

# Musculoskeletal: Interventional Pain Management, Joint & Spine Surgery

Provider Presentation for  
CareFirst

# DISCLAIMER: RECORDED WEBINAR

THIS WEBINAR WILL BE RECORDED AND PUBLISHED ON CAREFIRST'S LEARNING AND ENGAGEMENT CENTER. BY REMAINING ON THE CALL, YOU CONSENT TO BEING RECORDED.

IF YOU DO NOT WISH TO BE RECORDED, PLEASE DROP THE CALL AND YOU MAY WATCH THE RECORDED SESSION AT A LATER DATE.

# Important Information

- A copy of this presentation will be emailed to all registrants after the webinar.
- Please use the [Looking for Support](#) tool for all provider-related requests at [carefirst.com/providersupport](https://carefirst.com/providersupport).

To get started, select the **Get Started** button and answer a few brief questions to be directed to support options specific to your needs.

**Note:** Provider Relations voicemail and phone numbers will be discontinued by the end of 2025.

- To keep the focus on the content being presented, you may enter your questions in the Q&A function within Zoom.
  - Questions submitted are not publicly displayed until answered by CareFirst.
  - You may see your question answered via the Q&A during the webinar.
  - **All questions** will be responded to after the webinar via a follow-up email.
  - Based on your questions, we may need to reach out to you directly to properly assist.

# Agenda:

## **Solutions Overview**

Interventional Pain Management, Joint & Spine Surgery

## **Submitting Requests**

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

## **EviCore Provider Portal**

Overview, Features, and Benefits

## **Provider Resources**

## **Questions & Next Steps**

## **Appendix**

- Portal Case Submission
- Self-Service Peer-to-Peer Scheduling Tool

# Solution Overview

# CareFirst Prior Authorization Services

EviCore will begin accepting prior authorization requests for Musculoskeletal: Interventional Pain Management, Joint & Spine Surgery services (outpatient) on October 8, 2025, for dates of service October 22, 2025, and after & Musculoskeletal (Inpatient) for dates of service on or after November 10, 2025.

## Applicable Membership

- Commercial-Fully Insured on the Facets source system

Access the [Prior Authorization Look Up Tool \(PAL\)](#) training link for assistance

## Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

## Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays

**Note:** EviCore will be authorizing select inpatient procedures for Spine and Joint cases; however, this authorization will apply to the procedure itself, not the inpatient stay.



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

**Providers should verify member eligibility and benefits by logging into the CareFirst Provider Portal (CareFirst Direct):** [Providers & Physicians Home | CareFirst Provider](#)

# Interventional Pain Management | Joint & Spine Surgery

## Interventional Pain

- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

## Joint Surgery

- Large joint replacement
  - Arthroscopic and open procedures

## Spine Surgery

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



To find a list of CPT codes that require prior authorization through EviCore, please visit:

