



Musculoskeletal Pain Management, Spine and Joint Surgeries

Frequently Asked Questions for CareFirst

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is a specialty medical benefits management company that provides utilization management services for CareFirst.

Which members will require prior authorization for Musculoskeletal Management program?

On October 8th, 2025, EviCore will begin accepting prior authorization requests for the following CareFirst membership for outpatient services for dates of services October 22, 2025, and after and Musculoskeletal (Inpatient) for dates of service on or after November 10, 2025:

- Commercial
 - Fully Insured on the Facets source system
 - To verify prior authorization requirements, log into the [CareFirst Provider Portal \(CareFirst Direct\)](#), and navigate to the 'Prior Auth/Notifications' tab to access the 'Prior Authorization Lookup (PAL) Tool'. If you need assistance utilizing the tool, access this [step-by-step guide](#).

Note: EviCore will not manage prior authorizations for Federal Employee Program (FEP) ('R' prefix), Federal Employee Health Benefit Plan (FEHBP, Group ND50 or Group ND51), Medicare Advantage ('MXJ' or 'EGE' prefixes), CareFirst CHPMD, Advantage DualPrime or Self-Insured members. All of these members are excluded from this requirement and do not require prior authorization for the identified services through EviCore.

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

Member eligibility and benefits should be verified at the [CareFirst Provider Portal \(CareFirst Direct\)](#) before requesting prior authorization through EviCore.

What procedures will require prior authorization through EviCore?



Pain Management, Spine and Joint surgeries will require authorization through EviCore. Providers and staff can refer to a detailed list of CPT codes that require prior authorization by visiting: <https://www.evicore.com/resources/healthplan/carefirst>

How do I request prior authorization through EviCore healthcare?

Providers and/or staff can request prior authorization by following the steps below:

Web Portal

To access CareFirst's Provider Portal:

- From CareFirst's Provider Website, [CareFirst Provider Portal \(CareFirst Direct\)](#), log into the CareFirst Provider Portal (CareFirst Direct).
- Select the *Prior Auth/Notification tab*.
- Select *Start* within the *Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology* through EviCore (Commercial Fully Insured Members Only) box to be transferred to EviCore's Prior Authorization Portal (CareCore National Portal).
- From the EviCore Prior Authorization Portal landing page, you will see "Request an Auth" in the middle of the screen, please select that option to begin your case request.

Note: If you need to create an account to access CareFirst's Provider Portal, review the [Accessing and Registering for CareFirst Direct](#) guide for assistance.

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and revise existing cases by calling **844-303-8450**.

Fax

Providers and/or staff can fax prior authorization requests to **800-540-2406**.

What is the most effective way to request authorization for urgent requests?

The quickest, most efficient way to obtain authorization for medically urgent requests is through EviCore's 24/7 self-service web portal which you can be accessed directly through CareFirst via [CareFirst Provider Portal \(CareFirst Direct\)](#). Urgent requests can be submitted online by indicating that the procedure is **not** routine/standard. Urgent requests can also be submitted by calling 844-303-8450 and by clearly indicating that the treatment is for medically urgent care.

Note: Medically urgent outpatient procedures must meet the **National Committee for Quality Assurance's (NCQA)** definition of medical urgency. To be considered urgent, the patient

must have conditions that are a risk to their life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.



What are the hours of operation for the contact call center?

EviCore's prior authorization call center is available from 7:00 a.m. to 7:00 p.m., Monday through Friday local time. **The web is available 24/7.**

Do Musculoskeletal services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

EviCore will review the surgery pre-service authorization request for medical necessity and make a determination based on clinical information provided. EviCore will collect the requested place of service during the pre-service authorization process. If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to CareFirst. The provider will need to seek a separate approval for the inpatient stay. CareFirst will authorize the facility admission.

What non-clinical information will be required to obtain a prior authorization?

- Member Name, Date of Birth, Address, and Member ID
- Referring Provider's National Provider Identifier (NPI), telephone number, and fax number
- Rendering Facility NPI, telephone number, and fax number

What clinical information will be required when requesting prior authorization?

