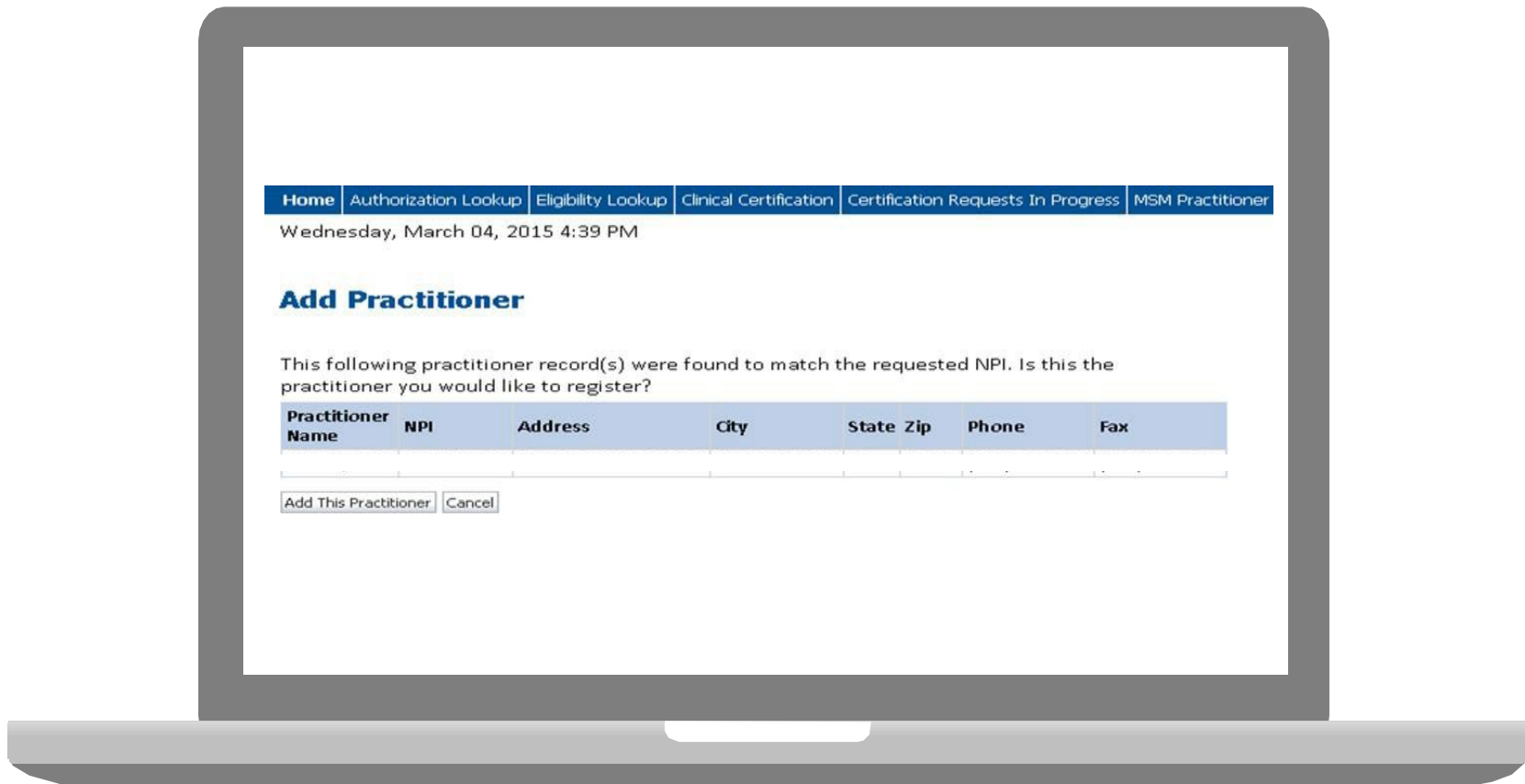
Select the matching record based upon your search criteria