<https://www.evicore.com/resources/healthplan/carefirst>

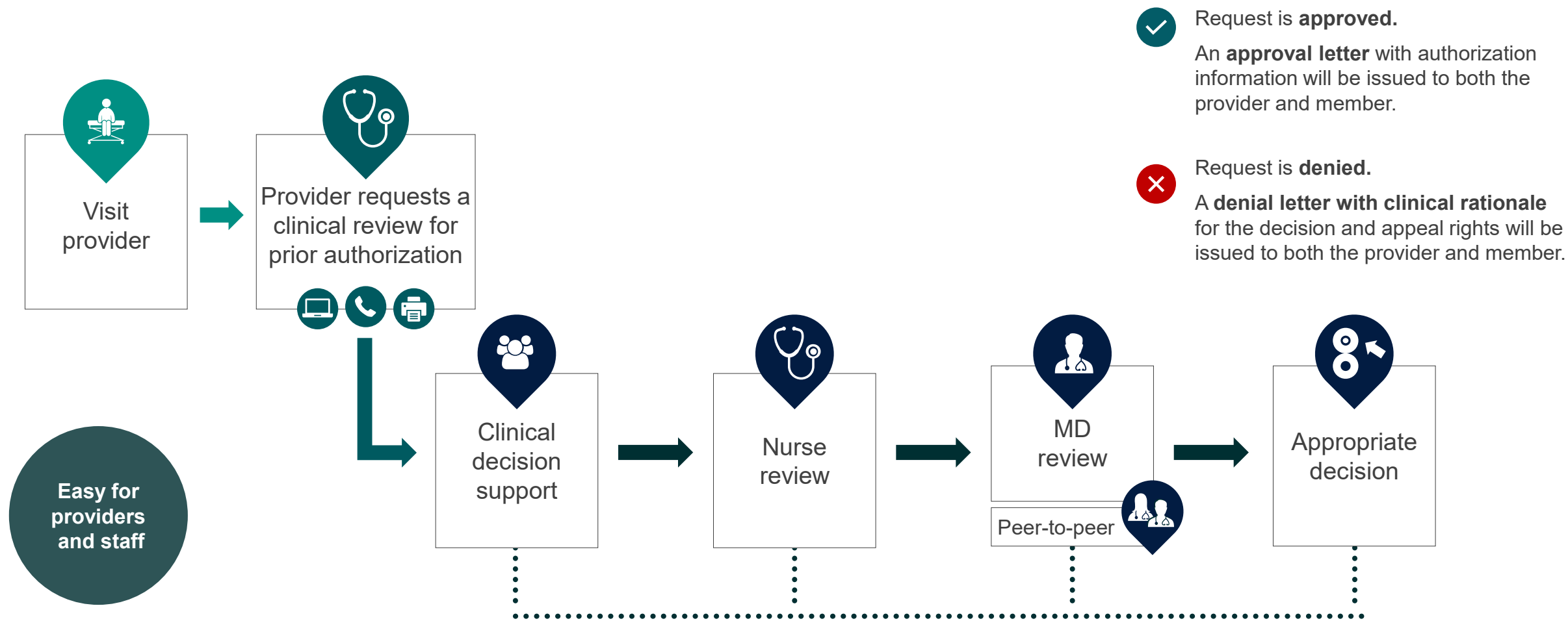
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# Submitting Requests



# Utilization Management | Prior Authorization



# How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

You can access the EviCore Provider Portal directly through CareFirst via <https://provider.carefirst.com>

- **Save time:** Quicker process than requests by phone or fax.
- **Available 24/7.**
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information:** Check case status in real time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

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By EVERNORTH

**Phone: 844-303-8450**

Monday – Friday  
7 AM – 7 PM (local time)

**Fax: 800.540.2406**



# Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



# Insufficient Clinical | Additional Documentation Needed

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If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed, as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

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

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for 60 calendar days from the date of the determination. Authorizations where the Jurisdiction state is DC those authorizations will be valid for 365 calendar days from the date of determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

## Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: [www.EviCore.com](http://www.EviCore.com)



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# Special Circumstances

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## Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone 844-303-8450.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

