Blue Cross Blue Shield of Rhode Island (BCBSRI)

Musculoskeletal

PT / OT

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Blue Cross Blue Shield of Rhode Island

1

BCBSRI Prior Authorization Services

EviCore will begin accepting prior authorization requests for Physical Therapy and Occupational Therapy services on 1/1/2026 for dates of service 1/1/2026 and beyond.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Medicare Advantage	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers and/or staff can access a list of covered CPT codes, FAQs, and additional educational materials by visiting: [Blue Cross and Blue Shield of Rhode Island Provider Resources | EviCore by Evernorth](#)

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BCBSRI Prior Authorization Services

Prior authorization requests can be submitted by phone, fax, or web portal.

- **Web Portal: bcbsri.com**

- **Phone: 888.233.8158**

- **Fax: 800.540.2406**

PT / OT Requirements

Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.

- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.

- Once the initial request is approved, requests for subsequent therapy can be made as early as **seven (7) calendar days** prior to requested start date.

Clinical Philosophy

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

- Promote functionally oriented and measureable treatment programs.

- Focus on skilled, medically necessary treatment interventions.

- Empower patient independence.

- Eliminate practice variation that cannot be explained or justified.

Submitting Requests

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How to Request Prior Authorization

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

- **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.

To access the EviCore Provider Portal, visit **EviCore.com/provider**
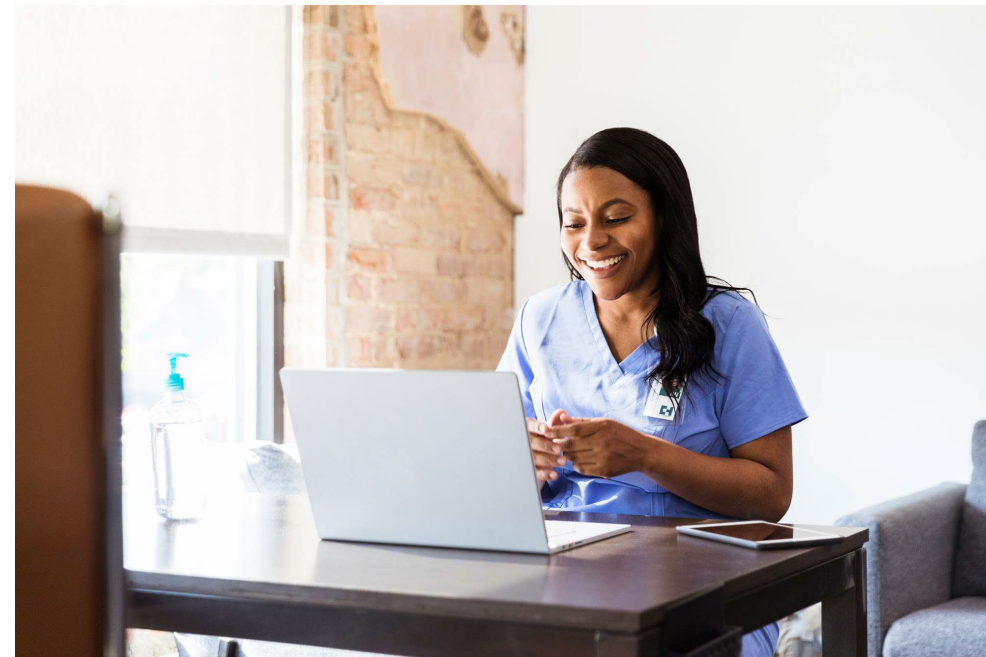
Phone: 888.233.8158
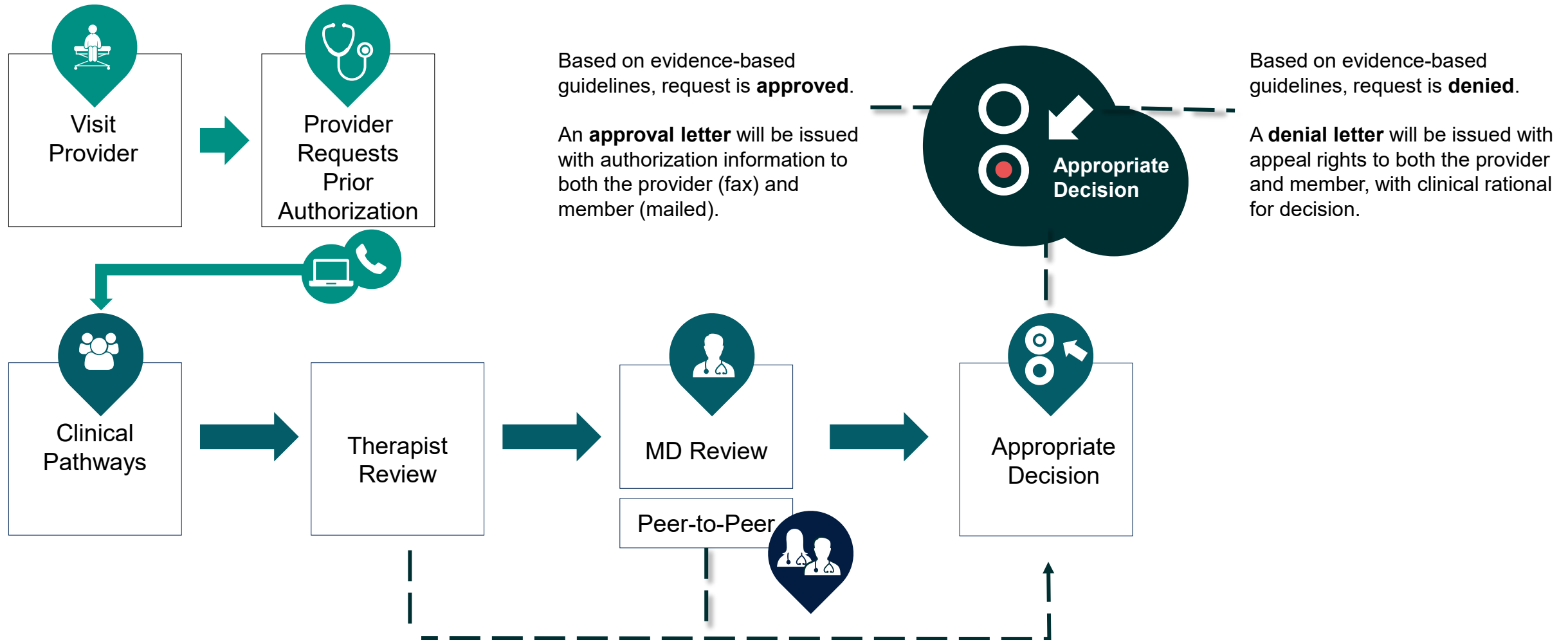Monday – Friday
8:00am – 9:00pm EST