Manage Your Account
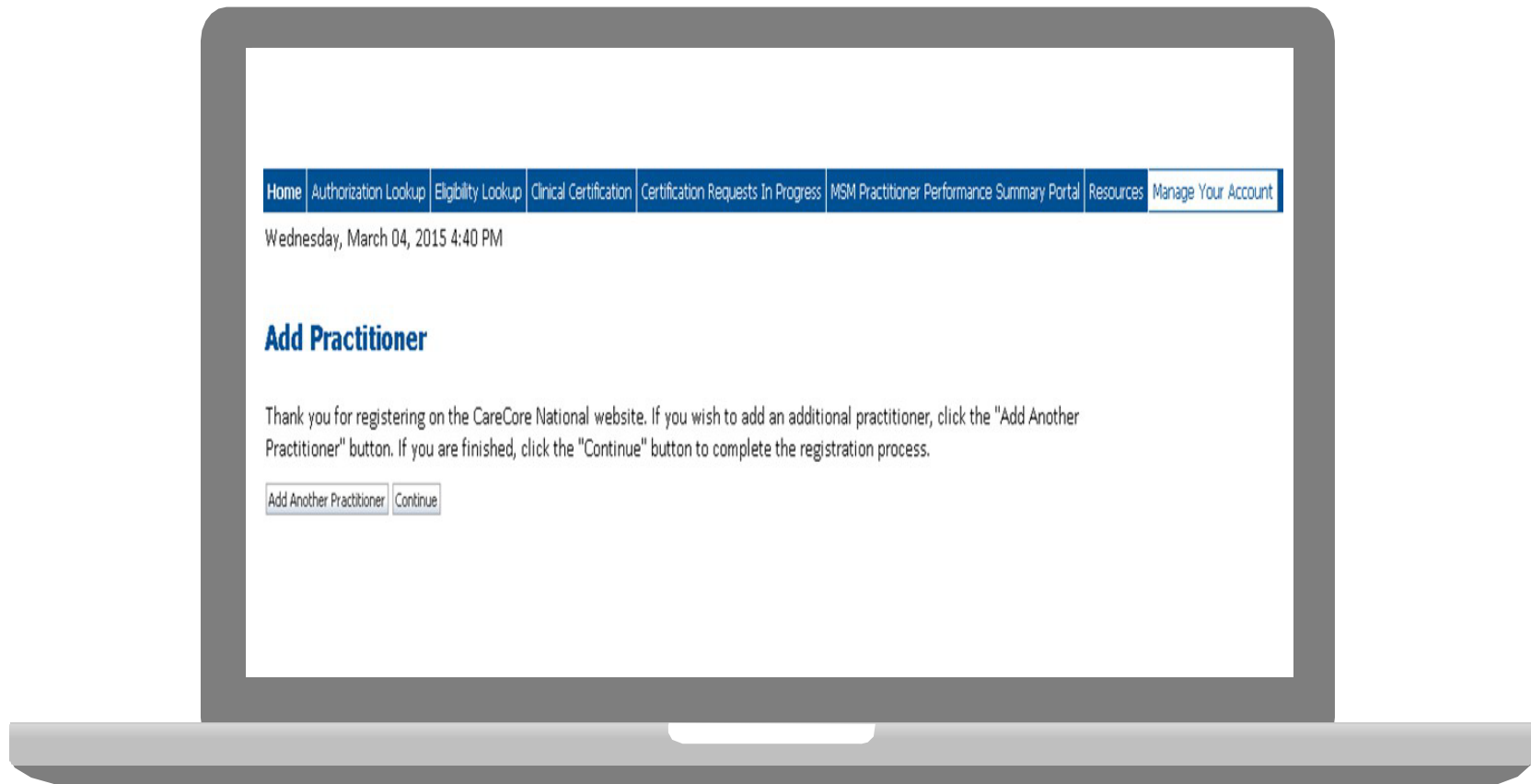
- **Once you have selected a practitioner, your registration will be completed. You can then access the "Manage Your Account" tab to make any necessary updates or changes.**

- **You can also click "Add Another Practitioner" to add another provider to your account.**

Case Initiation

Initiating A Case

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

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

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- Choose **"request a clinical certification/procedure"** to begin a new case request.