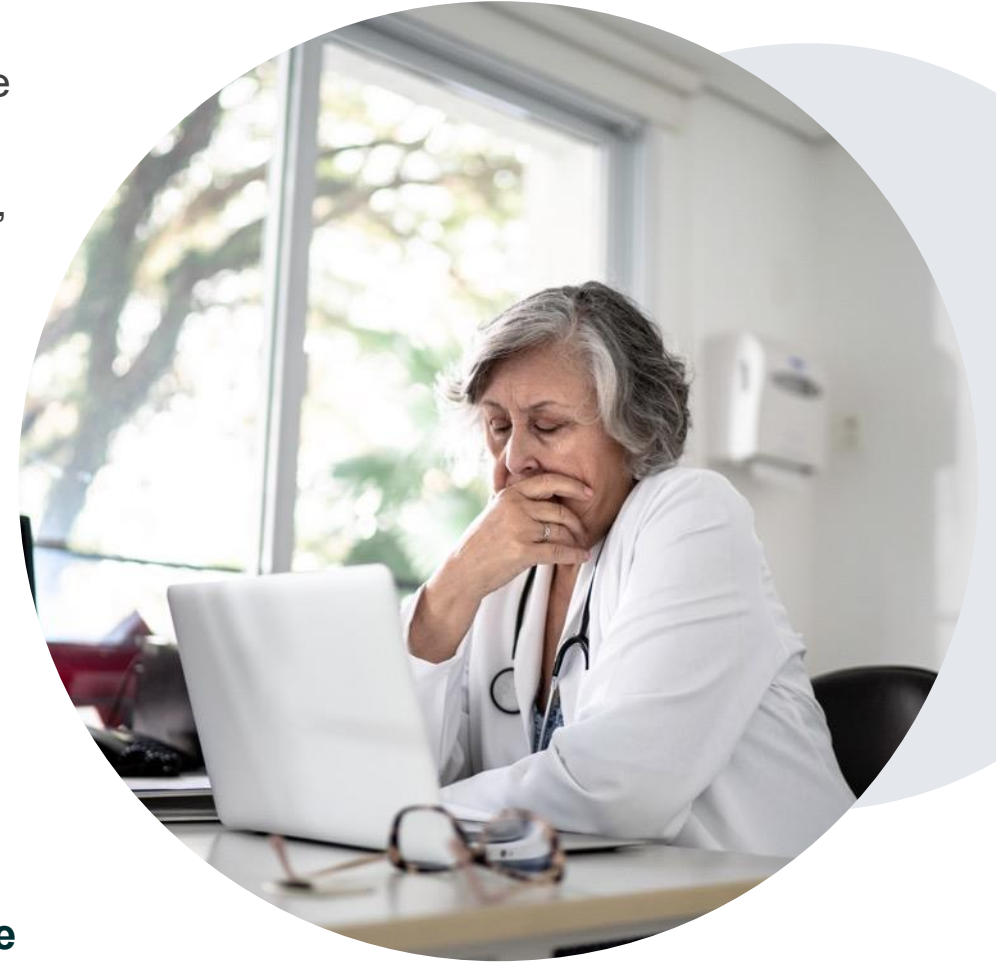
## Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours

**Retrospective requests are not permitted for MSK Pain, and Joint & Spine through EviCore**

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# Post-Decision Options | Commercial/FI Members

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

Your **determination letter** is the best immediate source of information to assess what options exist on a case that has been denied. You may also call EviCore at **844-303-8450** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on [EviCore.com](https://www.evicore.com) to see available options.

### Reconsiderations

- Providers can request a reconsideration review.
- Reconsiderations must be requested within **14 calendar days** after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

### Appeals

- EviCore will process first-level appeals.
- The timeframe by which appeal requests must be submitted to EviCore varies by line of business. Please refer to the denial letter for instructions.



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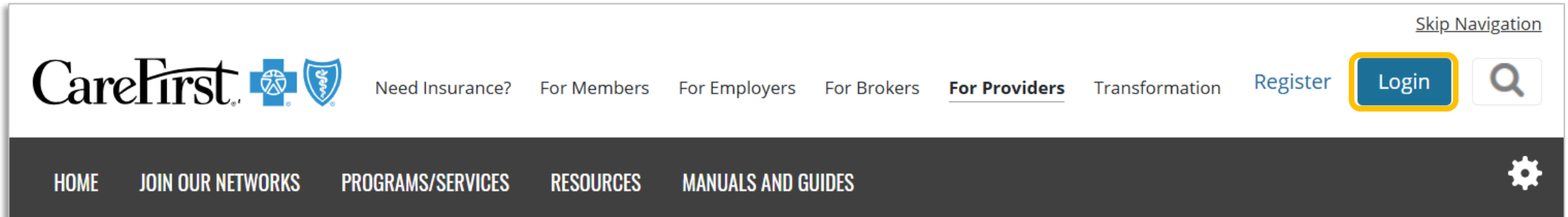


# EviCore Provider Portal

# Single-Sign On (SSO) Experience

## Important information about the procedures included under the Musculoskeletal program


- Go to <https://provider.carefirst.com>.
- If you need to create an account, select '**Register**' and follow the instructions.
- For assistance with registration, utilize this guide, [Accessing and Registering for CareFirst Direct](#).