Fax: 800.540.2406

6

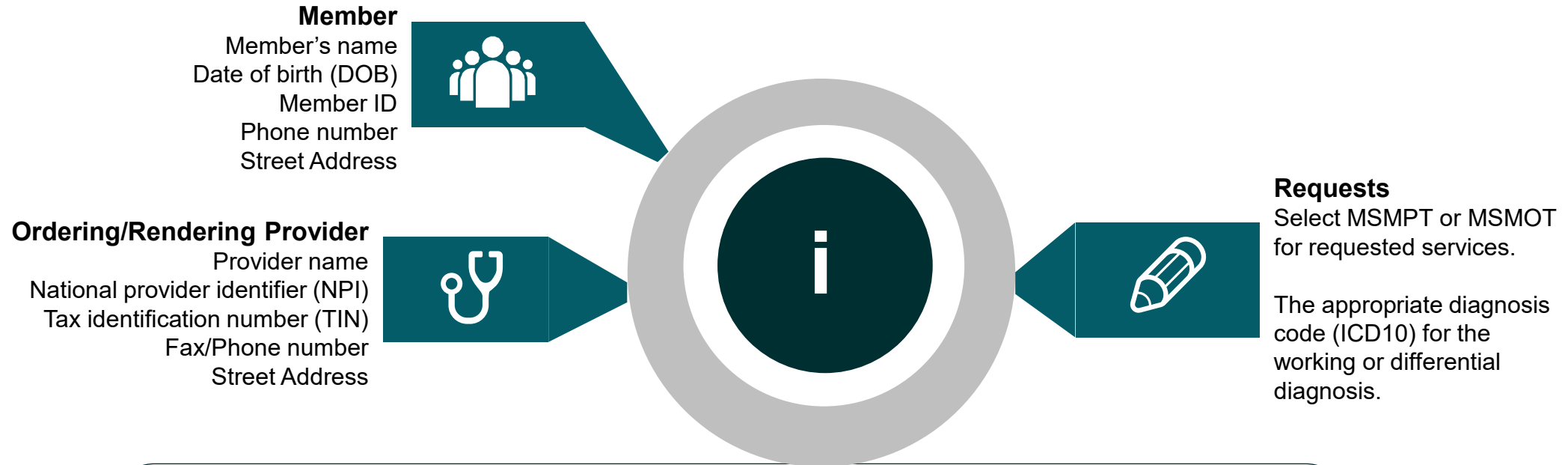# Prior Authorization Process

Visit Provider → **Provider Requests Prior Authorization**

Clinical Pathways → **Therapist Review** → **MD Review** / **Peer-to-Peer** → **Appropriate Decision**

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

An **approval letter** will be issued with authorization information to both the provider (fax) and member (mailed).

Appropriate Decision

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

A **denial letter** will be issued with appeal rights to both the provider and member, with clinical rational for decision.

Information Required for Request

Member
Member's name
Date of birth (DOB)
Member ID
Phone number
Street Address

Ordering/Rendering Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax/Phone number
Street Address

Requests
Select MSMPT or MSMOT for requested services.

The appropriate diagnosis code (ICD10) for the working or differential diagnosis.

Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and level of function.
- Baseline clinical information from the initial evaluation.
- Current clinical information from follow-up visit.
- Provider's impression of the member's response to therapy (follow-up visits).
- Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- Complexities that will impact the therapy plan of care.

Prior Authorization Process | Clinical Information

Clinical Information – What EviCore needs and why we need it:

- Clinical information is required to determine whether the services requested are medically necessary.

- Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.

  - ○ The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.

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

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

  - ○ Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.

- Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).

- Clinical information should be current – typically something collected within **14 days** prior of the request.

- **Missing or incomplete clinical information will delay case processing.**

Tips to Improve Efficiency

Medical Necessity and Patient-Focused Care

The member's needs determine medical necessity.

- The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity.

- The physician's prescription for treatment frequency and duration does not demonstrate medical necessity.

Review medical necessity regularly.

- The member's response to care should be evaluated each visit to allow modification of the treatment plan based on the member's current status.

- Complete a review of continuing medical necessity at least every **30 days**. This allows you to assess how the member is responding to treatment.

- Clinical documentation should include the member's response to care, functional improvement, and remaining functional deficits.

- Consider whether the skills of a provider are still necessary and, if it is, identify the specific interventions that require that skill.

Prior Authorization Process

If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **two (2) business days**. The initial evaluation **does not** require prior authorization.

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

- When requesting ongoing or continuing care, you can submit up to **seven (7) calendar days** prior to the next start date for authorization.

- Notification requires submission of the following information:
  - Patient demographics
  - Provider demographics
  - Minimal clinical information
    - Type of condition
    - Post-surgical therapy? If so, please provide the date of surgery.
    - Functional outcome measures

- If there was prior therapy, questions will be asked to determine if this is a new condition.

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Prior Authorization Process

How to Request Additional Visits:

- Additional visits may be requested as early as **seven (7) calendar days** prior to the requested start date.

