

Blue Cross Blue Shield of Rhode Island (BCBSRI)

Musculoskeletal Management-Spine Surgery

Case Initiation Methods



- Web Portal: bcbsri.com
- Phone: 888-233-8158
- Fax: 800-540-2406

Applicable Memberships

Prior Authorization is required for BCBSRI members who are enrolled in the following lines of business

- + Medicare Advantage
- + Fully Insured Commercial

Spine Surgery Requirements

Prior authorizations should be submitted at least two weeks prior to the anticipated date of the elective spine surgery

+ **Minimum documentation requirements:**

- CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.
- Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.
- Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.
- Acceptable imaging modalities for purposes of the Spine Surgery guidelines are CT, MRI and Myelography.

+ **For Spinal Fusion surgery requests:**

- Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation,
- + fusion, etc.
- Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.
- evidenced by blood cotinine lab results of <10ng/mL (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time
- + for submission of lab results performed after the 6-week cessation period.

+Spine Surgery Requirements

Continued:

+Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs/SNRBs.

+Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

+eviCore Musculoskeletal Guidelines for Advanced Procedures:

+<https://www.evicore.co>

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[solution=musculoskeletal%20advanced%20procedures](https://www.evicore.co/solution=musculoskeletal%20advanced%20procedures)

+BCBSRI Prior Authorization Services

+EviCore healthcare will begin accepting prior authorization requests for services for Fully Insured Commercial members on 11/1/2025 for dates of service 11/1/2025 and beyond

Prior Authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective/ Non-Emergent
- Inpatient

Prior Authorization does NOT apply to services that are preformed during:

- Emergency Room Services
- 23 Hour Observations

Provider Resource Page:

Providers and/or staff can utilize the page to access a list of covered CPT codes, FAQs, and additional educational materials by visiting:

[Blue Cross and Blue Shield of Rhode Island Implementation Resources | eviCore healthcare](#)

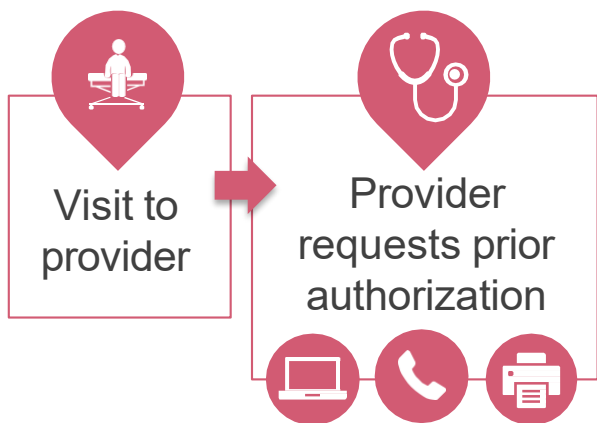
Pre-Service Authorization Required:

Spine Surgery:

- Spinal implants
 - Spinal cord stimulators
 - Pain pumps
- Cervical/Thoracic/Lumbar
 - Decompressions
 - Fusions