Select Program
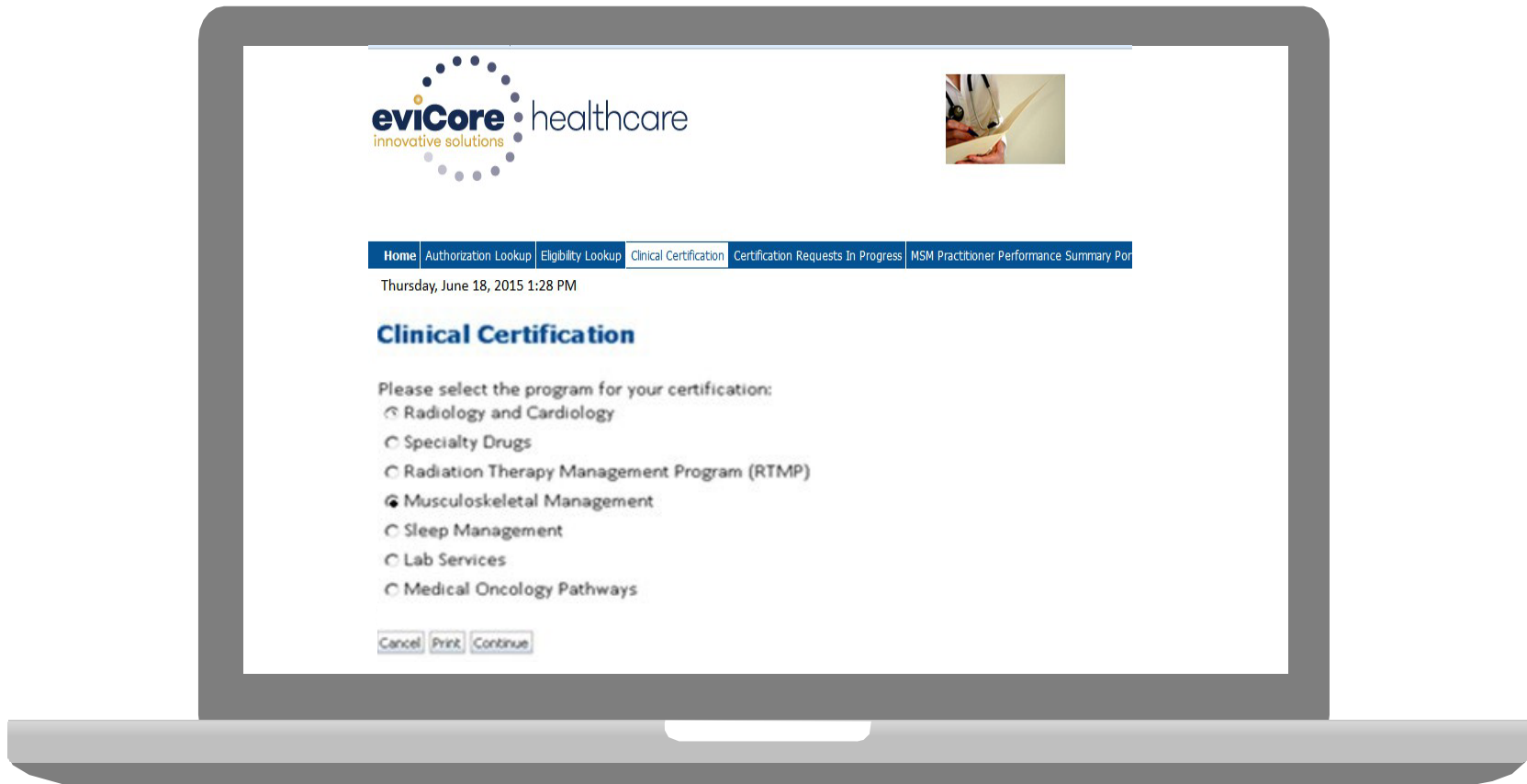
Select the Program for your certification.

Service Options