# Log into the Provider Portal

# CareFirst Provider Portal

- Enter your **User ID** and **Password** to login
- or
- Sign in with your **Passkey**



We have recently upgraded our system. If you have not reset your password since 8/17/2025, please go to **Need help signing in?** and select [Forgot Password?](#) Once you have reset your password, login using your updated information and enroll in our new passwordless option by selecting Register Passkey and following the prompts. For more information access this [step-by-step guide](#).

### Login To Provider Portal

User ID

Password

☐ Remember my User ID

[Cancel](#) [Login](#)

[Need help signing in?](#)

### Passkey Authentication

Passwordless login leverages authentication factors such as biometrics, PIN, or other devices. Going passwordless simplifies login, makes the login process quicker and results in higher login success rates because you do not have to remember a password. Select Sign In with Passkey below to get started.

If you need assistance, access this [step-by-step guide](#).

[Sign In With Passkey](#)


# Access CareFirst's Provider Portal:



# Access CareFirst's Provider Portal

Select the Prior Auth/Notifications tab.

Next, select *Start* within the box labeled: “*Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology through EviCore (Commercial Fully Insured Members Only)*” to be transferred to EviCore (CareCore National Portal).

CareFirst Provider

User ManagementAdminAlexia SmithLog Out


CAREFIRST DIRECTPRIOR AUTH / NOTIFICATIONS (highlighted with a green arrow)TOOLSPROGRAMS/SERVICERESOURCESMANUALS AND GUIDESDOCUMENT CENTER

NEW


**Need to determine Authorization requirements?**  
Access the Prior Authorization Lookup Tool to determine if prior authorization is required for the services you provide. Simply enter the member information, the authorization type, and codes you want to verify to find out.  
**Important : Medication/Pharmacy codes cannot be verified using this tool.** For more information, access these resources : [Commercial/Medicare Advantage : Pharmacy Prior Authorization](#) and [Pre-Cert/Pre-Auth](#) pages. FEP : [FEP Website](#) and the [FEP List of Medications for On-line Prior Authorization Entry](#). CareFirst CHPMD : [Prior Authorization Quick Reference](#). Advantage DualPrime : [Prior Authorization Quick Reference](#).  
\*Prior authorizations are not a guarantee of payment or benefits. Please review important disclaimers about the use of this tool [here](#)  

Verify Authorization


Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology through EviCore  
(Commercial Fully Insured Members Only)




Already know what you're here for?

 **Medical (All Lines of Business)**  
Inpatient Authorization (Inpatient Notification)  
Outpatient Authorization (Medical Prior-Authorization)  
Genetic Testing (FEP & Medicare Advantage only)  


Learn moreStart

 **Medications (Commercial / FEP / Medicare Advantage)**  
(Formerly Pharmacy)  
Authorizations for drugs covered under both medical and pharmacy policies  


Learn moreStart

 **Genetic Testing (Commercial)**  

Learn moreStart

 **BlueCard (Out of Area)**  
Enter Prefix  

Learn moreStart

 **Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology through EviCore (Commercial Fully Insured Members Only)**  

Learn moreStart (highlighted with a yellow box and a green arrow pointing down)