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

<https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/rhode-island>



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

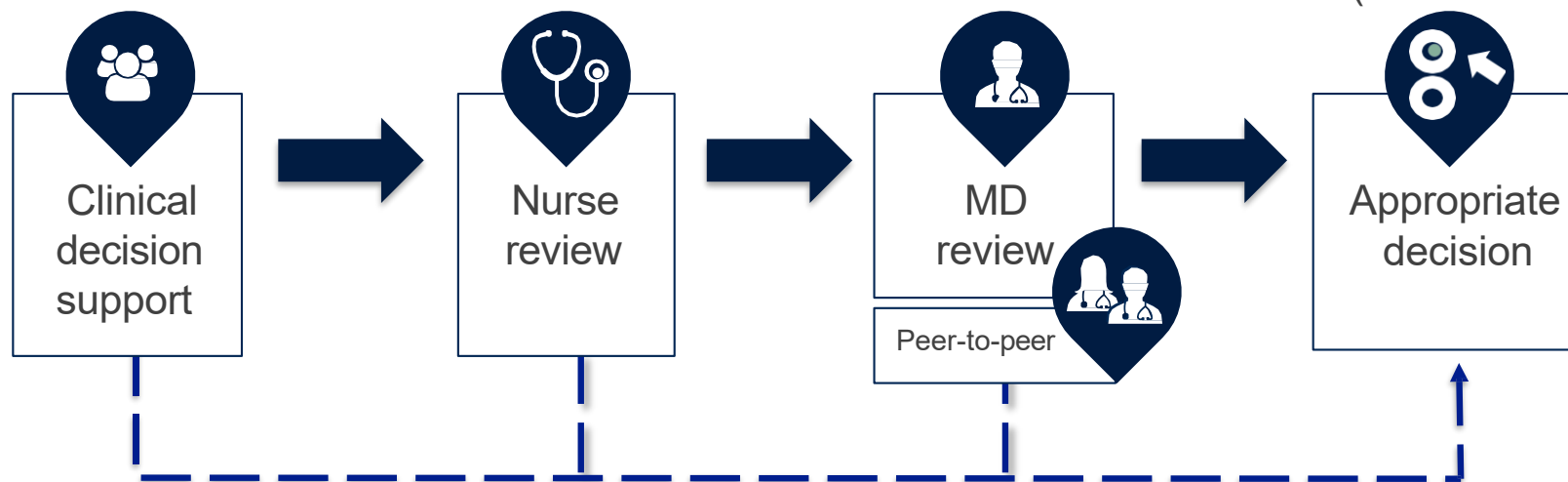
An **Approval Letter** will be issued with authorization information to the provider (written), site (written) and member (written and verbal).



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

A denial letter with clinical rationale for the decision and appeal rights will be issued to the provider (written and verbal) site (written) member (written and verbal).

Easy for Providers and staff



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+Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

+Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

+Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)

- Phone and Fax Numbers

+Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



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+Prior Authorization Outcomes

Approvals and Denials

+Approved Requests

- All requests are processed in within 14 calendar days for Medicare after receipt of all necessary clinical information. Urgent requests have a 72 hour turn around time.
- Authorizations are typically valid for 180 days from the date of the final determination.

+Denied Requests

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical Consultation.

+Authorization Letter

- The letter will be faxed or emailed to the ordering physician and performing facility.
- The member will receive notification verbally and in writing..
- Approval information can be printed on demand from the eviCore portal.

+Denial Letter

- The letter will be faxed or emailed to the ordering site; the physician will receive written and verbal notification.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.



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Special Circumstances

+Retrospective (Retro) Authorization Requests

- Retrospective authorization requests are reviewed for clinical urgency and medical necessity. A retrospective request is allowed up to 365 days after the date of service.

+Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's website using bcbsri.com, following the request procedure will bring you to the eviCore portal. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list. Or you can call 888-233-8158 and advise the case is urgent.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 72 hours upon receiving the prior authorization request.



