

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for MyAdvocate.

Which members will EviCore by Evernorth (EviCore) manage for the Musculoskeletal Program?

EviCore manages services for the MyAdvocate Medicare Advantage members.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at [Provider's Hub | EviCore by Evernorth](#). Prior authorization can also be obtained via phone at 1-888-444-6185.

What are the hours of operation for the prior authorization department?

EviCore healthcare's prior authorization call center is available from 7 a.m. to 7 p.m. Eastern Standard Time, Monday through Friday. The phone number is 1-888-444-6185. The web portal is available for access 24/7.

What procedures will require prior authorization?

- + Joint Surgery (Shoulder, Hip, Knee)
- + Spine Surgery
- + Interventional Pain Management

Note: Procedure code list of services requiring prior authorization can be found by visiting: [Provider Resources | EviCore by Evernorth](#)

What information will be required to obtain prior authorization?

- + Member or Patient's Name, Date of Birth, and health plan ID number
- + Ordering Physician's name, NPI number Telephone and Fax number
- + Service being requested (CPT codes and diagnosis codes)
- + Rendering facility's name, NPI, TIN, street address, fax number
- + Medical records related to the current diagnosis, results of diagnostic imaging studies and the duration/type/outcome of prior treatment related to the current diagnosis. All clinical information related to the Prior Authorization request should be submitted to support medical necessity.

How to avoid inappropriate denials when services are appropriate?

Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. You can find those guidelines at [Provider's Hub | EviCore by Evernorth](#). Click the resources drop down button at the top right side of the web page to find the link to those guidelines.

If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information missing from the case request.

Please share the necessary information required:

Information usually required for Spine surgery:

- + Date of first office visit related to this condition and/or after symptoms began
- + Signs/Symptoms
- + Last office visit including re-evaluation
- + Physical exam findings
- + Previous medical history
- + Duration and type of physician-directed treatment
- + Outcomes of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions
- + Results of relevant prior imaging related to the request including the radiologists report of advanced diagnostic imaging studies

Information usually required for Joint surgery:

- + Date of most recent physical exam along with physical exam findings and patient complaints
- + Medical history/duration of complaints
- + Dates/duration/response to conservative treatment such as medication and various therapies (please specify)
- + Other pertinent medical history/comorbidities
- + Prior imaging films/reports with date of service (MRI, CT, X-ray or bone scan)
- + Severity of pain and details of functional disabilities interfering with activities of daily living
- + Physician's treatment plan
- + Date of most recent physical exam along with physical exam findings and patient complaints

Information usually required for Pain Management:

- + CPT codes and specific levels of injection and/or specific muscle groups to be injected. Specific prior injection history with dates/level/side/response to injection, especially if it is an injection into the same vertebral region (e.g. cervical, thoracic or lumbar spine)
- + Total number of injections/procedures in the past 12 months for the diagnoses (to include all prior doctors)
- + Date of most recent physical exam along with physical exam findings and patient complaints
- + Medical history/duration of complaints
- + Other pertinent medical history/comorbidities
- + Name of injectant
- + Type or method of radiofrequency ablation and/or percutaneous decompression
- + Dates/duration/response to conservative treatment such as medication and various therapies (please specify)

Who needs to request prior authorization through EviCore?

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

Does a patient have to have objective symptoms to qualify for an injection?

Yes. For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injections, a patient must have three (3) of five (5) positive stress maneuvers of the sacroiliac joint.

How much conservative care is needed prior to an injection?

Six (6) weeks of conservative care is needed prior to an epidural steroid injection. Four (4) weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.

Is advanced imaging required prior to an epidural steroid injection?

Yes. For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.

Is imaging guidance needed for chronic pain procedures?

Yes. Fluoroscopic or CT scan image guidance is required for all interventional pain injections.

Will EviCore grant approval for a series of injections?