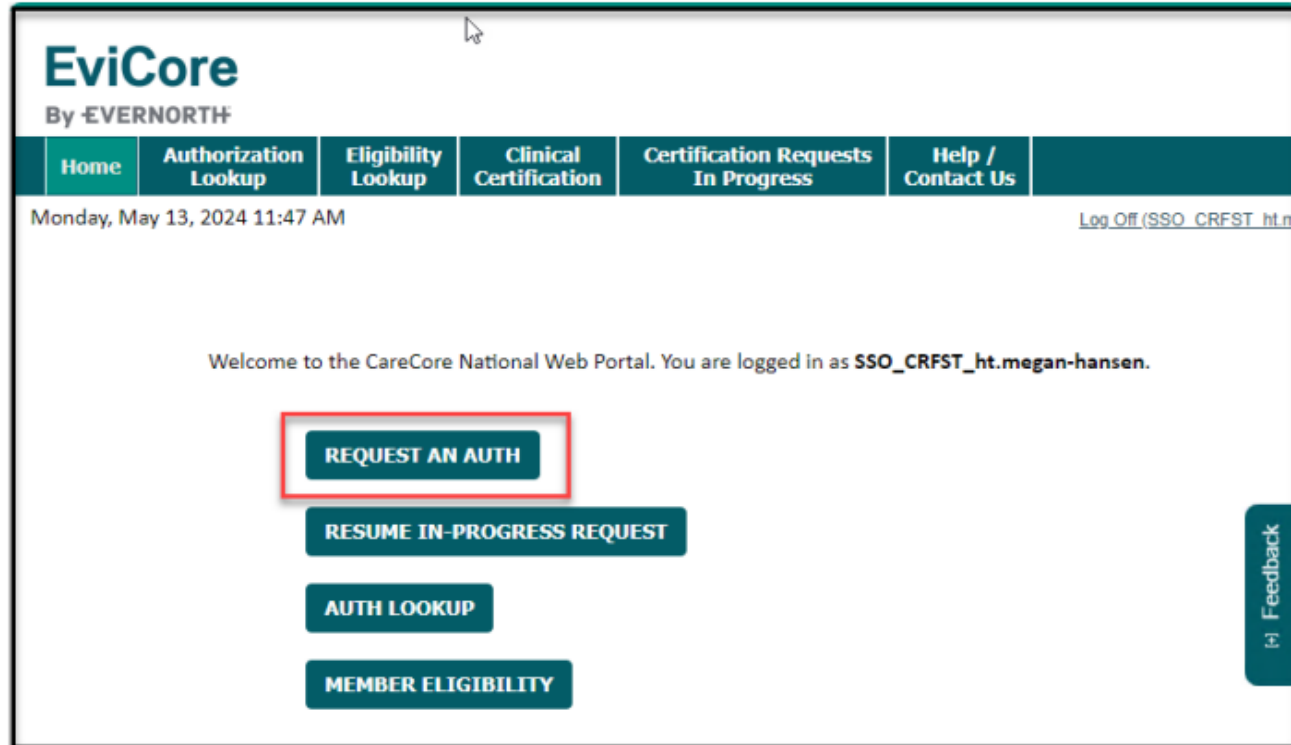
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# Initiating a Case

# Initiating a Case

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- Select “Request An Auth”



# Select Program

.....

	Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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Select the **Program** for your certification.

**Request an Authorization**

To begin, please select a program below:

☐ Gastroenterology

☐ Musculoskeletal Management

☐ Radiology and Cardiology/Vascular Intervention

CONTINUE

[Click here for help](#)

# Clinical Certification Request | Search and Select Provider

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Home

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

Help / Contact Us

Friday, June 21, 2024 9:14 AM

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: CAREFIRST BCBS

TIN:

NPI:

Last Name:  (requires NPI or TIN)

City:  (city only, no state)

Zip:

SEARCH

Select one of the following providers:

	Provider	Address	Tax ID	NPI
SELECT	NAME, PHYSICIAN	123 STREET NAME, CITY, STATE, ZIP CODE	123456789	XXXXXXXXXX

- "Enter the NPI or Tax ID (TIN) for the Requesting/Ordering Provider and select **"Search"**
- If the provider is located, select the provider by pressing **"Select"**
- **IMPORTANT:** Providers who do not participate with CareFirst should not access the EviCore Portal through the CareFirst Provider Portal. Please go to <https://www.evicore.com/provider> to create an account directly with EviCore or call 844-303-8450 for assistance.

# Clinical Certification Request | Enter Contact Information

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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## Add Your Contact Info

Provider's Name:\*  ?

Who to Contact:\*  ?

Fax:\*  ?

Phone:\*  ?

Ext.:  ?

Cell Phone:

Email:\*

☒ Receive email notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

- The e-notification box will be checked by default so that updates for any case status changes are communicated via email. If you prefer to receive notices via fax, make sure to un-check this box.
- Ensure all required fields are complete & accurate, and press **“Confirm and Continue”**.

# Clinical Certification Request | Date of Service Verification

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
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Attention!

Time: 9/4/2025 4:48 PM

What is the expected date of service for this request? (MM/DD/20YY)\*

mm/dd/yyyy

Date must be in MM/DD/20YY  
or M/D/20YY format

Submit

- Enter the expected date of service for the request.
- Click **SUBMIT**.