Provider Portal Overview

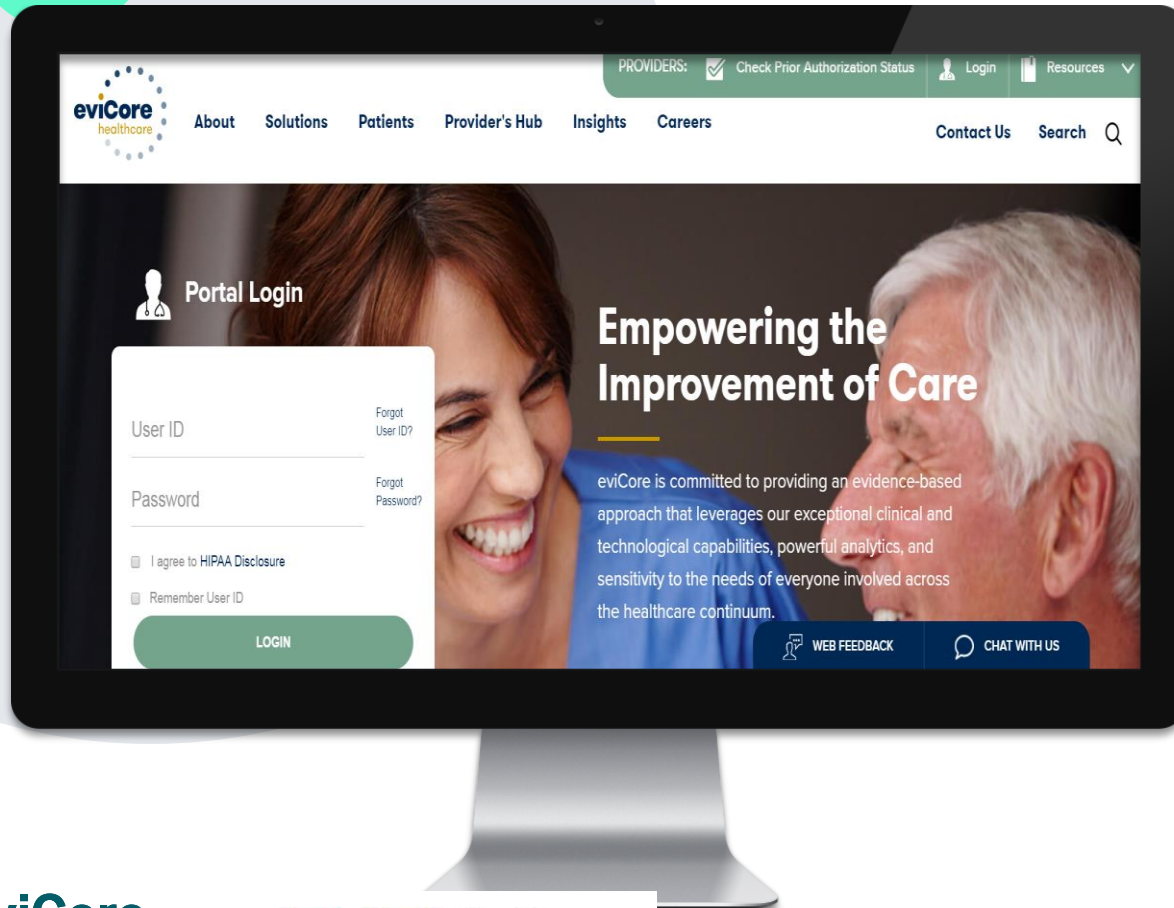
Submitting Online Prior Authorization Requests

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+eviCore Provider Portal- for resource information



The eviCore online portal is the quickest, most efficient way to obtain resource information and to check prior authorization. It is available 24/7. You must register for a User ID and Password. To request a prior authorization, you access your account at bcbsri.com which will link you to the EviCore portal to start the request.

Or by phone:

Phone Number:

888-233-8158

7:00 a.m. to 7:00p.m.

Monday – Friday

By fax: 800-540-2406

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[Claims & Billing](#)

[Preauthorization](#)

[Patient Eligibility](#)

[Cost Estimator](#)

[Tools & Resources](#)

[Referrals](#)

[Quality](#)

[HIPAA](#)

[Update Web Account](#)

[Secure Messaging](#)

[Contact Us](#)

[FAQs](#)

Preauthorization Requests Need Help?

Is this a Prospect member? Not sure? Enter member information here to check.

Member ID

Member DOB

[SUBMIT](#)

To create a new request, select a request type below.

Guides

Click on the corresponding guide to learn more on specific authorizations.

- [Home Health Authorizations through MHK Provider Portal](#)
- [Inpatient Authorizations through MHK Provider Portal](#)
- [Service Authorizations through MHK Provider Portal](#)
- [Behavioral Health Inpatient Authorizations](#)
- [Behavioral Health Outpatient Authorizations](#)

BCBSRI Requests

MHK

- Inpatient authorizations (elective, emergency and maternity)
- Long-Term Acute Care & Acute Rehabilitation
- Genetic Testing
- Durable Medical Equipment
- Procedures
- Medical drugs (for Medicare Advantage and HOST membership)
- Behavioral Health Inpatient and Outpatient services
- Infertility services for Commercial, self-insured groups, FEP, and Medicare
- Spinal surgeries for Commercial members

eviCore

- Cardiology
- High-tech Radiology
- Spinal surgeries for Medicare Advantage members

Prime(Cover my Meds)