- The **start date** will be the first date you need additional visits to begin.

- Clinical information should be **current**. Recommended timeframes:

  - Adult and non-developmental pediatric patients = **14 calendar days**

  - Developmental pediatric patients = **30 calendar days**

- Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.

- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as "additional information" via upload, fax, or text box summary.

- Address any complexities that will impact the therapy plan of care.

- Provider's impression of the member's response to care.

Link to Clinical Worksheets | Physical & Occupational Therapy

Start at EviCore.com, click on **Resources**. ⟶

From the Resources dropdown, select **Clinical Worksheets**. ⟶
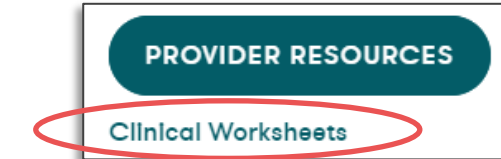
Select Musculoskeletal: **Therapies**. ⟶
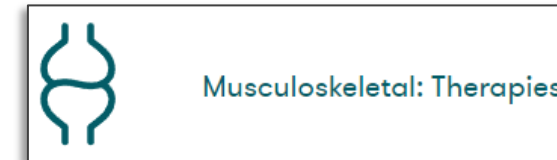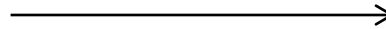
Enter **Health Plan** name in the search field. ⟶
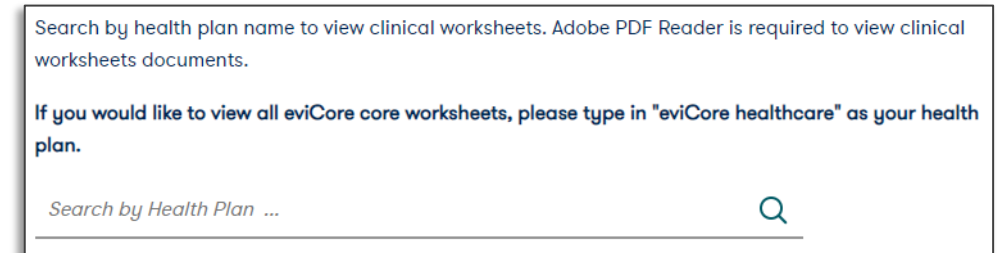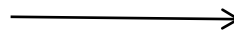
The PT-OT **worksheets** will be listed under the **Physical & Occupational Therapy** header. ⟶
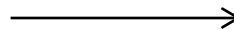
Insufficient Clinical | Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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 notification 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.

Appropriate Decision

Prior Authorization Process | Important Concepts

Authorization Decisions Include:

- Approved auth span (i.e., six visits authorized from 1/1/26 to 1/31/26)
- EviCore recommends approved visits be spread over the approved period to prevent a gap in care.

Overlapping Requests

- Request for more visits within the existing approved time period.
- Review to determine if additional visits are medically necessary.

New Region of Complaint

- Member qualifies for **14 visits per new region of complaint** that has not previously received treatment.

Submission Process:

- + Provider registers the request through the **eviCore web portal**.
- + Enter **basic identifying information**.
- + Receive **real-time approval**.

15

Prior Authorization Process | Important Concepts

Date extensions are available if you are unable to use all visits within the approved period.

- Extend for the period that is needed up to a maximum of **30 days**.

- The extension must be requested prior to the expiration of the authorization.

Extensions can be requested by the following methods:

- Online at www.EviCore.com

- By phone at 888.233.8158

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"

Prior Authorization Process | Important Concepts

Treating Multiple Conditions within the Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.

- The authorization covers all conditions treated within the same period of time.

- If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.

- When treating more than one condition, please advise EviCore to ensure adequate units are approved.
  - When submitting by the web, you will be asked if you are treating a second condition.
    - Answer = Yes; report information specific to the second condition.
  - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
  - If submitting by fax, complete clinical worksheets for both conditions.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to 60 calendar days from the date of approval.
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, then 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

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **823 calendar days (27 months)** from the date of services.