No. A series of injections will not be preservice authorized. EviCore requires a separate pre-service authorization request for an Interventional Pain procedure for each date of service. The patient's response to prior interventional pain injections will determine if a subsequent injection is appropriate. Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.

Will EviCore grant approval for multiple injections on the same date of service?

No, An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst is compressing the exiting nerve root.

Will EviCore grant approval of more than 1 level interlaminar epidural, 2 levels transforaminal epidural, 3 level facet/medial branch nerve blocks in a single session?

No. No more than one (1) level interlaminar epidural, one (1) nerve root selective nerve root block, two (2) level therapeutic transforaminal epidural, three (3) level facet/medial branch nerve blocks are indicated in a single session.

Will EviCore grant approval of "Series of Three" injections (one a week)?

Not permitted, as deemed medically unnecessary (see prior question(s) for additional information).

Is there an annual limit on injections?

Yes. The limit of diagnostic facet/medial branch nerve blocks is two (2) prior to possible radiofrequency ablation. The limit of epidural steroid injections is three (3) per episode and four (4) per 12-month period.

How should I space my procedures?

Epidural injections require a two (2) week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2-3 to L5-S1 require a six (6) month interval. Therapeutic sacroiliac joint injections require a two (2) month interval

Are there thresholds for outcome from a prior procedure to obtain certification for a subsequent procedure?

Yes. An epidural steroid injection must have at least two (2) of the following: 1) 50% or greater relief of radicular pain, 2) increased level of function / physical activity, 3) and/or decreased use of medication and/or additional medical services such as Physical Therapy / Chiropractic care. A diagnostic facet/medial branch nerve block must have at least 80 % relief from the anesthetic. Two (2) facet/medial branch nerve blocks with at least 80% relief are needed for radiofrequency ablation. A therapeutic sacroiliac joint injection following a diagnostic injection must have $\geq 75\%$ pain relief. A repeat therapeutic sacroiliac joint injection must have $\geq 75\%$ pain relief and either an increase in level of function or reduction in use of pain medication and/or medical services such as PT/chiropractic care.

Are there cases which use the interlaminar epidural CPT 62323 which are not part of the delegated EviCore preauthorization program?

Yes. EviCore manages CPT 62323 when the injectate includes a steroid, local anesthetic, or contrast for interventional pain injections. Requests for injectates other than steroids, local anesthetics, or contrast will be directed to the health plan for management.

Does medically urgent care require Prior Authorization?

The services managed under EviCore's Interventional Pain Management, Joint and Spine surgery programs are unlikely to be required on an urgent basis. Procedures done in an Emergency Department (ED) do not require prior authorization. Urgent requests can be made via the web portal or by calling intake. If you call intake, please inform the agent that the case is urgent. EviCore will decide within 24 hours (four hours is the EviCore standard).

Once I request prior authorization, how long will it take to get a decision?

EviCore is committed to reviewing all requests and making case decisions within three business days after receiving all necessary clinical information. When treatment is required in less than 48 hours due to a medically urgent condition, EviCore will render a decision within 24 hours of receiving all necessary demographic and clinical information.

How will all parties be notified if the prior authorization has been approved or denied?

Providers will be notified of the prior authorization via email notification of an update on the case, fax or by phone when necessary. Providers can validate prior authorization by using the EviCore web portal or by calling EviCore Customer Service. Members will be notified by mail and via phone.

For how long are Prior Authorizations approved?

Outpatient authorizations are typically good for 60 days. Inpatient authorizations are based on the date of service and length of stay.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:

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

What if I don't agree with EviCore clinical determination on the requested authorization?

All appeals for prior authorizations should be directed to the MyAdvocate plan. To better understand the denial rationale, you are free to schedule a clinical consultation. However, please understand that the clinical consultation cannot result in a case approval / overturn of a Medicare denial.

What if I do not obtain prior authorization?

Claims may be denied if you do not obtain prior authorization or approval.

Where should I send claims once I provide services?

Send all claims as you would normally to MyAdvocate.