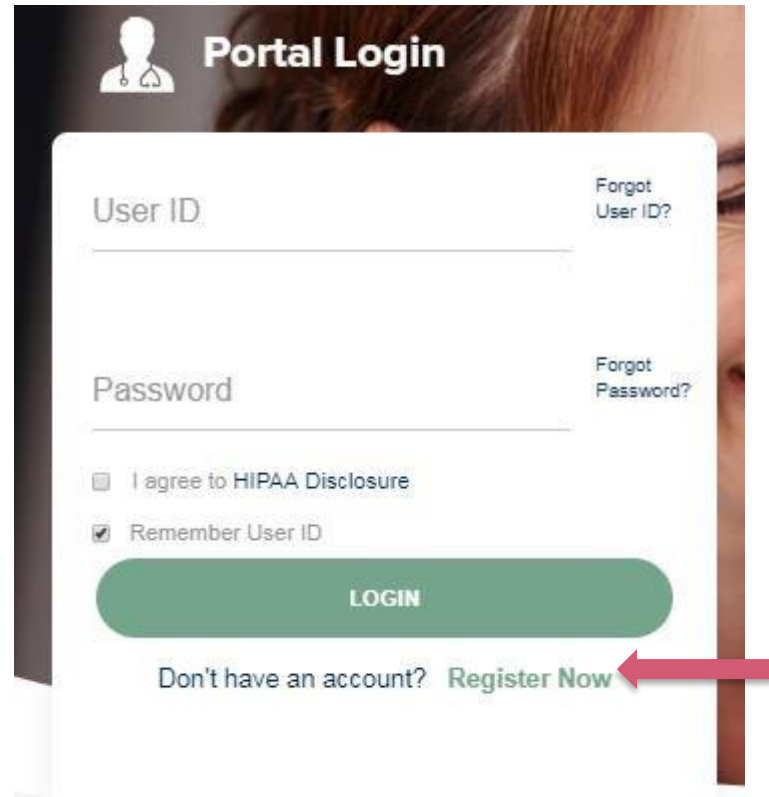
- Medications
- Medical drugs for Medicare and Commercial members

WinFertility IVF Services

- Infertility services for Commercial, fully-insured members

NEHP Cross Border Request

Creating an account to view cases,
guidelines, resources and other information.
If you have an existing username and
password no need to create a new one.



The screenshot shows a 'Portal Login' form. At the top left is a stethoscope icon. The form has two input fields: 'User ID' and 'Password'. To the right of each field is a link: 'Forgot User ID?' and 'Forgot Password?'. Below the fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A green 'LOGIN' button is below the checkboxes. At the bottom, it says 'Don't have an account? Register Now'. A red arrow points to the 'Register Now' link.

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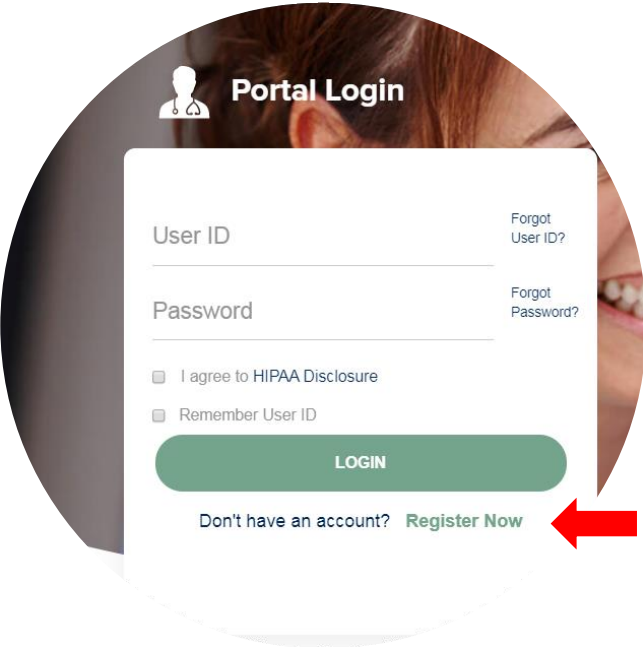
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To create a new account, click **Register**.

Registering for an account


www.eviCore.com



Select a **Default Portal**, and complete
+ the registration form.

Review information provided, and click
“**Submit Registration**”

Create a password



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

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

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

Password Maintenance

Please set up a new password for your account.
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*


Save

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

Portal Login

Forgot User ID?

Forgot Password?

.....