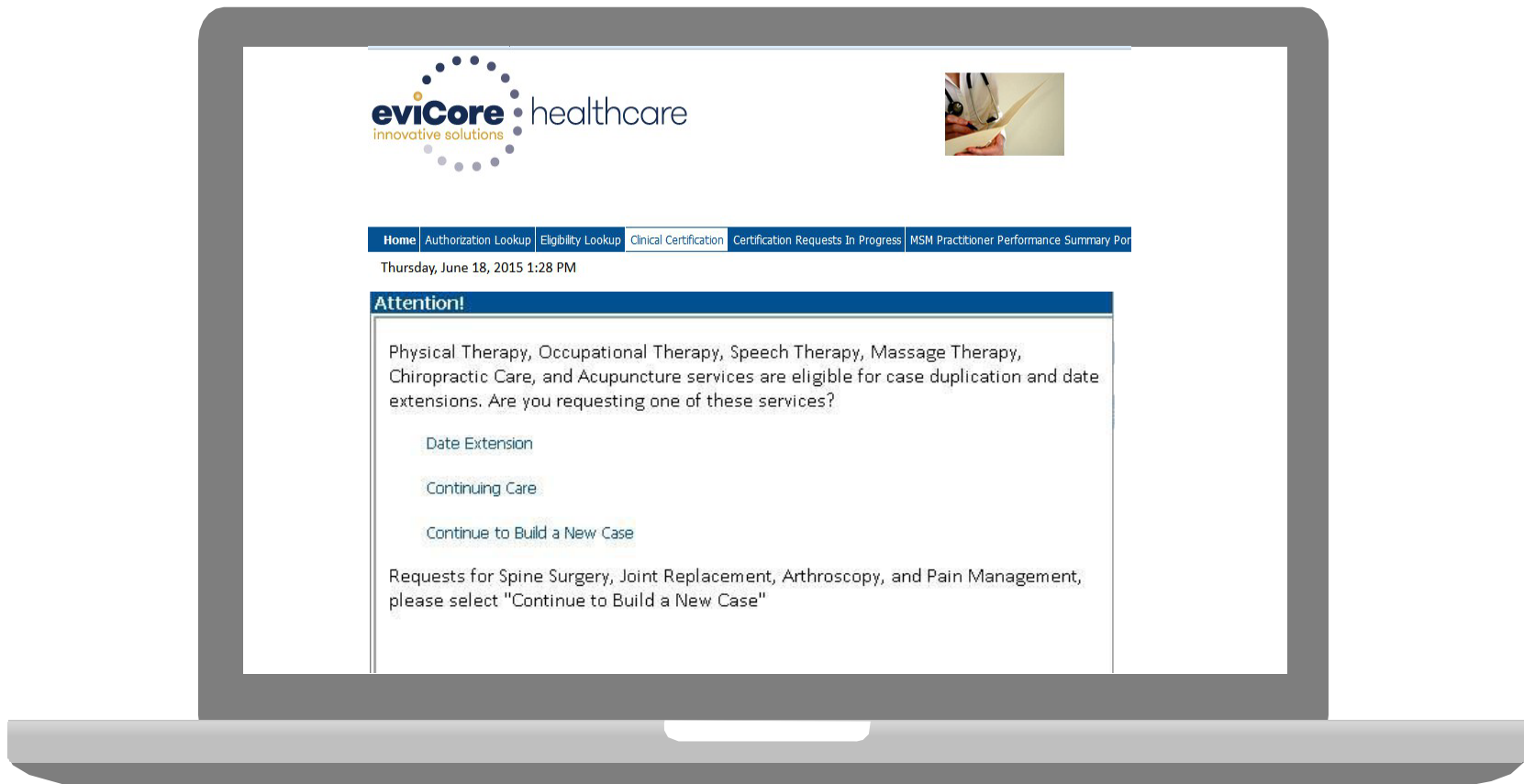
Select Date Extension, Continuing Care, or Build a New Case.