- Retro requests submitted beyond this timeframe will be administratively denied.

- Reviewed for **clinical urgency** and medical necessity.

- When authorized, the start date will be the submitted date of service.

- Clinical submitted for retrospective review should include:

  ◦ The requested number of visits and date range.

  ◦ Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.

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.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888.233.8158**.

- 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.

Post-Decision Options |
Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases do not include a reconsideration option.

Appeals

- EviCore is not delegated appeals. Steps to submit an appeal will be outlined in the determination letter.

Provider Portal Overview

EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

- To access resources on the EviCore Provider Portal, visit **EviCore.com**

- Already a user? **Log in** with User ID & Password.

- Don't have an account? Click **Register Now**.

Empowering the Improvement of Care

EviCore by Evernorth leverages our clinical expertise, evidence-based guidelines, and innovative technologies to deliver best-in-class medical benefit management solutions that inform more effective, affordable treatment and site of care decisions for each patient's needs. The result: Better outcomes and lower costs for patients, providers, and plans.

LOG IN   REGISTER

EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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CSR

CSR Signed In
UL1DTSO

SIGN OUT   CSR HOME

User Session for:
Provider ID 1649278250

Enter Site as User
Reset Password
Lock Account
Update Email Address
End User Session

Claims & Billing

Preauthorization

Patient Eligibility

Cost Estimator

Tools & Resources

Referrals

Quality

HIPAA

Update Web Account

Secure Messaging

Contact Us

FAQs

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**
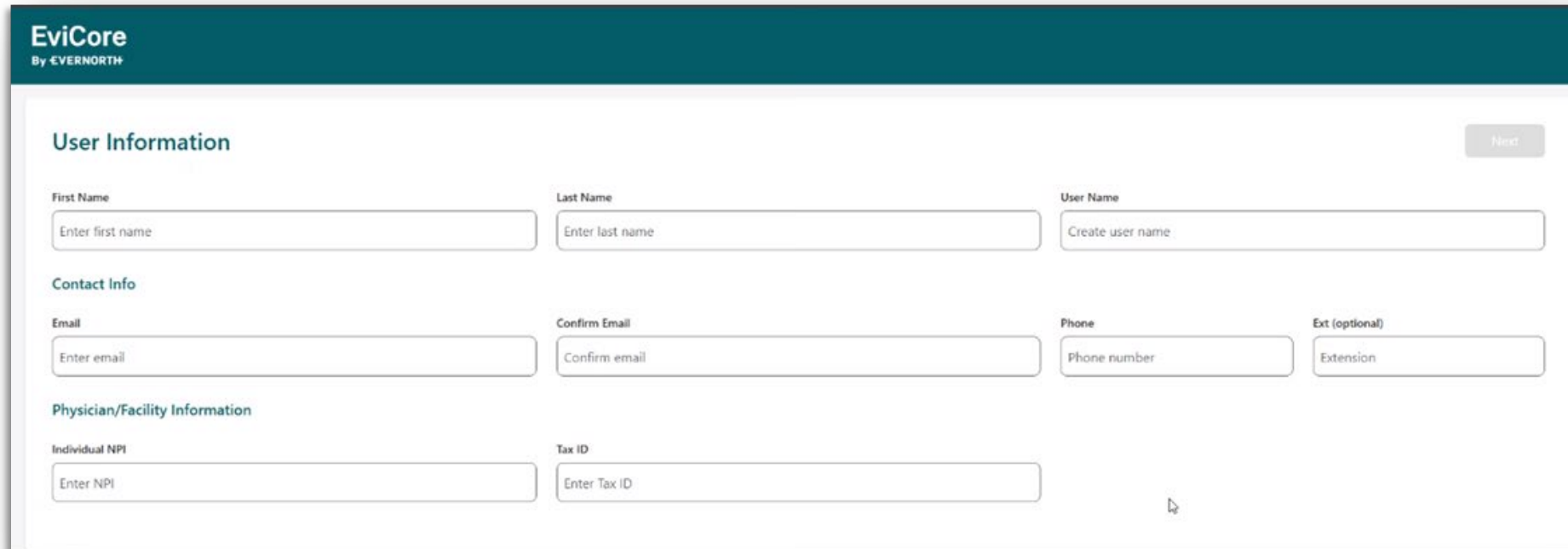
NEHP Cross Border Request