☒ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? Register Now


- To log-in to your account, enter your **User ID** and **Password**.
- Agree to the HIPAA Disclosure and click **“Login.”**



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Welcome Screen | CareCore National

EviCore
By EVERNORTH

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

Monday, May 06, 2024 1:08 PM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Toggle Between Portals

- You can access the MedSolutions Portal at any time.
- Click the MedSolutions Portal on the banner to seamlessly toggle back and forth between the two portals.
- Any authorizations requested prior to 11/01/2025 can still be viewed on the MedSolutions portal.

+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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Monday, June 13, 2022 9:03 AM

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☒ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

[Click here for help](#)

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

Date Extension

Continuing Care

Continue to Build a New Case

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

Clinical Certification Request | Search and Select Provider

Home

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Authorization Lookup

Eligibility Lookup

Clinical Certification

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MedSolutions Portal

Help / Contact Us

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. If the **Provider/Group** is not on your list of providers , you can now **Search by NPI**.

+Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: **WHEEL, RACHHEL, MPH 2000787260**

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Chose the appropriate insurer from the drop down menu:

- Choose BCBSRI for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen Add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid e-mail you can receive e-notifications see next slide

Clinical Certification Request | Enter Contact Information

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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.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

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

+Procedure Date

+Add procedure date

Home

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Monday, June 13, 2022 9:08 AM

Patient ID:*

Date Of Birth:*

Patient Last Name Only:*

Do not include prefix. Enter numeric only.

ELIGIBILITY LOOKUP

BACK

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Attention!

Time: 6/13/2022 9:08 AM

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

Jun

2022

Please enter today's date.

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

40% Complete

+Procedure Date

Home

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Monday, June 13, 2022 9:08 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

Patient Last Name Only:*

Do not include prefix. Enter numeric only.

ELIGIBILITY LOOKUP

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Attention!

Time: 6/13/2022 9:08 AM

You entered a date of service of today. Has this procedure or treatment already been completed?

Yes

No

SUBMIT

40% Complete

and NPI

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
<input type="button" value="SELECT"/>		01			F	

BACK

[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 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 the primary CPT code- for Spine Surgery you enter SPINE as the CPT Code.
- Add diagnosis code(s).

+Verify Treatment Selection



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Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: SPINE
Description: SPINE SURGERY
Primary Diagnosis Code: M54.16
Primary Diagnosis: Radiculopathy, lumbar region
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

60% Complete

Provider and NPI
HAMMONDS, ROY

Patient
ERIC J BENSON
3H7N77074250

EDIT



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, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | Clinical Certification

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

Clinical Certification Request | Standard or Urgent Request

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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.

Improved Provider Experience | Real-Time Decision or Clinical Documentation Upload




You'll be asked to complete a short series of clinical questions which may result in a real time approval. If a real time approval does not occur, you'll be prompted to upload clinical information.

The screenshot shows the 'Clinical Certification' page. The top navigation bar includes 'Home', 'Certification Summary', 'Authorization Lookup', 'Eligibility Lookup', and 'Clinical Certification'. The page title is 'Clinical Certification'. Below the title, it states 'Your case has been Approved.' The case details are as follows:

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025
Patient Name:	GARY TURCO	Patient ID:	W249262910
Insurance Carrier:	AETNA		
Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		
Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST
Authorization:	A123615501		
Review Date:	7/30/2019 7:39:39 PM		
Status:	Your case has been Approved.		

The screenshot shows the 'Clinical Upload' page. The top navigation bar includes 'Home', 'Certification Summary', 'Authorization Lookup', 'Eligibility Lookup', and 'Clinical Certification'. The page title is 'Clinical Certification'. Below the title, it states 'Clinical Upload'. The page prompts the user to 'Please upload any additional clinical information that justifies the medical necessity of this request.' and provides a 'Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):' section. There are five 'Choose File' buttons, each followed by 'No file chosen'. At the bottom, there are 'UPLOAD' and 'SKIP UPLOAD' buttons, and a checkbox labeled 'I have additional clinical documentation to attach or fax'. Below the checkbox are 'BACK' and 'SUBMIT' buttons.

+Clinical Collection Process – Pathway Questions



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Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

1

Which region of the spine will this procedure be performed?

☐ Thoracic

☐ Cervical

☐ Lumbar

☐ Sacral

☐ This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

Since BCBSRI is considered a Single Sign On, this function is not available..