Select Provider
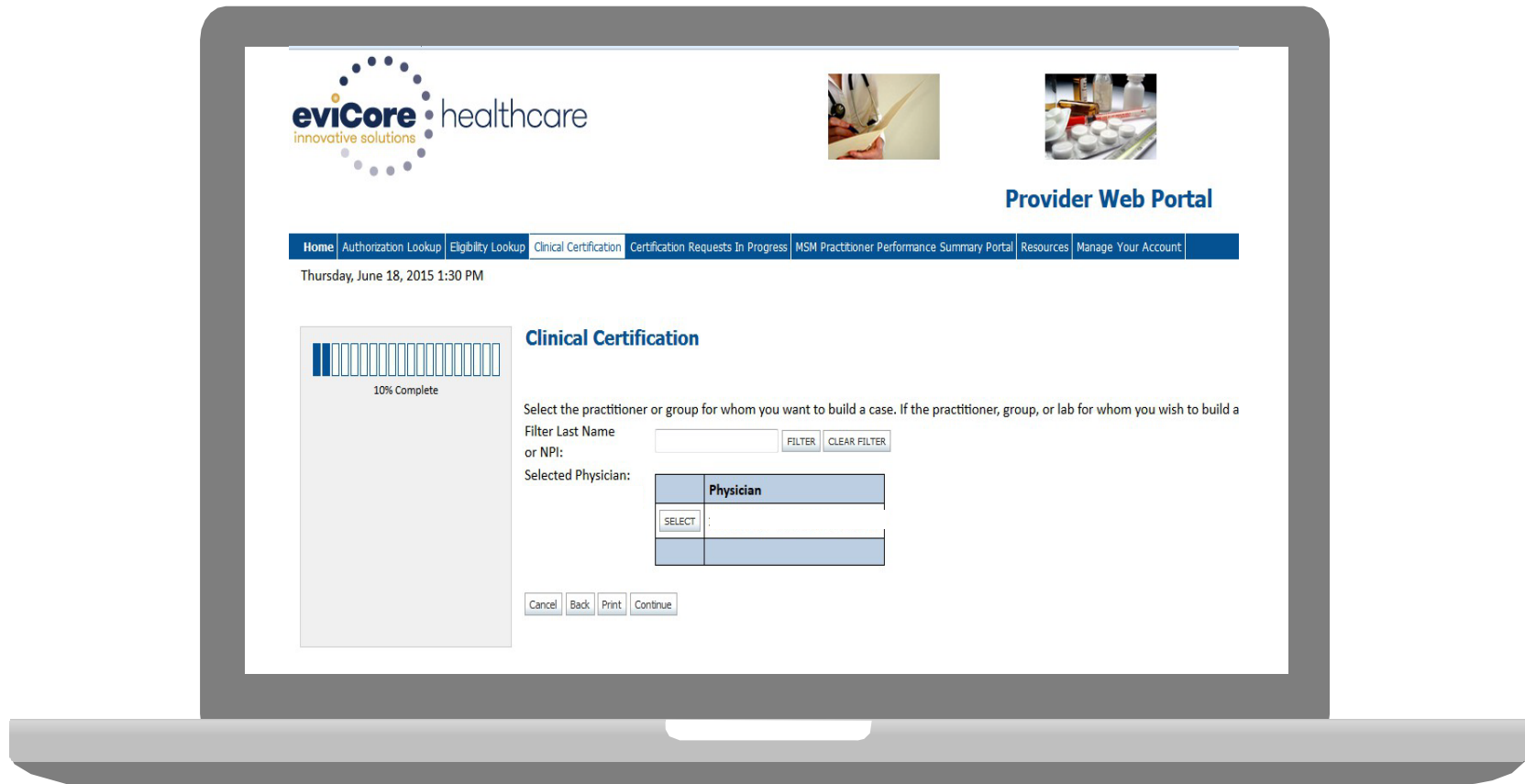
Select the **Practitioner/Group** for whom you want to build a case.