Feedback

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Creating an EviCore Provider Portal Account
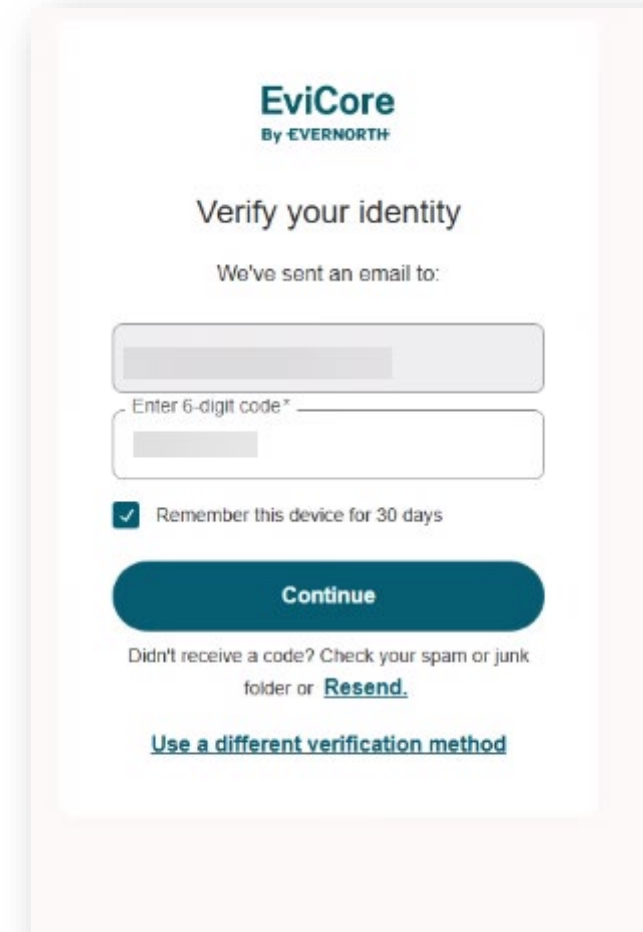
- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.

- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.

- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.

- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Portal Access

- Access EviCore's provider portal at www.EviCore.com.

- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).

- Login using your new or existing login credentials.

- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.

- You can also go directly to the portal to build your request and/or manage your cases.

Need more info on UPX? Visit **www.eviCore.com/provider** → Video Resources for self-service training or click **Register Now** to join a session.

Request an Authorization

You can request an authorization by clicking on **Request an Authorization**. After selecting the health plan and program, you will be directed to the correct portal to initiate your request.

Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.

Visit **www.eviCore.com/provider** → Video Resources for self-service training or click **Register Now** to join a session.

December 16, 2025   29

Welcome Screen | Adding Providers to Registration

| 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 |
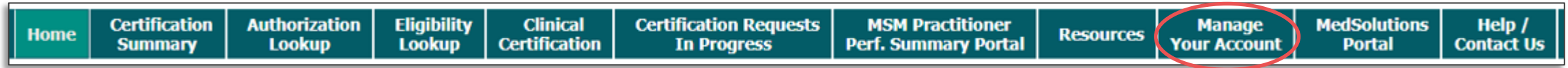
- Providers can be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add providers to the web registration.

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

Adding Providers

- Click the **Add Provider** button.

Adding Providers

- Enter the Provider's **NPI**, **state**, and zip **code** to search for the provider record.
- Once entered, click **Find Matches**.
- Multiple providers can be added to your account.