CANCEL



+Clinical Collection Process – Pathway Questions



	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Wednesday, July 01, 2020 3:31 PM

[Log Off / IF](#)

Proceed to Clinical Information

i Do you want to enter a second code for this surgery?
☒ Yes ☐ No

SUBMIT

☐ Finish Later

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

CANCEL



Questions will populate based upon the information provided.

+Clinical Collection Process – Pathway Questions



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

Wednesday, July 01, 2020 3:32 PM

[Log Off \(JD\)](#)

Proceed to Clinical Information

SPINE / LEVEL

Which spinal level(s) will be involved? (Choose ALL that apply):

- ☐ C1 - C2
- ☐ C5 - C6
- ☐ C2 - C3
- ☐ C6 - C7
- ☐ C3 - C4
- ☐ C7 - T1
- ☐ C4 - C5
- ☐ Other/Unknown

How many previous cervical fusions has your patient had?

- ☐ 0 (This is the first cervical fusion)
- ☐ 1 previous cervical fusion
- ☐ 2 or more cervical fusions
- ☐ Unknown or not sure

Does your patient have any of the following urgent or emergent conditions:

No urgent or emergent conditions exist

SUBMIT



Clinical Certification Request | Request for Clinical Upload

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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

EviCore
By EVERNORTH

Required Medical Information Check List

Radiology

☐ Rule out/diagnosis

☐ Symptoms

☐ Physical Exam findings

☐ Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.

☐ Re-evaluation post treatment for some indications

☐ Recent relevant imaging

☐ Recent relevant laboratory work

☐ Pertinent medical history and family history

☐ For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires for the prior authorization to meet medical necessity.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case number and indicates “Your case has been sent to clinical review.”

Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

Clinical Certification Request | Criteria Met

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	Info
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	(763) 454-1000
		Fax Number:	(763) 454-1000
Patient Name:	ANTHONY VALDES	Patient Id:	ANTHONY
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL RESEARCH CENTER LLC	Site ID:	0000000
Site Address:	875 LAMAR BLVD CORPUS CHRISTI, TX 78401		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	00000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