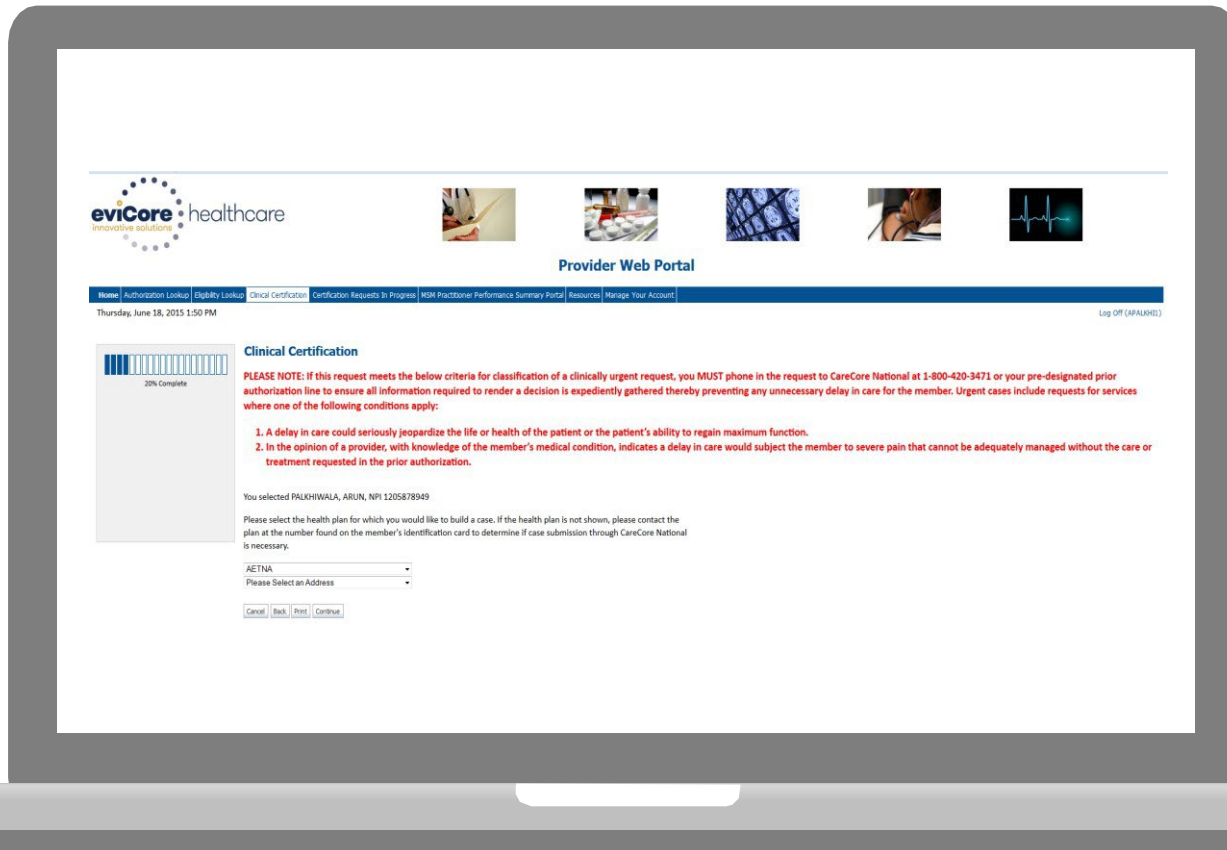
Select Health Plan
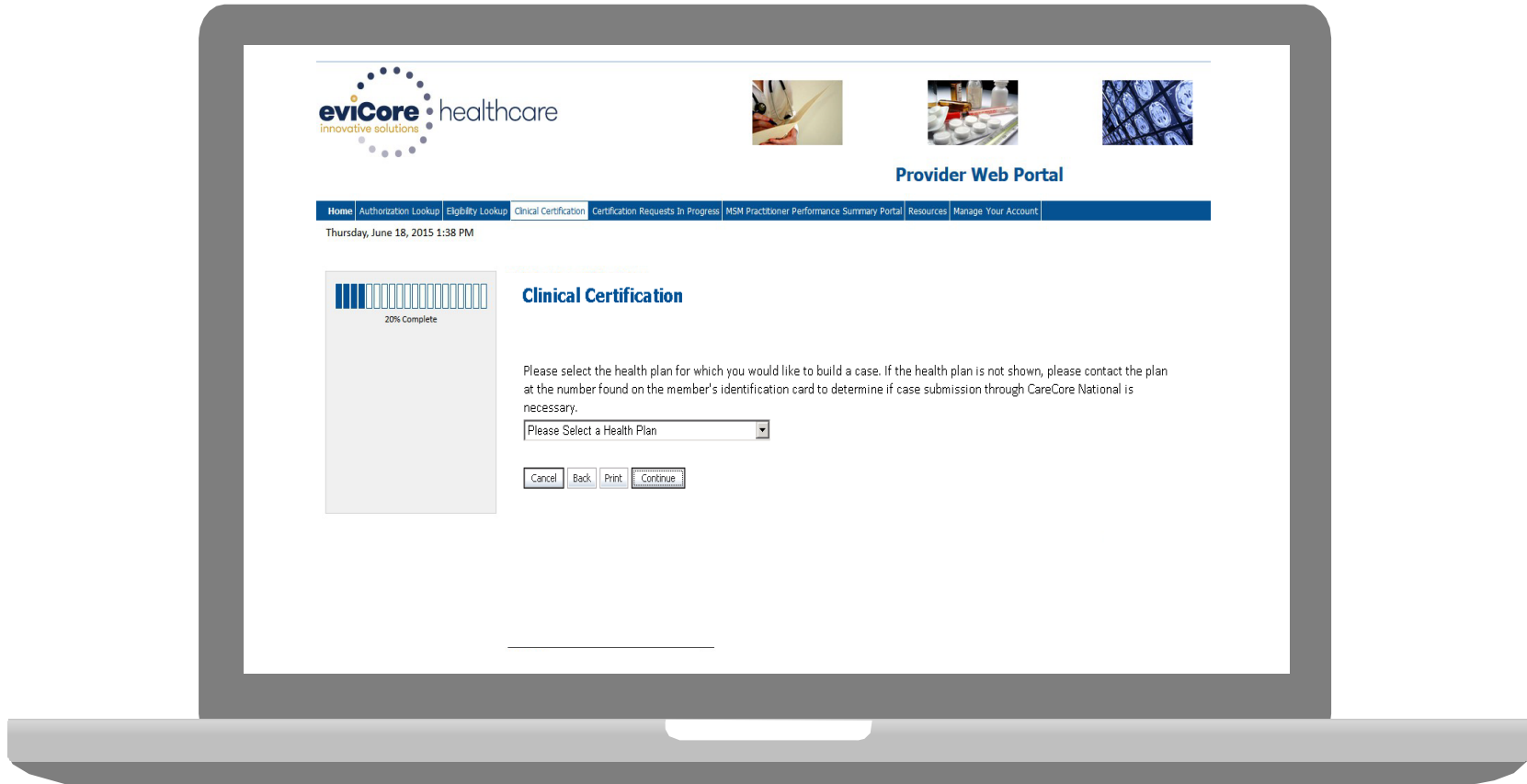
Choose the appropriate Health Plan for the case request.