# Clinical Certification Request | Enter Member Information

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	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. If the ID number format is: ABC123456789, remove first three alpha characters. Only enter 9 numeric digits.

LOOKUP AGAIN

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name then  
  
select “**Eligibility Lookup**” \*
- If patient is found, patient information will display. Then select “**Select**”

# Clinical Certification Request | Member Info

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Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
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**Attention!**

Patient ID: [REDACTED] Time: 9/4/2025 4:42 PM

Patient Name: [REDACTED]

Please provide the patient's best contact number including area code.

**SUBMIT** **UNKNOWN**

- Enter the member's phone number.
- Select **Submit**

# Clinical Certification Request | Procedure and Diagnosis Codes

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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### Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

#### Radiology Procedures

Select a Primary 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 Radiology

LOOKUP

[BACK](#)

[Click here for help](#)

- Enter the primary CPT code.
- Add diagnosis code(s):
  - For pain procedures, enter the numeric CPT.
  - For joint surgery, enter JOINT.
  - For spine surgery, enter SPINE.

# Clinical Certification Request | Site Selection

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	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.

**Note:** The site on the authorization must match what is on the claim. Not doing so may result in a claim denial.



# Clinical Collection Process | Pathway Questions

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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**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**

- Pathway questions will populate based upon the information provided.

# Clinical Certification Request | Clinical Certification

[Home](#)[Authorization  
Lookup](#)[Eligibility  
Lookup](#)[Clinical  
Certification](#)[Certification Requests  
In Progress](#)[Help /  
Contact Us](#)

## Proceed to Clinical Information

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

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

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

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- **You will not have the opportunity to make changes after this point.**

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# Clinical Certification Request | Standard or Urgent Request?

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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**Proceed to Clinical Information**

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

☒ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.

☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☐ None of the above

**Clinical Upload**

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

**Required Medical information checklist**  
Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo 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.

# Spine Surgery Pathway

# Clinical Collection Process | Pathway Questions

	Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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**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

SUBMIT

# Joint Surgery Pathway

# Clinical Collection Process | Pathway Questions

	Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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**Proceed to Clinical Information**

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

☐ Left ☐ Right

**SUBMIT**

☐ Finish Later

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

[Click here for help](#)

- Enter the primary CPT code for the surgery.
- If needed, you can enter a secondary CPT code.

**Proceed to Clinical Information**

Do you want to enter a second code for this Knee surgery?

☐ Yes ☒ No

**SUBMIT**

☐ Finish Later

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

[Click here for help](#)

# Interventional Pain Pathway



# Clinical Collection Process | Pathway Questions

	Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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### Proceed to Clinical Information

Please indicate the reason for this procedure:

To treat post-herpetic neuralgia

To treat low back pain (radiculopathy/radicular pain/non-radiating pain)

To inject Spinraza® (nusinersen)

A trial for an implanted pump

For obstetrical or surgical anesthesia

To manage perioperative pain

You can save a certification request to finish later.

### Proceed to Clinical Information

#### Lumbar Epidural Injection

Please indicate the type of injectate(s) that will be used (choose all that apply):

☐ Anesthetic

☐ Corticosteroid

☐ Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)

☐ Spinraza® (nusinersen)

☐ Other injectate(s)

☐ Unknown

How many levels will this procedure be performed at?

SUBMIT

# Clinical Collection Process | Pathway Questions

	Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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**Proceed to Clinical Information**

How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

# Clinical Collection Process | Pathway Questions

	Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us	
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### Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

☐ Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg

☐ Symptomatic spinal stenosis

☐ Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)

☐ Loss of strength

☐ Change in sensation to light touch, pressure, pin prick or temperature

☐ Decreased, absent or asymmetric reflex(es)