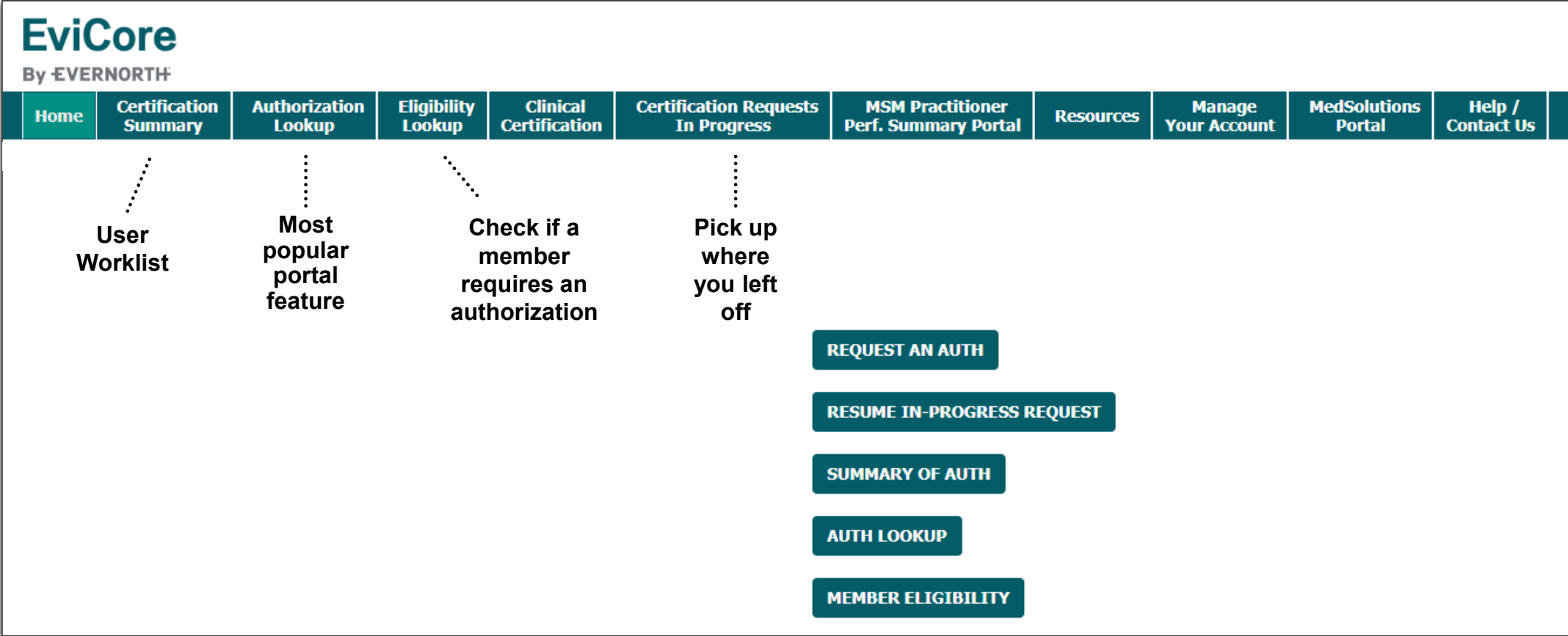
PRINT

CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary for your records.

CareCore National Portal Features

Provider Portal | Feature Access



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
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>			<div></div>	
1	NA					APPROVED	05/08/2025	70551	MRI of the Brain W/O Contrast

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.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

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

Web-Based Services and Portal Support

- Live chat
- Email: Portal.Support@EviCore.com
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement Manager Territory List](#)



Call Center/Intake Center

Call: 888-233-8158

FAX: 800-540-2406

Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff daily. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)

To access these helpful resources, please visit:

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

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 [Providers' Hub](#).



Ongoing Provider Portal Training

The EviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How to register:

1. Go to <http://EviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.
3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training**.
4. Choose the date and time for the session you would like to attend, then 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.**

Provider Resource Review Forum

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

We invite you to attend an **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



EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

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



+For Eligibility and Benefits:

+For benefits and eligibility questions,
please contact the Physician & Provider
Service Center at BCBSRI: 401-274-4848
or 1-800-230-9050 for out-of-state callers
or visit bcbsri.com on the Provider Portal

EviCore

By EVERNORTH
Public Information



Appendix

Online Peer-to-Peer Scheduling Tool

Schedule a P2P

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

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

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

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

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

Schedule a P2P

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

The image displays two screenshots of the EviCore 'New P2P Request' form, illustrating the steps to schedule a Peer-to-Peer appointment.

Top Screenshot: Initial Form

- Case Info** | **Questions** | **Schedule** | **Confirmation**
- New P2P Request** | **EviCore By EVERNORTH**
- Case Reference Number**: Case information will auto-populate from prior lookup
- Member Date of Birth**: [Input field]
- + Add Another Case** (indicated by a blue arrow)
- Lookup Cases >** (indicated by a blue arrow)

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #:** [Input field] (indicated by a blue arrow)
- Remove** | **✓ P2P Eligible** (indicated by a blue arrow)
- Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.** (indicated by a blue arrow)
- Member Information**: Name, DOB, State, Health Plan, Member ID
- Case P2P Information**: Episode ID, P2P Valid Until (2020-11-11), Modality (MSK Spine Surgery), Level of Review (Reconsideration P2P - indicated by a blue arrow), System Name (ImageOne)
- Continue** (indicated by a blue arrow)

Schedule a P2P

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

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

< Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week >

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT						
6:45 pm EDT						

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT			
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT			
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT			
Show more...	Show more...	Show more...	Show more...			

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Schedule a P2P


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

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a summary of the appointment: Date (Mon 5/18/20), Time (6:30 pm EDT), and a list of '1st Case' details including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several input fields. Blue arrows point to the 'Name of Provider Requesting P2P' field (containing 'Dr. Jane Doe'), the 'Phone Number for P2P' field (containing '(555) 555-5555'), and the 'Contact Instructions' field (containing 'Select option 4, ask for Dr. Doe'). Other fields include 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Ext.' (12345), 'Alternate Phone' ((xxx) xxx-xxxx), 'Requesting Provider Email' (droffice@internet.com), and a 'Submit' button at the bottom right.


The screenshot shows the 'Scheduled' summary page. It features a 'Scheduling' header with a calendar icon. Below the header, the text 'Scheduled' is displayed. A summary bar shows the appointment date and time: 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, there is a blue badge with the word 'SCHEDULED' in white capital letters, which is circled in red. A calendar icon is also visible on the left side of the summary bar.