Select Address

Contact Information

Enter the Provider name and appropriate information for the point of contact individual.

Member Information

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

Clinical Details

Clinical Certification

This procedure will be performed on 7/1/2016. [CHANGE]

Musculoskeletal Management Procedures

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

MSMPT ⌄   PHYSICAL THERAPY ⌄

Diagnosis

Diagnosis Code: **M54.12**
Description: **Radiculopathy, cervical region**
Change Diagnosis

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

Verify Service Selection

Provider Web Portal

| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Account |

Tuesday, April 15, 2014 4:01 PM

40% Complete

Physician
EDIT

Patient
EDIT

Clinical Certification

Confirm your service selection.

ICD-10 Code

ICD-10 Code
Secondary Diagnosis:
Change Procedure or Diagnosis
Change Secondary Diagnosis

Cancel Back Print Continue

Site Selection

> **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**
>
> **You will not have the opportunity to make changes after that point.**

Clinical Certification

Clinical Certification

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

Once you have clicked "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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

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

Pause/Save Option

> Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

Medical Review

Clinical Certification

ⓘ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 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

Enter text in the space provided below or both.

ⓘAdditional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

ⓘAdditional Upload Document:

[ ] Browse...

SUBMIT

☐ Finish Later

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

➤ If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

Medical Review

Clinical Certification

☑ I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:
1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member's medical condition, indicates 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.

☑ I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print   SUBMIT CASE

Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Clinical Certification

Your case has been Approved.

Provider Name:	**Contact:**
Provider Address:	**Phone Number:**
	Fax Number:

Patient Name:	**Patient Id:**
Insurance Carrier:	

Site Name:	**Site ID:**
Site Address:	

Primary Diagnosis Code:	**Description:**
Secondary Diagnosis Code:	**Description:**
CPT Code:	**Description:**

Modifier:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

Print   Continue

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

Print the screen and store in the patient's file.

Building Additional Cases

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.
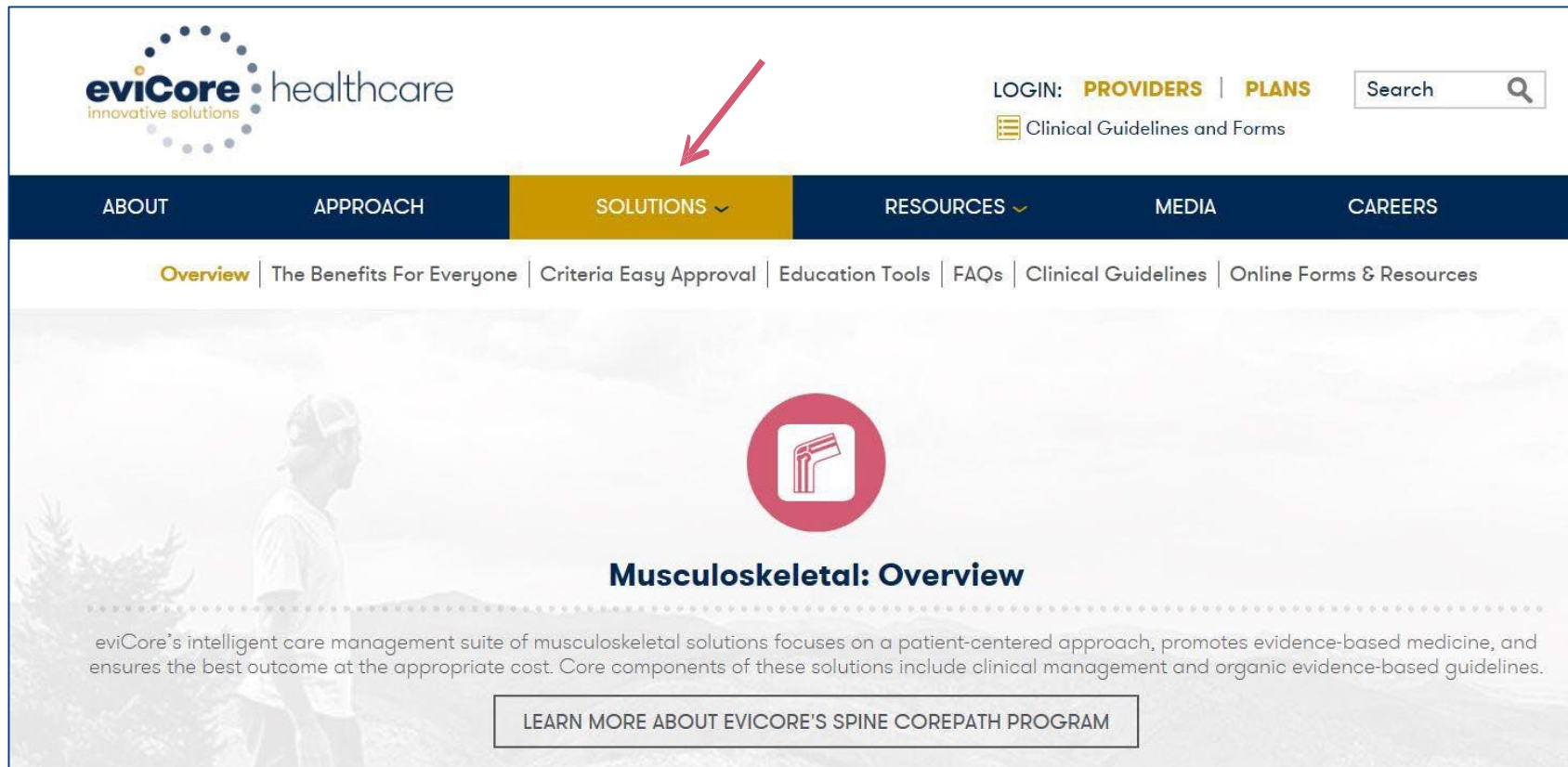
Eligibility Look Up

Provider Resources

Musculoskeletal Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at <u>www.evicore.com</u>. Click "Solutions" from the menu bar, and select the specific program needed.