☐ Positive electrodiagnostic study (EMG/NCV) for nerve root compression

☐ None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

☐ Yes

☐ No

☐ Unknown

SUBMIT

# Clinical Certification Request | Criteria NOT Met

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
<h2>Summary of Your Request</h2> <p>Please review the details of your request below and if everything looks correct click CONTINUE</p>					
<p>Your case has been sent to Medical Review. <b>Case Status</b></p> <p>The prior authorization you submitted, Case <b>123456789</b>, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.</p>					
<b>Provider Name:</b> ABC Healthcare Group <b>Provider Address:</b> 12345 Main Street Suite 100, Anytown, NY 12345		<b>Referring Provider Information</b>		<b>Contact:</b> N/A <b>Phone Number:</b> (555) 123-4567 <b>Fax Number:</b> (555) 123-4567	
<b>Patient Name:</b> JANE DOE <b>Insurance Carrier:</b> ABC Insurance		<b>Patient Information</b>		<b>Patient Id:</b> 1234567890	
<b>Site Name:</b> ABC Medical Center <b>Site Address:</b> 12345 Main Street Suite 100, Anytown, NY 12345		<b>Rendering Facility Information</b>		<b>Site ID:</b> 123456789	
<b>Primary Diagnosis Code:</b> ICD-10 <b>Secondary Diagnosis Code:</b> ICD-10 <b>Date of Service:</b> 12/31/2023 <b>CPT Code:</b> 99213 <b>Case Number:</b> 123456789 <b>Review Date:</b> 12/31/2023 <b>Expiration Date:</b> N/A		<b>Detailed Case Information</b>		<b>Description:</b> Office visit for chronic condition <b>Description:</b> Office visit for chronic condition <b>Description:</b> Office visit for chronic condition	
<p><b>Status:</b> Your case has been sent to Medical Review.          The prior authorization you submitted, Case <b>123456789</b>, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.</p>					
<p><b>CANCEL</b> <b>PRINT</b> <b>CONTINUE</b></p>					

[Click here for help](#)

If incomplete clinical information was submitted, you will be prompted to return to the request and complete the submission of clinical information. **PRINT the summary of the request** for your records.

# Clinical Certification Request | Criteria Met

Home

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

Help / Contact Us

Summary of your request

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

You case has been Approved.  
The Prior authorization you submitted, Case 123456789, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:  
Provider Address:

123456789  
123456789-123456789  
123456789-123456789

Contact:  
Phone number:  
Fax number:

123456789  
123456789-123456789  
123456789-123456789

Patient Name:  
Insurance Carrier:

123456789  
123456789-123456789-123456789

Patient ID:

123456789

Site Name:  
Site Address:

123456789  
123456789-123456789  
123456789-123456789

Site ID:

123456789

Primary Diagnosis code:  
Secondary Diagnosis code:  
Date of service:  
CPT code:  
Case Number:  
Review Date:  
Expiration Date:  
Status:

123456789  
123456789  
123456789  
123456789  
123456789  
123456789-123456789-123456789  
123456789  
123456789  
You case has been Approved.  
The Prior authorization you submitted, Case 123456789, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Description:  
Description:

123456789-123456789-123456789  
123456789-123456789-123456789

Description:

123456789-123456789-123456789

CANCEL

PRINT

CONTINUE

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

# Provider Resources

# Contact EviCore's Dedicated Teams

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## Client and Provider Services

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

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

## Web-Based Services and Portal Support

- Live chat
- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Phone: 800-646-0418 (option 2).

## Provider Engagement

- Regional team that works directly with the provider community.

**Tristain Castellanos (NC,VA,MD,DE,DC,VA)**

Email: **Tristain.ford@evicore.com**

Phone: 629-867-0722

## Call Center

- Call **888.910.1199**, representatives are available from 7 a.m. to 7 p.m. local time



# Provider Resources at EviCore.com

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**EviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material to assist providers and their staff on a daily basis. This page will include:**

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit:

<https://www.evicore.com/resources/healthplan/carefirst>

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

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



# Ongoing Provider Portal Training

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**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, and click the **Register** link beside it. (You will need to register separately for each session.)
5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**



**EviCore**

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# Provider Resource Review Forum

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

We invite you to attend a **Provider Resource Review Forum** 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

## **Register for a Provider Resource Review Forum:**

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming



# EviCore's Provider Newsletter

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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.