If clinical information is needed, providers must be able to supply the following information:

- Relevant history and physical examination
- Relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure
- Comorbidities, if applicable
- Indication for the specified procedure
- Prior treatment regimens
- Results of prior endoscopic procedures, if relevant
- Genetic testing results, if applicable

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization Spine Surgeries services.

What verification elements are required when clinical documentations is provided to EviCore?

EviCore requires name (first and last) and one additional identifier from the list below.



- Date of birth
- Correct case number/Episode ID
- Member identification number
- Full address (Street, City, State and zip code)
- Full phone number including area code
- Driver's license number or other government-issued ID

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

Where are EviCore's clinical guidelines located?

Providers and/or staff can easily access EviCore's clinical guidelines at the following link:

www.EviCore.com

On the top right of the page click on Resources >>> under Resources choose Clinical Guidelines >>> Click on the Musculoskeletal: Advanced Procedures icon >>>> Choose the Health Plan in the search bar

Can a request for authorization be submitted after a procedure has been performed?

Retrospective requests are not permitted for the Musculoskeletal Management program through EviCore.

Once prior authorization has been requested, how long will it take for EviCore to make the determination?

Decisions for non-urgent precertification requests are typically made within 2 business days of receipt of all necessary clinical information. When Pain Management, Spine & Joint services are required due to a medically urgent condition, EviCore will usually give a decision within 24 hours of receiving all necessary demographic and clinical information. Please state that the authorization is for medically urgent care.

Note: Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's (NCQA) definition of medical urgency. To be considered urgent, the patient must have conditions that are a risk to their life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

Who can request a prior authorization?

A representative of the ordering provider's staff can ask for prior authorization. This could be someone from clinical, front office, or billing staff acting on behalf of the ordering provider.



Alternatively, the rendering facility can also request the prior authorization, however only one request should be made. Note: Our system is NPI number driven so both NPI numbers for the rendering facility and the ordering provider are needed.

Once a determination has been made, how is notification provided?

Ordering physicians will receive a written notification via fax for standard and medically urgent requests, and providers will also receive notification via e-notification if a user opted in to this method, for all requests deemed medically urgent. Providers can also validate the status of a request using the EviCore portal which you can be accessed directly through CareFirst via [CareFirst Provider Portal \(CareFirst Direct\)](#) or by calling EviCore at 844-303-8450.

Note: Members will receive a written notification via mail for standard requests and urgent requests.

If a prior authorization request is denied, what follow-up information will be provided?

The referring provider will receive an adverse determination via fax that outlines the reason for the denial as well as reconsideration and appeal rights. A pre-appeal reconsideration allows providers the chance to provide additional clinical information to support the request and includes the opportunity to request a clinical consultation with an EviCore Medical Director to review the decision. A reconsideration can only be requested prior to any request for an appeal has been initiated.

What information about the prior authorization request can be found on the EviCore Web Portal?

The authorization status function on the portal provides the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

What if an authorization is issued and revisions need to be made?

The requesting provider or member should contact EviCore with any change to the authorization, whether the procedure has already been performed or not. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

Do services performed in the Emergency Room (ER), during an observation, or inpatient stay require authorization?



By ~~EVERNORTH~~



Prior authorization is not required for services provided in an ER, observation, or inpatient setting through EviCore.

How long is the authorization valid?

Outpatient service authorizations are valid for 60 calendar days. Inpatient authorizations are valid for the date of service.

Will authorization extensions be allowed for the Pain Management, Spine & Joint program?

EviCore will not allow for extensions on previously approved authorizations.

Will EviCore be processing claims for CareFirst?

EviCore is not delegated to manage claims processing and will only manage prior authorization requests for Pain Management, Spine & Joint services. Prior authorization and Pre-Service approval is required but does not guarantee claims payment.

Where should appeal requests be submitted?

EviCore is delegated to manage appeals for CareFirst Pain Management, Spine & Joint program currently.

How do I submit a program-related question, or report an issue?

For program related questions or concerns, please contact clientservices@EviCore.com or by Phone at (800)646-0418 (option 4) .

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Inquiries regarding standard processes and procedures
- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Request for an authorization be resent to the health plan

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at [CareFirst Resources | EviCore by Evernorth](#).