Adding Providers

- Select the matching record based upon your search criteria.

Adding Providers

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER   **CONTINUE**

- Once you have selected a practitioner, your registration will be completed and ready for building a case.

- You can click on **Add Another Practitioner** to add another provider to your account or click **Continue**.

Initiating a Case

Initiating a Case

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
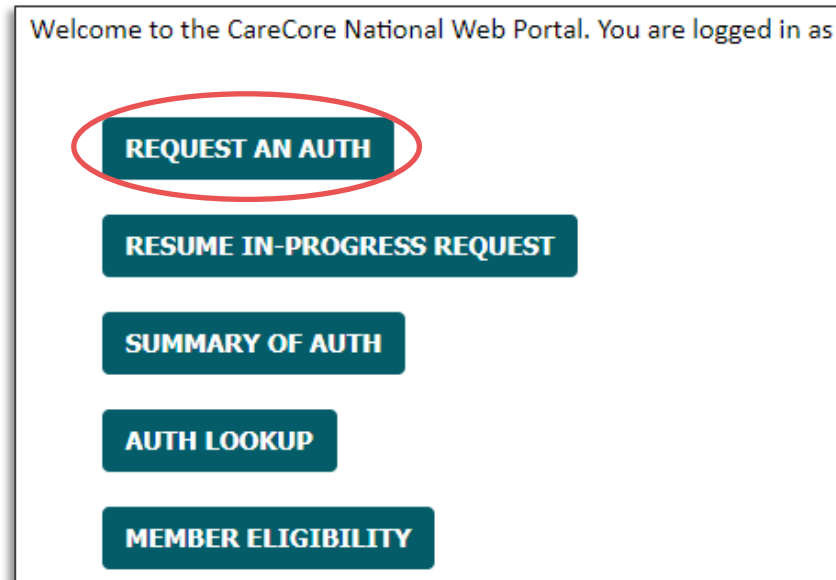
- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Select Program

Request an Authorization

To begin, please select a program below:

- ○ Durable Medical Equipment(DME)
- ○ Evicore Medical Oncology Pathways
- ○ Gastroenterology
- ○ Lab Management Program
- ○ Medical Specialty Drugs
- ○ Musculoskeletal Management
- ○ Pharmacy Drugs (Express Scripts Coverage)
- ○ Radiation Therapy Management Program (RTMP)
- ○ Radiology and Cardiology/Vascular Intervention
- ○ Sleep Management

CONTINUE

Click here for help

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"

Always select "Build a New Case" for the 1st authorization request from EviCore.

- Select the **Program** for your certification.

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37

Clinical Certification Request | Search and Select Provider

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. This is the list of providers you added to your account.

- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

Clinical Certification Request | Search and Select Provider

Clinical Certification Request | Select Health Plan

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ⌄

BACK   **CONTINUE**

Click here for help

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

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40

Clinical Certification Request | Enter Contact Information

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.

BACK   **CONFIRM FAX AND CONTINUE**

Click here for help

- 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.

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41

Expected Treatment Date

| 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 |

Attention!

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

If the Date of Service is unknown, please enter today's date.

SUBMIT

Clinical Certification Request | Enter Member Information

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
SELECT						

BACK

Click here for help

- Confirm the patient's information and click **SELECT** to continue.

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43

Clinical Certification Request | Procedure and Diagnosis Codes

Requested Service + Diagnosis

This procedure will be performed on 5/6/2024. **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 **MSMPT** for Physical Therapy.
- Enter **MSMOT** for Occupational Therapy.
- Add diagnosis code(s).

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44

Clinical Certification Request | Verify Service 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

Attention!

Patient ID:
Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status

OK

Print this page

- Review the patient's history before proceeding to site selection.
- **Note:** Place of service can vary depending on health plan rules.

Attention!

Will the procedure be performed in your office?

Yes   No

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

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

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.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **You will not have the opportunity to make changes after this point.**

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47

Clinical Certification Request | Standard or Urgent Request

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.