P2P Contact Details


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

 **P2P Contact Details**

Appointment Details

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

Who will be performing the P2P consultation? *Required*

☐ Requesting Provider

☐ Contact Person

☐ Someone else


 PROVIDER


Name of Referring Physician on Case *Required*

First Name

Last Name

Credential *Required*

Select...

 CONTACT PERSON


Contact First Name *Required*

Contact First Name

Contact Last Name *Required*

Contact Last Name

Contact Person Location *Required*

Select...

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Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

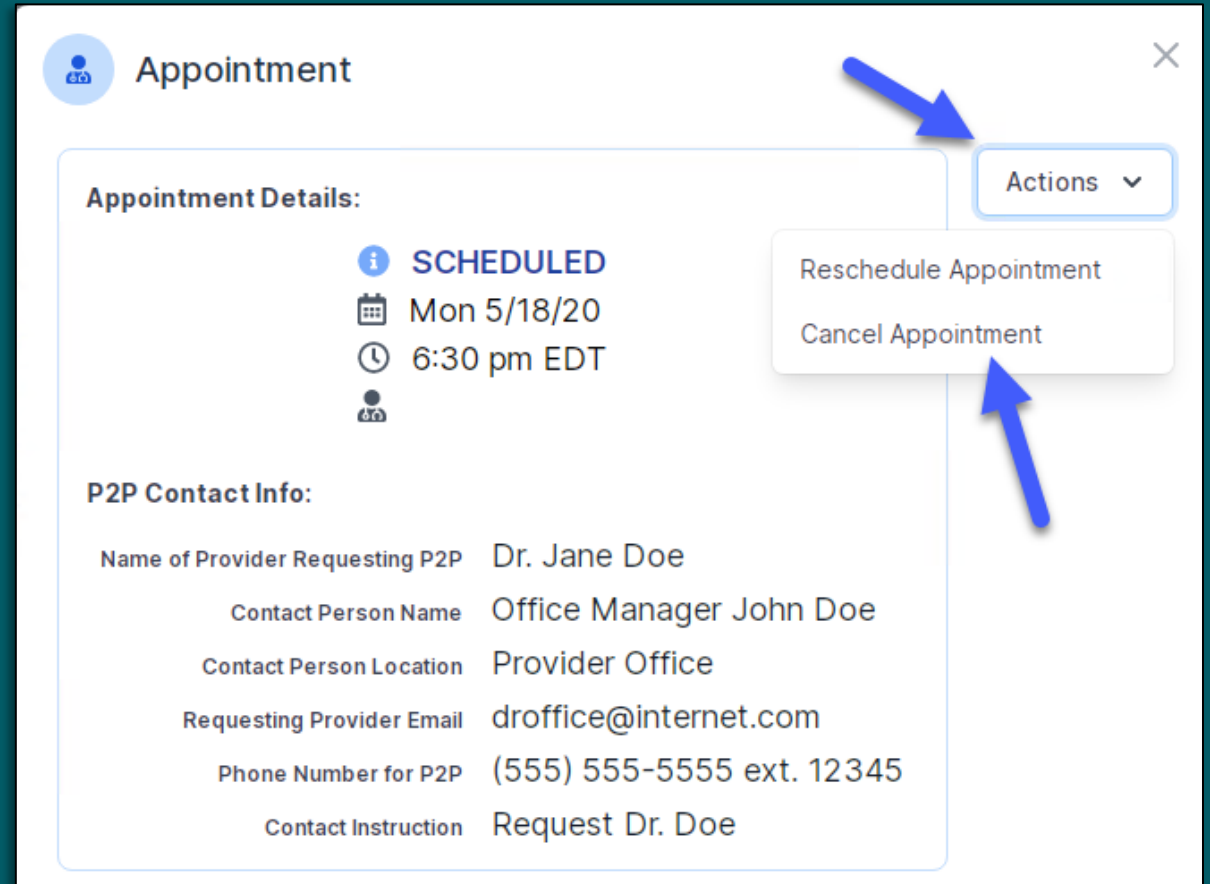
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

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



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) labeled "SCHEDULED", a date icon (calendar) labeled "Mon 5/18/20", a time icon (clock) labeled "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table with the following information:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown list.

Thank You