EviCore Provider Blog Series

- The EviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.

- You can access the blog publications from the **Media** tab or via the direct link at https://www.evicore.com/pages/media.aspx.
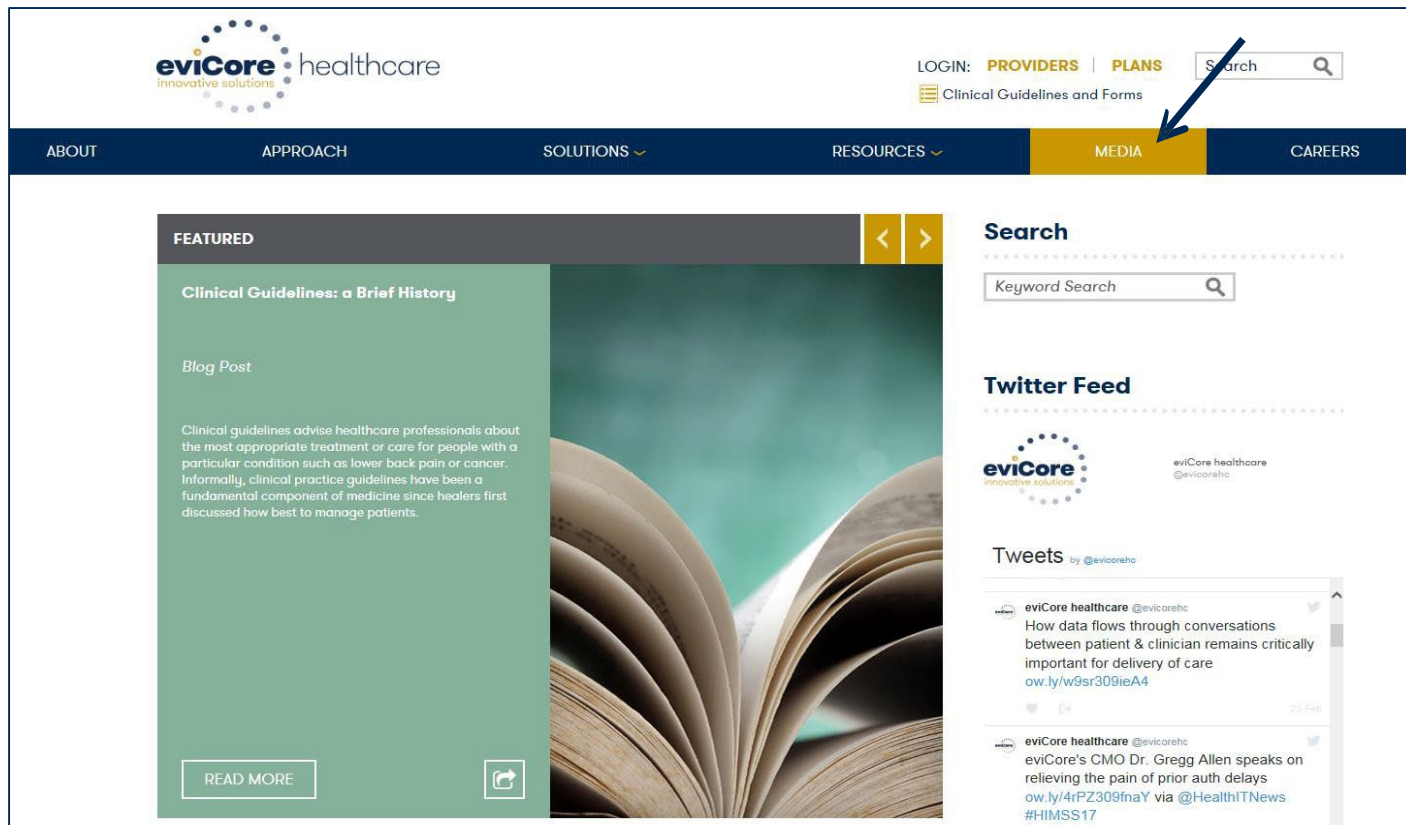
Web Portal Services-Assistance

Email **portal.support@evicore.com**

Call a Web Support Specialist at (800) 646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Available 24/7

Provider Resources: Pre-Certification Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

7:00 AM - 7:00 PM (Local Time): 855-252-1117

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Document

Provider Enrollment Questions
Contact your Provider Network Consultant for more information

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

 Blue Cross and Blue Shield Implementation site - includes all implementation documents:

https://www.evicore.com/healthplan/bcbs

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at **ClientServices@evicore.com**

Thank You!