

## Interventional Pain, Joint & Spine Surgeries

### Frequently Asked Questions

#### Who is EviCore?

EviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide certain utilization management services.

#### What is the relationship between EviCore and The Health Plan?

EviCore manages outpatient prior authorization of interventional pain management injections and joint and spine surgery services.

#### Which members will EviCore manage for the Musculoskeletal programs?

EviCore will manage prior authorization for The Health Plan members who are enrolled in the following programs:

- CHIP
- Commercial
- Medicaid
- Medicare

#### Which Musculoskeletal services require prior authorization for The Health Plan?

EviCore has a list of covered services that will now require authorization for The Health Plan specific to Pain Management /Joint and Spine Surgeries. The list of covered services can be found by visiting:

<https://www.EviCore.com/resources/healthplan/health-plan>

#### How do I request a prior authorization through EviCore?

Providers and/or staff can request prior authorization in one of the following ways:

##### Web Portal

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7.

Providers can request authorization by visiting <https://myplan.healthplan.org>.

##### Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 877-791-4104.

##### Fax

Providers and/or staff can fax additional clinical information or prior authorization requests by completing the clinical worksheets found on EviCore's website at [www.EviCore.com/provider/online-forms](http://www.EviCore.com/provider/online-forms) to 800-540-2406.

#### Who needs to request prior authorization through EviCore?

All ordering (requesting) physicians are required to obtain a prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.

### **What information is required when requesting prior authorization?**

When requesting prior authorization, please ensure the proprietary information is readily available:

#### **Member**

- First and Last Name
- Date of Birth
- Member ID

#### **Ordering Provider**

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

#### **Rendering (Performing) Provider**

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address
- Clinical
- Requested Procedure Code (CPT Code)
- Signs and symptoms (Diagnosis)
- Imaging Study Results
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

**Note:** EviCore suggests utilizing the [clinical worksheets](#) when requesting authorization for Pain Management services.

### **Where can I access EviCore's clinical worksheets and guidelines?**

EviCore's clinical worksheets and most up to date clinical guidelines are available online 24/7 and can be found by visiting one of the following links:

#### **Clinical Worksheets**

[www.EviCore.com/provider/online-forms](http://www.EviCore.com/provider/online-forms)

#### **Clinical Guidelines**

[www.EviCore.com/provider/clinical-guidelines](http://www.EviCore.com/provider/clinical-guidelines)

### **When will I receive the authorization number once the prior authorization request has been approved?**

Once the prior authorization request has been approved, an authorization number will be provided immediately.

### **How will the authorization determinations be communicated to the providers?**

EviCore will fax the authorization and/or denial letter to the requesting and servicing provider. Providers may also visit [www.EviCore.com](http://www.EviCore.com) to view the authorization determination.

**Note:** The authorization number will begin with the letter “A” followed by a nine-digit number (example: A123456789).

### **How can the servicing provider confirm that the prior authorization number is valid?**

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit [www.EviCore.com](http://www.EviCore.com). To request a fax letter with the prior authorization number, please call EviCore at 877-791-4104 to speak with a customer service specialist.

### **How long is the authorization valid?**

Authorizations are valid for **90 calendar days**. If the service is not performed within 90 calendar days from the issuance of the authorization, please contact EviCore.

### **What qualifies a request as urgent?**

Urgent requests are defined as a condition that a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer’s medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

### **What is the most effective way to get authorization for urgent requests?**

Urgent requests are defined as a condition that is a risk to the patient’s health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at [EviCore.com](http://EviCore.com) or by contacting our contact center at 877-791-4104. Urgent requests will be processed within 24-72 hours from the receipt of complete clinical information.

### **What happens if codes need to be changed/added to after surgery has been completed?**

Once surgery has been completed and additional procedures were required, please contact EviCore via phone at 877-791-4104 and let us know what codes need to be added. Please be prepared to offer additional documentation to support the change.

### **How do I check the eligibility and benefits of a member?**

Member eligibility and benefits should be verified on <https://myplan.healthplan.org>.

### **If denied, what follow-up information will the requesting provider receive?**

The requesting provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes.

### **Where do I submit my claims?**

All claims will continue to be filed directly with The Health Plan.

**Does EviCore review cases retrospectively if no authorization was obtained?**

EviCore will process retro requests within **one (1) business day** of the service date.

**How do I submit a program related question or concern?**

For program related questions or concerns, please email: ClientServices@EviCore.com.

**Where can I find additional educational materials?**

For more information and reference documents, please visit our resource page:

<https://www.EviCore.com/resources/healthplan/health-plan>