# Thank You

# Appendix

# Online Peer-to-Peer Scheduling Tool

# How to Schedule a Peer-to-Peer (P2P) Request

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- Log into your account at [www.EviCore.com](http://www.EviCore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer conversation:
- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Number:	NA
Case Number:	
Patient Name:	
DOB:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

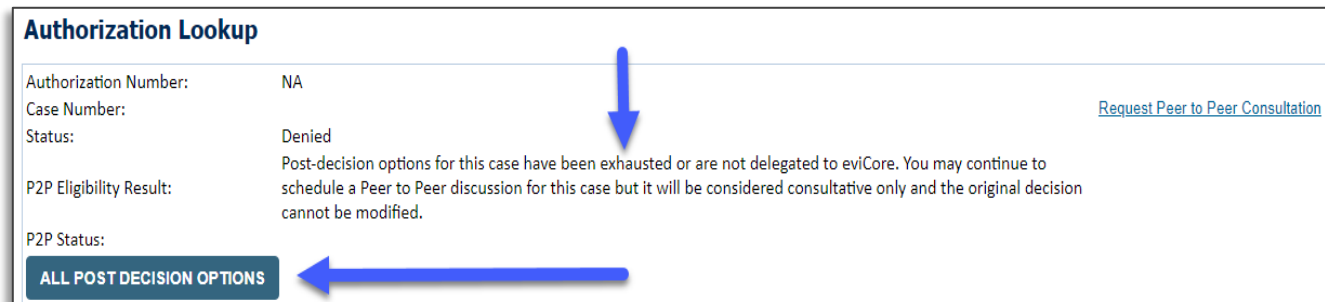
P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

# How to Schedule a Peer-to-Peer Request

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- Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the **All Post Decision Options** button to learn what other action may be taken.



**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:	

[Request Peer to Peer Consultation](#)

**ALL POST DECISION OPTIONS**

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



# How to Schedule a Peer-to-Peer Request

**New P2P Request**

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the case number and member date of birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
- To proceed, select **Lookup Cases**.

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click **Continue** to proceed.

**New P2P Request**

Case Ref #: Remove **P2P Eligible**

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

**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
System Name ImageOne

Continue

# How to Schedule a Peer-to-Peer Request

**Case Info**

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case TypeMSK Spine Surgery

Level of ReviewReconsideration 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 >

- You will be prompted to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. Select any of the listed appointment times to 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...			

**EviCore**  
By EVERNORTH

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# How to Schedule a Peer-to-Peer Request

## Confirm Contact Details

- Contact person name and email address will auto-populate per your user credentials.
- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a web form titled "P2P Contact Details" with a progress bar at the top indicating four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The form is divided into two main sections. The left section, "P2P Info", contains a "Date" field with a calendar icon showing "Mon 5/18/20", a "Time" field with a clock icon showing "6:30 pm EDT", and a "Reviewing Provider" field with a person icon. Below this is a "Case Info" section with a "1st Case" sub-section containing fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, and Member ID. The "Case Type" is "MSK Spine Surgery" and the "Level of Review" is "Reconsideration P2P". The right section, "P2P Contact Details", contains several fields: "Name of Provider Requesting P2P" (with a blue arrow pointing to it), "Contact Person Name" (filled with "Office Manager John Doe"), "Contact Person Location" (a dropdown menu showing "Provider Office"), "Phone Number for P2P" (with a blue arrow pointing to it), "Phone Ext." (filled with "12345"), "Alternate Phone" (with a blue arrow pointing to it), "Phone Ext." (filled with "Phone Ext."), "Requesting Provider Email" (filled with "droffice@internet.com"), and "Contact Instructions" (with a blue arrow pointing to it). A "Submit >" button is at the bottom right.

The screenshot shows a "Scheduling" summary page. At the top, there is a "Scheduling" header with a calendar icon. Below it, the word "Scheduled" is displayed. A summary bar shows a calendar icon, a clock icon, and the text "Mon 5/18/20 - 6:30 pm EDT". On the right side of this bar, the word "SCHEDULED" is enclosed in a red oval.

# Canceling or Rescheduling a Peer-to-Peer Appointment

## To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link; an appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
  - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to enter a cancellation reason.
- Close browser once done.