Clinical Certification Request | Required Medical Information Checklist

| 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 |

Clinical Upload

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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

Specialty Therapies (PT/OT/ST)

☐ Primary and Secondary Diagnosis/ICD10

☐ Co-morbidities/Complexities that will impact the therapy plan of care

☐ Surgery – Date and type

☐ Functional Outcome Measures/Patient Reported Outcome Scores

☐ Standardized test scores (a minimum of annually for pediatric neurodevelopmental conditions

- Below the Clinical Upload description, select **Required Medical Information Checklist**.

- Once you open the document, you will search for the **Specialty Therapies** section to review the list of required medical information EviCore requires in order for the prior authorization request to meet medical necessity.

- Direct link to document: EviCore Medical Records Required

49

Clinical Collection | From the Clinical Worksheets

ⓘ Please indicate the primary treatment area (CHOOSE ONE):

Knee ▾

ⓘ Please indicate the secondary area of treatment (CHOOSE ONE, If any)

No second area being treated ▾

SUBMIT

Proceed to Clinical Information

Lower Extremity

ⓘ Please indicate side(s) being treated:

○ Right
○ Left
○ Both / Bilateral

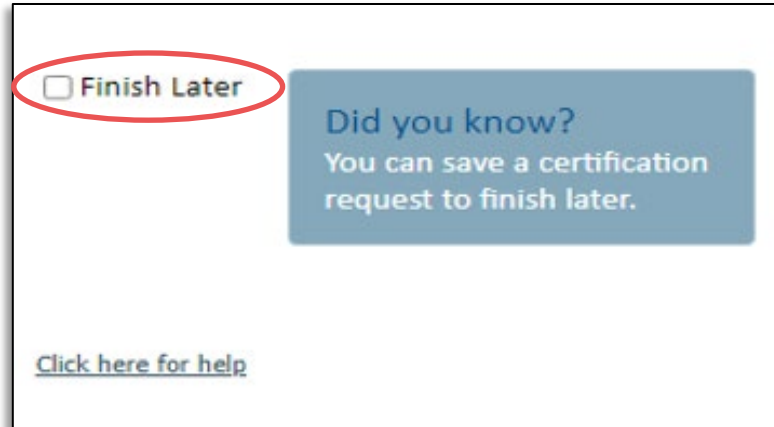ⓘ Please indicate the functional measure used (CHOOSE ONE):

◉ LEFS (Lower Extremity Functional Scale)
○ HOOS Jr. (HIP Disability and Osteoarthritis Outcome Score Jr)
○ KOOS Jr. (KNEE Disability and Osteoarthritis Outcome Score Jr)
○ FOTO Hip / Knee / Ankle / Foot (Focus On Therapeutic Outcomes)
○ Other functional assessment / No functional assessment

SUBMIT

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50

Clinical Collection

| 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 |

☐ Finish Later

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

Click here for help

- If you need to confirm information you've entered, or need to add additional information, check **Finish Later**, then submit.

- You will then have **until the end of the day** to complete the request.

- If needed, any changes or updates can be made by phone.

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Criteria Met

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

- You can print the certification and store in the patient's record if needed.

Criteria Not Met

- Once you complete the clinical questions, you will have an opportunity to upload additional clinical information.
- You will also receive a summary of your request to print for your records.

Provider Resources

Contact EviCore's Dedicated Teams

Web-Based Services and Portal Support

- Live chat
- ECRM
- 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 Team

- Phone: 866-668-8295
- Representatives are available from 7 a.m. to 7 p.m. local time.

Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.

- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

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

EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

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56

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing

- Requests for an authorization to be sent to the health plan

- Complaints and grievances

- Eligibility issues (member, rendering facility, and/or ordering physician)

- Issues experienced during case creation

- Reports of system issues

- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.

EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.

- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.

- Enter a valid email address

Stay Updated With Our Provider Newsletter

Your email address   SUBSCRIBE →

Thank You

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